



Agent Orange Review

Vol. 18, No. 2

Information for Veterans Who Served in Vietnam

March 2002

New Law Changes Agent Orange-Related Compensation Rules

On December 27, 2001, President George W. Bush signed into law the Veterans Education and Benefits Expansion Act of 2001. Public Law 107-103, as it is also known, was passed by the House of Representatives and the Senate in December 2001.

It includes several compensation provisions that affect veterans who were exposed to Agent Orange during their military service in Vietnam. Specifically, it clarifies or makes changes in the (a) presumptive period for respiratory cancers, (b) presumption that diabetes mellitus (type 2) is service-connected, (c) presumption of exposure to herbicide agents in Vietnam during the Vietnam era, and (d) extension of authority to presume service-connection for additional diseases. All of these changes are made by Section 201 of the legislation.

Respiratory Cancers

The law eliminates, effective January 1, 2002, the 30-year limitation on the period during which respiratory cancers must become manifest for service connection (and disability compensation) to be granted on a presumptive basis. The previous law required that the veteran's respiratory cancer have manifested to a degree at least 10 percent disabling within 30 years of the veteran leaving Vietnam. This restriction has been in place since presumptive service connection for respiratory cancers in Vietnam veterans was established in 1994.

The law also mandates that the Department of Veterans Affairs (VA) contract with the National Academy of Sciences (NAS) for an independent "review of all available scientific literature on the effects of exposure to an herbicide agent containing dioxin on the development of respiratory cancers in humans and whether it is possible to identify a period of time after exposure to herbicides after which a presumption of service-connection for such exposure would not be warranted."

In several reports to VA, including its initial report (released in 1993), the NAS concluded that there is "limited/suggestive" evidence of an association between exposure to herbicides used in Vietnam and respiratory cancers. In 1994, based largely on the NAS finding, VA established the presumption of service connection for respiratory cancers. VA did so with the 30-year limitation. That was codified by Congress in Public Law 103-446, including the 30-year limitation. In several subsequent reports, the NAS has indicated that there is no scientific basis for the 30-year limitation.

Diabetes

The law codifies the decision made by VA to presumptively establish diabetes mellitus (Type 2) as service-connected. In October 2000, the NAS concluded that there is "limited/suggestive" evidence of an association between herbicides used in Vietnam and this form of diabetes. VA determined that a positive association exists between herbicide exposure and diabetes mellitus (Type 2), and published final regulations in May 2001, to add it to the list of conditions presumptively recognized based on herbicide exposure in Vietnam.

Presumption of Exposure to Herbicides

The law also establishes a presumption of exposure to herbicides for any veteran who served in Vietnam during the Vietnam era. This section changes the result of a 1999 court decision (*McCartt v. West*), which held that VA could only presume exposure to Agent Orange if the Vietnam veteran has one of the diseases listed as related to such exposure in 38 United States Code, Section 1116(a) or in the Code of Federal Regulations Sec. 3.309(e).

Extension of Authority on Presumption for Service-Connection for Additional Diseases

The Agent Orange Act of 1991 authorized VA to establish through regulations a presumption of service-connection for diseases associated with herbicide exposure. VA is also authorized to contract with the NAS for an assessment of the scientific literature on this subject. Under the terms of the 1991 legislation this authority would expire at the end of Fiscal Year 2003. Public Law 107-103 extends VA authority to contract with the NAS through October 1, 2014, and extends VA's authority to determine a presumption of service-connection through September 30, 2015.

Regulations Published on Benefits for Women Vietnam Veterans' Children With Birth Defects

The Department of Veterans Affairs officials recently published for public comment proposed regulations that would provide for benefits and services for women Vietnam veterans' children with certain birth defects. The proposal was published in the *Federal Register* on January 2, 2002. Comments were to be received within 30 days of publication (February 1, 2002).



Carole Turner, the national director of VA's Women Veterans Health Program, expressed hope that the final regulations will be in place soon. She indicated that they would be retroactive to December 1, 2001. Under Public Law 106-419, the final regulations were to be published on that date, but publication was delayed for administrative reasons. This legislation provides for monthly disability allowances, health care services, and vocational training. Three separate proposed rules were described in the *Federal Register*: monetary allowances, pages 200-09; health care, 209-14; and vocational training, 215-25.

Public Law 106-419

Under Public Law 106-419, VA identified 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 are those abnormalities that result from 1) a familial (inherited) disorder, 2) a birth-related injury, or 3) a fetal or neonatal infirmity with well-established causes. The law defines the term "child" (for this provision) as an individual, regardless of age or marital status, who is the natural child of a woman Vietnam veteran, and who was conceived after the veteran first entered Vietnam.

The legislation and implementing regulations provide 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.)

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 (that is approved) within 1 year after the effective date of the benefit will be paid retroactively from the date the benefit became effective (December 1, 2001).

For additional background information regarding the law and the study that resulted in this program, see the December 2000, or July 2001, issue of this newsletter.

IOM Report on AML Pending

In the immediate future, the Department of Veterans Affairs (VA) is expecting to receive a reassessment from the National Academy of Sciences' Institute of Medicine (IOM) regarding the relationship between exposure to Agent Orange and other herbicides used in Vietnam and a rare childhood leukemia, known as acute myelogenous leukemia (AML) in children or Vietnam veterans.

On April 19, 2001, the IOM released its fourth comprehensive report on the relationship between Agent Orange and other herbicides used in Vietnam and a wide range of health outcomes. The report, entitled *Veterans and Agent Orange: Update 2000*, concluded that there is "limited/suggestive" evidence of an association between

About the Review

The "Agent Orange Review" is prepared by VA's Environmental Agents Service (EAS) with substantial assistance from the VA's Compensation and Pension Service. 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 <http://www.va.gov/agentorange>. Back issues are also available at that site. The first issue was released in November 1982. The most recent edition is dated October 2001. The March 2002 release is the thirty-seventh issue. It was written in early February 2002 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 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. VA facilities are also listed at www.va.gov.

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**.

herbicides used in Vietnam and AML in the children of Vietnam veterans.

On May 16, 2001, just 4 weeks after release of the report, the Australian Institute of Health and Welfare announced that it has corrected its report (which was one of the reports upon which the IOM relied in reaching its conclusion). The corrected information no longer shows that children of Australian Vietnam veterans face a significantly greater risk for AML than children in the general community.

In light of this development VA asked the IOM to reassess the medical/scientific evidence on AML. The IOM agreed to do such a review. VA anticipates receipt of the report at the end of February 2002. It should be covered in the next issue of this newsletter.

The following outcomes were listed in IOM category three in *Update 2000*: hepatobiliary cancers (cancers of the liver and intrahepatic bile duct), nasal and nasopharyngeal cancer, bone cancer, skin cancers, breast cancer, cancers of the female reproductive system, testicular cancer, urinary bladder cancer, renal cancer (cancers of the kidney and renal pelvis), leukemia, spontaneous abortion, birth defects (other than spina bifida), neonatal or infant death, stillbirths, low birthweight, childhood cancers in offspring (other than acute myelogenous leukemia), abnormal sperm parameters and infertility, cognitive and neuropsychiatric disorders, motor or coordination dysfunction, chronic peripheral nervous system disorders, metabolic and digestive disorders, immune systems disorders, circulatory disorders, respiratory disorders (other than cancer), and AL-type primary amyloidosis.

Agent Orange Litigation Update

More than 17 years ago, on the eve of the trial in the class action lawsuit brought by Vietnam veterans and their families against the companies that manufactured Agent Orange, a settlement was reached. Under the terms of the settlement - In re "Agent Orange" Product Liability Litigation - the manufacturers agreed to pay \$180 million to totally disabled Vietnam veterans and the survivors of certain deceased veterans. The settlement fund grew to \$250 million before distributions started about 4 years later. Part of the money was set aside for veterans who became ill in the future (through 1994).

The settlement was very controversial, and for years veterans attempted to contest it in court. Late last year the Second U.S. Circuit Court of Appeals ruled that two Vietnam veterans may sue the companies that produced Agent Orange. The November 30, 2001, ruling would permit veterans who developed cancer after the settlement funds were exhausted to pursue cases against the chemical companies. It may also allow other veterans who became ill in recent years to sue the manufacturers. (The case is known as *Stephenson v. Dow Chemical Company*, No. 00-9120.)

In making its ruling, the Circuit Court questioned whether a settlement can ever constitutionally restrict class members who, as in many mass tort cases, do not become ill until long after a settlement is approved. It is unclear how many veterans may now sue the chemical companies based on illnesses they developed in the past few years.

Dow Chemical Company may appeal the decision.

Note: The Department of Veterans Affairs is not involved in the lawsuit.

AUA on Prostate Cancer – Part 2

Prostate cancer is one of the conditions that VA presumptively recognizes for service connection in Vietnam veterans. In its 1994 report, "Veterans and Agent Orange: Health Effects of Herbicides Used in Vietnam," the National Academy of Sciences' Institute of Medicine (IOM) concluded that there is limited/suggestive evidence of an association between Agent Orange or other herbicides used in Vietnam and prostate cancer. In subsequent reports ("Veterans and Agent Orange: Update 1996, Veterans and Agent Orange: Update 1998," and "Veterans and Agent Orange: Update 2000"), the IOM reaffirmed this conclusion. In 1996, VA added prostate cancer to the list of conditions recognized for presumption of service connection for Vietnam veterans based on exposure to herbicides.

The following article reprints a brochure for patients provided by the American Urological Association, Inc. (AUA). This organization of medical professionals is located at 1120 North Charles Street, Baltimore, MD 21201-5559. The Web address is www.auanet.org. Because of its length of the AUA brochure, we have divided the material into two articles.

The first article was printed in the October 2001 issue of the newsletter. It answered the following questions: What is the Prostate, What is Prostate Cancer, What are the Early Detection Tools, Who is at Risk, Who Should Be Tested, How is Prostate Cancer Diagnosed, When is a Biopsy Needed and What to Expect After the Biopsy, and What Should One Do If Cancer is Diagnosed.

The below article describes treatment methods, follow-up care, communicating with your physician, and resources for patients. These articles are reprinted with the written permission of the AUA, and may not be reproduced in any format without written permission of the AUA.

Treatment Methods for Prostate Cancer

There are a number of treatment options for managing prostate cancer including "watchful waiting," surgery, radiation therapy or hormone therapy. In some cases, it is useful to combine more than one type of treatment. Work with your doctor to decide which approach is best for you.

- Surveillance (also known as "watchful waiting"). In some men with slow-growing prostate tumors that are found at an early stage, it may not be necessary to start an active treatment. Your physician will follow your progress closely and give you regular exams to check for cancer growth. The exams will indicate if and when active treatment should begin.

Advantage: This approach has little impact on lifestyle and no side effects.

Disadvantage: Possibility of the cancer advancing (and becoming incurable).

- Surgery. The surgical procedure that removes the entire prostate and the surrounding tissue is called a

radical prostatectomy. It is done while the patient is under anesthesia. This treatment is recommended if the tumor is localized to the prostate and is used to treat the early stages of prostate cancer. If the cancer is truly localized to the prostate and the prostate is removed, the chance of death from prostate cancer is low. However, if the cancer has spread beyond the prostate, further treatments may be necessary.

Advantage: The entire prostate (including all the cancer cells in the gland) is removed.

Disadvantage: The disadvantage of this procedure is the risk of complications (such as impotence or incontinence) resulting from the surgery. Also, there is no guarantee that all the disease is removed.

- **Radiation Therapy.** This is another type of local therapy used to attack cancer cells only in the treated area. For prostate cancer in its early stages, radiation therapy can either be used instead of surgery or it can be used following surgery to destroy cancer cells that may remain. There are two forms of radiation treatment:
 1. **External Beam Radiotherapy** treats the prostate with a carefully targeted beam of radiation from a machine. It is well-tolerated by most patients. Side effects vary and include inflammation of the rectum or bladder and impotence. In most cases, side effects are mild and short-lived. Hospitalization is not required. Patients receive treatment once a day, 5 days a week for a 6 to 8 week period.
 2. **Brachytherapy** involves the placement of tiny radioactive “seeds” into the prostate. This option requires anesthesia but is generally performed without an overnight stay in the hospital.

Advantage: Hospitalization is usually not required. Serious side effects are unusual.

Disadvantage: Because the prostate remains in place, there is the possibility that some cancer cells remain in the body. Some patients may develop impotence.

- **Hormone Therapy.** Prostate cancer depends on male hormones, such as testosterone. Starving the cancer of hormones may slow or stop its growth. Hormone therapy is primarily used to halt or slow the spread of cancer. It does not cure the cancer.

There are two forms of hormone therapy. One approach involves surgically removing the testicles. The other form of hormone therapy involves injections of a drug, luteinizing hormone releasing hormone (LHRH) analog, every 30 to 120 days.

Advantage: This approach is used to control prostate cancer that is anywhere in the body.

Disadvantage: Side effects can include hot flashes, impotence, loss of sexual desire, breast swelling and tenderness and brittle bones.

- **Cryosurgery.** This option involves freezing the prostate tissue. The long-term effectiveness of this procedure is unknown.

Follow-Up Care

Once you have been treated for prostate cancer, it is important to have regular follow-up exams to check for disease recurrence. Your doctor should suggest an appropriate follow-up schedule. This usually involves a checkup every 6 months for a prostate-specific antigen (PSA) test and digital rectal exam (DRE).

The following changes in levels may indicate the need

- PSA levels should decrease and remain at undetectable levels after radical prostatectomy. A detectable and rising PSA level following this procedure usually means the disease has returned.
- PSA levels should fall to a stable and low level after radiation therapy or cryosurgery. A rising PSA level is often associated with disease recurrence.
- The pattern of PSA rise after local therapy for prostate cancer can help distinguish between local and distant recurrence.

Fighting cancer is a challenging ordeal, and it is important that you feel you have support, information and counsel. Do not make a sudden decision. Talk to your physician and make sure that you ask all your questions and understand the answers. It is sometimes helpful to get a second opinion from another doctor. Family and support groups can also provide important information. Gather and study information to make the best treatment choice for you.

Inform Your Doctor

Certain activities, conditions, and substances can also affect PSA levels, including:

- medicines (such as finasteride for male pattern baldness or BPH and other hormones),
- herbal medicines (such as PCSPES),
- ejaculation within 48 hours of the test,
- testicular surgery – bilateral simple orchiectomy,
- prostate biopsy,
- urinary infection, and
- indwelling catheter.

This *Doctor's Guide for Patients* is intended for patients and lay readers. It is intended to stimulate and facilitate discussion between the patient and doctor regarding the types of treatment described in summary fashion in this brochure. The American Urological Association, Inc. and its Best Practice Policy Committee developed the Prostate Specific Antigen Best Practice Policy, which is considered the basis for this publication. Best Practice Policies are consensus-based documents developed by a multidisciplinary panel. The full report of the panel provides the physician with a more detailed discussion of treatment options to be considered.

For additional copies of this brochure, *Prostate Cancer Awareness for Men, a Doctor's Guide for Patients*, physicians may contact:

American Urological Association, Inc.
1120 North Charles Street
Baltimore, MD 21201
The full text is available on the website at
www.auanet.org.

Resources for Patients

The list below offers a good start to finding out more information on prostate cancer. These organizations are some of the most comprehensive cancer patient information and support organizations.

Through their educational materials and on their web sites, you may also find other important resources.

American Cancer Society
1599 Clifton Road, N.E.
Atlanta, GA 30329-4251
1-800-ACS-2345
www.cancer.org

Cancer Information Service
National Cancer Institute
31 Center Drive MSC 2580
Building 31, Room 10A16
Bethesda, MD 20892-2580
1-800-4-CANCER
www.nci.nih.gov

US TOO!
930 North York Road, #50
Hinsdale, IL 60521-2993
1-800-808-7866
www.ustoo.com

American Foundation for Urologic Disease (AFUD)
1128 North Charles St, #401
Baltimore, MD 21201-5559
1-800-242-2383

Q's & A's

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

ME, a widow of a Vietnam veteran, sent the following question to us via email:

Q: *Are brain tumors ...being considered to have been caused by exposure to Agent Orange?? My husband died from a brain tumor and was exposed to Agent Orange. I would like to keep up on the research that they are doing*

for Agent Orange and its effects on veterans. As I believe new ones will be discovered in years to come, and they should continue to research what the long term causes can have on our veterans. Thank you for your time.

A. Brain tumors are probably not associated with Agent Orange exposure. In assessing the relationship between Agent Orange exposure and various diseases, VA relies to a large degree on the findings of the National Academy of Sciences' Institute of Medicine (IOM), a highly prestigious, non-governmental scientific organization.

To date, the IOM has released four comprehensive reports, dated 1994, 1996, 1998, and 2000. The IOM divides "health outcomes" into four categories based on the strength of evidence of an association: sufficient evidence, limited/suggestive evidence, inadequate/insufficient evidence to determine whether an association exists, and limited /suggestive of no association.

While some conditions have been moved from one category to another based on new research, brain tumors have not. It remains where it started — in the last category. Of all the conditions that have been considered so far, only gastrointestinal tumors and brain tumors are included in the category of limited/suggestive evidence of no association.

Address Change? Receiving Multiple Copies?

If you have recently moved, please use this form to update our mailing list. Send completed form to the Agent Orange Review, Austin Automation Center (200/397A), 1615 Woodward Street, Austin, TX 78772-0001. Thank you.

Please print your:

First Name _____ (26)
Middle _____ (10)
Last _____ (30)

SSN: _____

New Street/RFD/Military Unit:
_____ (40)

APO/FPO: ____ (Indicate which if applicable)

City: _____ (20)

Alpha State/or APO/FPO Code: ____

ZIP Code: _____

If you are receiving more than one copy of the newsletter, please let us know. Write to the Agent Orange Review, Austin Automation Center (200/397A), 1615 Woodward Street, Austin, TX 78772-0001. Thank you.

Agent Orange Brochure Now Available in Spanish

A six-page brochure, entitled *Agent Orange – Information for Veterans Who Served in Vietnam – General Information*, dated April 2001, is now available in Spanish.

The publication explains why Agent Orange was used, why some veterans are concerned about the long-term effects, and when and where it was used in Vietnam. It advises concerned Vietnam veterans about what they can do, what they can expect from the examination, and how they will benefit by taking the examination.

The brochure notes that Vietnam veterans can get medical treatment and disability compensation for Agent Orange-related illnesses. It lists the conditions that have been “service-connected,” describes other VA efforts to help Vietnam veterans who were exposed to Agent Orange, and explains what other government departments and agencies are doing. It also describes the activities of the National Academy of Sciences, where additional available information can be obtained, and other matters.

Distribution of this brochure to VA medical centers, regional offices, and vet centers was made in early October 2001 with large quantities directed to facilities and offices serving large Hispanic populations.

Copies are also available from Donald J. Rosenblum (131), AO Brochure, Spanish, VA Central Office, 810 Vermont Avenue, N.W., Washington, DC 20420. Please specify the quantity needed.

The above four paragraphs are repeated in Spanish below. Translation of this article was provided by Nemo Curiel, a 2001 Summer Intern from the Hispanic Association of Colleges and Universities.

Folleto Sobre “Agent Orange” Ahora

Un folleto de seis páginas titulado “Agent Orange” – Información para Veteranos de Vietnam – Información General, datada de abril del 2001, es disponible ahora en español.

El impreso explica por qué fue usado “Agent Orange,” por qué algunos veteranos se preocupan por los efectos que este químico puede tener a largo plazo y también explica dónde y cuándo fue usado éste químico en Vietnam. Así mismo, contiene recomendaciones de cómo pueden ayudarse a si mismos los veteranos interesados, señala lo que pueden esperar de los análisis y describe los beneficios que ellos o ellas pueden obtener al ser examinados. El folleto menciona cómo veteranos de Vietnam pueden obtener tratamiento medico y pensión de incapacidad por enfermedades relacionadas con “Agent Orange.” También, indica las condiciones que son relacionadas con los efectos del químico (“service-connected”), nombra otras medidas que el Departamento

de Veterans Affairs esta tomando para ayudar a veteranos de Vietnam que fueron expuestos a “Agent Orange” y explica lo que otras agencias y departamentos del gobierno están haciendo respecto del problema. De la misma manera, describe las actividades de la National Academy of Sciences, de donde se puede obtener información adicional sobre este tema y otros asuntos.

La distribución de este panfleto a los Centros Médicos del Departamento de VA, oficinas regionales y Centros para Veteranos, será durante la primera mitad del mes de octubre del presente, con un gran número de reproducciones siendo dirigidas a centros y oficinas que ofrecen servicios a la población Hispana.

Duplicados del folleto disponibles con el señor Donald J. Rosenblum (131), AO Brochure – Spanish, VA Central Office, 810 Vermont Avenue, N.W., Washington, DC 20420. Favor de especificar el numero de copias requeridas.

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

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, or mesothelioma)
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)

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 (Pending; Final regulations should be published soon; see article on pages 1 and 2)

For More Information

Early last year, the Environmental Agents Service (EAS) in VA Central Office in Washington, DC, updated a series of Agent Orange fact sheets, known as “Agent Orange Briefs.” The updated fact sheets, dated January 2001, have been sent to all VA medical centers and to many other interested parties.

All of the fact sheets have been placed on the world wide web at <http://www.va.gov/agentorange>. The revised “Briefs,” describe a wide range of Agent Orange-related matters. The following twenty-one “Briefs” are available:

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

D5. Agent Orange and Peripheral Neuropathy

D6. Agent Orange and Hodgkin’s Disease

D7. Agent Orange and Porphyria Cutanea Tarda

D8. Agent Orange and Multiple Myeloma

D9. Agent Orange and Respiratory Cancers

D10. Agent Orange and Prostate Cancer

D11. Agent Orange and Spina Bifida

D12. Agent Orange and Diabetes (an addendum was added to this Brief in May 2001)

Changes in law, research developments, and compensation policy have necessitated changes in the Briefs. The revised fact sheets includes information about the report of the National Academy of Sciences’ Institute of Medicine on Agent Orange and Type 2 diabetes, VA’s decision to provide service-connection to Vietnam veterans with diabetes, the decision to open the Agent Orange Registry to certain Vietnam-era veterans who served in Korea, and the enactment of Public Law 106-419, which will provide monthly disability allowances, vocational training, health care to women Vietnam veterans’ children born with certain medical problems. Some statistical information was also updated.

Most of the existing “Briefs” were modified. Earlier versions of the “Briefs” were released in October 1988, October 1989, September 1990, July 1991, February 1992, January 1993, September 1994, January 1997, December 1997, and August 1999. Copies of these outdated issues are no longer available.

For additional information or a copy of some or all of the fact sheets, contact the Agent Orange Registry Coordinator at the nearest VA medical center, write to Agent Orange Briefs, Environmental Agents Service (131), VA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420 or go to the following web site, <http://www.va.gov/agentorange>.

To Be Updated in 2002

The Environmental Agents Service plans to further modify the “Briefs” later this year to incorporate information about additional reports by the National Academy of Sciences’ Institute of Medicine, new legislation, Secretary Principi’s decision to open the Agent Orange Registry program to any veteran exposed to herbicides during its manufacture, testing, or transport, publication of new rules for compensation, and other developments.

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 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 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.

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” 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., Suite 250, Washington, DC 20007-4226; toll free telephone: 800-621-3141; e-mail address: spinabifida@aol.com; and web site: www.sbaa.org

Representatives of **veterans service organizations**, including The American Legion (1-800-433-3318), 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), Vietnam Veterans of America (1-800-882-1316), etc., have also been very helpful to Vietnam veterans seeking disability compensation.

Department of
Veterans Affairs
Austin Automation Center (200/397A)
1615 Woodard Street
Austin, TX 78772-0001
OFFICIAL BUSINESS
Penalty for private use \$300



Agent
Orange
Review
Information for Veterans
Who Served in Vietnam
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