Individual Longitudinal Exposure Record (ILER)
Myth vs. Fact

Myth: *"ILER is just another database with no real impact on health care or benefits."*

Fact: ILER is a powerful tool that pulls together environmental and occupational exposure data over a Service Member's career into one view. It supports better clinical care, research, and benefits decisions with a more complete picture of exposures that may affect long-term health.

Myth: *"ILER only includes deployment-related exposures."*

Fact: ILER includes both deployment and non-deployment exposures. Exposures may include garrison industrial exposures, training related incidents, or environmental monitoring data. ILER provides a more holistic view of exposures across a Service Member's career.

Myth: *"Only doctors or scientists use ILER. It's not relevant for Service Members or Veterans."*

Fact: ILER is a tool for providers, claims processors, and researchers to use to better support Service Members and Veterans. Service Members can now access ILER as of March 2026 and add self-reported information. Although Veterans can't access ILER directly at this time, the information helps to improve care, inform benefits claims, and guide research into exposure related illnesses. The VA is currently forecasted to offer Veteran access and self-reporting using department-approved access methods starting in the Fall of 2026.

Myth: *"ILER contains real-time exposure data."*

Fact: ILER brings together historical exposure data from multiple sources, including deployment locations, unit assignments, and documented environmental hazards. While it is not real-time information, ILER does assist with retrospective analysis, and supports better informed clinical and benefits decisions.

Myth*: "ILER replaces the need for a thorough patient history."*

Fact: ILER is a tool that adds value to clinical exposure history. Providers are still responsible for talking with patients about occupational and environmental exposures. ILER may provide additional data that can validate or supplement patient history.

Myth: *"ILER is only for active-duty personnel."*

Fact: ILER includes data for both active-duty Service Members and Veterans. It supports Department of Veterans Affairs (VA) in evaluating exposure-related claims and delivering appropriate care.

Individual Longitudinal Exposure Record (ILER)
Myth vs. Fact

Myth: *"ILER violates privacy by tracking personal health information."*

Fact: ILER respects and complies with federal privacy laws. It focuses on exposure-related data. Private medical records require appropriate access restricted to authorized users only for clinical, benefits, or research purposes.

Myth: *"ILER is fully complete and accurate for everyone."*

Fact: While ILER is continually improving, data completeness depends on available historical records and monitoring systems. The DOD and VA are working to fill gaps, digitize older data, and integrate new exposure sources, like those associated with the PACT Act. As of March 2026, Service Members can add self-reported information. The VA is currently forecasted to offer Veteran access and self-reporting using department-approved access methods starting in the Fall of 2026.

Myth: *"ILER won't help with my VA claim."*

Fact: ILER can support VA claims by offering documented evidence of exposure events or environmental hazards during military service. It helps verify service connections for exposure-related health issues. Before Fall of 2026, Veterans can connect with their provider to see their ILER record. The VA is currently forecasted to offer Veteran access and self-reporting using department-approved access methods starting in the Fall of 2026.

Myth: *"ILER is only a temporary project."*

Fact: ILER is a long-term, joint DOD-VA initiative mandated by Congress. It is central to the military's evolving approach to exposure tracking and lifelong health support for Service Members and Veterans. As of March 2026, Service Members can add self-reported information. The VA is currently forecasted to offer Veteran access and self-reporting using department-approved access methods starting in the Fall of 2026.