



# Agent Orange Review

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Information for Veterans Who Served in Vietnam

December 2000

## VA Approves Presumptive Service Connection for Type 2 Diabetes; Action Based on Recent IOM Review Suggesting Possible Association with Agent Orange

On November 9, 2000, Acting Secretary of Veterans Affairs Hershel W. Gober announced his decision to add Type 2 diabetes to the list of conditions presumptive recognized as associated with herbicide exposure.

This decision was prompted by a report of the National Academy of Sciences' Institute of Medicine (IOM), released on October 11, 2000, that concluded that there is "limited/suggestive" evidence of an association between herbicides used in Vietnam and adult-onset (Type 2 diabetes). In previous reports on Agent Orange and health, the IOM had included diabetes in its category three, "inadequate/insufficient evidence to determine whether an association exists." The recent IOM report included a review of research efforts by the National Institute for Occupational Safety and Health (NIOSH) and the Air Force (the Ranch Hand Study) as well as seven other new studies on this subject.

The special IOM report on diabetes was requested by Secretary of Veterans Affairs Togo D. West, Jr. in 1999 after the release of **Update 1998**. Shortly after the IOM released the 1998 update, NIOSH published a report that detected an association between diabetes and dioxin exposure. The Secretary concluded that the NIOSH study was potentially important enough that it warranted a full review by IOM as soon as possible. The special IOM report was expected in May 2000.

However, on March 29, 2000, before the IOM released its special report on diabetes, the Air Force released data from its study of Operation Ranch Hand participants which included important information about diabetes. On April 10, 2000, the Department of Veterans Affairs (VA) asked the IOM to include the recently released Ranch Hand data in their diabetes report. Unfortunately, this resulted in several months' delay its completion. Moreover, because of this additional work, **Update 2000** has been delayed from December 2000 to mid-2001.

"Research findings that have accumulated over a long period of time seem to support the possibility of a link between Agent Orange exposure and Type 2 diabetes," reported David Tollerud, professor of public health and director, Center for Environmental and Occupational Health, MCP Hahnemann University School of Public Health, Philadelphia, PA. Dr. Tollerud chaired the IOM committee that issued the report. He cautioned, "it must be emphasized, however, that any increased danger from herbicide or dioxin exposure appears to be small. The known predictors of diabetes risk – family history, physical inactivity, and obesity – continue to greatly outweigh any suggested increased risk from wartime exposure to herbicides."

VA responded promptly to the IOM findings on diabetes. Announcing his decision to recognize diabetes for service connection, Acting Secretary Gober declared, "This is a significant milestone in our ongoing effort to keep America's promise to her veterans, especially those who suffer from this debilitating and life-altering disease." The Acting Secretary added, "It also validated the process we've established to ensure decisions of this magnitude are based on the medical and scientific standards required

### Diabetes Described

Diabetes mellitus (often referred to as Type 2 diabetes) is characterized by high blood sugar levels resulting from the body's inability to respond properly to the hormone insulin. Excessive thirst and frequent urination are also common symptoms. High blood sugars may cause damage to the eyes, kidneys, nervous system, and heart. More than ninety percent of the sixteen million diabetics in the United States are categorized as Type 2, which occurs primarily in adults.

Approximately sixteen percent of veterans receiving care in VA medical facilities have been diagnosed with diabetes. Diabetes is the sixth leading cause of death and

### Procedures for Establishing Presumptive Service Connection

Public Law 102-4, the Agent Orange Act of 1991, established the *(continued on page 2, 2nd column.)*

## 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/default.htm](http://www.va.gov/agentorange/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) is dated August 2000. The December 2000 release is the thirty-third issue. It was written in late November 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 past years is available.

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**.

(continued from page 1) procedure that VA follows in determining whether a condition should be recognized for service connection. Specifically, that legislation directed VA to enter an agreement with the National Academy of Sciences (NAS) to review and summarize the scientific evidence concerning the association between exposure to herbicides used in Vietnam and each disease suspected to be associated with such exposure.

The law mandated that NAS determine, to the extent possible: 1) whether there is a statistical association between the suspect diseases and herbicide, taking into consideration the strength of the evidence and the appropriateness of the methods used to detect an association, 2) the increased risk of disease among individuals exposed to herbicides during military service in Vietnam, and 3) whether there is a plausible biological mechanism or other evidence of a causal relationship.

The law requires the NAS submit reports on its activities every two years for a ten-year period, beginning from the date of the first report. Four reports have been released: the initial report, dated 1994; follow-ups (or updates), dated 1996 and 1998; and most recently, the diabetes report.

The law provides that whenever the Secretary determines that a positive association exists between exposure to a herbicide agent and a disease, the Secretary will publish regulations establishing presumptive service connection for that disease. The term “positive association” means that the credible evidence for an association equals or outweighs the credible evidence against an association.

In making the determination the Secretary is required to take into consideration whether the results of any study are “statistically significant, are capable of replication and withstand peer review.”

VA officials indicated that it will take several months to finalize the required disability compensation regulations for diabetes, but encourages Vietnam veterans, who are not currently receiving VA health care services but suffering with diabetes, to contact the VA’s health care system without delay and begin receiving the quality care they need and deserve.

Under Public Law 102-4, the Acting Secretary’s announcement began a sixty-day period for VA to publish proposed rules for implementing the addition of diabetes to the list of presumptive conditions. After the rules are published, a ninety-day period begins during which VA will seek input to the proposal, including a public comment period. When this process is complete, VA will publish final rules for implementing the change. Vietnam veterans with diabetes are welcome to file a claim at any time. However, they will not be processed until the

regulations are complete. Anyone who files a claim within one year after the effective date of the benefit will be paid, assuming claim approval, from the date the benefit becomes effective.

### **IOM Report Availability**

Copies of the IOM report, entitled **Veterans and Agent Orange: Herbicide/Dioxin Exposure and Type 2 Diabetes** are available from the National Academy Press, 2101 Constitution Avenue, N.W., Washington, DC 20418; telephone 202-334-3313 or 1-800-624-6242. The cost of the 66-page report is \$18.00 (prepaid) plus shipping charges of \$4.50 for the first copy and \$0.95 for each additional copy. Prices are subject to change without notice. The full report is also available at <http://national-academies.org>.

### **Benefits Approved for Children of Women Vietnam Veterans with Certain Birth Defects**

On November 1, 2000, President Clinton signed into law the Veterans Benefits and Health Care Improvement Act of 2000. This legislation, now known as Public Law 106-419, expressed our Nation's continuing gratitude and commitment to all American veterans by reauthorizing and making improvements to a wide range of veterans' benefits and program.

Among other things, this legislation will provide monthly disability allowances, vocational training, and health care to women Vietnam veterans' children born with certain medical conditions. "These women veterans made huge sacrifices to protect our freedom, and it is only just that their children with resulting medical conditions be compensated," commented President Clinton the day of the bill signing. "Similar benefits are currently afforded to such children who were born with spina bifida, but this Act will expand benefits beyond that one condition."

### **Background**

The Department of Veterans Affairs (VA) asked for authority to provide these benefits and service after the VA's Women Vietnam Veterans Reproductive Outcomes Health Study revealed increased risk for birth defects in the children of women Vietnam veterans. The VA study involved 4,140 women Vietnam veterans surviving as of January 1, 1992, and an equal number of Vietnam-era women veterans who did not serve in Vietnam. Investigators found that women Vietnam veterans reported significantly more babies with birth

Investigators reported that the risk of having children with birth defects was also significantly elevated among women Vietnam veterans after adjustments were made for demographic and military characteristics and smoking

and drinking histories of the mothers. Similarly, the researchers found that the risk of having children with severe birth defects was significantly higher among women Vietnam veterans.

### **Provisions of Public Law 106-419**

Under this new law, VA must identify the birth defects of children of women Vietnam veterans that 1) are associated with Vietnam service; and 2) result in permanent physical or mental disability. Birth defects not included in this benefit program as those abnormalities that result from the following: 1) a familiar disorder; 2) a birth-related injury, 3) a fetal or neonatal infirmity with well-established causes.

The legislation provides for health care services, vocational training, and a monthly allowance for eligible children. The monthly allowance will range from \$100 to \$1,272 (or if higher, the amount payable under section 1805(b)(3), Title 38 United States Code) for the highest level of disability compensation cited in that section.

According to this law, receipt of a monetary allowance must not impair, infringe, or otherwise affect the right of an individual to receive any other benefit to which the individual is otherwise entitled under any law administered by VA or entitled under any law administered by VA based on the relationship of such other individual to an individual who receives such monetary allowance. Monetary allowance must not be considered as income or resources in determining eligibility for, or the amount of benefits under, any Federal or federally assisted program.

While the law specifies that the effective date of these benefits and services is the first day of the first month beginning more than one year after the date of the enactment of this Act, potential recipients can file a claim at any time. Since the legislation was signed on November 1, 2000, it must be implemented by December 1, 2001. VA must issue regulations not later than that date. VA officials have not yet determined what application form will be required. Potential claimants can contact the nearest VA regional office to advise them that they wish to apply for the benefit when it is available. Anyone who files a claim within one year after the effective date of the benefit will be paid, assuming claim approval, from the date the benefit

### **Agent Orange Registry Exams Now Available for Veterans Who Served in Korea During 1968-69**

On September 5, 2000, the Veterans Health Administration (VHA), the medical agency of the Department of Veterans Affairs (VA), announced the establishment of policies and procedures to offer VA Agent

Agent Orange Registry examinations to veterans who served in Korea during 1968 or 1969.

The VHA Directive 2000-027, issued on the above date, explains that the Department of Defense recently released information that Agent Orange was used in Korea in 1968 and 1969. DoD has indicated that about 21,000 gallon of Agent Orange were sprayed in Korea during those years in an area from the Civilian Control Line to the southern boundary of the Demilitarized Zone. According to DoD, only Republic of Korea troops were involved in the actual spraying of Agent Orange in Korea.

It is plausible that U.S. service members in areas near the spraying may have been exposed to Agent Orange during this time. There were approximately 40,000 U.S. service members deployed annually to Korea in 1968 and 1969. With nearly one hundred percent turnover each year as many as 80,000 service members may have served there during the two-year period.

Since 1978, VA has offered the Agent Orange Registry examination to all U.S. veterans who served in Vietnam during the Vietnam War. More than 300,000 Vietnam veterans have completed the examination. Participating veterans are given baseline laboratory work-ups, with particular attention to those illnesses that VA presumptively links to Agent Orange.

The Agent Orange Registry examination has helped Vietnam veterans by providing an entrance into the VA health system, providing an opportunity to ask questions and express health-related concerns to a knowledgeable health care provider, providing the opportunity for recording a comprehensive military history, and as a means of veteran outreach to share future developments and provide access to VA's "Agent Orange Review" newsletter.

In accordance with this directive, VA medical centers now provide the Agent Orange Registry examinations to veterans who served in Korea during 1968 or 1969 who request the examination. Veterans who served in Korea during other time periods, but not during 1968 or 1969, are not eligible for participation in Registry examination program.

Vietnam-era veterans who served in Korea are not eligible for the presumptive disability compensation program established for those individuals exposed to Agent Orange in Vietnam. The policies described in this article do not cover disability compensation or access to priority health care. It is important to understand that receipt of the examination does not constitute a claim for compensation from VA.

VA medical centers will complete any additional

during the examination as clinically indicated. Eligibility veterans who wish to have VA follow-up care are assigned to a primary care team.

Veterans who served in Korea during 1968-69 who wish to participate in the examination program should contact the nearest VA medical center to request an appointment.

## Readers Survey Results

The August 2000 issue of the "Agent Orange Review" included a survey questionnaire soliciting readers' comments, suggestions, and recommendations. Several hundred responses have been received to date.

The responses have been overwhelmingly favorable with numerous positive comments. Many wrote encouraging notes, including "Keep up the Good Work!" "Keep it coming;" "I read cover to cover with interest each issue;" "Very informative;" "Thank you for a first class publication;" "Excellent;" "This is a very worthwhile publication;" "A job well done;" "A superb job;" and more. The editor very much appreciates such praise.

There were some respondents who expressed dissatisfaction with the Government or VA's response (or lack thereof) to their particular problem, but very few were critical of the "Review" itself.

There are some suggestions that readers offered:

- that we try to avoid technical language wherever possible (C. of Dover, NH, reported that "There are times it's over my head;" and RMS of Leverett, MA, wrote "it's a bit too technical at times.");
- that we discuss specific medical problems that Vietnam veterans are experiencing (HJM of Nicollet, MN, "would like more specificity on more "long-term" side effects;" JJK of Columbia, MO suggested "more on cancer types;" JGD of Yuma, AZ, said he would appreciate "more information concerning any health concerns and treatments...;" REA of Aurora, CO would like "More about prostate cancer,... mental problems ... and any studies connecting heart disease and exposure to Agent Orange"; an anonymous writer from Fort Wayne, IN, asked about the relationship between Agent Orange and blood pressure; and KRP from Rose Hill, NC, suggests the inclusion of information about skin rashes, moles and breathing); and
- that we explain why certain disabilities are presumptively recognized for service-connection while others (including some very similar conditions) are not (KHW of Saint James, MO, suggested more

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claims information; GJ of Columbia Cross Roads, PA, would appreciate an answer regarding why prostate cancer is included on the list of conditions recognized for presumptive service-connection but bladder cancer is not; RP of Vernon, AZ, commented that the Government should provide 100% disability compensation to all veterans; GLW of Guilford, CT, noting that cancer of the trachea is recognized for service-connection questioned why cancer of the esophagus is not).

We have read and certainly appreciate the responses we have received to date. In this issue and in future publications, we intend to put all of your recommendations into practice to the extent possible.

Furthermore, we will continue to invite readers to send their suggestions and comments to Mr. Donald J. Rosenblum, Deputy Director, Environmental Agents Service (131), ATTN: AO Review, VA Central Office, 810 Vermont Avenue, N.W., Washington, DC 20420. Thank you.

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## Agent Orange Official Named No. 2 in Veterans Health Administration

On October 3, 2000, Frances M. Murphy, M.D., M.P.H., officially assumed the title of Deputy Under Secretary for Health, the second highest position in the Veterans Health Administration (VHA) that manages the largest integrated healthcare system in the nation, treating nearly 750,000 veterans on an inpatient basis and almost 37 million outpatient visits per year, and includes a staff of 14,000 physicians, 800 dentists, and 35,000 professional nurses, plus tens of thousands of other health care professionals and support personnel.

From 1994 to 1999, she managed the VHA Agent Orange program as Director, Environmental Agents Service. In 1997, she assumed additional responsibilities when she was appointed Chief Consultant, Occupational and Environmental Health Strategic Healthcare Group. In 1999, Thomas L. Garthwaite, M.D., then Acting Under Secretary for Health, asked Secretary Togo D. West, Jr. that she be detailed as Acting Deputy Under Secretary for Health. Secretary West approved, calling her an "excellent choice." Dr. Garthwaite was Deputy Under Secretary but moved up to the Acting Under Secretary position when Dr. Kenneth Kizer left VA earlier that year. Dr. Garthwaite was recently confirmed by the Senate, clearing the way for Dr. Murphy's appointment.

Dr. Garthwaite commented that "her broad knowledge of VA healthcare management and operations ... makes her experience unique and very valuable." He added that she has "earned praise for her sound clinical and healthcare knowledge, strong work ethic, impressive record of leadership, and dedication to VA and the veterans we serve."

Dr. Murphy is a board-certified neurologist. She has been with VA for about 13 years and is an Air Force veteran.

## 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 that all questions will be used in this column, but we will respond to as many as we can!

A number of people in the Readers Survey asked why their illness has not been recognized by VA for service connection. Several people have questioned why bladder cancer is not recognized while prostate cancer is. Others have stated that cancer site should be irrelevant. Some readers have suggested that all cancers should be recognized now rather than recognizing one-at-a-time.

Nearly a decade ago, Congress passed the Agent Orange Act of 1991, Public Law 102-4, which established a systematic approach to the presumptive recognition of conditions associated with herbicide exposure. Backed by independent scientific data, carefully evaluated by non-government scientists from various related scientific disciplines, VA would be in the position to credibly argue and act on behalf of Vietnam veterans and ensure that they would receive the proper benefits and services from VA.

The mechanism established by Public Law 102-4 permits and encourages an evolving compensation program. Recognizing that the scientific information is constantly changing, the Congress directed VA to enter into a contract under which the National Academy of Sciences (a highly regarded, prestigious scientific organization) would issue a series of reports, at least one every twenty-four months, over a ten year period.

Comprehensive reports have been released by the IOM in 1993, 1996, and 1999, plus a special report (on diabetes was published) in September 2000. VA has responded positively to the IOM findings, and the system has worked well. Numerous illnesses have been added to the list of conditions presumptively recognized for service-connection.

VA has a responsibility to the American people to provide appropriate disability compensation benefits to eligible veterans. Some veterans have disabilities clearly unrelated to their health problems and do not deserve nor receive money disability compensation. VA's job is, in part, to identify those who truly should get compensation and determine to what extent they should receive be compensated.

## Bladder Cancer

We certainly sympathize with anyone suffering with bladder cancer. However, the independent scientists at the IOM have not found sufficient evidence that this condition is associated with exposure to Agent Orange or other herbicides used in Vietnam. In fact, until recently the IOM had placed bladder cancer in its "limited/suggestive evidence of no association" category, where it included those illnesses with least likely to be associated with herbicide exposure.

In its Update 1998 report, the IOM reclassified bladder cancer as "inadequate/insufficient evidence to determine whether an association exists." No condition in that category has been recognized for service connection. If and when additional information becomes available regarding the possible association between herbicide exposure and bladder cancer, the IOM and VA will certainly consider it.

## All Cancers

The IOM have evaluated numerous cancers and has included malignancies in all four of its categories (that is, sufficient evidence of an association, limited/suggestive evidence of an association, inadequate/insufficient evidence to determine whether an association exists, and limited/suggestive evidence of no association). We do not pay a veteran with a minor service-connected disability (rated ten percent, for example) the same amount as a veteran who is totally and permanently disabled. That would be unfair.

Similarly, we do not treat someone with a condition which an independent scientific organization found unlikely to be associated with herbicides used in Vietnam in the same manner as we would a veterans with a condition found to be sufficient evidence of an association. We think that would also be unfair.

## Web Site Activated

To see this new web site, go to [www.va.gov](http://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 War and Agent Orange activities.

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

### 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)
10. Diabetes (regulations pending)  
- see article on page 1

### Conditions Recognized in Children of Vietnam Veterans

1. Spina bifida (except spina bifida occulta)
2. Other birth defects in the children of women Vietnam veterans (regulations pending)  
- see article on page 2

## Where to Get Help

**Vietnam veterans (plus veterans who served in Korea in 1968 or 1969) 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 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" 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: [spinabifda@aol.com](mailto:spinabifda@aol.com); and **web site:** [www.sbaa.org](http://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.

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## **Department of Veterans Affairs**

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