



Agent Orange Review

Vol. 16, No. 2

Information for Veterans Who Served in Vietnam

August 2000

Legislative Update: Children of Women Vietnam Veterans' Benefits Act of 2000

In May 2000, Senator Jay Rockefeller and Congressman Lane Evans introduced legislation entitled "Women Vietnam Veterans' Children's Birth Defects Benefits Act", which would authorize certain benefits to disabled children of women Vietnam veterans. Their similar (but not identical) proposals were introduced in the Senate on May 2, 2000, as S. 2494 and nine days later as S. 2544, and in the House of Representatives on May 18, 2000, as H.R. 4488. (The second Senate bill is essentially the same as the first except for minor technical corrections and the addition of several co-sponsors.) The legislation was referred for consideration and appropriate action to the corresponding House and Senate Committees on Veterans' Affairs.

A VA study of women Vietnam veterans reproductive health outcomes, described in the March 1999 issue of the "Agent Orange Review," indicated that the risk of having children with birth defects was significantly elevated among women Vietnam veterans, even after investigators made adjustments for demographic and military characteristics, and smoking and drinking histories of mothers. In addition, the risk of having children with severe birth defects was significantly elevated among women Vietnam veterans.

The proposals would provide health care, monetary benefits, and vocational training for women Vietnam veterans' children who are suffering certain birth defects. Eligible children would have to have been conceived after the first day in which the female veteran entered Vietnam. To be covered by the legislation, the birth defects must be associated with the service of the female Vietnam veteran in Vietnam and must result in the permanent physical or mental disability of children. Furthermore, the disability must not be caused by an inherited disorder, a birth-related injury, or a fetal or newborn infirmity with well-established causes. Since Public Law 104-204 provided similar benefits for Vietnam veterans' children with the birth defect spina bifida, this condition is not covered by the proposed legislation.

Under these proposals, disabled children of women Vietnam veterans would be provided with such health care as needed by the birth defect or disability or as prescribed by VA. These bills would provide monetary benefits for any child who suffers from a disability resulting from a covered birth defect and that results in the permanent physical or mental

impairment of the child. These benefits are based on the degree of disability suffered by a child as prescribed by VA.

The legislation would provide four levels which take into account functional limitations. These may include limitations on cognition, motor abilities, communication, daily living activities, and employability. Those with the lowest level of disability would receive a monthly allowance of \$100; the first intermediate level, up to \$214; the second intermediate level, up to \$743, and the highest level, up to \$1,272. These amounts are subject to adjustment. These children would also receive vocational training if VA determines that the achievement of a vocational goal is practical.

The outlook for these proposals is uncertain. The 106th Congress is approaching its end. To become law, both the full House and Senate would have to agree on identical language and the President would sign the agreed-to bill.

Veterans and other citizens are encouraged to contact their congressional representatives to express their views (for, against, or otherwise) on this legislation and other matters of concern.

VA Considering Registry Exams for Veterans Who Served in Korea 1968-69

Officials in the Department of Veterans Affairs (VA) are seriously considering whether to provide Agent Orange Registry health examinations to veterans who served in Korea during 1968 or 1969.

The Department of Defense (DoD) recently released information that Agent Orange was used in Korea during the late 1960's. Specifically, DoD has reported that approximately 21,000 gallons of Agent Orange were sprayed in Korea in 1968 and 1969 in an area from the Civilian Control Line to the southern boundary of the DMZ (demilitarized zone).

According to the DoD, only Republic of Korea troops were involved in the Agent Orange spraying in Korea. However, it is possible that some U.S. troops in areas near the spraying may have been exposed to Agent Orange during this period. There were about 40,000 U.S. service members deployed in Korea in 1968 and 1969, with nearly 100 percent turnover each year. As many as 80,000 U.S. service members were stationed in Korea during the two year period.

Since mid-1978, VA has offered the Agent Orange Registry health examination to all U.S. veterans who had



About the Review...

The "Agent Orange Review" is prepared by VA's Environmental Agents Service (EAS). The "Review" is published to provide information on Agent Orange and related matters to Vietnam veterans, their families, and others with concerns about herbicides used in Vietnam. It is also available on-line at www.va.gov/default.htm. Back issues are also available at that site. The first issue was released in November 1982. The most recent edition (prior to the release of this issue) was dated May 2000. The August 2000 release is the thirty-second issue. It was written in late July 2000 and does not include developments that occurred since that time.

Comments or questions about the content of the "Review" are encouraged. Suggestions and ideas for future issues should be sent to Donald J. Rosenblum, Agent Orange Review, Deputy Director, Environmental Agents Service (131), VA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420.

Requests for additional copies of this and earlier issues should also be directed to Mr. Rosenblum. Please specify the issue date and the quantity sought. A limited supply of the issues published during the past ten years are available (October 1989, May 1990, August 1990, February 1991, April 1991, August 1991, December 1991, April 1992, September 1992, February 1993, September 1993, October 1994, May 1995, August 1996, February 1997, November 1997, April 1998, March 1999, August 1999, May 2000, and August 2000).

VA facilities should order additional copies from the VA Service and Distribution Center. Each station has a Publications Control Officer (PCO). VA facilities should place any orders through their PCO using the LOG system.

VA updates the "Review" mailing address listing annually based on IRS records. "Review" recipients who have not been filing Federal income tax returns annually and have moved to another residence are encouraged to send their old and new addresses and Social Security number to the Agent Orange Review, Austin Automation Center (200/397A), 1615 Woodward Street, Austin, TX 78772-0001.

Questions about the Agent Orange **Registry** examination program should be directed to the Registry Physician or Agent Orange Registry Coordinator at the nearest VA medical center. Questions regarding eligibility for health care should be directed to the hospital administration service at the nearest VA medical center. Questions regarding VA benefit programs, including **disability compensation**, should be referred to a veterans benefits counselor at the nearest VA facility. The telephone numbers can be found in the telephone directory under the "U.S. Government" listings. The national toll-free telephone number for information regarding VA benefits is **1-800-827-1000**

military service in Vietnam. Over 300,000 Vietnam veterans have participated in this voluntary program. Participants are given baseline laboratory work-ups, with particular attention to those illnesses that have been associated with Agent Orange exposure.

The Registry program has helped Vietnam veterans by providing an entrance into VA health care system, providing the opportunity to discuss their health concerns with a knowledgeable health care professional, providing the opportunity for recording a comprehensive military history, and as a means of outreach, relative to future developments. VA officials anticipate that Vietnam veterans who served in Korea could take advantage of these same features.

Participants will be informed that this policy is relevant only to providing the Agent Orange Registry health examination, and it does not affect eligibility for disability compensation or access to health care.

VA officials anticipate a decision on this matter in the near future and possible implementation of an expanded program before the end of this year.

Benefits Information: The Appeals Process and Other Matters

The most recent issue of the "Agent Orange Review" included a guide to benefits, prepared by officials in the Compensation and Pension Service, Veterans Benefits Administration, Department of Veterans Affairs Central Office, Washington, DC, especially for our readers. The introduction to that guide indicated that the next issue of the "Review" would include information about appealing a VA claim decision. That and some additional information, also provided by Compensation and Pension Service staff, is described below.

What If My Claim is Denied?

If the VA Regional Office says your disability is not service-connected or if the percentage of disability is lower than what you think is fair, you have the right to appeal to the Board of Veterans' Appeals. The first step in appealing is to send the VA Regional Office a "Notice of Disagreement." This Notice of Disagreement is a written statement saying that you "disagree" with the denial. Be sure your Notice includes the date of the VA's denial letter and be sure to list the benefits you are still seeking.

The Notice of Disagreement must be mailed to the VA Regional Office within one year of the VA Regional Office's denial of your claim or you cannot appeal.

In response to the Notice of Disagreement, you will get a "Statement of the Case" from the VA Regional Office. This will repeat the reasons stated in the VA's denial letter why your claim was denied and will include the relevant VA regulations. Once you get the Statement of the Case, if you still wish to

pursue your appeal, you should file a VA Form 9, "Appeal to Board Veterans' Appeals," which is sent with the Statement of the Case. You have 60 days from the date on the Statement of the Case, or one year from the date the VA first denied your claim, to file the VA Form 9. Whichever date is later is your deadline.

At any point, you can request a hearing at the VA Regional Office.

Can I Appeal Beyond the VA Regional Office?

The Board of Veterans' Appeals (also known as "BVA") is a part of the VA, located in Washington, D.C. Members of the BVA review benefit claims decisions made by VA Regional Offices and issue a new decision. You may have a hearing before the BVA in Washington, DC, or at your VA Regional Office.

Anyone appealing to the BVA should read the "Understanding the Appeal Process" pamphlet. It explains the steps involved in filing an appeal and to serve as a reference for the terms and abbreviations used in the appeal process. The Board mails a copy of this pamphlet to anyone who appeals their case. It is also available on the Internet at www.va.gov/appeals/index.htm.

Can I Appeal to a Court ?

If the BVA does not grant all the benefits you are seeking, you have four choices:

1. decide not to pursue your claim
2. appeal to the U.S. Court of Appeals for Veterans Claims
3. ask the BVA to reconsider its decision or
4. reopen your case at the VA Regional Office with new and material evidence.

Appeal to the Court

You may appeal to the Court only if BVA has denied some or all of your benefits. You may not appeal a BVA decision to remand your claim back to the VA Regional Office. You must file your appeal by mail or by fax. Send your name, address, phone number, and the date of the BVA decision to:

Clerk of the Court
U.S. Court of Appeals for Veterans Claims
625 Indiana Avenue NW
Washington DC 20004

Fax number: (202) 501-5848

To get a list of veterans' representatives who practice at the Court, and for more information on the Court, see the Court's web site at www.vetapp.uscourts.gov/howapeal.htm.

This list is also available by calling the Court at 1-800-869-8654.

Ask BVA to reconsider

The BVA will reconsider its denial decision, if it finds an "obvious error of fact or law" in that decision. Such a request should be sent to the BVA.

Reopen your case

If you can get additional evidence about your case which is both new and material, you can reopen your claim at the VA Regional Office and get a new decision.

What If I Served in Vietnam and Have a Disease Not on VA's List?

If you served in Vietnam and believe that you have a disease caused by herbicide exposure, but that disease is not on VA's list of diseases associated with herbicides like Agent Orange, you may still apply for service-connection. Such a veteran needs to establish entitlement to service connection on a "direct" (rather than "presumptive") basis. In these cases, VA requires:

- 1) competent medical evidence of a current disability;
- 2) competent evidence of exposure to an herbicide in Vietnam; and
- 3) competent medical evidence of a nexus (causal relationship) between the herbicide exposure and the current disability.

What If I Was Exposed to an Herbicide Outside Vietnam?

Herbicides were used by the U.S. military to defoliate military facilities in the U.S. and in other countries as far back as the 1950s. Even if you did not serve in Vietnam, you can still apply for service-connected benefits if you were exposed to an herbicide while in the military which you believe caused your disease or injury. If you have a **disease which is on the list** of diseases which VA recognizes as being associated with Agent Orange, the VA requires:

- (1) a medical diagnosis of a disease which VA recognizes as being associated with Agent Orange (listed on the following page),
- (2) competent evidence of exposure to a chemical contained in one of the herbicides used in Vietnam (2,4-D; 2,4,5-T and its contaminant TCDD; cacodylic acid; or picloram), and
- (3) competent medical evidence that the disease began within the deadline for that disease (if any).

If you have a disease which is **not on the list of diseases** which VA recognizes as being associated with Agent Orange, VA requires:

- (1) competent medical evidence of a current disability;

- (2) competent evidence of exposure to an herbicide during military service; and
- (3) competent medical evidence of a nexus (causal relationship) between the herbicide exposure and the current disability.

VA Medical Care

Even if you decide not to file a claim for VA compensation benefits based on Agent Orange, you can still get a free physical examination at the nearest VA Medical Center. This is called the Agent Orange Registry Exam. This exam consists of four parts: an exposure history, a medical history, laboratory tests and a physical exam of those body systems most commonly affected by toxic chemicals. This exam might detect diseases which can be treated more effectively the earlier they are diagnosed. You may also be entitled to free ongoing medical treatment at a VA medical facility. Information on VA health care is available on the Internet at: www.va.gov/vbs/health/index.htm. A listing of all VA medical facilities is available on the Internet at: www.va.gov/pubaff/fedben/99fedben.pdf.

Social Security Benefits

The Social Security Administration (SSA) offers both disability insurance benefits and supplemental security income benefits. Veterans can receive both Social Security disability insurance benefits and VA disability compensation. There is an offset of the VA pension or compensation with supplemental security income benefits. Unlike VA compensation benefits that are measured in degrees of disability, SSA benefits require a total disability that will last at least one year. If you cannot work because of your disability, contact the nearest district office of SSA at 1-800-772-1213. SSA benefits information is available on the Internet at www.ssa.gov.

EPA Draft Report Links Dioxin and Cancer

Scientists from the U.S. Environmental Protection Agency (EPA) have conducted a reassessment of dioxin exposure and human health effects. This project has been in preparation since 1991. The EPA draft report, entitled *Exposure and Human Health Reassessment of 2,3,7,8-Tetrachlorodibenzo-p-Dioxin (TCDD) and Related Compounds*, concludes that TCDD, which was contained in Agent Orange, is a "human carcinogen."

EPA's conclusion was based on the weight of evidence of animal and human studies. EPA characterized other dioxins and certain related polychlorinated biphenyls (PCBs) as "likely human carcinogens."

The EPA's Reassessment of Dioxin is a draft document that will not be considered final until it goes through an external scientific peer review process that all major EPA documents go through. It also must be approved by EPA's independent Science Advisory Board. It is EPA's intent to

complete its reassessment of this important environmental health issue before the end of calendar year 2000.

There are no immediate policy implications for VA policy regarding disability compensation for Vietnam veterans or other veterans exposed to Agent Orange. The Department of Veterans Affairs (VA) has recognized Agent Orange and its dioxin contaminate as carcinogens for more than a decade. In fact, most health conditions presumptively recognized as service-connected for Agent Orange exposure are types of cancers.

After the EPA report is finalized, it will be carefully considered by the Institute of Medicine along with other data regarding the association between Agent Orange exposure and various health outcomes. This procedure was established by the Agent Orange Act of 1991, Public Law 102-4.

Dioxin Defined

The term "dioxin" refers to a group of chemical compounds that share certain similar chemical structures and mode-of-action biological characteristics. There are dozens of these dioxin-like compounds. They can be divided into three closely related families: the chlorinated dibenzo-p-dioxins (CDDs), chlorinated dibenzofurans (CDFs) and certain PCBs.

The term "dioxin" is also used for the most well-studied and probably the most toxic dioxins, 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD). CDDs and CDFs are produced inadvertently in nature and by various human activities. Combustion, chlorine bleaching of pulp and paper, certain types of chemical manufacturing and processing, and other industrial processes can create small quantities of dioxins. PCBs are no longer used in the U.S., but formerly were widely used as coolants and lubricants in electrical equipment. Because of their tremendous stability, many of these compounds are still present in the environment.

The EPA draft reassessment found that dioxins are potent toxicants with the potential to produce a broad spectrum of adverse effects in humans. According to the EPA, dioxins can alter the fundamental growth and development of cells in ways that have the potential to lead to many kinds of impacts. These include adverse effects upon normal development; suppression of the immune system, the skin disorder chloracne; and cancer.

The EPA estimates that most dioxin exposure occurs through the diet, with over 95 percent of dioxin intake for a typical person coming through dietary intake of animal fats. Small amounts of exposure occur from breathing air containing trace amounts of dioxins and from absorption through the skin contacting air, soil, or water containing minute levels. According to EPA, these processes result in "widespread, low-level exposure of the general population to dioxins."

Dioxin levels in the environment have declined significantly since the 1970s, following the implementation of EPA's regulatory controls and industry actions. EPA estimates

that dioxin emissions in the U.S. decreased by about 80 percent between 1987 and 1995. EPA attributes much of this sharp decline to reductions in air emissions from municipal and medical waste incinerators. Substantial further declines continue to be documented. Dietary intake of dioxin also appears to be declining. Ironically, as the amount of dioxin in the environment continues to decline, our appreciation of their hazards may be increasing.

EPA estimates that the amount of dioxin found in the tissues of the general human population closely approaches the levels at which adverse effects might be expected to occur, based on studies of animals and highly exposed human populations. However, EPA has concluded that “currently there is no clear indication of increased disease in the general population attributable to dioxin-like compounds.” EPA cautioned that this may be due to limitations of current data and scientific tools rather than indicating that dioxin exposure is not causing adverse effects.

The EPA is moving toward completion of this reassessment which was originally announced in April 1991. The final dioxin reassessment, as envisioned by the EPA, will consist of three parts. Part I will include four volumes that focus on sources, levels of dioxin-like compounds in environmental media, and human exposures. Part II will consist of two volumes that include information on critical human health end points, mode of action, pharmacokinetics, dose response, and toxicity equivalent factors. Part II will have nine chapters. In Part III, a stand alone document, key findings pertinent to understanding the potential hazards and risks of dioxins will be described, including a discussion of all important assumptions and uncertainties.

Further information on EPA’s draft report may be obtained at www.epa.gov/ncea/dioxin.htm. We will continue to keep “Agent Orange Review” readers posted on new developments with EPA’s work on dioxin.

IOM Diabetes Report Expected in September; Delayed to Include RH Findings

The National Academy of Sciences’ Institute of Medicine (IOM) is finalizing its report on the relationship between exposure to Agent Orange and diabetes. They expect to release their report in late September 2000.

Last year the Department of Veterans Affairs (VA) asked the IOM for a special expedited interim review of the scientific evidence relating exposure to Agent Orange and other herbicides used in Vietnam to Type II diabetes. The disease is also referred to as non-insulin dependent diabetes mellitus, and adult-onset diabetes.

An IOM committee was convened for this special review and conducted a workshop and meeting to hear current researchers in the field present information on their ongoing investigations and to review relevant material. A key piece of new evidence included a National Institute for Occupational Safety and Health (NIOSH) study of industrial workers

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exposed to dioxin, published since the IOM deliberations held for *Update 1998*. This report is the second in a series of biennial updates of the comprehensive herbicide literature review that IOM is conducting with VA funding in accordance with Public Law 102-4.

The IOM planned the release of their report on the NIOSH study in May 2000. However, an important study of Vietnam veterans’ health was released in late March 2000, just about the time that the IOM reviewers were finalizing their work. The Department of Defense suggested that this latest Ranch Hand report described below “includes the strongest evidence to date that herbicide exposure is associated with diabetes, and some of its known complications.”

In view of the new Ranch Hand report, Secretary West requested that the IOM postpone the release of the pending IOM diabetes review and combine those results with the additional review of the recent Ranch Hand study into a single report to be released at the earliest possible date. VA considered that it was critical that all available scientific evidence be reviewed in reaching any conclusions on VA policy for compensating Vietnam veterans based on their exposure to Agent Orange. The IOM agreed and indicated

that such a report should be completed by September 30, 2000. They held this first meeting on June 9, 2000, where they heard from the author of the Ranch Hand study, and other scientists.

Based on the IOM findings and other relevant information, the Secretary of Veterans Affairs will make a decision as to whether diabetes should be added to the list of conditions presumptively recognized for service-connection for Vietnam veterans. Because of this additional project, the third biennial update, planned for release in December 2000, will be delayed several months.

Ranch Hand Report Released

On March 27, 2000, the Air Force released a report summarizing the results of the 1997 physical examination of Vietnam veterans who were part of the "Ranch Hand" unit responsible for the aerial spraying of herbicides from 1962 to 1971 and a comparison group of other Vietnam veterans. Ranch Hand personnel were exposed to herbicides in Vietnam during loading, flight operations, and maintenance of the aircraft and spray equipment.

Although the Air Force investigators have characterized the latest results as the strongest evidence to date that herbicide exposure is associated with diabetes and some of its complications, it is unclear whether the increased prevalence is larger than that previously observed in this population. The IOM review, requested by Secretary West, will help answer this important question.

The Air Force began planning the Ranch Hand Study in 1978 to assess the possible health consequences of exposure to Agent Orange and its dioxin contaminant. The Air Force conducted the first physical examinations in 1982 to evaluate the health, survival, and reproductive experience of veterans of Operation Ranch Hand. The ongoing study seeks to determine whether Ranch Hand veterans have experienced adverse health effects and whether those effects, if they exist, can be attributable to exposure to herbicides used in Vietnam.

The study involves approximately 1,000 Ranch Hand veterans who have undergone physical examinations in 1982, 1985, 1987, 1992, and 1997. A final examination is planned for 2002. The data gathered during these examination are analyzed, evaluated, and published in various reports. The comparison group is comprised of 1,300 other Air Force veterans who were involved in C-130 aircraft missions in Southeast Asia during the time period that the Ranch Hand unit was active. These "comparisons" were not involved in spraying herbicides. The study is expected to be completed in 2005.

The IOM will evaluate the latest Ranch Hand findings for *Update 2000* along with other available scientific information, in accordance with Public Law 102-4, the Agent Orange Act of 1991. *Update 2000* has been delayed due to the time required for the expanded expedited report on diabetes. The biennial update is anticipated in mid-2001.

Registry Quick Facts

- During calendar year 1999, 5,377 Vietnam veterans completed their initial Agent Orange Registry health examination. During the same period, 5,392 Gulf War veterans completed their Gulf War Registry health examination.
- Initial Agent Orange examinations now total more than 300,000.
- The Agent Orange Registry examination program began in 1978.
- There is no termination date for these examinations.

Q's and A's

The Q's and A's (Questions and Answers) feature of the "Review" responds to questions and concerns that have been received from various sources. Questions for future issues should be sent to Mr. Donald J. Rosenblum, Deputy Director, Environmental Agent Service (131), VA Central Office, 810 Vermont Avenue, N.W., Washington, DC 20420. We cannot guarantee that all questions will be used in this column, but we will respond to as many as we can!

CJL of St. Anthony, Minnesota, recently wrote to us with a suggestion. He asked that we include a description of each of the conditions identified as related to Agent Orange exposure. In response to this request, each of the conditions presumptively recognized for service-connection is described below.

Chloracne: A skin condition that looks like common forms of acne seen with teenagers. The first sign of chloracne may be excessive oiliness of the skin. This is accompanied or followed by numerous blackheads. In mild cases, the blackheads may be limited to the areas around the eyes extending to the temples. In more severe cases, blackheads may appear in many places, especially over the cheek bone and other facial areas, behind the ears, and along the arms.

Non-Hodgkin's lymphoma: A group of malignant tumors (cancer) that affect the lymph glands and other lymphatic tissue. These tumors are relatively rare compared to other types of cancer, and although survival rates have improved during the past two decades, these diseases tend to be fatal. The common factor is the absence of the giant Reed-Sternberg cells which distinguish this cancer from Hodgkin's disease.

Soft tissue sarcoma: A group of different types of malignant tumors (cancer) that arise from body tissues such as muscle, fat, blood and lymph vessels and connective tissues (not in hard tissue such as bone or cartilage). These cancers are in the soft tissue that occur within and between organs.

Hodgkin's disease: A malignant lymphoma (cancer) characterized by progressive enlargement of the lymph nodes, liver, and spleen, and by progressive anemia.

Porphyria cutanea tarda: A disorder characterized by liver dysfunction and by thinning and blistering of the skin in sun-exposed areas.

Multiple myeloma: A cancer of specific bone marrow cells that is characterized by bone marrow tumors in various bones of the body.

Respiratory cancers: Cancers of the lung, larynx, trachea, and bronchus.

Prostate cancer: Cancer of the prostate; one of the most common cancers among men.

Peripheral neuropathy (transient acute or subacute): A nervous system condition that causes numbness, tingling, and muscle weakness. This condition affects only the peripheral nervous system, that is, only the nervous system outside the brain and spinal cord. Only the transient acute (short-term) and subacute form of this condition (not the chronic persistent form) has been associated with herbicide exposure.

Spina bifida (in the children of Vietnam veterans): A neural tube birth defect that results from the failure of the bony portion of the spine to close properly in the developing fetus during early pregnancy. (Spina bifida occulta is excluded.)

We hope this information is helpful to CJL and other readers.

Independent Study Course on Agent Orange for VA Physicians Designed to Enhance Knowledge and Response to Vietnam Veterans

VA officials in the Environmental Agents Service in VA Central Office in Washington, DC, are working on a Continuing Medical Education independent study course on the possible health consequences of Agent Orange exposure. The course, which should be completed in about six hours, is primarily directed at VA physicians although it may be of interest to other health care providers who treat Vietnam veterans.

The course describes the history and use of Agent Orange and other herbicides in Vietnam, early initiatives to meet veterans' concerns, and various VA programs, including the Registry, health care, disability compensation, research, vet centers, and outreach and education, on behalf of these veterans. It also contains a chapter on the National Academy of Sciences' Institute of Medicine reviews and their impact on VA policy. It is hoped that this program will increase general knowledge about and sensitivity to the health problems of Vietnam veterans and promote better health care services.

The editors anticipate that the program will be finalized later this year. Additional information about the course will be included in future issues of the "Agent Orange Review."

Website Activated

To see this new web site, go to www.va.gov, click on Veterans Benefits and Services, click on Health Benefits and Services, click on Programs, click on Agent Orange Health Effects and Vietnam Veterans. This VA site features current and back issues of VA's "Agent Orange Review" newsletter, current issues of the "Agent Orange Brief" fact sheets, and other Agent Orange-related publications.

These publications can be searched by key-word or information on specific health concerns, Vietnam veterans and Agent Orange compensation policy developments, and other specific Vietnam military service and Agent Orange activities.

Conditions Recognized as Service-Connected for Vietnam Veterans Based on Exposure to Agent Orange or Other Herbicides

1. Chloracne
2. Non-Hodgkin's lymphoma
3. Soft tissue sarcoma
4. Hodgkin's disease
5. Porphyria cutanea tarda
6. Multiple myeloma
7. Respiratory cancers (including cancers of the lung, larynx, trachea, and bronchus)
8. Prostate cancer
9. Peripheral neuropathy (transient acute or subacute)

Condition Recognized in Children of Vietnam Veterans

Spina bifida (except Spina bifida occulta)

Condition Under Consideration Pending Special IOM Review and Decision of the Secretary of Veterans Affairs

Diabetes (see article on page 5)

Condition Recognized in Pending Legislation

Birth Defects in Children of Women Vietnam Veterans (see article on page 1)

Where to Get Help

Vietnam veterans who are concerned about possible long-term health effects of Agent Orange exposure – contact the nearest VA medical center and request an Agent Orange Registry health examination. More than 300,000 Vietnam veterans have already participated in this program.

Vietnam veterans who need medical treatment for conditions that may be related to their exposure to Agent Orange or other herbicides used in Vietnam – contact the nearest VA medical center for eligibility information and possible medical treatment.

Vietnam veterans with illnesses that were incurred in or aggravated by exposure to Agent Orange or other aspects of military service – contact a VA veterans benefits counselor at the nearest VA regional office or health care facility and apply for disability compensation. The counselors have information about the wide range of benefit programs administered by VA. The national toll-free number is 1-800-827-1000.

Vietnam veterans who encounter difficulties at a VA medical center – contact the “patient advocate” at that facility for assistance in resolving the problem.

Vietnam veterans with children who have **spina bifida** – contact the nearest VA regional office by calling toll-free: 1-800-827-1000. Additional information on spina bifida is available from the Spina Bifida Association of America at 4590 MacArthur Blvd., Suite 250, Washington, DC 20007-4226; toll free telephone: 800-621-3141; e-mail address: spinabifida@aol.com; and web site: www.sbaa.org

Representatives of **veterans service organizations**, including The American Legion (1-800-433-3318), Veterans of Foreign Wars of the United States (1-800-VFW-1899), Disabled American Veterans (1-877-426-2838), Vietnam Veterans of America (1-800-882-1316, ext. 149), etc., have also been very helpful to Vietnam veterans seeking disability compensation.

Readers Survey

Early this year the leadership of VA's Environmental Agents Service, the office that prepares this newsletter held a series of meetings with representatives from veterans service organizations to discuss VA outreach efforts on behalf of Vietnam veterans, who may have been exposed to Agent Orange, and Gulf War veterans. Discussions focused on our national newsletters, the “Agent Orange Review” and the “Gulf War Review.” A number of suggestions for improvement were offered; some were approved and implemented.

We are also seeking advice and recommendations from all readers. Please send your comments and ideas to Mr. Donald J. Rosenblum, Deputy Director, Environmental Agents Service, ATTN: Agent Orange Review, VA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420. You can use this paper or write on your own.

What do you think of the “Review”?

Does it meet your needs? Why or why not?

What subjects would you like to see in this publication in the future?

Additional comments or suggestions?

Thank you for your comments.

