

Ionizing Radiation Review

Information for Veterans Exposed to Ionizing Radiation and Their Families



Victoria Cassano, MD, MPH, Director, Radiation and Physical Exposures

VA Appoints Cassano as New Radiation Program Director

Victoria Cassano, MD, MPH, now serves as the Director, Radiation and Physical Exposures. Dr. Neil Otchin, former Director, retired from Federal service in 2008.

In this role, Dr. Cassano leads the Department of Veterans Affairs' (VA) efforts on issues related to exposures to ionizing radiation, depleted uranium, and other environmental exposures encountered by Veterans during their service.

Before joining VA, Dr. Cassano served as an occupational physician and undersea medical officer in the U.S. Navy. She previously served as the Force Medical Officer of Military Sealift Command, Atlantic and as Officer in Charge, Naval Undersea Medical Institute, before retiring in 2004 with the rank of Captain. She is a respected author and presenter on issues related to occupational and environmental health.

Dr. Cassano is Board Certified in Occupational Medicine and Undersea Medicine. She is a graduate of Manhattanville College (BA); Columbia University (MA, MPhil); the Uniformed Services University of the Health Sciences (MD); and the University of Michigan (MPH).

For more information on the program, visit www.publichealth.va.gov/exposures/radiation

Needs of "Atomic Veterans" are Focus of VBDR Efforts

Veterans that were part of the 1945–1946 occupation of Hiroshima or Nagasaki, were a Prisoner of War (POW) there, or participated in U.S. above-ground nuclear testing conducted between 1945 and 1962, may have been exposed to ionizing radiation and belong to a group known as the "Atomic Veterans." Atomic Veterans may have illnesses related to their exposure to radiation, and may be eligible for compensation or free medical care.

The Veterans' Advisory Board on Dose Reconstruction (VBDR) was formed in response to a Congressional mandate to provide guidance and independent oversight of the claims compensation program for Atomic Veterans. That program includes a "dose reconstruction" process,

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A Message to Veterans from Secretary of Veterans Affairs, Eric "Ric" Shinseki

Fellow Veterans,

My name is Ric Shinseki, and I am a Veteran. For me, serving as Secretary of Veterans Affairs is a noble calling. It provides me the opportunity to give back to those who served with and for me during my 38 years in uniform and those on whose shoulders we all stood as we grew up in the profession of arms.

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The Department of Veterans Affairs has a solemn responsibility to all of you, today and in the future, as more Veterans join our ranks and enroll to secure the benefits and services they have earned.

I am committed to transforming our Department so that it will be well-positioned to perform this duty even better during the 21st Century. We welcome the assistance and advice of our Veterans Service Organizations, other government departments and agencies, Congress, and all VA stakeholders as we move forward, ethically and transparently, so that Veterans and citizens can understand our efforts.

Creating that vision for transforming VA into a 21st Century organization requires a comprehensive review of our Department. We approach that review understanding that Veterans are central to everything VA does. We know that results count, that the Department will be measured by what we do, not what we promise, and that our best days as an organization supporting Veterans are ahead of us. We will fulfill President Lincoln's charge to care for Veterans and their families by redesigning and reengineering ourselves for the future.

Transforming any institution is supremely challenging; I know this from my own experience in leading large,

proud, complex, and high-performing organizations through change. But the best organizations must be prepared to meet the challenging times, evolving technology and, most importantly, evolving needs of clients. Historically, organizations that are unwilling or unable to change soon find themselves irrelevant. You and your needs are not irrelevant.

Veterans are our clients, and delivering the highest quality care and services in a timely, consistent, and fair manner is a VA responsibility. I take that responsibility seriously and have charged all of the department's employees for their best efforts and support everyday to meet our obligations to you. Our path forward is challenging, but the President and Congress support us. They have asked us to do this well—for you.

Veterans are our sole reason for existence and our number one priority—bar none. I look forward to working together with all VA employees to transform our Department into an organization that reflects the change and commitment our country expects and our Veterans deserve.

Thank you and God bless our military, our Veterans, and our Nation.

ABOUT THE IONIZING RADIATION REVIEW

The **Ionizing Radiation Review** is produced by VA's Radiation and Physical Exposures Service to provide information to Veterans who may have been exposed to ionizing radiation during their military service. The Review describes the possible long-term health consequences of such exposure and VA's programs to respond to this health risk.

The newsletter provides information to Veterans and their families concerned about the health risks of exposure to ionizing radiation in military service.

This is the sixth issue of the **Ionizing Radiation Review** newsletter. Earlier issues are available online at www.publichealth.va.gov/exposures/radiation/newsletter_archive.asp. This newsletter was completed in March 2010, and does not include developments that occurred after that time.

Questions, comments, and suggestions for future issues are encouraged and can be sent to Editor, **Ionizing Radiation Review**, Radiation and Physical Exposures Service (132), VA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420.

where an estimate is calculated of the dose the Veteran may have received during military service. Established by the Secretaries of Defense and Veterans Affairs, the Board provides suggestions for improvements in dose reconstruction and claims compensation procedures for Veterans who have contracted cancer and other illnesses that may be related to the Veteran's in-service exposure to ionizing radiation.

Since its inception in June 2005, the Board has been studying ways to improve the dose reconstruction and claim processes. The Board's audits of claims have been valuable in improving the consistency and quality of dose reconstructions, which are performed by the Defense Threat Reduction Agency (DTRA).

The Board's biggest impact has been through its recommendations and the follow-on actions undertaken by VA and DTRA. One of the biggest improvements has been to expedite the process for Veterans claiming service-connection for prostate or skin cancer as a result of exposure to ionizing radiation. These are very common forms of cancer among the entire population, and these claims accounted for a large portion of the claims that were not moving as fast as some Veterans would have liked.

Several recent improvements to the process of applying for service-connected benefits have been implemented. Per DTRA expedited procedures, an individually calculated radiation dose reconstruction is often no longer necessary for most prostate and skin cancer claims. The previous assessment involved a time-consuming and costly review of each Veteran's case to reconstruct how much radiation the Veteran may have received. Instead, DTRA now uses a uniform dose calculation to help provide faster responses to Veterans.

Another major improvement recommended by the Board and adopted by VA is the consolidation of the handling of radiation claims at the VA Regional Office (VARO) in Jackson, MS. Previously, claims were handled by the VAROs having jurisdiction over the Veteran's residence. Now, all radiation claims go to the Jackson VARO. Officials from that office recently reported to the Board that the backlog of pending radiation claims is going down, and the time it takes to handle each case is decreasing too.

In addition, all claims involving radiation exposure are now handled alike and according to standard protocols, ensuring an equal and fair process for all Veterans.

To improve communication with Veterans, the Board established a Web site (www.vbdr.org) where the recommendations to DTRA and VA are posted. A list of frequently asked questions is posted on the site. The Web site also provides the dates and locations of upcoming public meetings of the Board. The site includes minutes of past meetings as well as biographical information on Board members, press releases, and other information related to the mission and activities of the Board.

The Board has held nine public meetings since its inception. Veterans' input at these meetings has helped the Board with its deliberations and recommendations to VA and DTRA. Veterans have testified about their illnesses and problems with DTRA dose reconstructions and VA claims decisions. While the Board exists to improve the overall process (and not to assist with individual claims), representatives from local VAROs have been available to provide assistance to Veterans with the handling of their claims.

The Board's most recent meeting was held in Bethesda, MD, in early June 2009. The next meeting will be held in March 2010 and we expect to provide information from the meeting in our next newsletter issue.

The VBDR is working closely with both VA and DTRA on a comprehensive Outreach Program to ensure that all Atomic Veterans know of the potential benefits from both VA and the Department of Justice for those who served. Atomic Veterans can find out more about these programs by calling their local VA Medical Center or VA Regional Office. For more information about VA radiation-related programs, go to www.publichealth.va.gov/exposures/radiation. Call **1-800-827-1000** for service-connected disability claims or general information about VA and its benefits.

For information about the VBDR call **1-866-657-VBDR (8237)** or visit www.vbdr.org.

Veteran's Advisory Board on Dose Reconstruction (VBDR) Hosting Spring 2010 Public Meeting

March 4, 2010 at 9:00 AM
Hilton Arlington (Ballston Metro)
950 N. Stafford Street
Arlington, VA 22203

For more information, call **1-866-657-VBDR (8237)** or visit www.VBDR.org.

VA Helps Vets Address Mortgage Problems; Has a “Solid Record of Success”

Many homeowners have recently found it difficult to pay their mortgages, but quick intervention by loan counselors at VA has reduced the number of Veterans defaulting on their home loans.

VA is reaching out to Veterans to keep people in their homes. VA has a solid record of success in helping Veterans and active-duty personnel deal with financial crises.

VA counselors, located at 10 VA offices nationwide, are available to assist those with VA-guaranteed home loans to avoid foreclosure through counseling and special financing arrangements. The counselors also can assist

Veterans with non-VA loans. Since the year 2000, VA has helped about 91,000 Veterans, active-duty members, and survivors keep their homes, saving the government approximately \$1.8 billion.

Depending on a Veteran’s circumstances, VA can intercede on the Veteran’s behalf to pursue options such as repayment plans, forbearance, and loan modifications that can allow a Veteran to keep a home.

To obtain help from a VA financial counselor, call VA at **1-877-827-3702**. Information about VA’s home loan guaranty program is available on the Internet at **www.homeloans.va.gov**.

VA Establishes ALS as a Presumptive Compensable Illness; Cites Association Between Military Service and Development of ALS

Veterans with amyotrophic lateral sclerosis (ALS) may receive urgently needed support for themselves and their families after VA announced that ALS will become a “presumptive compensable” illness for all Veterans with 90 days or more of continuous active service in the military.

VA based the decision primarily on a November 2006 Institute of Medicine (IOM) report on the association between military service and ALS.

“We are extremely grateful to VA, Congressman Henry Brown and Senator Lindsey Graham for standing on the side of Veterans with ALS across the country,” said Gary Leo, president and CEO of The ALS Association from 2004-2009.

“Thanks to their leadership, Veterans with ALS will receive the benefits and care they need, when they need them. Thanks to their efforts, no Veteran with ALS will ever be left behind.”

The IOM report, titled *Amyotrophic Lateral Sclerosis in Veterans: Review of the Scientific Literature*, analyzed scientific and medical studies on the issue and concluded “there is limited and suggestive evidence of an association between military service and later development of ALS.”

ALS is a disease that progresses rapidly. VA’s decision makes those claims much easier to process, and for Veterans and their families to receive the compensation they have earned through their service to the Nation.

ALS, also called Lou Gehrig’s disease—a neuromuscular disease that affects about 20,000 to 30,000 people of all races and ethnicities in the United States—is generally relentlessly progressive and is almost always fatal.

ALS causes degeneration of nerve cells in the brain and spinal cord that leads to muscle weakness, muscle atrophy, and spontaneous muscle activity. Currently, the cause of ALS is unknown, and there is no effective treatment.

In August 2009, VA contacted Veterans who may have been denied service-connection for ALS.

Veterans may also contact VA’s disability compensation program, available online at **www.va.gov** or by phone at **1-800-827-1000**.

VA to Bring Service Closer to Veterans: Rural Veterans Benefit from New Programs

The Department of Veterans Affairs is undertaking several initiatives to improve access and quality of care for enrolled rural Veterans. In addition, VA is part of a larger initiative to explore how communities, states and the Federal government can work together to support rural America.

VA continually seeks innovative ways to improve quality of care for Veterans in rural areas.

Rural Mobile Health Care Clinics

VA has rolled out new mobile health clinics to bring primary care and mental health services closer to Veterans in rural counties across the nation. These mobile clinics help better serve patients living far from a VA Medical Center or outpatient clinic.

The mobile clinics are equipped to serve as primary care and mental health clinics. Rural areas in Colorado, Nebraska, and Wyoming share a single mobile van, while Maine, Washington State, and West Virginia each have a VA mobile van.

Veterans Rural Health Resource Centers (VRHRCs)

VA has opened three Veterans Rural Health Resource Centers to support and improve care to rural Veterans. With clinically trained health care providers and researchers leading each center, VRHRCs conduct clinical demonstration and pilot programs, and serve as regional experts to support VA's rural health efforts.

These centers reflect VA's commitment to provide the best quality care to Veterans everywhere.

The eastern center is located in Vermont at the White River Junction VA Medical Center, the central region in Iowa at the Iowa City VA Medical Center and the western region at Utah's Salt Lake City VA Medical Center.

Mobile Counseling Centers Across America

VA's Vet Center program has launched a fleet of new mobile counseling centers to reach rural and underserved Veterans with high-quality readjustment counseling services.

The 38-foot motor coaches, which have space for confidential counseling, carry Vet Center counselors and outreach workers to events and activities to reach Veterans in broad geographic areas. These mobile centers supplement the care provided at the 232 VA Vet Centers across the country. VA has plans to expand to a total of 299 authorized Vet Centers.



These vehicles are used to provide outreach and direct readjustment counseling at active-duty and Reserve and National Guard activities, including post-deployment health reassessments for returning combat service members.

The vehicles are also used to visit events typically staffed by local Vet Center staff, including homeless "stand downs," Veteran community events, county fairs, and unit reunions at sites ranging from Native American reservations to colleges.

While the primary focus is on readjustment counseling services, the local manager may arrange with VA hospitals or clinics in the region to provide support for health promotion activities such as health screenings.

Thirteen Named to Veterans' Rural Health Advisory Committee

A Veterans Rural Health Advisory Committee was established by former VA Secretary Dr. James B. Peake to advise on health care issues affecting Veterans in rural areas.

The 13-member group examines ways to enhance VA health care services for Veterans in rural areas by evaluating current programs and identifying barriers to health care.

The committee, chaired by Dr. James F. Ahrens, former head of the Montana Hospital Association, includes Veterans, rural health experts in academia, state and Federal professionals who focus on rural health, state-level Veterans Affairs officials, and leaders of Veterans Service Organizations.

VA Needs More Volunteer Drivers

Help Wanted: VA has immediate openings for volunteer drivers to transport Veterans to medical appointments. Successful candidates must pass a medical exam, undergo a successful background check, have a valid driver's license, hold a safe driving record, and carry current auto insurance. Full and part-time volunteer positions are available at VA Medical Centers nationwide. Schedule: Monday through Friday. Hours: Flexible. Benefits: The satisfaction of helping the Nation's Veterans in need.



This longtime program, a collaborative effort between VA and the Disabled American Veterans (DAV) that offers transportation to Veterans in need, is now dealing with an aging driver population. VA's Volunteer Transportation Network (VTN) is looking for additional volunteer drivers to sustain its program of providing free rides to Veterans needing transportation to their medical appointments at VA Medical Centers and clinics. Although there are more than 9,000 volunteer drivers, the program faces an aging driver population and must recruit younger volunteers to continue this service.

The program has been in place since 1987, when Congress reduced funding for VA's Beneficiary Travel program. The DAV initiated a nationwide volunteer-based transportation network, in concert with VA's Voluntary Service Office, to provide transportation to eligible Veterans. Had the DAV not taken on the mission of providing this service, many Veterans probably would have forgone the medical care they are entitled to receive. The Veterans who use the VTN service are typically too ill to drive themselves, do not have family members available to drive them to their appointments, or have no other means of transportation.

VA establishes policy for volunteer participation in the program. Those interested in becoming volunteer drivers must complete a VA volunteer application, and pass a physical examination and health screening administered at a VA Medical Center. Once determined to be physically fit to safely transport passengers, volunteers must provide proof of a safe driving record, a valid driver's license, current motor vehicle insurance or personal insurance, and be willing to participate in all related training provided by VA.

This program has been successful thanks to the selflessness of Veteran volunteers, who are willing to give some of their time to serve Veterans.

Interested in becoming a volunteer driver? Contact the Voluntary Service department at your nearest VA Medical Center, or visit VA's Voluntary Service Web site at www.va.gov/volunteer.

MyHealthVet: Protects Your Health Care Information Online

MyHealthVet is a VA Web site that provides a great deal of health information for Veterans and others. It is located at www.myhealth.va.gov. The program lets Veterans of any era record their personal military history in privacy and at their convenience.

The information is permanently and confidentially retained in MyHealthVet.

If they wish, Veterans can choose to share their history with their health care providers and others. This is a totally voluntary program for all Veterans, and Veterans are not required to participate. In particular, details of incidents that may involve exposures to occupational and military hazards, including exposure to a wide range of environmental hazards encountered during military service, can be of value to Veterans and to their health care providers as part of understanding Veterans' medical problems and complaints, and to help establish rapport.

A brochure entitled, "Your Story: How would you like to tell your military story?", that describes how to log on to "MyHealthVet" and record information about events that took place during a Veteran's military career, is available at www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1368.

According to VA officials responsible for maintaining the MyHealthVet Web site, the personal military history feature is one of the most popular items on the site. The program provides an online military history form that allows a Veteran to easily record details including the time and location where an incident occurred, branch of service, military occupation and specialties, assignments, military or occupational exposures that may have occurred, and other relevant details.

Providing the opportunity to record a personal military history is part of VA's effort to reach out to Veterans by listening. A related effort is the Military Health History pocket card, which suggests some basic questions that a provider may ask a Veteran about their military service (available at www.va.gov/oa/pocketcard).

FAST FACTS: DEPLETED URANIUM

» Veterans Involved

Depleted Uranium (DU) is a potential chemical hazard that may affect Veterans who served in the Gulf War. Other Veterans potentially exposed to DU include those who served in Bosnia, or in Afghanistan and Iraq during Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF).

» What Is Depleted Uranium (DU)?

DU is a byproduct of the uranium enrichment process to make nuclear fuel. It has approximately 60 percent of the radioactivity and the same chemical toxicity as natural uranium, which is present in small amounts in our environment and to which we are exposed in food and water. In the early 1960s, the U.S. began testing DU for projectile use because of its ability to penetrate armor made with less dense metals.

» When Is Depleted Uranium Dangerous?

DU is a chemical hazard primarily if internalized, such as in shrapnel, contaminated wounds, and inhalation. Once a projectile made with DU penetrates a person, it splits into small shards that can scatter through muscle and soft tissue. In addition to DU wounds, soldiers exposed to DU in struck vehicles may inhale or swallow airborne DU particles. Simply riding in a vehicle with DU weapons or DU shielding will not expose a soldier to significant amounts of radiation from DU.

» Depleted Uranium Follow-Up Program

VA and the Department of Defense (DoD) established the Depleted Uranium Follow-up Program at VA's Baltimore VA Medical Center to study the health effects of DU exposure and to provide recommendations for treatment, including surgical removal of embedded shrapnel. The program for Veterans exposed to DU from shrapnel fragments involves detailed physical exams and tests of several organ systems. In addition, a screening program for other Veterans concerned about DU exposure during combat is available. As of October 2009, 1,304 DU exams have been performed for Gulf War Veterans, 65 for other Veterans.

For more information about the program, go to www.publichealth.va.gov/exposures/depleted_uranium/followup_program.asp or call VA's special health issues helpline at **1-800-749-8387**.

» Health Services and Disability Benefits

For information on health services, contact your nearest VA medical facility by calling **1-877-222-8387**.

For information on disability benefits, contact your nearest VA benefits office by calling **1-800-827-1000**.

What is the Ionizing Radiation Registry?

The Ionizing Radiation Registry (IRR) is a personalized and comprehensive examination of certain radiation-exposed Veterans that includes a medical history, blood tests, urinalysis, and, where medically indicated, a chest x-ray and EKG. Additional specialized tests and consultations are provided if medically warranted.

This registry examination is offered to all eligible, concerned Veterans with no co-payment requirement. Veterans need not be enrolled for general VA health care to be eligible for the registry.

Public Law (Pub. L.) 99-576, the Veterans' Benefits Improvement and Health-Care Authorization Act of 1986, enacted October 28, 1986, required VA to establish and maintain a registry of Veterans exposed to radiation. A "radiation-exposed Veteran" means a Veteran who participated during their military service in a "radiation-risk activity," defined as:

- (1) Onsite participation in a test involving the atmospheric detonation of a nuclear device, whether or not the testing nation was the United States;
- (2) Participation in the occupation of Hiroshima or Nagasaki from August 6, 1945 through July 1, 1946; or
- (3) Internment as a Prisoner of War (POW) in Japan (or service on active duty in Japan immediately following such internment) during World War II that resulted in an opportunity for exposure to ionizing radiation

comparable to that of Veterans involved in the occupation of Hiroshima or Nagasaki.

In addition, VA regulations, Title 38 Code of Federal Regulations (CFR) § 3.309(d)(3)(ii)(D), provide that "radiation-risk activity" refers to:

- (4) Service at Department of Energy gaseous diffusion plants at Paducah, KY, Portsmouth, OH, or the K25 area at Oak Ridge, TN, for at least 250 days before February 1, 1992, if the Veteran was monitored for each of the 250 days using dosimetry badges to monitor radiation to external body parts or if the Veteran served for at least 250 days in a position that had exposures comparable to a job that was monitored using dosimetry badges; or
- (5) Service at Longshot, Milrow, or Cannikin underground nuclear tests at Amchitka Island, AK, before January 1, 1974.
- (6) Section 901 of Pub. L. 105-368, the Veterans Programs Enhancement Act of 1998, enacted on November 11, 1998, and codified at 38 U.S.C. § 1720E, specifically authorizes VA to furnish, in part, a medical examination to Veterans who received nasopharyngeal (NP) radium irradiation treatments while in the active military, naval, or air service who are concerned about possible adverse effects of their NP radium treatments.

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IONIZING RADIATION REGISTRY STATISTICS

As of December 2009:

Total number of initial (first-time) Ionizing Radiation Registry (IRR) examinations during 2009	151
Total number of IRR examinations (includes initial and follow-ups) during 2009	163
Total number of initial IRR examinations since 1978	24,550
Total number of IRR examinations since 1978	25,687

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In the absence of evidence to the contrary, a Veteran's assertion of exposure to a radiation-risk activity will be accepted.

Most VA facilities have designated both Environmental Health (EH) Clinicians to conduct the IRR examinations and Coordinators to schedule these examinations. Veterans should contact the EH Coordinator at the nearest VA facility. A directory of EH Coordinators is posted online at www.publichealth.va.gov/exposures/eh_coordinators.asp.

If you do not have access to the Web site, contact the EH Coordinator at VA Central Office **202-461-7226 or 7227** for this information.

Note: Eligibility for an IRR examination does not constitute a basis for service-connection or in any way affect determination regarding service-connection.

Veterans are advised that the IRR examination or treatment for radiation-related diseases does not constitute a formal claim for compensation. Although the results may be used to support a compensation

claim, the examination will not, in and of itself, be considered such a claim.

Veterans who wish to submit a claim for conditions possibly related to radiation exposure should do so via the normal claims process at the nearest VA Regional Office, or through a Veteran Service Representative at the nearest VA Medical Center. VA benefits information is also available by calling **1-800-827-1000**.

Eligibility for an IRR examination does not provide eligibility for VA health care. However, radiation-exposed Veterans with other than a dishonorable discharge may be eligible for enhanced benefits and placement in VA health care Enrollment Priority Group 6 based upon their exposure. Such placement would provide cost-free care and medications for conditions or illnesses related to radiation exposure.

Please see the Enrollment Coordinator at your local VA Medical Center or call **1-877-222-VETS (8387)** for additional details. Further information regarding VA benefits including health care can be found on VA's Web site at www.va.gov.

HEALTH CONDITIONS RECOGNIZED FOR PRESUMPTIVE SERVICE-CONNECTION

The following conditions occurring in Veterans exposed to radiation during their military service have been recognized by VA for presumptive service-connection. That means that Veterans with certain types of exposure to ionizing radiation who have one or more of the illnesses listed below are eligible for disability compensation from VA. They do not have to prove that their condition was caused by ionizing radiation to be eligible for disability compensation from VA.

- Leukemia other than chronic lymphocyte leukemia;
- Cancer of the thyroid;
- Cancer of the breast;
- Cancer of the pharynx;
- Cancer of the esophagus;
- Cancer of the stomach;
- Cancer of the small intestine;
- Cancer of the pancreas;
- Multiple myeloma;
- Lymphomas (except Hodgkin's disease);
- Cancer of the bile ducts;
- Cancer of the gall bladder;
- Primary liver cancer, except if cirrhosis or hepatitis B is indicated;
- Cancers of the salivary gland;
- Urinary tract cancer (kidney/renal, pelvis, ureter, urinary bladder, and urethra);
- Bronchiolo-alveolar cancer (a rare form of lung cancer);
- Cancer of the bone;
- Cancer of the brain;
- Cancer of the colon;
- Cancer of the lung; and
- Cancer of the ovary.

Please Note: *To be considered for disability compensation, a Veteran must specifically apply for that benefit. Also, participation in the Ionizing Radiation Registry does not automatically constitute an application for compensation benefits.*

Disability Compensation from VA

Veterans with service-connected illnesses or injuries are eligible for monthly payments, called disability compensation. The disability must have been incurred or aggravated during active military service. Furthermore, the military service of the Veteran must have been terminated through separation or discharge under conditions that were other than dishonorable.

Disability compensation varies according to the degree of disability and the number of dependents. Benefits are not subject to Federal or state income tax. Receipt of military retirement pay, disability severance pay, and separation incentive payments, known as SSB and VSI (Special Separation Benefits and Voluntary Separation Incentives), may affect the amount of VA compensation paid.

Disability ratings range from 0 to 100 percent (in increments of 10 percent). For example, in 2010, a Veteran with a disability rating of 10 percent receives \$123 per month; a Veteran with disability rating of 50 percent gets \$770 per month; and a Veteran with no dependents who is totally disabled and evaluated at 100 percent receives \$2,673 monthly.

Veterans with disability ratings between 30 and 100 percent also are eligible for monthly allowances for eligible dependents. (The amount depends on the disability rating).

A Veteran who is in need of regular aid and attendance of another person (including the Veteran's spouse), or who is permanently housebound may be entitled to additional benefits. VA must make that determination before the Veteran can receive these benefits.

You can apply for VA disability benefits by completing and submitting VA Form 21-256, Veterans Application for Compensation and Pension. If you have any of the following materials, please attach them to your application:

- Discharge or separation papers (DD-214 or equivalent);
- Dependency records (marriage and children's birth certificates); and
- Medical evidence (doctor and hospital reports).

You can also apply online through VA's Web site at <http://vabenefits.vba.va.gov/vonapp>.

Monthly Disability Compensation Rates for 2010		
Percent Disabled	No Dependents	Veteran & Spouse
10%	\$123	—
20%	\$243	—
30%	\$376	\$421
40%	\$541	\$601
50%	\$770	\$845
60%	\$974	\$1,064
70%	\$1,228	\$1,333
80%	\$1,427	\$1,547
90%	\$1,604	\$1,739
100%	\$2,673	\$2,823

Other Benefits

In addition to the compensation program described above, individual Veterans may be eligible for the full range of other benefits offered by VA, including education and training, vocational rehabilitation, home loan guaranties, life insurance, pension, burial benefits, and more.

To learn more about VA's programs, Veterans and other interested parties can visit VA's home page at www.va.gov or call **1-800-827-1000**. For additional information on other benefits programs, please check online at www.vba.va.gov/VBA/benefits/factsheets.

Where to Get Help



General
Information

1-877-222-8387



VA Benefits
Information
(National)

1-800-827-1000



Your local Environmental Health
Coordinator or Clinician

**[www.publichealth.va.gov/exposures/
eh_coordinators.asp](http://www.publichealth.va.gov/exposures/eh_coordinators.asp)**

Veterans concerned about their exposure to radiation and its possible long-term health consequences: Nearly every VA Medical Center offers VA's Ionizing Radiation Registry health examination. Eligible Veterans who were exposed to radiation during their military service are encouraged to participate in this voluntary program. Call the nearest VA Medical Center for an appointment. The telephone number should be included in your local telephone directory under the "U.S. Government" listings. VA Medical Centers have designated an Environmental Health Clinician and an Environmental Health Coordinator. The Clinician performs (or supervises) the registry examination; the Coordinator is responsible for handling the administrative aspects of the program.

For general information about VA health benefits and enrollment in VA's health care system, call **1-877-222-8387**. Eligible Veterans are not required to enroll in the system in order to receive the registry examination. Veterans may contact the nearest VA Medical Center or go to the Web site at **www.publichealth.va.gov/exposures/eh_coordinators.asp** to find a listing of Environmental Health Coordinators and Clinicians.

Veterans who need prompt medical treatment for conditions that may be related to their exposure to radiation during military service: Contact the nearest VA Medical Center for eligibility information and possible medical treatment. Atomic Veterans seeking care solely for health problems associated with exposure to radiation have been assigned to category six in the enrollment priorities system. Call **1-877-222-8387** for information on this subject.

Veterans with illnesses possibly incurred in or aggravated by exposure to radiation or some other aspect of military service: Contact a Veteran Service Representative (VSR) at the nearest VA Regional Office or health care facility and apply for disability compensation. The national telephone number for information regarding VA benefits is **1-800-827-1000**. Also, VA applications are available on the Internet at **vabenefits.vba.va.gov/vonapp**.

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.

Representatives of various Veteran Service Organizations, including The American Legion (**1-800-433-3318, www.legion.org**), Paralyzed Veterans of America (**1-800-424-8200, www.pva.org**), Veterans of Foreign Wars of the United States (**1-800-VFW-1899, www.vfw.org**), Disabled American Veterans (**1-877-426-2838, www.dav.org**), National Association of Atomic Veterans (**www.naav.com**), and others have been helpful to Veterans exposed to radiation who are seeking disability compensation. (These organizations are cited as examples. There are many other very helpful organizations. VA does not endorse or recommend any specific group over another.)

Country and State Veteran Service Officers also have been of great help to many military Veterans.

Subscription or address change form **Ionizing Radiation Review** Newsletter. *Please print.*

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March 2010

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