



Agent Orange Review

www.VA.gov/AgentOrange

Information for Veterans Who Served in Vietnam and Their Families

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VA LAUNCHES MULTIPLE MYELOMA PROJECT

This article is based on information provided by Dr. Nikhil Munshi of the VA Medical Center in Boston, MA.

In May 2005, Dr. Nikhil Munshi, a VA hematologist who specializes in myeloma treatment and research, and an Agent Orange related myeloma patient, met with VA Secretary R. James Nicholson to propose that VA use the issue of multiple myeloma among veterans as a pilot program to do three things:

- Educate VA patients on the disease, emerging treatments, and clinical trial opportunities;
- Educate VA health care providers on the disease, emerging treatments, and clinical trial opportunities; and
- Establish a collaborative research program within the VA to combine the efforts of various centers so that the resulting research has direct and near term benefit to the patients. This will help patients to enroll in clinical trials for treatment options that might not otherwise be available.

Secretary Nicholson endorsed the idea and has asked VA officials to implement this program.

Multiple Myeloma Defined

Multiple myeloma, the second most common hematologic or blood cancer, affects cells important for normal immune function called the plasma cells. Myeloma cells grow in the bone marrow and crowd out normal cells, leading to loss of white cells, and an increased risk of infection. It also leads to the loss of the red cells, causing anemia.

Myeloma cells produce proteins that can make blood thick and affect the bone by destroying the bone structure. This, in turn, causes other serious medical issues such as kidney failure and immune system problem.

A Rare Cancer

Multiple myeloma is not a very common cancer; it represents one percent of all cancer diagnoses and two percent of all cancer deaths. Approximately 50,000 people in the United States are living with multiple myeloma and an estimated 14,600 new cases are diagnosed each year. Although the peak age of that multiple myeloma symptoms begins at 65 to 70 years of age, recent statistics suggest that it is increasingly common at an earlier age. Despite recent advances in the treatment of myeloma with significantly improved 5-year survival rates, about 11,000 people die from myeloma each year.

VA medical centers care for approximately 10-12% of all cases of multiple myeloma in the United States. The rate of multiple myeloma in the veteran population may be because men are twice as likely as women to develop the disease and the vast majority of VA patients are men. Additionally, myeloma occurs more frequently with increasing age, and the average age of veteran patients is above 50 years. Other complications such as smoking, substance abuse, and exposure to radiation and toxic agents (i.e., Agent Orange), increase the risk of multiple myeloma as well.

Agent Orange and Ionizing Radiation Presumption

In June 1994, VA Secretary Jesse Brown included multiple myeloma on the list of presumptively service connected conditions for Vietnam veterans after the National Academy of Sciences' (NAS) reviewers concluded that there was "limited/suggestive evidence" of an association between herbicide exposure and the subsequent development of multiple myeloma for Agent Orange exposure in Vietnam.

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Updates, dated 1996, 1998, 2000, 2002, and 2004, of the NAS initial report, entitled *Veterans and Agent Orange: Health Effects of Herbicides Used in Vietnam*, also characterized the evidence of an association between herbicide exposure and multiple myeloma as “limited/suggestive.” As a result of the Secretary’s action, if you served in Vietnam during the Vietnam era (1962-1985) and you are diagnosed with multiple myeloma, VA recognizes your multiple myeloma as related to your military experience. Later Brown’s decision was codified (established in law) in Public Law 103-446, the Veterans’ Benefits Improvements Act of 1994.

Multiple myeloma is similarly presumed by VA to have been associated with ionizing radiation for “Atomic veterans” and for veterans who participated in “other radiation risk activities” as defined in VA regulations.

This so-called “presumptive policy” simplifies the process of receiving compensation for these diseases since VA eliminates the normal requirements that a veteran prove that an illness began or was worsened during military service. Veterans who served in Vietnam during the war are also eligible for a complete physical examination. If a VA physician suspects a disease might be related to Agent Orange or ionizing radiation, VA will provide free medical care.

Multiple Myeloma Diagnosis Challenging

One of the most difficult challenges to diagnosing myeloma is that the disease has no unique symptoms. Consequently, the chance of misdiagnosis is large. Two readily identifiable symptoms are anemia and bone pain/fracture. But both of these symptoms sometimes result in misdiagnosis and patients may go undiagnosed or misdiagnosed for significant periods of time. Below is a summary of common symptoms:

- Kidney problems. Symptoms can present as loss of appetite, fatigue, muscle weakness, restlessness, difficulty in thinking or confusion, constipation, increased thirst, increased urine production, and nausea and vomiting.
- Pain in the lower back, ribs, or long bones.
- Effects of anemia including fatigue, weakness, shortness of breath and sleepiness.
- Recurrent infection because of decreased immune function.
- Lesions and tumors in patient’s bones; otherwise unexplained fractures.

Multiple myeloma is most readily diagnosed by a blood test called a serum protein electrophoresis, or SPEP for short. It is not a routine test, so that it must be specifically ordered if the provider suspects myeloma. This test may show a marker called an M-spike, which suggests the presence of cancerous myeloma cells. A bone marrow biopsy and x-rays of entire skeleton usually follows to confirm the presence of multiple myeloma.

Treatment

Multiple myeloma treatment has changed a lot in the past several years with what have become known as “targeted therapies.” Whereas chemotherapy, the once standard myeloma treatment, attacks the entire body as well as the cancer cells, targeted therapies attack either the cancer cells directly or the environment in which they grow and live.

The first of these new treatments was really an old drug called thalidomide, which had been withdrawn in the 1960s for causing birth defects. However, recently this old drug has been found to be very useful for treating myeloma, especially when combined with dexamethasone, a powerful steroid. Its use in myeloma however, is carefully controlled to guard against pregnancy-related complications.

Other new treatments include Velcade and Revlimid. Revlimid is a derivative of thalidomide in the final phases of FDA clinical trials and is expected to be approved soon. In addition, there are a number of other new therapies either in trial now or being considered for trials. Stem cell transplants, both autologous (one’s own stem cells) and allogenic (a donor’s stem cells) are also effective treatments for some people.

Additionally, almost all myeloma patients are given periodic infusions of a bisphosphonate, a drug that strengthens bone structure and appears to help suppress bone-related complications in myeloma.

DOD DOCUMENTS EXPOSURE TO AGENT ORANGE OUTSIDE VIETNAM; VA SEEKS ADDITIONAL INFORMATION

In mid-2005, officials from the Department of Defense’s (DoD) Deployment Health Support Directorate provided VA with a partial list of locations (and dates) besides Vietnam, where Agent Orange and other herbicides were used, stored, tested, or transported. These 71 sites, presented in a chart format, were located in the United States and elsewhere outside of Vietnam.

Department of Defense personnel estimated that the list is about 70-85 percent complete and indicated that they would continue to review military records to determine if more sites should be added. VA has posted the partial list on the Internet at www.VA.gov/AgentOrange so that veterans can see if they were deployed to any of these locations.

VA has requested DoD to provide the most current, official compilation of locations and dates where DoD used herbicide agents, including Agent Orange, as well as locations and dates where DoD personnel were likely exposed to these agents. This information may be important in evaluating the merits of many veterans’ disability claims.

DoD has established a toll-free telephone hotline (**1-800-497-6261**) that veterans can call regarding their concerns about

exposure to military herbicides outside of Vietnam. Veterans are welcome to call from 9 a.m. to 7 p.m. Eastern Time, Monday-Friday.

In August 2001, VA expanded the Agent Orange Registry health examination program, established in mid-1978, for Vietnam veterans possibly exposed to Agent Orange or other herbicides used in Vietnam. The extension made this examination available to those who were exposed to Agent Orange or other herbicides during the testing, transporting, or spraying of these herbicides for military purposes outside of Vietnam.

VA will post the additional information from DoD when it is received.

IOM ISSUES REPORT ON DISPOSITION OF RANCH HAND STUDY RECORDS

On February 24, 2006, the National Academy of Sciences' (NAS) Institute of Medicine (IOM) released a report titled Disposition of the Air Force Health Study. The IOM report deals with the records of the so-called Ranch Hand Unit, responsible for much of the herbicide spraying in Vietnam. From 1962 to 1971, Operation Ranch Hand sprayed over 19 million gallons of herbicides in Vietnam, of which at least 12 million gallons were Agent Orange. Ranch Hand personnel were assumed by the Air Force to have been among the most highly herbicide-exposed U.S. service members in Vietnam.

In 1979, the Air Force made a commitment to Congress and the White House to conduct a study of this group. The study, formally named the Air Force Health Study (AFHS), compared Ranch Hand veterans to a group of Air Force personnel who served in the Vietnam theater but who were thought not to have been exposed to herbicides. The study looked at diseases, reproductive outcomes, and deaths among these two groups.

Numerous reports were issued and have been reported on in earlier issues of this newsletter. About \$143 million has been spent or has been allocated for this research. Major information gathering activities have been completed and researchers are finishing their final research projects. The study is scheduled to end on September 30, 2006.

Report Required by Law

With the study's end in mind Congress, in Public Law 108-183, the Veterans Benefits Act of 2003, directed VA to contract with the NAS for an evaluation of the scientific merits of retaining and maintaining the medical records, other data, laboratory specimens collected during the study after it is terminated. The IOM also asked about any obstacles, the advisability of an independent oversight, the advisability of extending the study, and the advisability of making laboratory specimens available for independent research.

The IOM established a nine-member committee, known as the Committee on the Disposition of the Air Force Health Study, to look into these matters. David J. Tollerud, M.D., M.P.H., Professor and Chair of the Department of Environmental & Occupational Health Sciences at the University of Louisville in Louisville, KY, chaired the committee. David A. Butler, Ph.D., was study director.

Findings and Recommendations

The IOM committee found that more than 86,000 biologic specimens were collected during the study; and that about half of these are serum. The committee reported while the medical records, other study data, and laboratory specimens have been properly maintained, they are not now organized and documented in a manner that allows them to be easily understood, evaluated, managed, or analyzed by anyone outside the study. It therefore concluded that the present state of documentation and organization was an obstacle to retaining and maintaining them.

The committee recommended that before the end of the study the AFHS personnel reorganize and document the study's records, data, and specimens to allow them to be easily understood, evaluated, managed, and analyzed by individuals outside the study. The committee concluded that the obstacles can be overcome. The committee also concluded that if available Air Force Health Study funds are not enough to accomplish this action, additional funding be provided to carry out such work in a complete and timely manner.

Further study of the AFHS records, data, and specimens is advisable, according the committee report. This should be accomplished by making these materials available for research through a custodian that takes an active role in fostering use of these assets. The committee recommended that 5 years after the custodian assumes responsibility, a committee be convened to evaluate whether any further support be extended to the maintenance of access to the data or specimens.

The committee concluded that the potential value of further study of the collected data rests in the application to the results of future research. This research could encompass using new and different analytical approaches, and new technology and techniques, and examining data and outcomes not yet evaluated. The cost of such work will vary greatly depending on what is done.

The committee did not offer a specific recommendation on the organization best suited to continue the study of AFHS data assets but did identify a number of options that could be pursued.

The committee concluded that independent oversight of future research using the AFHS data assets is advisable, and should be provided through the reviews of proposals for scientific merit and adherence to ethical, legal, and related considerations by an Institutional Review Board and an advisory and oversight board. Furthermore, research should be done in a manner transparent to study subjects, through

systematic communication of research plans and results. The full report can be seen at www.nap.edu.

DISABILITY COMPENSATION RATES FOR 2006

Percent Disabled	No Dependents	Veteran & Spouse
10%	\$112	--
20%	\$218	--
30%	\$337	\$377
40%	\$485	\$539
50%	\$690	\$757
60%	\$873	\$954
70%	\$1,099	\$1,193
80%	\$1,277	\$1,385
90%	\$1,436	\$1,557
100%	\$2,393	\$2,528

These rates were effective December 1, 2005, in accordance with Public Law 109-111, enacted November 22, 2005. Veterans with disability ratings of at least 30 percent are eligible for additional allowances for dependents. Dependents include spouses, minor children, children between ages 18 and 23 who are attending school, children who are permanently incapable of self-support because of disability arising before age 18, and dependent parents. The additional amount depends on the disability rating.

Veterans with certain severe disabilities may also be eligible for additional special monthly compensation. For additional rate information, see compensation rate tables online at: www.vba.va.gov/bln/21/Rates/comp01.htm. **Legislation is pending in Congress to increase these rates.**

HOW TO GET DISABILITY COMPENSATION FROM VA

Veterans exposed to Agent Orange or other herbicides used in Vietnam are eligible for monthly payments, called disability compensation, from VA if they are suffering with illnesses or injuries that VA determined to have been incurred or aggravated during active military service. Veterans exposed to ionizing radiation also have special access to disability compensation for illnesses or injuries related to exposure to ionizing radiation. The service of the veteran must have been terminated from military service through separation or discharge under conditions that were other than dishonorable.

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

paid. Under current law, the payment of VA compensation will affect the amount received in military retirement pay, disability severance pay, SSB, and VSI.

The disability ratings range from 0 to 100 percent (in increments of 10 percent). For example, in 2006, a veteran with a disability rating of 10 percent receives \$112; a veteran with disability rating of 50 percent gets \$690; and a veteran who is totally disabled and therefore, evaluated at 100 percent, receives \$2,393 monthly.

Veterans with disability ratings between 30 and 100 percent are also eligible for monthly allowances for a spouse ranging from \$40 to \$135, and for each child, \$20 to \$98. (The amount depends on the disability rating of the veteran.)

A veteran who is in need of regular aid and attendance of another person, or who is permanently housebound, may be entitled to additional benefits. VA must make the determination before the veteran can get these benefits.

To determine the eligibility of Vietnam veterans for disability compensation, VA adjudicators consider each case individually, looking at a number of factors, including the various exposures, duration of these exposures, elapsed time between exposure and onset of the disease, gender, family history, age at the time of exposure, the extent to which a nonservice-related exposure could contribute to the disease, and the relative sensitivity of exposed tissue.

For a given individual, VA will consider the possibility that various diseases were caused by exposures to numerous risk factors, if supported by medical/scientific evidence. To be eligible for compensation, VA must determine that it is at least as likely as not that a veteran's illness was caused by his/her exposure to toxic substances during military service.

Must Apply to Be Considered

Compensation is not automatically given to any veteran. VA veterans service representatives (VSRs) can provide the necessary application and assist veterans who need help in completing it. VSRs are located at all VA Regional Offices, in VA medical centers, and at most VA clinics. For help in locating a VSR near you, call the following toll-free telephone number: **1-800-827-1000**. You may also apply online at <http://www.VA.gov>.

Other Benefits

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

To learn more about VA's programs, veterans and other interested parties can visit the VA home page <http://www.VA.gov>, or call **1-800-827-1000**.

HEALTH CONDITIONS PRESUMPTIVELY RECOGNIZED TO DATE

The information contained in this article repeats that contained in earlier issues of this newsletter. We are providing it again because of the high level of interest and because we know that some readers are seeing it for the first time. For more information, see www.VA.gov/AgentOrange.

The following health conditions are presumptively recognized for service connection. Vietnam veterans with one or more of these conditions do not have to show that their illness(es) is (are) related to their military service to get disability compensation. VA presumes that their condition is service-connected.

Conditions Recognized in Veterans

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)
10. Type 2 diabetes
11. Chronic lymphocytic leukemia

Conditions Recognized in Children of Vietnam Veterans

1. Spina bifida (except spina bifida occulta)
2. Certain other birth defects in the children of women Vietnam veterans

Conditions Briefly Described

In Vietnam Veterans

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

Non-Hodgkin's lymphoma: A group of malignant tumors (cancers) that affect the lymph glands and other lymphatic tissue. These tumors are relatively rare compared to other types of cancer. Survival rates have improved during the past 2 decades. The common factor is the absence of the certain cells (known as giant Reed-Sternberg cells) that distinguish this cancer from Hodgkin's disease.

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

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

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

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

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

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

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

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

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

In Children of Vietnam Veterans

Spina bifida: A neural tube birth defect that results from the failure of the bony portion of the spine to close properly in the developing fetus during early pregnancy.

Disabilities other than spinal bifida in the children of women Vietnam veterans: Covered birth defects include a wide range conditions. Eighteen defects are specifically included and others not specifically excluded are covered. For more information, contact a veteran services representative at

1-800-827-1000. Covered birth defects include, but are not limited to, the following conditions:

- 1) achondroplasia,
- 2) cleft lip and cleft palate,
- 3) congenital heart disease,
- 4) congenital talipes equinovarus (clubfoot),
- 5) esophageal and intestinal atresia,
- 6) Hallerman-Streifff syndrome,
- 7) hip dysplasia,
- 8) Hirschprung's disease (congenital megacolon),
- 9) hydrocephalus due to aqueductal stenosis,
- 10) hypospadias,
- 11) imperforate anus,
- 12) neural tube defects,
- 13) Poland syndrome,
- 14) pyloric stenosis,
- 15) sundactyly (fused digits),
- 16) tracheoesophageal fistula,
- 17) undescended testicle, and
- 18) Williams syndrome.

These diseases are not tied to herbicides, including Agent Orange, or dioxin exposure, but rather to service in Vietnam itself.

AO PRESUMPTIVES INCLUDED IN CRSC TAX-FREE COMPENSATION FOR DISABLED MILITARY RETIREES

This is a revision of an article was submitted on behalf of the Air Force, Army, Navy, Marines, and Coast Guard by Barry W. Craigen, Combat Related Special Compensation Program Manager, HQ Air Force Personnel Center. Since appearing in the October 2005 issue of the Agent Orange Review, it has become apparent that some clarification is needed. For example, some veterans able to answer "yes" to one or more (but not all four) of the questions in the second paragraph have sought this valuable benefit. These individuals are not eligible. To be precise, the last sentence in second paragraph should have read "If you answered 'yes' to all of the above questions and have not submitted your CRSC application, you could be missing an opportunity for additional tax-free compensation." In the interest of clarity, Mr. Craigen has updated the article and has made several other changes.

Tax-Free Compensation Available from DoD for Disabled Military Retirees

Military retirees have funded their own disability compensation from within their military retired pay for the 100 years preceding 1999. In June 2003, Congress approved the Combat Related Special Compensation (CRSC) program for implementation in June 2003 to replace some or all of the

monies offset from military retirees' pay by the Department of Veterans Affairs (VA) for disability compensation for qualifying disabilities.

In determining basic program eligibility, retired members should answer the following questions:

- * Am I retired with 20 (or more) years of active duty uniform service or retired at age 60 from the Guard or Reserve?
- * Am I receiving military retired pay?
- * Do I have a compensable VA disability rating of 10 percent or higher?
- * Is my retired pay reduced by VA disability payments (VA Waiver)?

If you answered "yes" to **ALL FOUR of the above questions** and have not submitted your CRSC application, you could be missing an opportunity for additional tax-free compensation. The program focuses on "combat-related" disabilities incurred from armed conflict as well as hazardous service (aircrew, EOD, parachuting, diving, etc.), under conditions simulating war, or through instrumentalities of war (military-unique vehicles, munitions, **Agent Orange**, etc.). The amount payable is directly related to the rating percentage assigned to VA service connected combat-related disability(ies) that qualify under CRSC criteria (not all disabilities qualify), but cannot exceed the amount of withheld retired pay.

Eligible retirees may also receive Individual Unemployability (IU) payments, Special Monthly Compensation (SMC), and an adjustment for dependents under certain circumstances(as grant by VA.

It costs you 39 cents and a few minutes of your time to apply--let your Service CRSC experts make the call on your eligibility. Many people are extremely surprised to learn their disabilities qualify under the program! Since 2003, the Services have processed over 100,500 applications as of March 31, 2006 with an average approval rate of 65 percent.

Your CRSC team (the Service from which you retired) needs your completed DD 2860 (CRSC Application), all 214(s)/retirement order as well as your VA rating decision letter(s) and any other available medical or personnel documentation to support your claim for combat-related disabilities. CRSC applies to all of the military Services and the Coast Guard. Any of the Service teams can explain the program and discuss the documentation required.

The application is available online through the DefenseLink Web site or by contacting any of the Services for a paper copy. **Note:** for those retirees under the Concurrent Retirement and Disability Payment (CRDP) program, you may **only** receive compensation under one program--CRDP or CRSC-- at a time. If you are approved for CRSC the Defense Finance and Accounting Service will initially determine which program

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 online at www.VA.gov/AgentOrange. Back issues are also available at that site. The first issue was released in November 1982. The most recent issues are dated April 2005 and October 2005. This issue is the 45th. It was completed in late June 2006 and does not include developments that occurred since that time.

Comments or questions about the content or design of the Review are encouraged. Suggestions and ideas for future issues should be sent to *Agent Orange Review*, Environmental Agents Service (131), *Agent Orange Review*, VA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420. Requests for additional copies of this and earlier issues should also be directed to the above address. Please specify the issue date and the quantity sought. A limited supply of some issues is available.

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

Questions about the **Agent Orange Registry** examination program should be directed to the Environmental Health Clinician, previously known as the Registry Health Physician, or to the Environmental Health Coordinator, formerly called the Agent Orange Registry Coordinator, at the nearest VA medical center. Questions regarding **eligibility for health care** should be directed to the hospital administration service at the nearest VA medical center. Information on enrolling for VA health care may be obtained by calling toll-free: **1-877-222-8387**.

Questions regarding VA benefit programs, including **disability compensation**, should be referred to a veterans services representative at the nearest VA facility. The telephone numbers can be found in the telephone directory under the "U.S. Government" listings.

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

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

is most financially advantageous to you--and you'll have the option of changing between the two every year during the open season.

DoD DefenseLink

<http://www.defenselink.mil/prhome/mppcrsc.html>

AIR FORCE

HQ Air Force Personnel Center

<http://www.ask.afpc.randolph.af.mil/>

1.866.616.7074 toll-free (Select option 5, then option 1) or **210.565.1600**

ARMY

Army Human Resources Command

<http://www.crsc.army.mil/>

1.866.281.3254 toll-free

COAST GUARD

Coast Guard Personnel Command (adm-1)

<http://www.uscg.mil/hq/cgpc/adm/adm1.htm>

1.866.307.1336 toll-free

NAVY AND MARINE CORPS

Naval Council of Personnel Boards

<http://www.hq.navy.mil/ncpb/CRSCB/combatrelated.htm>

1-877.366.2772 toll-free (prerecorded)

QUESTIONS & ANSWERS

The "Review" occasionally includes a questions-and-answers feature in response to questions sent by readers. Vietnam veterans and their families and friends often have questions and concerns about health issues relate to military service in Vietnam. They want answers and knowledge about what VA and other Federal departments and agencies are doing to help these veterans.

From time to time we get inquiries about eligibility for the Agent Orange Registry health examination program. We recently received a question about a veteran in Lebanon, PA, who was stationed in Ubon, Thailand from August 1967 to August 1968. While there he went on temporary duty orders to Clark Air Force Base for five days. On route they stopped in Vietnam to pick up some passengers. He was on the ground for an hour and a half. The date was May 13, 1968. He has a copy of his temporary duty station orders. The question was raised if he was eligible for the Registry examination since he did not actually "serve" in Vietnam but rather was on the ground to pick up passengers.

The answer is clear. Under current law, he is eligible. Picking up the passenger was part of his service. Any U.S. Vietnam era veteran, male or female, who served in the Republic of Vietnam between 1962 and 1975, with any military service in Vietnam, during the Vietnam War, no matter how short is eligible.

ADDRESS CHANGES

If this newsletter has your old address, please use this form to update our mailing list. Send the completed form to the Agent Orange Review, Austin Automation Center (200/397A), 1615 Woodward Street, Austin, TX 78772-0001. If you have access to the Agent Orange Review via the VA Web site at www.va.gov/EnvironAgents and wish to discontinue receiving a copy by mail, please complete the below form and return it to the Austin Automation Center. If you are receiving more than one copy of the newsletter, please let us know. Write to the address above. Please provide your name, address, and social security number. Thank you.

Name of Newsletter _____	
Check or circle the language that describes your situation.	
<input type="checkbox"/>	My address has changed, and I would like to continue to receive the newsletter.
<input type="checkbox"/>	I am receiving more than one copy, but I only want to get a single copy.
<input type="checkbox"/>	I don't need to get the newsletter by mail as I can read it at www.va.gov/EnvironAgents .
<input type="checkbox"/>	Other
	(explain) _____
You may use this or other paper. Please indicate what publication that you are receiving as this office produces four national newsletters.	

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APO/FPO: ____	(Indicate which if applicable)
City:	
Two Letter State Abbreviation:	
Zip Code:	

VA TO SURVEY VETERANS FOR CENTERS OF EXCELLENCE AWARD PROGRAM

Later this year VA will make the second round of presentations of the coveted Environmental Health Center of Excellence Awards. These awards are based on survey responses received from veterans. The individual veterans being sent the survey had received the Agent Orange, Gulf War, or Ionizing Radiation Registry examination.

The survey will ask veterans to name a VA staff person, including a Registry clinician or coordinator that has provided them with "outstanding customer service." Veterans may wish to acknowledge the facility rather than an individual.

The following 13 centers were identified as "exceptional" in a similar survey conducted in 2004:

- VA Medical Center (VAMC) Boise, ID;
- VAMC Cheyenne, WY;
- VAMC Durham, NC;
- VAMC Fargo, ND
- VAMC Fresno, CA;
- VAMC Grand Junction, CO;
- VAMC Manchester, NH;
- W.G. (Bill) Hefner VAMC Salisbury, NC;
- VAMC San Francisco, CA;
- VAMC White River Junction, VT;
- VA Outpatient Clinic Oakland Park, FL;
- VA Community Based Outpatient Clinic Williamsport, PA; and
- VAOPC Winston-Salem, NC.

Lawrence W. Deyton, M.S.P.H., M.D., recently appointed Chief Public Health and Environmental Hazards Officer, will sign each certificate and request that the Center Directors arrange for display in areas where it could be easily recognized.

Environmental Agents Service (EAS) Director, Dr. Mark A. Brown indicated that EAS has decided to open up the process and welcome nominations from registry participants who do not receive a formal survey. Consequently, any veteran who has received excellent service from VA in the last year or two and would like to share his or her experience with EAS officials, can write to EAS, AWARDS, VA Central Office, 810 Vermont Avenue, N.W., DC 20420. We welcome your input. Please be specific.

DENVER VA HEALTH ADMINISTRATION CENTER GETS HIGH MARKS

The VA Health Administration Center (HAC) in Denver ranked among the best health insurance organizations in the American Customer Service Index annual survey. While VA health care, in general, scored much higher than similar private

services, the HAC scored 86 out of 100 points possible. That is 14 points more than the federal government average, and is the third highest overall for the entire government.

The independent study compared the HAC to other civilian health insurance industry leaders. The HAC was scored 24 points higher than the nearest private sector organization. The HAC administers a number of programs that benefit Vietnam veterans and their families. They include the Civilian Health and Medical Program of VA (CHAMPVA), the spina bifida health care program, and the health care program for certain disabled children of women Vietnam veterans.

The HAC also administered the (now defunct) Gulf War veterans' spouse and children health examination program, and currently runs the foreign medical program (which provides services to veterans living or traveling throughout the world), and the Fee program (which provides services to veterans who need care not available within a nearby VA medical center).

VETERANS CAN RECORD THEIR OWN MILITARY HISTORY ONLINE

The Veterans Health Administration, the largest component of the Department of Veterans Affairs, recently distributed to every VA Medical Center, Vet Center and Regional Office a new brochure that explains how a veteran can record his or her military history online with "MyHealthVet." The brochure is also available online at www.va.gov/EnvironAgents.

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 record their personal military history in privacy and at their convenience. The information is permanently and confidentially retained in MyHealthVet.

If they wish, a veteran can choose to share their history with their health care providers and others. This is a totally voluntary program. 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 a veteran's medical problems and complaints, and to help establish rapport.

The new brochure, entitled "Your Story: How would you like to tell your military story," describes how to log on to "MyHealthVet," and to record information about incidents that took place during a veteran's military career. According to VA officials responsible for maintaining the MyHealthVet Web site, the personal military history feature is the most popular item 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 Service History pocket card, which suggests some key, basic questions that a provider may ask a veteran about their military service (available at www.va.gov/oa/pocketcard).

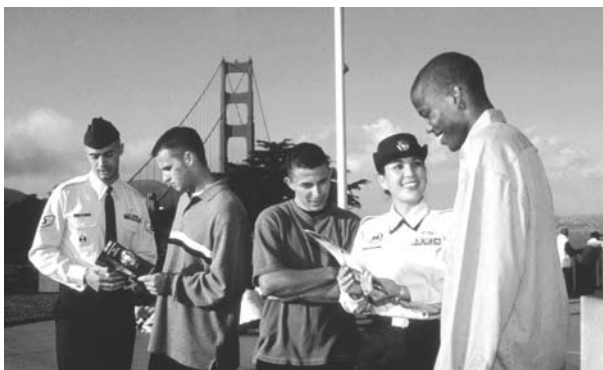
AGENT ORANGE REGISTRY STATISTICS

The Agent Orange Registry began in mid-1978 to respond to the health-related concerns of veterans returning from Vietnam and their families. The examinations are available at nearly all Department of Veterans Affairs medical facilities.

Initial Examinations – 399,531

Follow-Up Examinations – 46,423

Total Agent Orange Registry Examinations – 445,954



YOUR HISTORY

HOW WOULD YOU.....

like to tell **your military story?**

Keeping a permanent record of your military health history in a safe and secure place will provide you easy access and may help your healthcare provider. The following information will tell you how.

Total Examinations in 2003 – 28,018
Total Examinations in 2004 – 29,161
Total Examinations in 2005 – 23,738
Total Examinations, January 1-March 2, 2006 – 1,828
Total Agent Orange Registry Examination – Female – 8,637

STRAIGHT FROM THE SOURCE: VA'S ENVIRONMENTAL AGENTS SERVICE IS SERIOUS ABOUT COMMUNICATING WITH VETERANS

Communication is an important part of every relationship. For nearly 25 years, VA has been communicating with a special group of veterans who might have been exposed to environmental hazards while serving in combat (that is with veterans who served in Vietnam).

Debuting in 1982, the *Agent Orange Review* was the first VA national newsletter designed to inform Vietnam veterans of health issues specifically related to their military service. It quickly proved to be “an invaluable resource of information veterans and others,” according to Layne Drash, former director of Environmental Agents Service in the Office of Public Health and Environmental Hazards.

Back in the early 1980s, there little knowledge in the veterans community about Agent Orange the long-term effects of exposure to dioxin, Drash noted. So the newsletter was filling a communication void.

But to be effective, it had to present complicated information in an easy-to-read format. This was one the toughest challenges, according to the newsletter’s first editor, Donna St. John, who now works for the USO.

The VA Office of Public Affairs published the Review throughout the mid-1980s. In 1989, responsibility transferred to Donald Rosenblum in Environmental Agents Service. Under his watch, the concept of communicating directly with veterans has blossomed. “Veterans want and need this information to protect their health. We give them as much information as we can find,” he explained.

Today, Rosenblum produces four national newsletters for veterans who may have been exposed to environmental hazards: the *Agent Orange Review*, *Gulf War Review*, *Operations Iraqi Freedom/Enduring Freedom Review*, and *Ionizing Radiation Review*. Each newsletter is published about twice a year, depending on the amount of new information available. (In 2000, these newsletters also became available online, at www.VA.gov/EnvironAgents.)

The newsletters are sent directly to veterans registered on VA’s four health registries, which offer physical examinations tailored to address specific health issues, as well as VA medical centers, Vet Centers, regional offices and other interested parties.

The first issue of the *Gulf War Review* mailed was released in October 1992. It was originally called the *Persian Gulf Review* but the name was changed in 1997 to be sensitive to individuals of Persian ethnicity. It offers up-to-date information on new clinical programs and the research agenda concerning health issues that arose during and after the 1991 Gulf War.

In 2003, Rosenblum began working on a newsletter for veterans of the (current) wars in Iraq and Afghanistan, because their environmental exposures differed (in some ways) from veterans of the first Gulf War. So far he has produced three 12-page issues with information on the possible long-term health consequences of (and other issues relating to) military service in Iraq and Afghanistan.

With the publicity on Agent Orange and Gulf War health concerns, a group of veterans involved in the testing of nuclear weapons after World War II recently contacted VA to urge creation of a newsletter relating to their health concerns. In response, Rosenblum started the *Ionizing Radiation Review*.

Veterans seem to appreciate and benefit from the newsletters. One who receives the *Ionizing Radiation Review* responded in a reader survey that he liked having research findings compiled into a single source. He previously had to sift through reams of literature to find information and sometimes had to turn to “relatively obscure sources.”

To read editions of all four newsletters, visit www.va.gov/EnvironAgents/. For more information, contact Donald J. Rosenblum, Deputy Director, Environmental Agents Service (131), VA Central Office, 810 Vermont Avenue, N.W., Washington, D.C., 20420.

The above article was jointly prepared by Environmental Agents Service intern Tiffany Anzalone, then a graduate student at Louisiana State University, and Matt Bristol, Assistant Editor of the VA’s Employee magazine VAnguard. It appeared in the September/October 2005 issue of the VAnguard.



Donald Rosenblum with the newsletters he produces for veterans who may have been exposed to environmental hazards.

WHERE TO GET HELP

Vietnam veterans with questions about Agent Orange – contact VA’s Special Issues Helpline. The national toll-free telephone number is **800-749-8387**. A great deal of information is also available on our Web page, located at: www.VA.gov/AgentOrange.

Vietnam veterans, veterans who served in Korea in 1968-1969, and 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 the possible long-term health consequences of that exposure – contact the nearest VA medical center to request an Agent Orange Registry examination.

Vietnam veterans who need medical treatment for conditions that may be related to their exposure to herbicides used in Vietnam – contact the nearest VA medical center for eligibility information and possible medical treatment or call toll-free **1-877-222-8387** for information about eligibility and enrollment. To find the nearest VA medical centers, see www.VA.gov/directory/guide/home.asp?isFlash+1.

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 seeking **disability compensation** for illnesses incurred in or aggravated by military service also may wish to call VA’s Special Issues Helpline at **1-800-PGW-VETS (1-800-749-8387)**. You can also start a claim online at www.va.gov.

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

Vietnam veterans with children who have **spina bifida** – contact the VA national toll-free hotline at **1-888-820-1756**, or the nearest VA regional office by calling toll-free: **1-800-827-1000**. Additional information on spina bifida is available from the Spina Bifida Association of America at 4590 MacArthur Blvd., N.W., Suite 250, Washington, DC 20007-4226; toll-free telephone: **800-621-3141**; e-mail address: sbaa@sbaa.org; and web site: www.sbaa.org/.

Vietnam and other veterans interested in learning about the wide range of benefit programs administered by VA should contact a Veterans Benefits Counselor at the nearest VA regional office or health care facility at **1-800- 827-1000**, or call the VA Gulf War Information Helpline at **1-800-PGW-VETS (1-800-749-8387)**.

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

Representatives of veterans service organizations have also been very helpful to Vietnam veterans seeking disability compensation. VA does not endorse or recommend any specific group over another.) State and County Veteran Service Officers are also good resources for Vietnam and other veterans.



**Department of
Veterans Affairs
Environmental Agents
Service (131)**

VA Central Office
810 Vermont Avenue, N.W.
Washington, DC 20420

OFFICIAL BUSINESS
Penalty for private use \$300

Agent Orange Review
*Information for Veterans Who Served
in Vietnam and Their Families*

July 2006