



Agent Orange Review

Vol. 20, No. 1

Information for Veterans Who Served in Vietnam

February 2004

VA Will Not Attempt to Recover Benefits Paid to Certain Members of the *Nehmer* Class

The *Nehmer* case is a class-action lawsuit filed in the United States District Court for the Northern District of California concerning VA regulations that govern service connection for diseases associated with herbicide exposure. VA appealed two issues in the case to the United States Court of Appeals for the Ninth Circuit, one concerning the effective date of benefits awarded pursuant to new presumptions of service connection for diseases associated with herbicide exposure, and the other concerning VA's authority to make payment of retroactive benefits that were due and unpaid to class members who died prior to receiving payment. VA continued to process retroactive benefit awards under the *Nehmer* guidelines while the appeal was pending. Notice of those awards may have contained the following statement or a substantially similar statement:

"These retroactive benefits are being paid to you as a result of the United States District Court's order in *Nehmer v. U.S. Veterans' Admin.* Payment may be subject to recovery by VA in the event the United States Court of Appeals overturns the district court's order. Recovery of this payment may include the withholding of future benefit payments until the retroactive amount has been recovered in full."

On April 1, 2002, the Ninth Circuit issued a decision affirming the district court on both issues. Accordingly, VA will not attempt to recover the retroactive benefits that it paid while the appeal was pending.

The above notice was prepared by the VA's Office of the General Counsel to alert our readers of court and VA actions on this matter.

Final Regulations Published on CLL

On October 16, 2003, the Department of Veterans Affairs' (VA) "final rule" on chronic lymphocytic leukemia (CLL) was published in the *Federal Register* and was effective on that date. This action followed the procedure established by Public Law 102-4, the Agent Orange Act of 1991.

CLL is the most common type of leukemia. It has many similarities with non-Hodgkin's lymphoma, which VA recognized for presumptive service-connection years ago.

In *Veterans and Agent Orange: Update 2002*, released by the National Academy of Sciences (NAS) in late

January 2003, the NAS concluded that there is "sufficient evidence of an association" between exposure to herbicides used in Vietnam and CLL. After considering all the evidence, Secretary of Veterans Affairs Anthony J. Principi determined that there is a positive association between exposure to herbicides and CLL, and therefore, a presumption of service connection is warranted.

On March 26, 2003, VA published a "proposed rule" in the *Federal Register* indicating the intention to establish a presumptive service connection for CLL. Public comments on the proposal were solicited. Written comments were received from the Vietnam Veterans of America and a joint written comment from two individuals. After careful consideration of these comments, the rule was adopted without change, and the "final rule" was published.

Background

Public Law 102-4 directed VA to seek an agreement with the NAS for a series of reviews and summaries of the scientific evidence on the association between herbicide exposure and diseases suspected to be associated with such exposure. VA has done that, and the NAS has issued seven reports to date on the health effects of Agent Orange and other herbicides used in Vietnam. This includes an initial comprehensive report, four biennial updates, and two special focus documents. (*Continued on page 2*)

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Final Regulations Published on CLL

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The law provides that whenever the Secretary of Veterans Affairs determines, based on sound medical and scientific evidence, that a positive association exists between herbicide exposure and a disease, the Secretary will publish regulations establishing a presumptive service connection for that disease.

Agent Orange Registry -- Going Strong After 25 Years

The Department of Veterans Affairs Agent Orange Registry is now more than 25 years old. It was established in mid-1978 as a register of Vietnam veterans who were worried that they may have been exposed to chemical herbicides that might be causing a variety of ill effects. It involves extensive medical examinations. The Agent Orange Registry is a computerized index of these examinations.

In September 2000, VA expanded this program by offering examinations for veterans who served in Korea in 1968 or 1969. In August 2001, VA further expanded the registry to include those veterans who during military service were exposed to Agent Orange or other herbicides during testing, transporting, or spraying of these herbicides for military purposes.

What a Participating Veteran Can Expect

Each veteran participating in this voluntary program, offered at all VA medical centers, is given the following baseline laboratory studies: chest x ray (if one has not been done within the past 6 months); complete blood count; blood chemistries and enzyme studies; and urinalysis. Particular attention is paid to the detection of chloracne, porphyria cutanea tarda, type 2 diabetes, soft tissue sarcoma, non-Hodgkin's lymphoma, Hodgkin's disease, respiratory cancers, multiple myeloma, chronic lymphocytic leukemia, prostate cancer, and peripheral neuropathy. Evidence is also sought concerning the following potentially relevant symptoms or conditions: altered sex drive; congenital deformities (birth defects, including spina bifida) among children; repeated infections; nervous system disorders; sterility; and difficulties in carrying pregnancies to term.

How a Veteran Benefits from the Agent Orange Registry Examination

The examination provides the participating veteran with an opportunity to receive a complete health evaluation and answers to questions concerning the current state of knowledge regarding the possible relationship between herbicide exposure and subsequent health problems. Following completion of the examination, the veteran is given results of the physical exam and laboratory studies. This information is provided

by both a face-to-face discussion with a physician familiar with the possible health effects of Agent Orange and by a followup letter summarizing results of the examination. Occasionally, previously undetected medical problems are found. With prompt attention, sometimes these illnesses can be successfully treated.

Registry participants are automatically added to the mailing list for the *Agent Orange Review*, the newsletter that you are now reading, for information about Agent Orange developments.

The Registry permits VA to contact veterans for further testing if continuing research efforts should make this action advisable. Following decisions by the Secretary of Veterans Affairs during the past several years to recognize additional illnesses as service-connected, VA has contacted Registry participants with these diagnoses to urge them to file claims for disability compensation.

Eligibility

Any veteran, male or female, who had military service in the Republic of Vietnam between 1962 and 1975, and expresses a concern relating to exposure to herbicides, may participate in the Registry.

A veteran who did not serve in Vietnam is not eligible for the Agent Orange Registry examination unless he or she (1) served in Korea in 1968 or 1969, or (2) was exposed to Agent Orange or other herbicides while on active duty military service during testing, transporting, or spraying of these herbicides for military purposes. The spouses and children of veterans are not eligible for this examination.

Limitations and Uses of the Registry

No special Agent Orange tests are offered since there is no test to show if a veteran's medical problem was caused by Agent Orange. There are tests that show the level of dioxin in human fat and blood, but such tests are used only for research purposes. VA does not use dioxin levels as a clinical diagnostic test because there is no value to the diagnosis or treatment of individual veterans.

It is important to understand that the Agent Orange Registry is not a scientific or research study. Because of the self-selected nature of the Registry participants (that is, the individuals decide themselves to be part of the Registry rather than being chosen at random in a scientific manner), this group of veterans cannot, with any scientific validity, be viewed as being representative of Vietnam veterans as a whole. Therefore, the health-related information collected cannot be used for scientific research. The information can, however, be used to detect possible health trends, as noted above, and can provide some useful facts about the group itself.

Veterans interested in receiving the Agent Orange Registry examination should request one at the nearest

VA medical center. The Registry program is separate from the disability compensation program. **Veterans who wish to be considered for disability compensation must file a claim for that benefit.** Many Agent Orange Registry participants have no medical problems.

Agent Orange Registry Statistics

Total Number of Examinations by Year (Last 5 Years):

1999 - 5,377 2002 - 23,548
2000 - 7,957 2003 - 30,836
2001 - 23,406

Examinations (Including Followup Examinations) Since Start of the Program (1978) -- **384,836**

Total Initial Examinations (Equal to the Number of Registry Participants Since by Definition Veterans Can Only Have One Initial Examination)-- **342,561**

Number of Examinations in January 2004 - **1,895**

Diabetes -- Veterans and Agent Orange

For a number of years some scientists speculated that there was a link between exposure to Agent Orange or some other aspect of military service in Vietnam and the subsequent development of Type 2 diabetes.

However, in its initial report, dated 1994, and first two subsequent followups, released in 1996 and 1999 (dated 1998), the National Academy of Sciences' Institute of Medicine (IOM) concluded that there was "inadequate /insufficient" evidence to determine whether an association exists between herbicides – including Agent Orange -- used in Vietnam and diabetes in veterans who served there. (The National Academy of Sciences is the non-governmental organization identified by Congress to evaluate the scientific evidence that enables the Secretary of Veterans Affairs to make appropriate decisions regarding presumptions of service connection.)

Shortly after the Academy's 1998 report was finalized several scientific papers were released that provide additional evidence of a relationship between Agent Orange and diabetes. This new evidence prompted the Secretary to request a special report from NAS on this possible relationship. On October 11, 2000, the Academy released its that concluded that there is "limited/suggestive" evidence of an association. On November 9, 2000, VA's Secretary announced that VA would presumptively recognize Type 2 diabetes for service connection. Implementing proposed regulations were published in the *Federal Register* in January 2001. The final rule was published in May 2001.

Many Have Diabetes But Don't Know It

About 16 million Americans have diabetes and 5.4 million of them do not know they have the disease. Indeed, diabetes mellitus or Type 2 diabetes is one of the most common and serious chronic diseases in the U.S. The prevalence of this condition steadily increased in the second half of the 20th century and is expected to rise with the aging U.S. population. About 800,000 people are diagnosed with diabetes annually.

What is Diabetes?

Diabetes is widely recognized as one of the leading causes of death and disability in the United States. Diabetes is a disease in which the body does not produce or properly use insulin that is needed for daily life. Insulin helps the body conduct glucose (sugar) into the body's cells. If that glucose cannot enter the cells, the glucose level in the bloodstream increases. The increased glucose in the blood can damage the heart, blood vessels, kidneys, eyes, and nerves. It can lead to heart disease, stroke, blindness, kidney failure, and amputation.

There are three main types of diabetes: Type 1, Type 2, and gestational diabetes. Type 1, formerly called insulin-dependent diabetes mellitus (IDDM) or juvenile-onset diabetes, results when the body's immune system attacks and destroys its own insulin-producing beta cells in the pancreas. People with Type 1 diabetes need daily insulin injections. Type 1 develops most often in children or young adults. It accounts for 5-10% of diagnosed diabetes in the U.S.

Type 2, formerly known as non-insulin-dependent diabetes mellitus (NIDDM) or adult-onset diabetes, is a disease that occurs when the body makes enough insulin but cannot use it effectively. This form of diabetes most often develops in people over 40 years old. About 90-95 percent of people with diabetes have Type 2.

Type 2 diabetes is more common among individuals who are older, obese, have a family history of diabetes, had gestational diabetes, and are African American, Hispanic American, Asian American, Pacific Islander, and Native American. About 80 percent of people with Type 2 are overweight.

Gestational diabetes develops or is discovered during pregnancy. Gestation diabetes typically disappears when the pregnancy is over, but, as noted above, women who experience gestation diabetes are at increased risk for Type 2 diabetes.

Symptoms

Symptoms of Type 1 diabetes include increased thirst and urination, constant hunger, weight loss, blurred vision, and extreme fatigue. If not diagnosed and treated, a person can lapse into a life-threatening coma.

The symptoms of Type 2 diabetes develop gradually and are not as noticeable as in Type 1. Symptoms of Type 2 include feeling tired or ill, frequent urination (especially at night), unusual thirst, weight loss, blurred vision, frequent infections, and slow-healing wounds and sores.

Control but Not Cure

There is no known cure for diabetes. With early diagnosis, proper treatment and good control of blood sugar and diet, the complications of diabetes can often be prevented or delayed. Diabetes is a self-managed disease because people with diabetes must take responsibility for their day-to-day care. Much of the daily care involves keeping blood sugar near normal levels.

People with Type 1 diabetes need daily injections of insulin because their bodies no longer produce insulin. Treatment requires a strict regimen that typically includes a carefully calculated diet, planned physical activity, self-testing of blood sugar, and multiple daily insulin injections.

Treatment for people with Type 2 diabetes typically includes diet management, exercise, self-testing of blood sugar, and, in some cases, oral medication and/or insulin. Approximately 40 percent of people with Type 2 diabetes require insulin injections.

Additional Information

For additional information regarding diabetes, see the VA Web site: <http://www.va.gov/diabetes>.

Ranch Hand Study Suggests Increased Risk for Prostate Cancer and Melanoma

In February 2004, the *Journal of Occupational and Environmental Medicine* published the latest results in the Air Force Health Study, officially named “Epidemiologic Investigation of Health Effects in Air Force Personnel Following Exposure to Herbicides.” Over the years, the *Agent Orange Review* has included numerous articles about the Air Force Health Study.

This report summarizes a study of cancer among veterans of Operation Ranch Hand, the unit responsible for the aerial spraying of herbicides, including dioxin-contaminated Agent Orange, in Vietnam between 1962 and 1971. Air Force investigators found the incidence of prostate cancer and melanoma was increased among white Ranch Hand veterans (all Ranch Hands were men; more than ninety percent were white) compared to national rates. The risk of death from cancer was not significantly increased.

Additionally, in an analysis utilizing blood measurements of the dioxin contaminant, investigators found the risk of cancer at any anatomical site significantly increased in white Ranch Hands having the highest dioxin levels who spent at most 2 years in Southeast Asia or spent all of their Southeast Asia service in Vietnam.

In 1982, U.S. Air Force researchers began this study to determine whether long-term adverse health effects exist following exposure to herbicides and whether these medical problems can be attributed to exposure to Agent Orange and other herbicides used in Vietnam. (The study protocol was written and reviewed during the period June 1979-January 1982.)

This ongoing research consists of mortality (death) and morbidity (disease) components with associated follow-up efforts and reproductive outcomes assessments. Members of the Ranch Hand unit had frequent and repeated exposures to Agent Orange. Individuals in the comparison group served in Southeast Asia during the same period but did not spray herbicides.

Past Results Have Impact on IOM Conclusions, VA Policies

Air Force investigators have issued a series of reports, beginning in 1983, describing the Ranch Hand study results. The study includes periodic physical examinations and in-person interviews conducted in 1982, 1985, 1987, 1992, 1997, and 2002. Past findings (in conjunction with other studies) have been carefully evaluated and have significantly contributed to conclusions by the National Academy of Sciences’ Institute of Medicine (IOM), including the IOM findings that there is “limited /suggestive” evidence of an association between Agent Orange exposure and (1) Type 2 diabetes in Vietnam veterans, and (2) spina bifida in the children of Vietnam veterans. Previous IOM findings were carefully reviewed by the Secretary of Veterans Affairs who consequently presumptively recognized Type 2 diabetes in Vietnam veterans and proposed legislation (agreed to by the President and Congress) to provide certain benefits and services to the children with the birth defect known as spina bifida who were born to Vietnam veterans. The latest Ranch Hand Study findings will also be reviewed by the IOM.

In its initial report, entitled *Veterans And Agent Orange: Health Effects of Herbicides Used in Vietnam*, released in July 1993, the IOM, a well-respected, nongovernmental scientific organization concluded that there is “limited/suggestive” evidence of an association between herbicide exposure and prostate cancer. However, the Secretary concluded that the credible scientific evidence for an association was not equal to nor did it outweigh the evidence against such an association. Consequently, he did not recognize prostate cancer at that time. In 1996, when additional evidence in support of an association between herbicide exposure and prostate cancer was available, he presumptively recognized this condition for service connection.

In addition to prostate cancer, VA presumptively recognizes for service connection in Vietnam veterans the following cancers: non-Hodgkin's lymphoma, Hodgkin's disease, soft tissue sarcoma, multiple myeloma, chronic lymphocytic leukemia, and respiratory cancers (including lung, larynx, trachea, and bronchus).

Melanoma and Other Skin Cancers

Cancer experts group skin cancer in two broad categories: neoplasm that develop from melanocytes (malignant melanoma) and neoplasms that do not. Nonmelanocytic skin cancers (primarily basal-cell and squamous-cell carcinomas) have far higher incidence than malignant melanoma but are considered less aggressive. Consequently, they are more treatable.

It has been estimated that about 1.3 million cases of nonmelanocytic skin cancer are diagnosed in the U.S. annually. About 1,900 die from this condition each year. On the other hand, about 7,800 of the about 51,000 men and women diagnosed with cutaneous melanoma die annually.

Skin cancer is far more common in people with fair skin. In fact, the risk for whites is about twenty times that of dark-skinned blacks. Also, the incidence increases with age, and is more prevalent in men than women. Other characteristics that increase the likelihood for melanoma include sores on the skin, a suppressed immune system, and, most importantly, excessive exposure to ultraviolet radiation (usually from the sun).

Although skin cancers have been carefully considered by the IOM during each of its five biennial reviews--initially all skin cancers were assessed all together but more recently considered separately--neither melanomas nor any other skin cancers have been identified by IOM in their five comprehensive biennial analyses as "sufficient evidence of an association" or "limited/suggestive evidence of an association" with herbicides used in Vietnam. VA and IOM officials indicate that IOM will again evaluate melanomas and other cancers in light of the recent Air Force report.

New Law Calls for Study of Disposition of Ranch Hand Research

Section 602 of Public Law 108-183, signed December 16, 2003, requires VA to seek to enter into an agreement with the National Academy of Sciences to conduct a study on the appropriate disposition of the Air Force study, scheduled to end in FY 2006. Specifically, that law requires VA to request that the NAS to conduct a study to evaluate: (1) the scientific merit of retaining and maintaining the medical records, other data and laboratory

specimens collected during the Ranch Hand study; (2) obstacles in retaining and maintaining these data, including privacy concerns; (3) the availability of independent oversight over these data; (4) the advisability of extending the study, the potential cost, and the entity best suited to the task; and (5) the advisability of making laboratory specimens available for independent research.

At this writing (mid-February), agreement with NAS has not yet been reached.

For Additional Information

The authors of the journal article (*J Occup Environ Med. 2004; 46:123-136*) are Fatema Z. Akhtar, David H. Garabrant, Norma S. Ketchum, and Joel E. Michalek. Correspondence concerning this report should be sent to Joel E. Michalek, Ph.D., AFRL/HEDB, 2655 Flight Nurse, Building 807, Brooks City-Base, TX 78235-5137.

IOM: Risk of Respiratory Cancers Posed by Exposure to Dioxin Could Last Many Decades

In a report scheduled for public release in early March 2004, the National Academy of Sciences' Institute of Medicine (IOM) evaluated the science behind a delay between exposure to the herbicides used in Vietnam (including Agent Orange) and their contaminant TCDD (dioxin), and respiratory cancers. That is, the IOM attempted to determine whether it is possible to put an upper limit on how long after an exposure to dioxin in a person at risk for developing a respiratory cancer, and, if so, what that period would be. IOM scientists concluded that the risk for respiratory cancers posed by exposure to TCDD could last many decades, and that they could not put an upper time limit of the possible respiratory cancers following dioxin exposure.

The report is entitled *Veterans and Agent Orange: Length of Presumptive Period for Association Between Exposure and Respiratory Cancer*. Copies of this report are available at: www.nap.edu.

Background

In 1994, based on the findings of the initial report in IOM's series of biennial reviews and analyses of scientific literature on the health of Agent Orange and other herbicides in Vietnam and its own review, VA published a notice in the *Federal Register* declaring that there is a "positive association" between exposure to herbicides used in Vietnam and respiratory cancers, including lung cancer. Furthermore, VA wrote that dioxin-induced respiratory cancers appear within a definitive time period after exposure, "after which there is little effect from the exposure." VA regulations were issued that directed that respiratory cancers be presumed service connected only if it is manifest within 30 years after exposure. Veterans who developed respiratory cancers after their 30-year period could not take advantage of the "presumption."

In Public Law 107 –103, the Veterans Education and Benefits Expansion Act of 2001, Congress directed VA to removed the 30-year restriction, and to ask the National Academy of Sciences to conduct a study to review “whether it is possible to identify a period of time after exposure to herbicides after which a presumption of service-connection” of respiratory cancer would not be warranted.

Because no epidemiologic (population) studies have evaluated the time between the end of exposure and the occurrence of respiratory cancers, IOM was unable to determine a period beyond which the occurrence of respiratory cancers could no longer be presumed to be related to TCDD exposure. However, given the delayed effects seen in some studies (risks remaining increased up to 25 year after exposure), the persistence of TCDD in the body, the promoting activity of TCDD, and the fact that respiratory-cancer risk posed by certain other agents remains increased for many decades after exposure has ended (at least 50 years after the end of exposure), the IOM concludes that the risk of respiratory cancers posed by exposure to TCDD “could last many decades.”

To perform this review, the IOM asked the committee that prepared the Veterans and Agent Orange: Update 2002 review and analysis. Irva Hertz-Picciotto, Ph.D., Professor, Department of Epidemiology and Preventative Medicine, University of California, Davis, California, chaired the 10-member committee that conducted the respiratory cancer review. Dr. Hertz-Picciotto also chaired the Committee to Review the Health Effects of Vietnam Veterans of Exposure to Herbicides (Third and Fourth Biennial Updates), that resulted in the books *Veterans and Agent Orange: Update 2000* and *Update 2002*.

The National Academy of Sciences is a private, non-profit, self-perpetuating society of scholars. Upon the authority of the charter granted to it by the Congress in 1863, the NAS has a mandate that requires it to advise the Federal Government on scientific and technical matters. The IOM was established in 1970 by NAS to secure the services of eminent members of appropriate professions in the examination of public health policy issues. For more information about the Institute of Medicine, visit the IOM home page at www.iom.edu

Support for this project was provided by VA.

Agent Orange Brief Fact Sheet Series, General Information Brochure Updated and Revised

This article was prepared by Julissa Cruz, a full-time senior at the University of Illinois at Urbana-Champaign. Julie served 10 weeks in VA’s Environmental Agents Service as a summer intern through the Hispanic Association of Colleges and Universities (HACU).

The Environmental Agents Services (EAS) at the VA Central Headquarters in Washington, DC, recently updated and revised the Agent Orange Brief fact sheet series. The revised fact sheets have been finalized and sent to VA Medical Centers nationwide and to interested parties .

The Briefs describe many Agent Orange - related issues and are accessible online at www.va.gov/agentorange. The Briefs cover the following topics:

- A1. Agent Orange – General Information
- A2. Agent Orange Class Action Lawsuit
- B1. Agent Orange Registry
- B2. Agent Orange – Health Care Eligibility
- B3. Agent Orange and VA Disability Compensation
- B4. VA Information Resources on Agent Orange and Related Matters
- C1. Agent Orange – The Problem Encountered in Research
- C2. Agent Orange and Vietnam Related Research – VA Efforts
- C3. Agent Orange and Vietnam Related Research – Non-VA Efforts
- D1. Agent Orange and Birth Defects
- D2. Agent Orange and Chloracne
- D3. Agent Orange and Non-Hodgkin’s Lymphoma
- D4. Agent Orange and Soft Tissue Sarcomas
- D6. Agent Orange and Hodgkin’s Disease
- D7. Agent Orange and Porphyria Cutanea Tarda
- D8. Agent Orange and Multiple Myeloma
- D9. Agent Orange Respiratory Cancers
- D10. Agent Orange and Prostate Cancer
- D11. Agent Orange and Spina Bifida
- D12. Agent Orange and Diabetes
- D13. Agent Orange and Chronic Lymphocytic Leukemia

The updated fact sheets include D13 – Agent Orange and Chronic Lymphocytic Leukemia (CLL), a new addition to the series. Many of the fact sheets have been modified to reflect findings and information from the most recent Agent Orange reports of the National Academy of Sciences’ Institute of Medicine, a Supreme Court decision and other developments. Statistical information was also updated.

CLL was added to the fact sheet list because it has recently been recognized for presumptive service connection due to its many common features with non-Hodgkin's lymphoma. (See front page article).

The first edition of the fact sheets was printed in October 1988 and ten updates followed, with the most recent (prior to the 2003 version) being released in January 2001. Donald J. Rosenblum, founder and editor of the Briefs, is responsible for the updates. Julissa Cruz of Chicago, IL, a summer intern from the Hispanic Association of Colleges and Universities, provided substantial assistance in the most recent edition. Copies of only the most up-to-date version are available.

Also in July 2003, the EAS revised and updated the Agent Orange general information brochure, last published in April 2001. This six-page publication describes the use of Agent Orange in Vietnam, what concerned veterans should do, the VA programs to help these veterans, and the role of the National Academy of Sciences. The brochure also provides details concerning other information sources.

To obtain a copy of some or all of the updated Briefs or the general information brochure, contact the Environmental Health Coordinator (previously known as the Agent Orange Registry Coordinator) at the nearest VA medical center, write to Agent Orange Briefs, Environmental Agents Services (131), VA Central Office, 810 Vermont Avenue, NW, Washington, DC, 20420, or visit the Web site mentioned above.

Health Conditions Presumptively Recognized to Date

The following health conditions are presumptively recognized for service connection as having been associated with (and may have been caused by) exposure to herbicides used in Vietnam. Vietnam veterans with one or more of these conditions do not have to show that their illness(es) is (are) related to their military service to get disability compensation; VA presumes that their condition is service-connected.

1. Chloracne (must occur within 1 year of exposure to Agent Orange)
2. Non-Hodgkin's lymphoma
3. Soft tissue sarcoma (other than osteosarcoma, chondrosarcoma, Kaposi's sarcoma, ormesothelioma)
4. Hodgkin's disease
5. Porphyria cutanea tarda (must occur within 1 year of exposure)
6. Multiple myeloma
7. Respiratory cancers, including cancers of the lung, larynx, trachea, and bronchus

8. Prostate cancer
 9. Acute and subacute transient peripheral neuropathy (must appear within 1 year of exposure and resolve within 2 years of date of onset)
 10. Type 2 diabetes
 11. Chronic lymphocytic leukemia
-

Conditions Recognized in Children of Vietnam Veterans

1. Spina bifida (except spina bifida occulta)
2. Certain other birth defects in the children of women Vietnam veterans (these birth defects are associated with Vietnam service but are not necessarily caused by exposure to Agent Orange or other herbicides used in Vietnam)

Conditions Briefly Described

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 cheekbone 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 that 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 which 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.

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/agentorange. Back issues are also available at that site. The first issue was released in November 1982. The most recent issues are dated October 2002 and July 2003. This issue is the 41st. It was prepared for release in November 2003, but not printed until February 2004 due to budgetary programs – our regular appropriations bill was only recently approved by Congress. This newsletter was revised in mid-February 2004 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), AO Review, VA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420. Please do not send comments and questions to the Austin Automation Center. Officials there routinely send the comments and questions they receive to the Environmental Agents Service in Washington, DC. Writing to Austin will unnecessarily delay a response.

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 some issues is available.

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.

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.

Diabetes mellitus: Often referred to as Type 2 diabetes. It is characterized by high blood sugar levels resulting from the body's inability to respond properly to hormone insulin.

Questions about the Agent Orange Registry examination program should be directed to the environmental health physician, previously known as the Registry Physician, or environmental health coordinator, formerly called the 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 or information on enrolling for VA health care may be obtained by calling toll-free: **1-877-222-8387**. VA facilities are listed at www.va.gov.

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. In addition, readers can find answers to many questions by accessing the VA Web site mentioned the first paragraph. A great deal of information is provided there aside from all the *Agent Orange Review* newsletters.

The national toll-free telephone number for information regarding VA benefits is **1-800-827-1000**. The toll-free helpline for Agent Orange concerns is **1-800-749-8387**.

For further Federal benefit information, see VA's *Federal Benefits for Veterans and Dependents* booklet. It is updated annually to reflect changes in law and policies. It is available for purchase from the U.S. Government Printing Office, Superintendent of Documents, Washington, DC 20402. VA's World Wide Web pages are updated throughout the year to present the most current information. The VA home page (www.va.gov) contains links to selections on compensation and pension benefits, health care benefits and services, burial and memorial benefits, etc.

VA benefit offices also have a great deal of information about VA benefit programs. The national toll-free telephone number is **1-800-827-1000**.

Chronic lymphocytic leukemia: A disease that progresses slowly with increasing production of excessive numbers of white blood cells.

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.

Other disabilities in the children of women Vietnam veterans: Covered birth defects include a wide range conditions. Eighteen defects are specifically included and others not specifically excluded are covered. For detailed information, see the July 2003 issue of the *Agent Orange Review*, accessible on the internet at www.va.gov/agentorange.

Q's and A's

The *Review* occasionally includes a questions-and-answers section in which VA officials respond to inquiries from readers regarding Agent Orange, problems experienced by Vietnam veterans, their families, and others concerned about the long-term health consequences of exposure to Agent Orange and its dioxin component, and programs initiated by VA and other Federal departments and agencies to help veterans exposed to Agent Orange and their families.

Questions should be sent to Mr. Donald J. Rosenblum, Deputy Director, Environmental Agents Service (131), ATTN: AO REV – Q's & A's, VA Central Office, 810 Vermont Avenue, N.W., Washington 20420.

Several people have recently raised questions about eligibility for dental care. Some assumed that Vietnam veterans who are service-connected for diabetes (possibly due to Agent Orange exposure) are eligible for comprehensive VA dental care. We asked Ernest J. Testo, D.M.D., Director, Dental Requirements, in VA Central Office to clarify this matter. His response follows.

There is a major misconception in assuming that veterans who are service-connected for diabetes are eligible for comprehensive VA dental care. Most do not receive VA dental care.

However, under authority contained in VA dental eligibility regulations, for Class III dental outpatients, "those veterans having dental conditions professionally determined to be currently aggravating a service-connected medical condition are eligible for dental care to satisfactorily resolve the problem." Eligibility for each episode of dental care must be based on referral and application, followed by a new evaluation. Those dental outpatients may receive limited dental care to resolve the problem. They are not eligible for comprehensive and follow-up dental care from VA. Once the problem is resolved, they need to seek care from a dentist outside the VA system.

Veterans should not assume that VA will take care of all their dental needs. It is important that they should establish and maintain a good relationship with a private sector dentist and that they understand that they will have to pay for their dental care from the private sector.

However, veterans whose service-connected medical conditions are rated at 100 percent by VA are eligible for comprehensive VA dental care.

AO Review Readers' Survey Results

The following article was prepared by Michelle Foster, a Program Analyst for 14 years in the office of Environmental Agents Service (EAS), and Julissa Cruz, Hispanic Association of Colleges and Universities (HACU) intern. The article is based on their joint analysis of the responses received from our readers

survey questionnaire published in the October 2002 issue of the Agent Orange Review. (Julie served 10 weeks in the EAS as a summer intern through HACU.)

We received feedback from 147 veterans who responded to the four-item survey that asked readers what they thought of the newsletter, whether it met their needs, and what changes they would like to see. It also allowed for additional comments and/or suggestions for future issues of the newsletter

Eighty-five percent of the respondents provided our office with positive feedback concerning the national Agent Orange newsletter. Approximately fifteen percent of the responses had some negative comments. For example, some readers had problems with the medical terminology used ("make it simpler to understand.") Others urged VA to stop using social security numbers (partial numbers) on address labels. The last four digits are used for identification purposes because some veterans have the same name as other veterans. Some respondents noted that they lack access to Web sites described in the newsletter. Readers also indicated that they would like to see more information on the chemical companies that produced Agent Orange.

This nonscientific analysis of the *Agent Orange Review* survey revealed that many readers found the newsletter to be useful. R.B. from Quincy, Florida said, "I think this is an excellent publication. It has given vets a clear understanding of what is going on concerning Agent Orange related issues." However, there were some responses saying that the *Review* still lacks detailed information on studies and that tax money could be put to better use.

More than half of the respondents described the newsletter as informative, interesting, and even excellent. G.F. from Amity, Missouri, said, "It keeps us up to date as to Veterans Affairs actions and the question and answer section answers lots of questions we thought were too trivial." Those that offered comments requested more issues of the *Review* and thanked VA staff for the information updates. Others felt that the money used towards the *Review* would be better suited by directly helping veterans. *Editor's note:* VA is required by law to prepare this newsletter.

A common theme among those respondents who found the *Review* useful was that it kept them up to date on the latest developments of Agent Orange research. "I read each issue sent to me to stay abreast of the developments in Agent Orange studies...I feel it has the latest information on the subject," said R.B. from Oakes, North Dakota. Some also said that without the *Review*, they would not have known they were eligible for benefits. Those that did not find the *Review* useful said that it was because information was too vague and did not answer personal questions.

Instead of providing comments specific to the newsletter, many used the questionnaire as an outlet for sharing their frustrations or concerns about VA benefits and services. Many asked questions specific to their particular situation. Many also left the suggestions portion of the questionnaire blank, commenting only that the Review was either satisfactory or unsatisfactory.

Some other suggestions were:

- Publish stories of veterans who have read *Review* articles and acted on them;
- Provide an Internet question and answer site;
- Include more information on the chemical companies involved with Agent Orange spraying; and
- Answer eligibility questions regarding Type 2 diabetes.

Comments and suggestions regarding the *Review* should be sent to Mr. Donald Rosenblum, Deputy Director, Environmental Agents Service (131), ATTN: Agent Orange Review, VA Central Office, 810 Vermont Avenue, N.W., Washington, DC 20420. VA appreciates the time and effort of the respondents and promises to carefully consider all comments made.

SHAD Update

(While SHAD or Project 112 does not have anything to do with Agent Orange, we periodically include information on this subject in this newsletter because of the widespread distribution of this publication among Vietnam-era veterans.)

SHAD Legislation is Now Law

On December 6, 2003, President Bush signed Public Law 108-170, the "Veterans Health Care, Capital Asset, and Business Improvement Act of 2003."

Among other things, the legislation authorizes the Department of Veterans Affairs (VA) to provide hospital care, medical services, and nursing home care for veterans who participated in tests conducted by the Department of Defense (DoD) as part of a program for chemical and biological warfare testing from 1962 through 1973. This is notwithstanding that there is insufficient medical evidence to conclude that veterans' illness is attributable to such testing. The testing effort included the program designated as Project Shipboard Hazards and Defense (SHAD) and related land-based tests.

Under this law, VA does not require copayment for the examination of veterans who participated in Project SHAD.

Pocket Card for Health Professionals

In July 2003, VA and DoD developed a clinical pocket guide to aid health care providers evaluating veterans who

who participated in these tests. The pocket card was not designed as general outreach for veterans but was intended specifically to assist health care professionals in diagnosing and managing patients' health problems.

The laminated 7" by 4" card, produced by the VA Employee Education System with the Office of Public Health and Environmental Hazards, provides background information about Project 112 and Project SHAD, describes potential exposures, indicates actions to be taken, and explains where additional information can be obtained.

The Veterans Health Administration provides the clinical evaluation for enrolled veterans who are requesting a clinical evaluation exams. Health insurance claim submissions and veteran copayments will not be generated for this clinical evaluation.

Medical centers maintain listings of veterans who are not enrolled but who requested and received clinical evaluations for SHAD. This will facilitate specific veteran notification if additional information develops.

For additional information on this subject, see VA Web site, www.va.gov/shad/ or DoD Web site www.deploymentlink.osd.mil/current_issues/shad/shad_intro.shtml. Also, there are toll-free telephone numbers (VA's "Help Line": 1-800-749-8387) and (DoD's "Hotline": 1-800-497-6261) that health care providers or veterans can call for further information on this subject.

New on the Web

The following new Web sites will be of interest to many of the readers of this newsletter.

IOM Creates Web Site for Veterans

The Institute of Medicine (IOM) has created a new Internet Web site with information about a variety of military-related health issues for veterans and health care providers. The Web site, at <http://www.veterans.iom.edu>, has separate sections for health care issues affecting the last four major military conflicts - World War II, the Korean War, the Vietnam War, and the Gulf War. At each section, visitors can read electronic versions of IOM-produced reports or purchase publications.

Other sections list IOM's completed reports and reports in progress, while another area contains studies about chemical and biological agents suspected of causing health problems for military members. There is also a section with reports and information about deployment health.

Part of the National Academy of Sciences, the Institute of Medicine is a nonprofit organization that provides advice on matters of biomedical science.

New, Comprehensive VA Web Site on Hepatitis C

A new, comprehensive Web site on hepatitis C, <http://www.hepatitis.va.gov>, has been established through

Future Mailings, Address Changes, and Duplicates

All past, current, and future issues have been or will be posted on the internet at www.va.gov/agentorange. Many veterans may wish to obtain/read this publication via the Internet rather than the postal service.

*If you have **not** previously received the Agent Orange Review by mail, and you*

--Want to receive it in the future, please indicate below and return this information to the to the return address shown on the mailer (above and to the left of your name).

--Do not care to receive future issues of the newsletter for any reason, you do not need to take any action. Future issues will not be sent to you.

If you have received the newsletter by mail in the past, and you

--Want to continue receiving it in the future, you don't need to take any action, you will remain on our mailing list

--Do not care to receive future issues for any reason, complete the form below and return it to the return address shown on the mailer (above and to the left of your name).

New Address

If you have recently moved, please use this form to update our mailing list. Send completed form to the return address on the mailer (above and to the left of your name).

Duplicates

If you are receiving more than one copy of the newsletter, please let us know. Write to the return address on the mailer (above and to the left of your name).

Please check or circle the language that describes your situation, and send it to the return address on the mailer (above and to the left of your name).

I haven't been receiving the Agent Orange Review, but would like to in the future.

I have been receiving the newsletter, but I don't care to get them in the future.

I have been receiving more than one copy, but I only want a single copy.

I have moved. Here's my new address.

Other (explain) _____

Please print your:

First Name _____

Middle _____

Last _____

SSN: _____

New Street/RFD/Military Unit: _____

APO/FPO: _____ (Indicate which if applicable)

City: _____

Alpha State/or APO/FPO Code: _____

ZIP Code: _____

collaboration between the VA, the Federal agency with the greatest expertise in care of people with the disease, and a world-class medical Web developer, the University of California San Francisco Center for HIV Information (CHI).

The new site has educational resources for health care providers, a "patient corner" for lay information, a section on VA services and programs, and comprehensive links to other information sources.

Hepatitis C is the most common blood borne infection in the United States, with about 2 percent of the population affected. VA cares for more hepatitis C patients than any other single medical system - over 200,000 since 1996 - and has established the largest integrated screening, testing and care program for hepatitis C in the Nation. CHI, based at the San Francisco VA Medical Center, established and runs the internationally acclaimed medical Web sites and collaborates with several other public and private agencies.

VA "Kids' Page" Now on Internet

VA has launched VA Kids, a new Web page designed to help young people understand what it means to be a veteran. The site, at <http://www.va.gov/kids/>, contains areas for students in kindergarten through grade 5, for grades 6 through 12 and for teachers.

VA Kids also has information about VA, Veterans Day, scholarships, student volunteer opportunities, rehabilitative and special events for disabled veterans and links to veteran-related sites.

For younger students,

VA Kids has interactive activities such as puzzles, coloring pages, matching contests and age-appropriate language to describe a number of patriotic topics.

For older students, there is information on volunteer programs, scholarships and more sophisticated educational resources, games and reference links. The teachers' section contains additional information, links and suggested classroom activities.

Where to Get Help

Vietnam veterans with questions or concerns about Agent Orange – contact VA’s *Gulf War/Agent Orange Helpline*. The national toll-free telephone number is **800-749-8387**. A great deal of information is also available on our new Web page. It is located at <http://www.va.gov/agentorange>

Vietnam veterans (plus veterans who served in Korea in 1968 or 1969), and other veterans who may have been exposed while on military service to Agent Orange or other herbicides elsewhere during the testing, transporting or spraying of herbicides for military purposes and 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 or call the following toll-free telephone number for information about eligibility and enrollment: **1-877-222-8387**.

Vietnam veterans with illnesses that they believe were incurred or aggravated by exposure to Agent Orange or other aspects of military service – contact a VA veterans services representative 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” or “patient representative” at that facility for assistance in resolving the problem. Ask the medical center telephone operator for the patient advocate or representative.

Vietnam veterans with children who have **spina bifida** – contact the VA national toll-free hotline at 1-888-820-1756, or 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., N.W., Suite 250, Washington, DC 20007-4226; toll free telephone: 800-621-3141; e-mail address: sbaa@sbaa.org; and web site: www.sbaa.org/.

Representatives of **veterans service organizations**, including The American Legion (1-800-433-3318), Paralyzed Veterans of America (1-800-424-8200), Veterans of Foreign Wars of the United States (1-800-VFW-1899), Disabled American Veterans (1-877-426-2838), AMVETS (1-877-726-8387), Vietnam Veterans of America (1-800-882-1316), and others, have also been very helpful to Vietnam veterans seeking disability compensation. (These organizations are cited as examples. There are many other excellent veterans service organizations. VA does not endorse or recommend any specific group over another.)

County Veteran Service Officers also have been of great help to many military veterans, including Vietnam veterans, seeking benefits they earned through their service to the Nation.

Agent Orange Review

Information for Veterans
Who Served in Vietnam
February 2004

Department of
Veterans Affairs
Environmental Agents Service (131)
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810 Vermont Avenue, N.W.
Washington, DC 20420
OFFICIAL BUSINESS
Penalty for private use \$300

