

Self-Reported Health Information from the Airborne Hazards and Open Burn Pit Registry (AHOBPR)

Cumulative from June 2014 through December 31, 2020

**Post Deployment Health Services
Office of Patient Care Services
Veterans Health Administration
Department of Veterans Affairs**
<http://www.publichealth.va.gov>

VA



U.S. Department of Veterans Affairs

Veterans Health Administration

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Introduction

This report is a summary of self-reported information that includes demographic and military service characteristics, exposures, and health outcomes for 223,714 Veterans and active duty service members who volunteered to complete the Airborne Hazards and Open Burn Pit Registry (AHOBPR) survey between June 2014 and December 31, 2020. This number represents an increase from July 1, 2020, when the total number of AHOBPR participants was 209,177.

The contents of this report are derived from the online data collection tool of the AHOBPR. The data only apply to Veterans and service members who have completed the AHOBPR, and do not represent all eligible Veterans and service members.

These self-reported data are valuable for helping VA and stakeholders understand the experience of Veterans and service members, including a general understanding of potential exposures and health outcomes. This report provides a description of the survey responses and should not be used to draw conclusions that exposure caused a specific disease.

Post Deployment Health Services (PDHS) publishes this report and releases updated reports every six months. Previous reports can be found on the web page: [VA Airborne Hazards and Open Burn Pit Registry - Reports - Public Health](#).

About the Airborne Hazards and Open Burn Pit Registry (AHOBPR)

The AHOBPR allows Veterans and service members to document their exposures and report health concerns in an online questionnaire. The AHOBPR is an excellent tool for informing VA, Veterans, and stakeholders about post deployment health concerns and generating hypotheses for research. The registry is not a replacement for well-designed epidemiological studies or other programs of scientific inquiry focused on understanding relationships between exposure and disease. After completing the questionnaire, participants can follow up with an in-person health exam.

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AHOBPR Summary Facts

Participant Numbers

- The registry gained 15,181 new participants between July 1, 2020 and December 31, 2020.

Military Experiences

- 144,170 (64.4%) of those in the registry are Veterans (retired or separated from service), which is an increase of 9,736 participants from the July 2020 report (134,434; 64.3%).
- 77,020 (34.4%) of those in the registry are currently in the service (active duty, Reserve, or National Guard), which is an increase of 3,643 from the July 2020 report. As of July 1, 2020, 73,377 (35.1%) were active duty, Reserve, or National Guard.
- Of all unique deployments that were longer than 30 days, 9,152 (1.5%) occurred on bodies of water in the Gulf/Southwest Asian region (i.e., Gulf of Oman, Persian Gulf, Arabian Sea, and the Red Sea). The remaining 612,468 (98.5%) deployments were to countries in the Gulf and Southwest Asia regions.
- 18,324 (8.2%) participants are Desert Storm/Gulf War I Veterans. The number from the July 2020 report was 17,556 (8.4%).

Burn Pit Exposure

- 203,755 (91.1%) participants reported they had a burn pit exposure during deployment. The number of participants who recorded a burn pit exposure through July 2020 was 190,251 (90.9%).
- 127,586 (57.0%) reported duties involving burn pits. The number of participants who recorded this exposure in July 2020 was 120,061 (57.4%).

Blast Experiences

- 151,496 (67.7%) participants were close enough to feel the blast of an improvised explosive device (IED). The number for the July 2020 report was 142,229 (67.9%).

Respiratory Symptoms

- 72,810 (32.5%) participants saw a health care provider during their deployment for respiratory symptoms due to air quality. The number for the July 2020 report was 68,786 (32.8%).

Interested in Seeing a Healthcare Provider

- 116,613 (52.1%) participants reported interest in seeing a healthcare provider. The number for the July 2020 report was 110,290 (52.7%).

Smoking Behaviors

- 82,212 (35.2%) reported ever smoking. The number for the July 2020 report was 77,485 (37.0%).

- 21,819 (9.8%) reported that they were current smokers at the time they completed the survey. About half were daily smokers. The current smoker number for the July 2020 report was 20,505 (9.8%).

Number of Participants and Registrants over Time

The number of participants (those who finished the AHOBPR questionnaire) and registrants (those who started the AHOBPR questionnaire but did not finish) by year and cumulatively are in Figures 1 and 2 below. Some registrants have incomplete information for data analysis due to not completing some or all the questions. Registrants are encouraged to return to the portal to complete the online questions.

Figure 1: AHOBPR Participants Per Year and Cumulative per Year

Data as of February 10, 2021

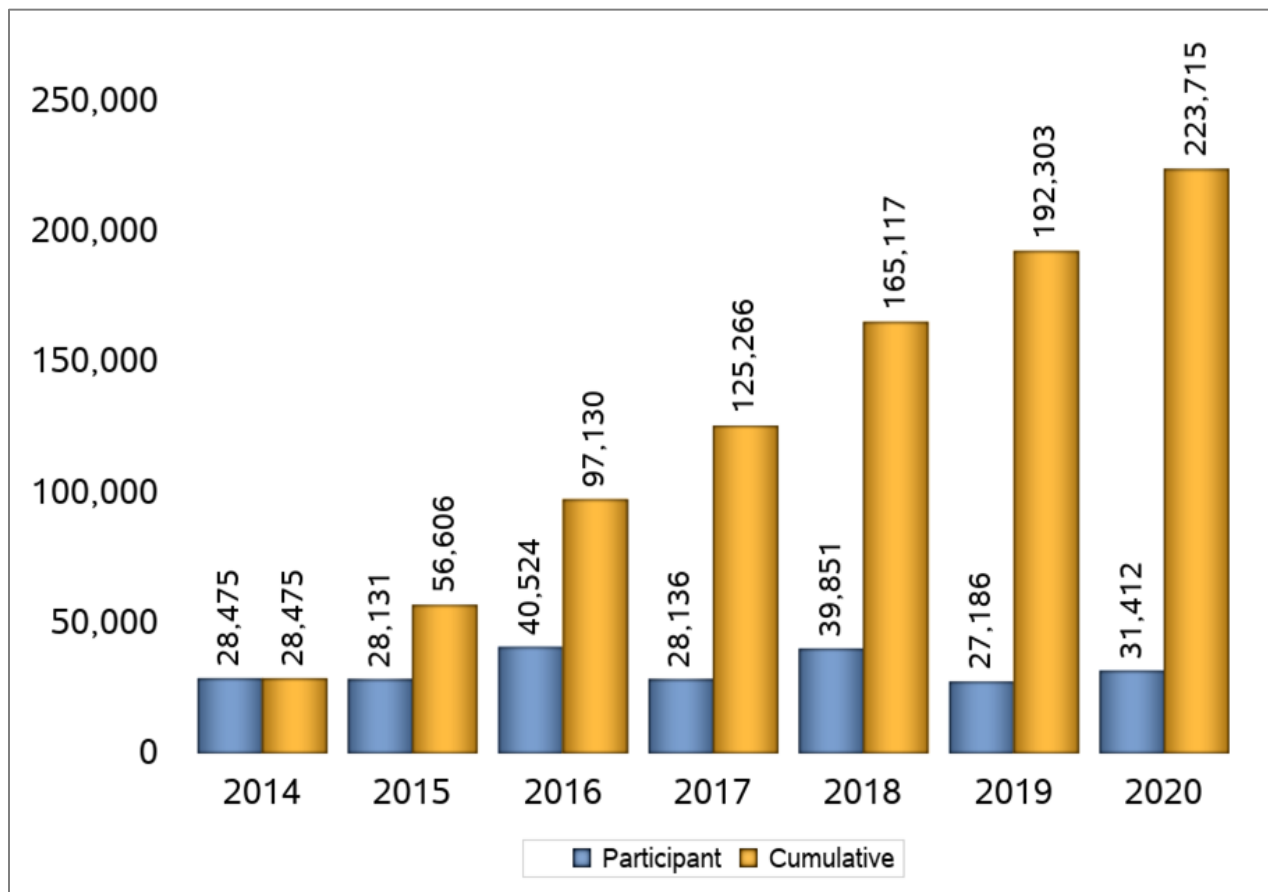
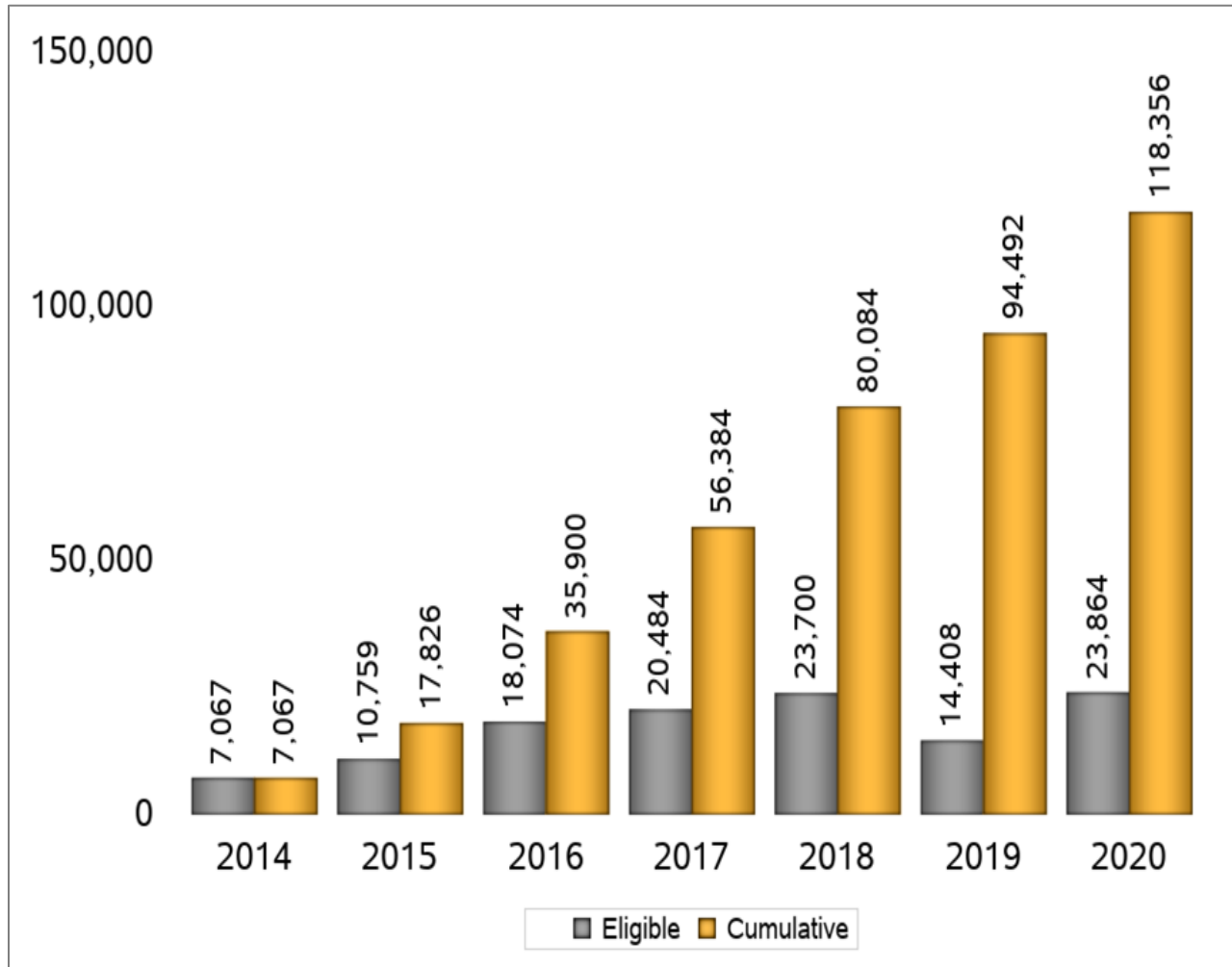


Figure 2: AHOBPR Registrants Per Year and Cumulative Per Year

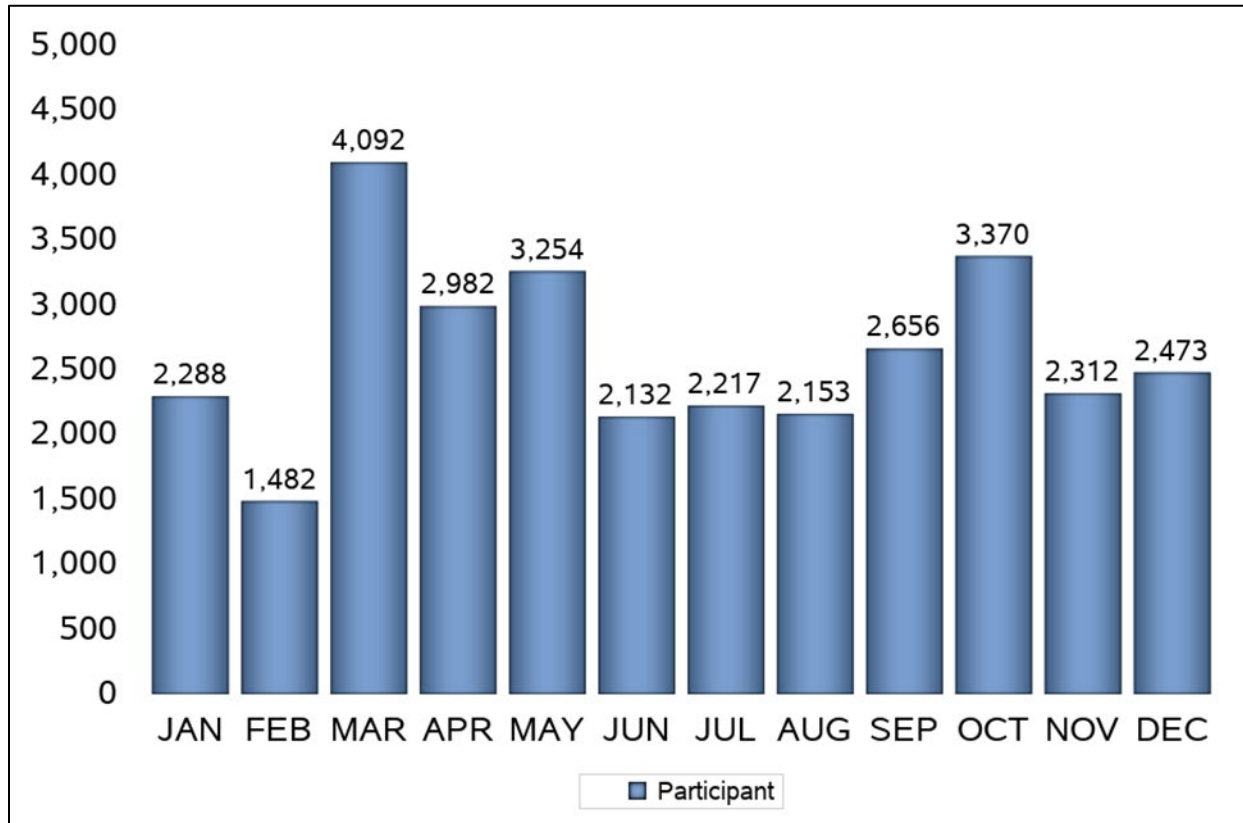
Data as of February 10, 2021



- A goal of the VA is to maximize the number of registrants who complete the online survey. Currently, most registrants rapidly complete the survey within a week from starting it.
- Participants tend to join the registry and complete the questionnaire within a one-week period. As of December 31, 2020:
 - 84.5% percent of participants completed the registry questionnaire within one week, most of whom completed the questionnaire within one day.
 - 15.5 percent of participants who joined the registry took more than nine days to complete the questionnaire.

Figure 3: AHOBPR Participants by Month, January 2020 to December 2020

Data as of February 10, 2021



The enrollment of new participants remained relatively stable from January 2020 until December 2020. The Department of Defense (DoD) has had several outreach initiatives over the last year. In April of 2020, all DoD members who may have deployed to an eligible country were sent a letter encouraging them to join the AHOBPR. In addition, a statement about joining the AHOBPR was put into active duty, Reserve, and National Guard pay stubs/leave and earnings statement (LES).

Deployment Information

Table 1 presents the countries of deployment for all AHOBPR participants, by deployment and by era, for 1,000,041 deployments across 222,485 participants. Non-Gulf War participants were divided into two separate groups, Pre-9/11 service and Post-9/11 service, determined by the start date of their initial deployment.

Table 1: Distribution of Country of Deployment by Era of Deployment, 2014-2020

	Desert Shield/Storm (DS) 1990-1991	After DS 1990-1991 to 9/11	Post-9/11
Country of Deployment¹	N=54,917	N=10,729	N=934,395
Iraq	14,383 (26.2%)	151 (1.4%)	285,552 (30.6%)
Afghanistan	5,797 (10.6%)	240 (2.2%)	208,815 (22.3%)
Kuwait	16,475 (30.0%)	3,577 (33.3%)	340,960 (36.5%)
Saudi Arabia	12,934 (23.6%)	4,338 (40.4%)	5,104 (0.5%)
Djibouti	338 (0.6%)	77 (0.7%)	20,632 (2.2%)
Qatar	1,534 (2.8%)	102 (1.0%)	46,461 (5.0%)
Other Countries ²	1,511 (2.8%)	900 (8.4%)	18,935 (2.0%)
Other Sea Locations ³	1,945 (3.5%)	1,344 (12.5%)	7,936 (0.8%)

¹Participants with missing deployment information are excluded (N=1,229).

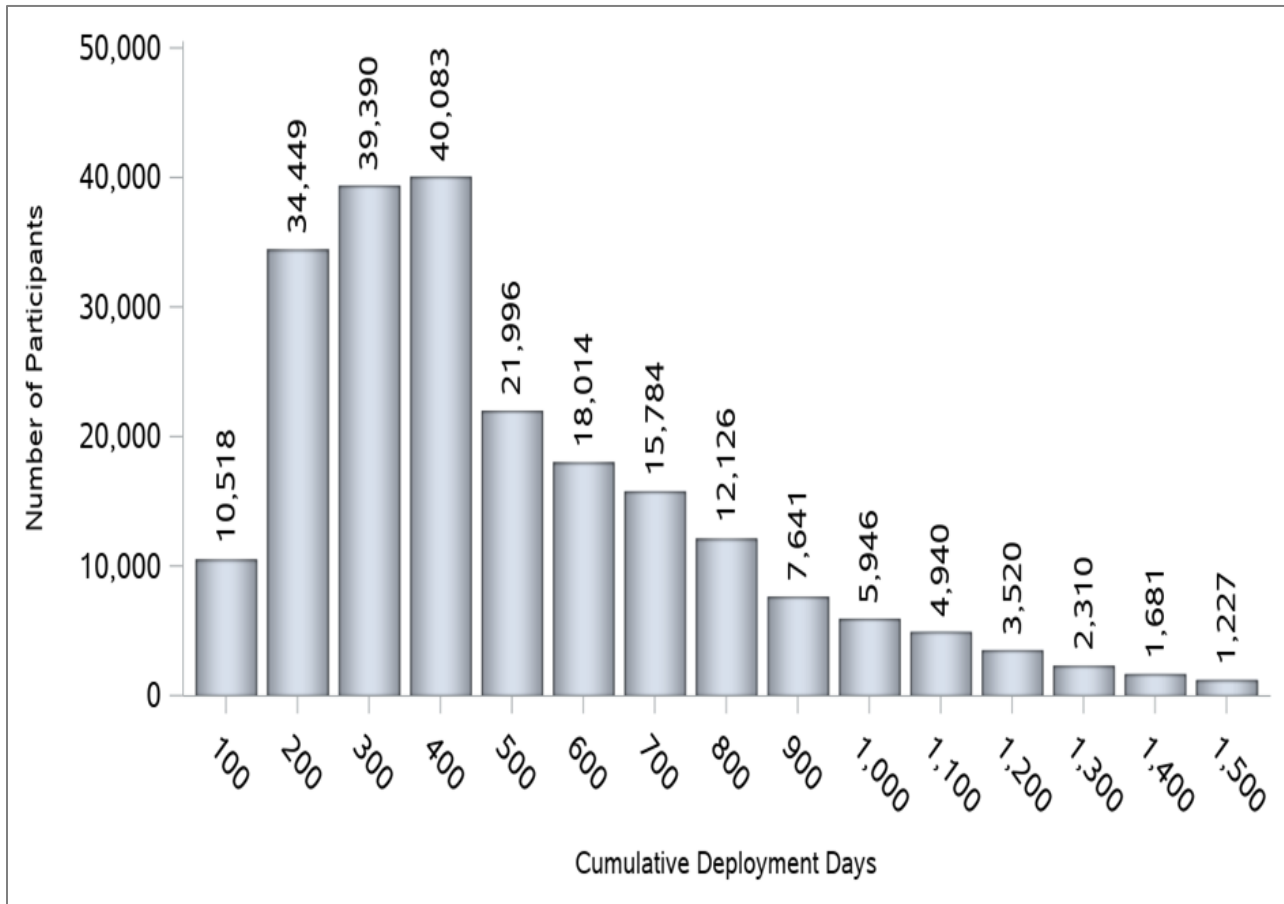
²"Other Countries" includes deployment to Bahrain, Oman, and the United Arab Emirates.

³"Other Sea Locations" includes deployments to the Arabian Sea, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, and the Red Sea.

Figure 4 illustrates the distribution of cumulative days of deployment among AHOBPR participants as of December 31, 2020 across all their deployments. Deployment data for 219,625 AHOBPR participants is presented.

Figure 4: Distribution of Cumulative Days of Deployment of Registry Participants^{1,2,3}

Data as of February 10, 2021



¹Participants with missing deployment information are excluded (n=1,229).

²Participants with deployments lasting longer than four years are excluded (n=2,860).

³These are cumulative days of deployment for an individual. For example, the group with 500 days may have deployed for 16 months in a row or had multiple deployments that added up to 500 days.

Demographic Data

Table 2: Sex of Participants in the Registry

Data as of February 10, 2021

	April 2014 to June 2020	July 2020 to December 2020	Cumulative
Sex	N=208,533	N=15,181	N=223,714
Male	178,144 (85.4%)	13,340 (87.9%)	191,484 (85.6%)
Female	21,610 (10.4%)	1,753 (11.5%)	23,363 (10.4%)
Missing	8,778 (4.2%)	88 (0.6%)	8,866 (4.0%)
Unknown	1 (0.0%)	0 (0.0%)	1 (0.0%)

Table 3: Current Age of Participants in the Registry

Data as of February 10, 2021

	April 2014 to June 2020	July 2020 to December 2020	Cumulative
Age Category¹	N=208,533	N=15,181	N=223,714
<25	971 (0.5%)	504 (3.3%)	1,475 (0.7%)
25 - 34	40,011 (19.2%)	4,183 (27.6%)	44,194 (19.8%)
35 - 44	80,224 (38.5%)	6,471 (42.6%)	86,695 (38.8%)
45 - 54	56,273 (27.0%)	2,922 (19.2%)	59,195 (26.5%)
55 - 64	19,071 (9.1%)	779 (5.1%)	19,850 (8.9%)
65+	2,315 (1.1%)	70 (0.5%)	2,385 (1.1%)
Missing	9,668 (4.6%)	252 (1.7%)	9,920 (4.4%)

¹The average (mean) age is 43 years.

Table 4: Race of Participants in the Registry (supplemented with data from July 2020 report)

Data as of February 10, 2021

	April 2014 to June 2020	July 2020 to December 2020	Cumulative ¹	True Cumulative ²
Race³	N=209,177	N=15,181	N=223,714	N=224,358
American Indian/Alaska Native	1,812 (0.9%)	57 (0.4%)	1,534 (0.7%)	1,869 (0.8%)
Asian	5,009 (2.4%)	223 (1.5%)	3,931 (1.8%)	5,232 (2.3%)
Black or African American	26,932 (12.9%)	945 (6.2%)	23,430 (10.5%)	27,877 (12.4%)
Native Hawaiian/Other Pacific Islander	2,589 (1.2%)	109 (0.7%)	1,968 (0.9%)	2,698 (1.2%)
White	160,248 (76.6%)	5,426 (35.7%)	122,961 (55.0%)	165,674 (73.8%)
Multiple races reported	793 (0.4%)	136 (0.9%)	2,669 (1.2%)	928 (0.4%)
Declined to Answer	2,093 (1.0%)	225 (1.5%)	5,465 (2.4%)	2,318 (1.0%)
Unknown	71 (< 0.1%)	127 (0.8%)	2,265 (1.0%)	198 (0.1%)
Missing	9,630 (4.6%)	7,933 (52.3%)	59,491 (26.6%)	17,563 (7.8%)

¹Cumulative is based on cleaned data as of February 10, 2021 and was not supplemented with USVETS data.

²True Cumulative is the sum of columns April 2014 to June 2020 and July 2020 to December 2020 for each row.

³Race information is collected from respondents' self-report and was supplemented by USVETS data for April 2014 to June 2020.

Table 5: Ethnicity of Participants in the Registry (supplemented with data from July 2020 report)

Data as of February 10, 2021

	April 2014 to June 2020	July 2020 to December 2020	Cumulative ¹	True Cumulative ²
Ethnicity³	N=209,177	N=15,181	N=223,714	N=224,358
Hispanic or Latino	22,059 (10.5%)	1 (0.0%)	15,283 (6.8%)	22,060 (9.8%)
Not Hispanic or Latino	177,394 (84.8%)	10 (0.1%)	114,031 (51.0%)	177,404 (79.1%)
Unknown	94 (<0.1%)	0 (0.0%)	200 (0.1%)	94 (<0.1%)
Missing	9,360 (4.6%)	15,170 (99.9%)	94,200 (42.1%)	24,800 (11.1%)

¹Cumulative is based on cleaned data as of February 10, 2021 and was not supplemented with USVETS data.

²True Cumulative is the sum of columns April 2014 to June 2020 and July 2020 to December 2020 for each row.

³Ethnicity information is collected from respondents' self-report and was supplemented by USVETS data for April 2014 to June 2020.

Table 6: Registry Participants' Branch of Service

Data as of February 10, 2021

	April 2014 to June 2020	July 2020 to December 2020	Cumulative
Branch¹	N=208,533	N=15,181	N=223,714
Air Force	44,455 (21.3%)	4,735 (31.2%)	49,190 (22.0%)
Army	124,605 (21.3%)	7,492 (49.4%)	132,097 (59.0%)
Coast Guard	521 (0.2%)	35 (0.2%)	556 (0.2%)
Marines	23,238 (11.1%)	1,299 (8.6%)	24,537 (11.0%)
Navy	15,541 (7.5%)	1,083 (7.1%)	16,624 (7.4%)
Public Health Service	37 (0.0%)	2 (0.0%)	39 (0.0%)
Missing	85 (0.0%)	534 (3.5%)	619 (0.3%)
Unknown	51 (0.0%)	1 (0.0%)	52 (0.0%)

¹Branch of service information is collected from respondents' self-report.

Exposures

- Questionnaire Item: “Which exposure do you think has the biggest overall effect on your health?”

Table 7: Most Concerning Self-Reported Exposures on Health

Data as of February 10, 2021

	April 2014 to June 2020	July 2020 to December 2020	Cumulative
Exposure	N=208,533	N=15,181	N=223,714
Hobbies and non-military jobs	307 (0.1%)	23 (0.2%)	330 (0.1%)
Military jobs - not deployed	2,440 (1.2%)	231 (1.5%)	2,671 (1.2%)
Off base air pollution during deployment (factories, cars, burning trash, dust)	42,090 (20.2%)	2,926 (19.3%)	45,016 (20.1%)
On base air pollution during deployment (burning fuel, burn pits)	142,506 (68.3%)	10,240 (67.5%)	152,746 (68.3%)
Smoking (by you or those near you)	1,182 (0.6%)	59 (0.4%)	1,241 (0.6%)
I do not wish to answer	735 (0.4%)	68 (0.4%)	803 (0.4%)
Unsure	12,865 (6.2%)	885 (5.8%)	13,750 (6.1%)
Missing	6,408 (3.1%)	749 (4.9%)	7,157 (3.2%)

Condition Feature

Hypertension

Each report in this series focuses on a different condition that is commonly reported within the AHOBPR. Last July, we reported on allergic rhinitis. This edition will focus on hypertension. Hypertension is the fourth most common self-reported condition after insomnia, neurological problems, and allergies. According to the National Council on Aging, hypertension is the most common chronic medical condition in the United States (NCOA, <https://www.ncoa.org/article/the-top-10-most-common-chronic-conditions-in-older-adults>). During 2015–2016, the prevalence of hypertension was 29.0% and increased with age: age group 18–39, 7.5%; 40–59, 33.2%; and 60 and over, 63.1%. (CDC, [Products - Data Briefs - Number 289 - October 2017 \(cdc.gov\)](#))

AHOBPR participants were categorized into one of three groups using three hypertension identification methods:

- 1) Self-report and VA health care encounters: If they answered “Yes” to the question “Have you **ever** been told by a doctor or other health care professional that you had hypertension, also called high blood pressure?” and they had an International Classification of Disease code (ICD-9: 401.XX-405.XX or ICD-10: I10, I11.X, I12.X, I13.X, I15.0, I15.8, I16.9) for hypertension in VHA claims.
- 2) Health care encounters only: If they only had an ICD-9 or ICD-10 diagnosis in VHA health care encounters.
- 3) Others: If they do not fall into any of the above groups.

Of 223,714 AHOBPR participants 81,474 (36%) indicated in the online survey that they have hypertension. 11.5% (n=25,793) had confirmed hypertension, indicating they had a VHA health care encounter with an ICD-9 or ICD-10 code related to hypertension. Of these, 87.4% (n=22,536) had also self-reported their condition, whereas an additional 3,255 did not enter HTN on the survey but were diagnosed at a health care visit after taking the online survey.

Hypertension is an asymptomatic health condition, meaning there are no visible signs that one has hypertension. The only way to detect whether a person has hypertension is by monitoring their blood pressure. This condition is exacerbated by poor eating habits and lack of exercise, and can also be a side effect of diabetes. Prolonged hypertension can lead to more serious health conditions such as damage to the heart or kidneys. In extreme cases, hypertension could lead to negative health outcomes such as heart disease, a heart attack, or a stroke.

If you think that you have hypertension and it is either not diagnosed or is not treated you should bring it up with your health care provider. If you have not had the AHOBPR exam, it could potentially be diagnosed at this encounter. Future treatment would need to be with your health care provider which could be through the VA, if one enrolls.

Medical Conditions

- Questionnaire Item: “What condition or health problem causes you to have difficulty with these activities (either running or walking)

Table 8: Most Common Self-Reported Health Conditions that Cause Difficulty with either Running or Walking (2020)

Data as of February 10, 2021

	April 2014 to June 2020	July 2020 to December 2020	Cumulative
Health Condition^{1,2}	N=353,657	N=21,953	N=375,610
Arthritis/Rheumatism	52,334 (25.1%)	3,153 (20.8%)	55,487 (24.8%)
Back or Neck Problem	100,313 (48.1%)	6,524 (43.0%)	106,837 (47.8%)
Knee Problems	67,146 (32.2%)	4,373 (28.8%)	71,519 (32.0%)
Mental Health Problem	44,631 (21.4%)	2,615 (17.2%)	47,246 (21.1%)
Migraine Headaches	36,184 (17.4%)	2,209 (14.6%)	38,393 (17.2%)
Unspecified Lung ³	53,049 (25.4%)	3,079 (20.3%)	56, 128 (25.1%)

¹Total count exceeds the total number of participants because participants can report multiple health conditions.

²Percentages are based on the total number of participants (N=208,533 from April 2014 to June 2020 and 15,181 from July 2020 to December 2020.)

³The question does not specify which lung disease. See Top Self-Reported Respiratory and Cardiac Health Conditions (table 9) for more descriptive information.

➤ Questionnaire Items:

Insomnia: “During the past 12 months, have you regularly had insomnia or trouble sleeping?”

Neurological Problem: “During the past 12 months, have you had neurological problems? (Some examples of neurological problems may include numbness, tingling, or weakness in arms or legs or difficulties with thinking or memory)”

Immune System: “During the past 12 months, have you had problems of the immune system?”

Chronic Multi-Symptom Illness: “During the past 12 months, have you been told by a doctor or other health professional that you had a chronic multi-symptom illness (examples include irritable bowel syndrome, chronic fatigue syndrome, and fibromyalgia.

All other conditions: “Have you ever been told by a doctor or other health care professional that you had _____?”

Table 9: Most Common Self-Reported Medical Conditions

Data as of February 10, 2021

	April 2014 to June 2020 ¹	July 2020 to December 2020 ¹	Cumulative
Health Condition ²	N=605,343	N=37,964	N=643,307
Insomnia	167,011 (80.1%)	11,004 (72.5%)	178,015 (79.6%)
Neurological Problem	146,915 (70.5%)	9,014 (59.4%)	155,929 (69.7%)
Allergies	82,683 (39.6%)	5,915 (39.0%)	88,598 (39.6%)
Hypertension	76,661 (36.8%)	4,813 (31.7%)	81,474 (36.4%)
Immune System	39,102 (18.8%)	1,964 (12.9%)	41,066 (18.4%)
Chronic Multi-Symptom Illness	37,782 (18.1%)	2,193 (14.4%)	39,975 (17.9%)
Asthma	29,238 (14.0%)	1,687 (11.1%)	30,925 (13.8%)
Chronic Bronchitis	25,951 (12.4%)	1,374 (9.1%)	27,325 (12.2%)

¹Percentages are based on the total number of participants (N=208,533 from April 2014 to June 2020 and 15,181 from July 2020 to December 2020.)

²Total count exceeds the total number participants because participants can report multiple health conditions.

- Questionnaire Item: “Have you ever been told by a doctor or other health care professional that you had_____?”

Table 10: Most Common Self-Reported Respiratory and Cardiac Conditions

Data as of February 10, 2021

	April 2014 to June 2020	July 2020 to December 2020	Cumulative
Health Condition¹	264,977²	16,729	281,706
Allergies	82,683 (39.6%)	5,915 (39.0%)	88,598 (39.6%)
Hypertension	76,661 (36.8%)	4,813 (31.7%)	81,474 (36.4%)
Asthma	29,238 (14.0%)	1,687 (11.1%)	30,925 (13.8%)
Chronic Bronchitis	25,951 (12.4%)	1,374 (9.1%)	27,325 (12.2%)
Other Lung Disease	20,440 (9.8%)	1,183 (7.8%)	21,623 (9.7%)
Other Heart Condition	17,854 (8.6%)	1,115 (7.3%)	18,969 (8.5%)
Coronary Heart Disease	6,215 (3.0%)	367 (2.4%)	6,582 (2.9%)
Chronic Obstructive Pulmonary Disease	5,935 (2.8%)	275 (1.8%)	6,210 (2.8%)

¹Total count exceeds the total number of participants because participants can report multiple health conditions.

²Percentages are based on the total number of participants (N=208,533 from April 2014 to June 2020 and 15,181 from July 2020 to December 2020.)

- Questionnaire Item: “Have you ever been told by a doctor or other health professional that you had cancer or a malignancy (tumor) of any kind? [If yes] What kind of cancer was it?”

Table 11: Most Common Self-Reported Cancers

Data as of February 10, 2021

	April 2014 to June 2020	July 2020 to December 2020	Cumulative
Health Condition¹	N=6,996²	N=484	N=7,480
Skin (non-melanoma)	3335 (1.6%)	211 (1.4%)	3,546 (1.6%)
Skin (Don't know what kind)	1,566 (0.8%)	110 (0.7%)	1,676 (0.7%)
Melanoma	1,283 (0.6%)	95 (0.6%)	1,378 (0.6%)
Prostate	812 (0.4%)	68 (0.4%)	880 (0.4%)

¹Total count exceeds the total number of participants because participants can report multiple health conditions.

²Percentages are based on the total number of participants (N=208,533 from April 2014 to June 2020 and 15,181 from July 2020 to December 2020.)

Hobbies

(NOTE: The AHOBPR does not ask about all hobbies, but only relatively common ones with potential inhalational exposure.)

➤ Questionnaire Item: “Please select from the list below any hobbies you participate in.”

Table 12: Hobbies Self-Reported by Registry Participants

Data as of February 10, 2021

	April 2014 to June 2020	July 2020 to December 2020	Cumulative
Hobby¹	N=223,671²	N=16,326	N=239,997
Epoxies	4,835 (2.3%)	406 (2.7%)	5,241 (2.3%)
Indoor Swimming/Indoor Ice Skating	14,898 (7.1%)	986 (6.5%)	15,884 (7.1%)
Metal Work	6,791 (3.3%)	491 (3.2%)	7,282 (3.3%)
None of the listed hobbies	167,781 (80.5%)	12,153 (80.1%)	179,934 (80.4%)
Pottery	498 (0.2%)	28 (0.2%)	526 (0.2%)
Stained Glass	237 (0.1%)	16 (0.1%)	253 (0.1%)
Welding	6,325 (3.0%)	412 (2.7%)	6,737 (3.0%)
Woodwork	22,306 (10.7%)	1,834 (12.1%)	24,140 (10.8%)

¹Total count exceeds the total number of participants because participants can report multiple hobbies.

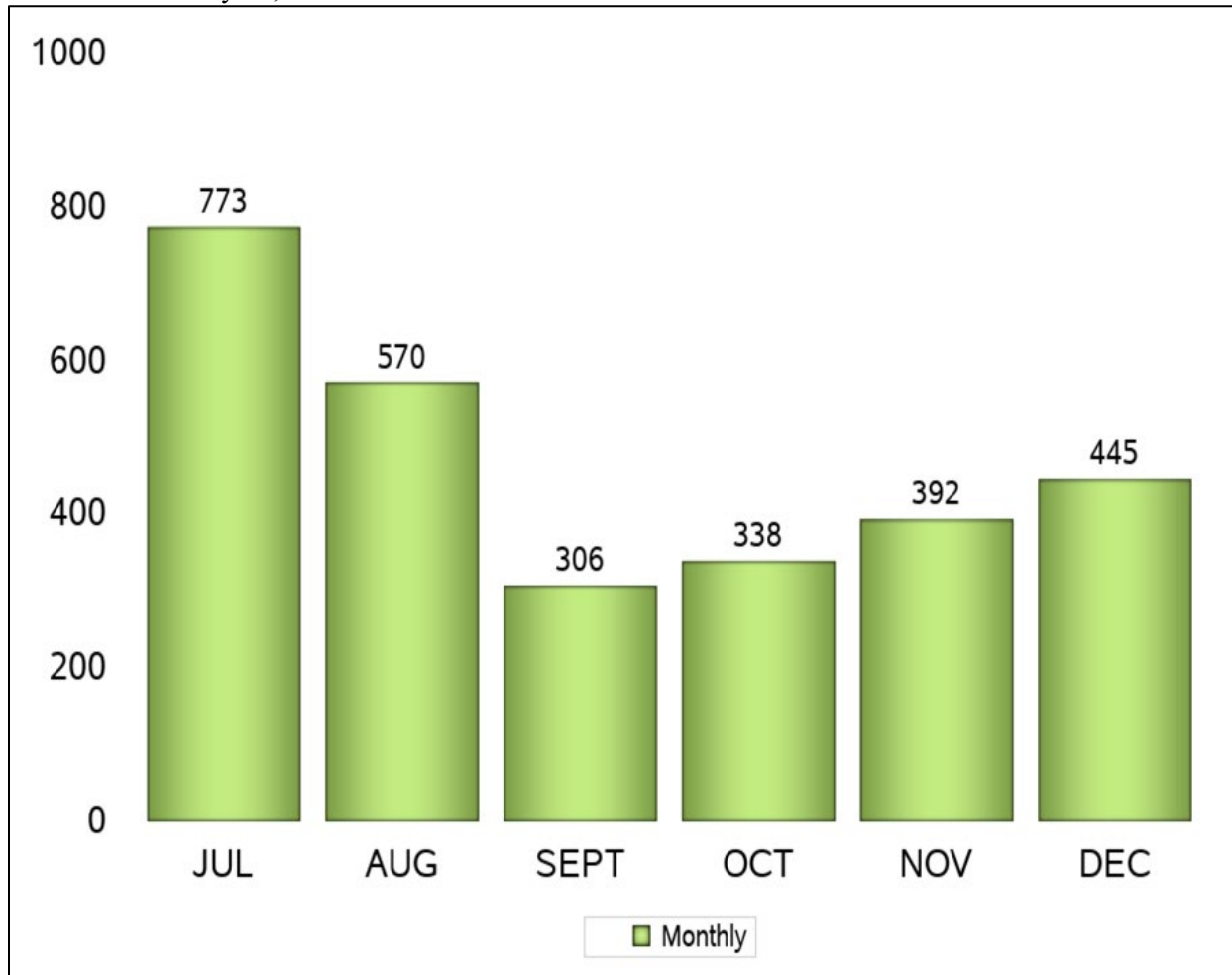
²Percentages are based on the total number of participants (N=208,533 from April 2014 to June 2020 and 15,181 from July 2020 to December 2020.)

Clinical Exams

Figure 5 depicts the number of participants who completed a clinical exam from July 2020 to December 2020. A total of 2,824 clinical exams were completed during this time frame with a six-month average of 417. Due to COVID, the number of clinical exams decreased from August 2020 to October 2020 before increasing in December 2020.

Figure 5: Number of Registry Participants Completing a Clinical Exam, July 2020-December 2020

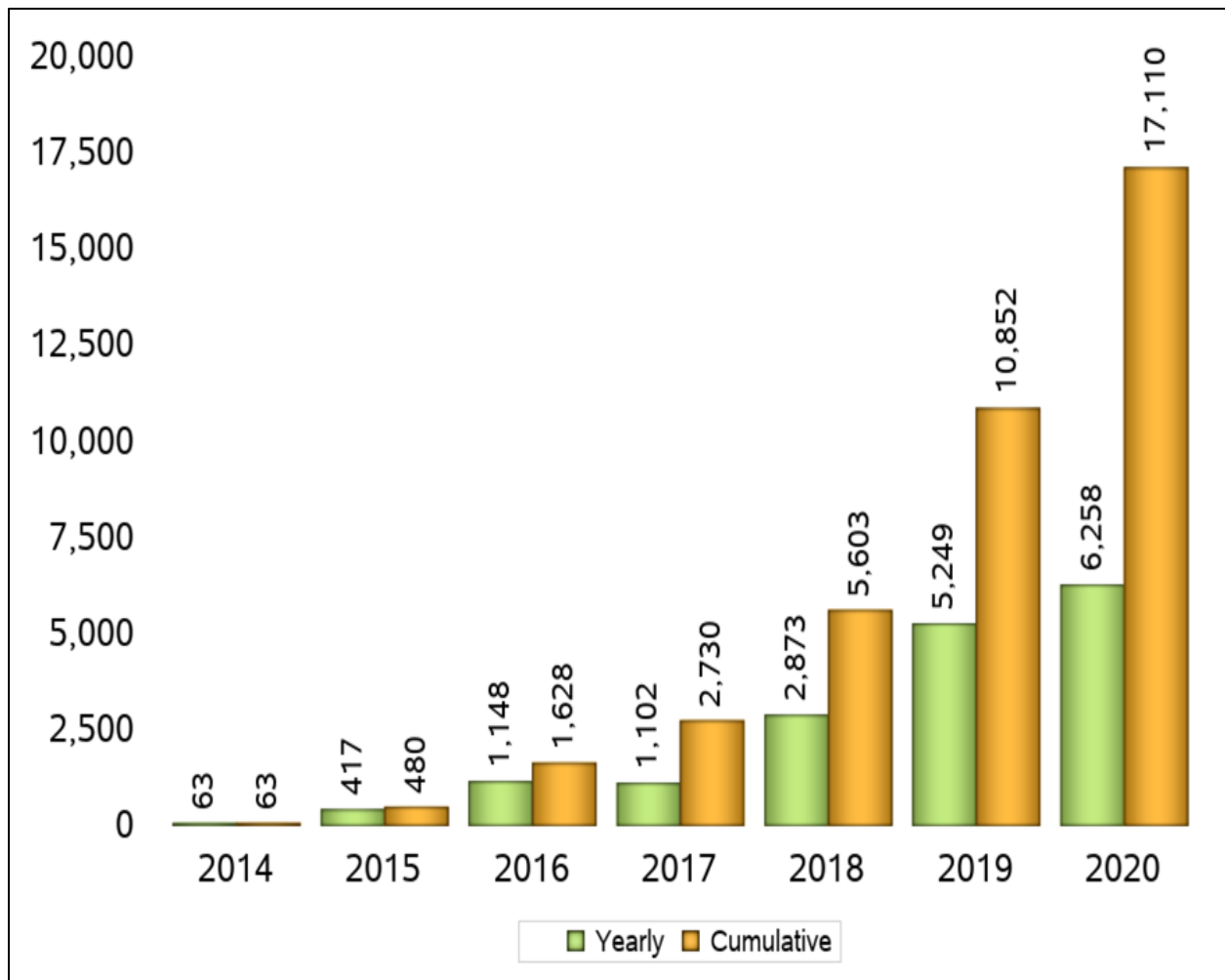
Data as of February 10, 2021



The number of AHOBPR participants that completed clinical exams at a VA facility by year and cumulatively are depicted in Figure 6. From 2014 to 2020, clinical exams completed at VA facilities has increased significantly.

Figure 6: AHOBPR Clinical Exams Across All VA Facilities Per Year and Cumulative Per Year, 2014-2020

Data as of February 10, 2021



Health Care Utilization

Table 14 illustrates the distribution of Veterans Health Administration (VHA) usage among AHOBPR participants between August 2014 and December 2020.

Table 13: VHA Usage Among AHOBPR Participants

Data as of February 10, 2021

	April 2014 to June 2020	July 2020 to December 2020	Cumulative
Number of Visits¹	N=208,533	N=15,181	N=223,714
One Visit	76,957 (36.9%)	4,219 (27.8%)	81,176 (36.3%)
Two Visits	48,278 (23.2%)	1,859 (12.2%)	50,137 (22.4%)
Three Visits	23,553 (11.3%)	735 (4.8%)	24,288 (10.9%)
Four Visits	10,439 (5.0%)	298 (2.0%)	10,737 (4.8%)
Five or more Visits	8,038 (3.9%)	205 (1.4%)	8,243 (3.7%)
No VHA Record (Zero Visits)	41,268 (19.8%)	7,865 (51.8%)	49,133 (22.0%)

¹This table represents all visits between April 2014 to December 2020, regardless of when a participant joined the registry. Visits to VA for healthcare prior to 2014 are not enumerated.

At any given point in time, 14% of those in the registry are on active duty and would not receive health care at VA. This would account for 31,320 (64%) of the 49,133 without a VHA record.

COVID-19

As of February 24, 2021, among the 233,370 AHOBPR participants, there were 4,352 positive cases of COVID among the 20,385 AHOBPR participants tested (found using VHA medical records). 192,614 (82%) are enrolled in VA health care