



Agent Orange Review

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Information for Veterans Who Served in Vietnam

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IOM Releases Second Update Report; No Additional Diseases Associated With Agent Orange Exposure

On February 11, 1999, the National Academy of Sciences' Institute of Medicine (IOM), released the third in a series of reports entitled *Veterans and Agent Orange*. The IOM report contains no major change in category of association for any disease compared with the previous report, issued in 1996.

Urinary bladder cancer was changed from the category "limited/suggestive evidence of no association" to "inadequate/insufficient evidence to determine whether an association exists" because studies (including but not limited to new studies) showed non-significant risks, weakening previous evidence of no association.

The release of the second update was several months later than expected due to unforeseen delays at the IOM. The April 1998 issue of the "Agent Orange Review" indicated that Department of Veterans Affairs (VA) officials anticipated that the IOM would release the report in June 1998, based on information received from the IOM.

In this report, subtitled *Update 1998*, the IOM, a non-governmental organization under contract with the Department of Veterans Affairs (VA), evaluated the body of scientific evidence to determine what health outcomes may be associated with exposure to Agent Orange and other herbicides used in Vietnam.

The IOM review was conducted by a 12-member committee of scientists, chaired by David Tollerud, M.D., M.P.H., Professor, School of Public Health, MCP Hahnemann University, Philadelphia, PA. Dr. Tollemund and Andrew Olshan, Ph.D., Associate Professor, Department of Epidemiology, University of North Carolina, Chapel Hill, are the only two individuals who served on all three of the committees that wrote the IOM reports. Most of the members of the *Update 1998* committee did not serve on either of the earlier committees.

In the new report, the IOM indicated that they found additional support for some previously-identified associations, specifically lung cancer, prostate cancer, and spina bifida.

The IOM report makes several recommendations on research regarding herbicide exposure and diabetes risk. It recommends that a presently unpublished National Institute for Occupational Safety and Health (NIOSH) study of diabetes in dioxin-exposed workers in chemical plants be documented more completely and published in peer-reviewed literature. The IOM also recommends further analyses of the

Ranch Hand data and suggests that consideration given to a combined analysis of the Ranch Hand and NIOSH studies to further examine the possibility that herbicide exposure leads to an increased risk of diabetes. The Ranch Hand Study is an Air Force research effort designed to assess the long-term health consequences of herbicide exposure on individuals who served in the unit responsible for most of the aerial spraying of herbicides in Vietnam.

Although finding that available evidence is insufficient to determine whether an association exists between herbicide exposure and any forms of skin cancer, the IOM encourages further study of basal and squamous forms of skin cancer incidence among exposed workers and Vietnam veterans populations. The IOM suggested that in any future studies, careful attention should be paid to exposure assessment, as well as to controlling for UV exposures.

Researchers categorize chondrosarcomas of the skull, a type of malignant tumor, with bone cancers even though they resemble soft tissue sarcomas in some respects. Soft tissue sarcomas are recognized by VA for service connection while bone cancers are not. The IOM advises VA that the epidemiologic classification of skull chondrosarcomas should not be used as a substitute for the expert judgment of pathologists in individual cases.

Action Required by Public Law 102-4

Under Public Law 102-4, the "Agent Orange Act of 1991," within 60 days after the Secretary of Veterans Affairs receives a report on the possible long-term health effects of Agent Orange and other herbicides used in Vietnam from the National Academy of Sciences, the Secretary of Veterans Affairs must determine whether a presumption of service connection is warranted for each disease covered by the report. If the Secretary concludes that a presumption of service connection is warranted, he or she must issue regulations within 60 days of this determination.

If the Secretary determines that a presumption of service connection is not warranted, he or she, within 60 days of making the determination, must publish in the Federal Register a notice of that finding. The notice must include an explanation of the scientific basis for the determination. Within 90 days after the Secretary issues any proposed regulations regarding these diseases, the Secretary must issue final regulations. Such regulations are effective the day of issuance.

Preliminary VA Action on Update 1998

In response to the latest report, VA Secretary Togo D. West, Jr., appointed a special task force, headed by Dr. Kenneth W. Kizer, Under Secretary for Health, to carefully



review the report and make recommendations to him regarding possible VA action on the findings. VA's Under Secretary for Benefits, General Counsel, and Chief Consultant, Occupational and Environmental Health Strategic Health Group, also serve on the task force. A working group of VA headquarters staff and subject matter experts is assisting the task force.

Earlier VA Responses

In 1993 and 1996, the IOM released reports that resulted in substantial changes in VA policy. On July 27, 1993, the day the IOM released its first report, then VA Secretary Jesse Brown announced that VA would recognize Hodgkin's disease and porphyria cutanea tarda for service-connection. Two months later, after further review of the IOM document, Secretary Brown announced that multiple myeloma and respiratory cancers would be added to the list of conditions presumed to be service-connected based on exposure to herbicides that contained dioxin.

In 1996, after reviewing the first IOM update, Secretary Brown concluded that acute and subacute transient peripheral neuropathy (if manifested within one year of exposure to an herbicide in Vietnam and resolved within two years of onset) and prostate cancer should and would be added to the list of conditions presumed to be service-connected for veterans exposed to herbicides in Vietnam. (VA presumes that all Vietnam veterans were exposed to such herbicides).

In 1996, when the IOM found an association between herbicides used in Vietnam and the birth defect spina bifida in the children of Vietnam veterans, VA sent draft legislation to Congress (enacted, with modification, as part of Public Law 104-204 in September 1996) to provide for certain benefits and services for these children.

IOM's Four Categories

In the 1998 report, the IOM assigned each health outcome considered in the report to one of four categories based on the amount and quality of scientific evidence of an association with Agent Orange or other herbicides used in Vietnam. This was the same procedure used for the initial report and the first follow-up. In making the assignments, the IOM considered a large range of occupational, environmental, and veterans' studies. The four categories are (1) sufficient evidence of an association, (2) limited/suggestive evidence of an association, (3) inadequate/insufficient evidence to determine whether an association exists, and (4) limited/suggestive evidence of no association.

Sufficient Evidence of an Association

The IOM included health outcomes in the first category when a positive association has been observed between herbicides and the outcomes in studies in which chance, bias, and confounding could be ruled out with reasonable confidence.

In its initial report, the IOM included five illnesses in this category: soft-tissue sarcoma, non-Hodgkin's lymphoma, Hodgkin's disease, chloracne, and porphyria cutanea tarda

(in genetically susceptible individuals). In the 1996 update, the IOM lowered porphyria cutanea tarda to the second category while the other conditions remained in the first. In the 1996 and 1998 updates, no additional health outcomes were included in this first category.

Limited/Suggestive Evidence of an Association

The IOM listed conditions in the second category when the evidence reviewed is suggestive of an association between herbicides and the outcome but is limited because chance, bias, and confounding could not be ruled out with confidence. Health outcomes are included in this category when, for example, at least one high quality study shows a positive association, but the results of other studies are inconsistent.

In the report released in 1993, the IOM included only three outcomes (respiratory cancers, prostate cancer, and multiple myeloma) in this category. Six health outcomes were included in this category in 1996 and 1998. In addition to these three cancers and porphyria cutanea tarda (mentioned above), the IOM cited acute and subacute transient peripheral neuropathy in Vietnam veterans and spina bifida in their children. The initial report listed peripheral nervous system disorders as a group in the third category.

In the 1996 and 1998 updates, the IOM distinguished between acute and subacute transient peripheral neuropathy and chronic peripheral nervous system disorders (which remained in the third category). Similarly, the IOM separated spina bifida from other birth defects (which remained in the third category).

Inadequate/Insufficient Evidence to Determine Whether an Association Exists

Most conditions evaluated in the 1998 report (as well as in the earlier publications) were listed in the third category. The IOM assigned health outcomes to this category when available studies are of insufficient quality, consistency, or power to permit a conclusion regarding the presence or absence of an association.

The following outcomes were listed in IOM category three in 1996 and 1998: hepatobiliary cancers, nasal/nasopharyngeal cancer, bone cancer, female reproductive cancers (cervical, uterine, ovarian), breast cancer, renal cancer, testicular cancer, leukemia, spontaneous abortion, birth defects (other than spina bifida), neonatal/infant death and stillbirths, low birthweight, childhood cancer in offspring, abnormal sperm parameters and infertility, cognitive and neuropsychiatric disorders, motor/coordination dysfunction, chronic peripheral nervous system disorders, metabolic and digestive disorders (diabetes, changes in liver enzymes, lipid abnormalities, ulcers), immune systems disorders (immune suppression and autoimmunity), circulatory disorders, respiratory disorders, and skin cancer.

The 1996 changes are the two noted above (that is, peripheral nervous system disorders and birth defects) plus an elevation of skin cancer from the fourth category. As noted above, urinary bladder cancer was added to this category in 1998.

Limited/Suggestive Evidence of No Association

Health outcomes are included in the fourth category when several adequate studies, covering the full range of levels of exposure that humans are known to encounter, are mutually consistent in not showing a positive association between exposure to herbicides and the outcome at any level of exposure.

The 1998 report, like the 1996 document, included gastrointestinal tumors (stomach cancer, pancreatic cancer, colon cancer, rectal cancer) and brain tumors. The only change in 1996 from the first report in this category was the elevation of skin cancer to the third category. The only change in 1998 was the elevation of urinary bladder cancer to the third category.

Next IOM Report Expected in Two Years

The IOM will be re-evaluating existing scientific evidence while assessing new information regarding the possible long-term health consequences of herbicide exposures, as required by Public Law 102-4, the "Agent Orange Act of 1991 ."

The IOM was chartered in 1970 by the National Academy of Sciences to enlist distinguished members of the appropriate professions in the examination of policy matters pertaining to the health of the public. In this, the Institute acts under the Academy's 1863 congressional charter responsibility to be an adviser to the Federal Government and its own initiative in identifying issues of medical care, research, and education.

IOM Reports Available for Purchase

Veterans and Agent Orange: Update 1998, ISBN 0-309-06326-4; 1999, 704 pages (estimated), 6 x 9, \$79.00 (estimated), can be purchased from the National Academy Press. The Executive Summary of the report is available on-line at: <http://www.nap.edu/readingroom/books/update98/>.

The book may be ordered by mail, phone, or over the internet. Mail orders should be sent to the National Academy Press, 2101 Constitution Avenue, NW, Lockbox 285, Washington, DC 20055. All orders must be prepaid, To order by telephone using VISA/MasterCard/American Express, call toll-free 1-800-624-6242 or call 202-334-3313 in the Washington, DC metropolitan area. The fax number is 202-334-2451. The National Academy Press web bookstore gives a 20% discount off all titles ordered from their internet site: <http://www.nap.edu>.

Quantity discounts are also available -- to be eligible for the discount, all copies must be shipped and billed to one address. Standard shipping and handling cost for the first copy is an additional \$4.00 and \$0.50 for each additional copy. Purchasers from California, Washington, DC, Florida, Maryland, Missouri, Texas, or Canada must add the applicable sales tax or GST. Prices apply only in the United States, Canada, and Mexico, and are subject to change without notice.

Veterans and Agent Orange: Update 1996, ISBN 0-309-05487-7; 1996, 384 pages, 6 x 9, \$49.00, can also be purchased from the National Academy Press, at the above

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. The first issue was released in November 1982. The most recent edition (prior to the release of this issue) was dated April 1998. The current issue was delayed to include findings from the IOM 1998 update. The March 1999 release is the twenty-ninth issue. It was written in February 1999 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 the past nine years are available (October 1989, May 1990, August 1990, February 1991, April 1991, August 1991, December 1991, April 1992, September 1992, February 1993, September 1993, October 1994, May 1995, August 1996, February 1997, November 1997, April 1998, and March 1999). VA facilities should order additional copies from the VA Service and Distribution Center.

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, Environmental Agents Service (131), VA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420.

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 program, including disability compensation, should be referred to a veterans benefits counselor at the nearest VA facility. The telephone numbers can be found in the telephone directory under the "U.S. Government" listings. The national toll-free telephone number for information regarding VA benefits is **1-800-827-1000**.

address. The Executive Summary of this report is available on-line at <http://www.nap.edu/readingroom/books/veterans/>.

The initial report, **Veterans and Agent Orange: Health Effects of Herbicides Used In Vietnam**, ISBN 0-309-04887-7: 1994, 832 pages, 6 x 9, \$79.95, is also available.

Core Values Identified

In late 1997, the Under Secretary for Health Kenneth W. Kizer, M.D., M.P.H., signed an information letter describing the five core values that should apply to all actions taken on behalf of Vietnam (and other) veterans at all VA health care facilities. The core values are: (1) **trust**, (2) **respect**, (3) **commitment**, (4) **compassion**, and (5) **excellence**.



Dr. Kenneth W Kizer

Dr. Kizer defines the five terms as follows:

"Trust" means having a high degree of confidence in the honesty, integrity, reliability, and sincere good intent of those with whom we work, the services that we provide, and the system that we are a part of. Trust is the basis for the caregiver-patient relationship and is fundamental to all that we do in healthcare.

"Respect" means honoring and holding in high regard the dignity and worth of our patients and their families, our co-workers, and the system we are a part of. It means relating to each other and providing services in a manner that demonstrates an understanding of and a sensitivity and concern for each person's individuality and importance.

"Commitment" means dedication and a promise to work hard to do all that we can to provide service to our co-workers and our patients that is in accordance with the highest principles and ethics governing the conduct of the healthcare professions and public services. It is a pledge to assume personal responsibility for our individual and collective actions.

"Compassion" means demonstrating empathy and caring in all that we say and do. It means sharing in the emotions and feelings of our co-workers, our patients and their families, and all others with whom we are involved, "Excellence" means being exceptionally good and of the highest quality. It means being the most competent and the finest in everything we do. It also means continually improving what we do.

Vietnam veterans, their families, and other concerned individuals who observe VA healthcare staff performing their job in a manner that does not reflect these five core values are encouraged to immediately report these incidents to the Medical Center Patient Advocate. A review will be initiated and any necessary corrective action taken as soon as possible. For information about the Patient Advocate Program, see the next article.

Patient Advocate Program Helps Many Vietnam Veterans

There is a Patient Advocate program at every VA medical center and at many VA outpatient clinics. The Patient Advocate is the link between Vietnam (and other) veterans and the medical center/clinic administration.

If a veteran is experiencing a problem, concern, or question about medical care or policy, he or she is encouraged to seek assistance in the following manner:

- Make the concern known to the individual or employee of the service involved.
- If the veteran is not satisfied with the response, he or she may request to speak with the supervisor or Service Chief.
- If the veteran does not have the problem resolved following the first two steps, he or she may contact the Patient Advocate.
- The veteran **may go directly to the patient advocate at any time**, especially if the veteran feels uncomfortable approaching the individual, the supervisor or Service Chief.

If at all possible, a problem is immediately resolved. Some cases necessitate information collection that may require more time, but a response will be made to the veteran within 48 hours (sooner if possible).

It is the practice of the Veterans Health Administration to listen and promptly respond to veterans' concerns. Any veteran voicing complaints or identifying problems will not be denied appropriate healthcare, denied benefits, or made an object of reprisal.

(Information about the Patient Advocate Program was provided by the VHA National Patient Advocacy Center, 1900 East Main Street, Danville, IL 61832.)

Women Vietnam Veterans Reproductive Outcomes Health Study Released

VA researcher recently completed and released a report describing the results of the third of three studies that focus on the health problems of women who served in Vietnam during the Vietnam Conflict.

The report explains that 4,140 women Vietnam veterans surviving as of January 1, 1992, and an equal number of surviving women veterans who did not serve in Vietnam but who were in the military during the Vietnam Conflict were identified and targeted for a structured telephone health interview. Overall, 95% of these veterans were located, and 90% of those contacted completed a health interview.

The two groups were similar to each other regarding their annual household income and education levels after controlling for nursing occupation status. Proportionately more women Vietnam veterans received medical benefits or disability pensions, and proportionately more non-Vietnam veterans received educational benefits.

More Vietnam veterans were members of veteran service organizations. They mainly joined the Veterans of

Foreign Wars of the United States, The American Legion, and the Disabled American Veterans.

Health Results

A slightly higher proportion of women who served in Vietnam perceived their current health status as less than good in comparison to non-Vietnam women veterans. Although 8% of Vietnam veterans and 7.1% of non-Vietnam veterans reported in the telephone survey that they had a cancer of the reproductive organs (breast, ovary, uterus, or cervix), the difference was not statistically significant either for the individual organ sites or for reproductive organs as a group. This was also true when the investigators made adjustments for the differences in demographic and military characteristics between the two groups.

With respect to reproductive health outcomes, the two groups were also "remarkably similar" to each other. There was no statistical difference between Vietnam and non-Vietnam veterans in the proportion of pregnancies resulting in miscarriage or still birth, low birth weight, pre-term delivery, or infant death.

Increased Risk of Birth Defects

In contrast to the findings of broad similarities between the two groups in frequency of reporting reproductive organ cancer and selected pregnancy outcomes, women Vietnam veterans reported significantly more babies born with birth defects. The risk of having children with birth defects was also significantly elevated among women Vietnam veterans after investigators made adjustments for demographic and military characteristics, and smoking and drinking histories of mothers. Similarly, the risk of having children with severe birth defects was significantly elevated among women Vietnam veterans. Over-reporting or selective recalls by women Vietnam veterans are considered unlikely explanations for these findings.

Dr. Han K. Kang, Director, VA Environmental Epidemiology Service, was the principal investigator for this project.

Background

Public Law 99-272 mandated that a comprehensive epidemiologic study be done, if scientifically feasible, of any long-term adverse health effects (particularly gender-specific health effects) which have been experienced by women Vietnam veterans. The study was to evaluate the health effects that may have resulted from exposure during the Vietnam service to certain herbicides (including Agent Orange), chemicals, or medications, that may have deleterious health effects, or to other environmental hazards or other experiences or exposures during such service.

The comprehensive study envisioned by Congress was determined not to be feasible by the congressional Office of Technology Assessment (OTA), VA, and congressional staff. As an alternative, three research projects were proposed by VA and approved by the OTA and congressional staff.

The three efforts are: (1) a study of post-service mortality among women Vietnam veterans; (2) a further analysis of

psychological health outcome data already collected for women Vietnam veterans in the National Vietnam Veterans Readjustment Study (NVVRS); and (3) a study of reproductive outcomes among women Vietnam veterans.

The results of the mortality study of women Vietnam veterans were published in scientific journals in 1991 and 1995. The re-analysis of the psychological health outcomes data of the NVVRS was completed and submitted to Congress in October 1996.

Eligibility Reform Means Change

For more than 50 years, the Department of Veterans Affairs (VA) and its predecessor the Veterans Administration have been providing quality healthcare to America's veterans. Through the Veterans Health Administration (VHA), the Nation's largest integrated health care system, VA proudly honored the commitment to serve our Nation's veterans through the efforts of dedicated medical professionals.

In October 1996, Congress passed Public Law 104-262, the Veterans' Health Care Eligibility Reform Act of 1996. This law led the way for the creation of a "Uniform Benefits Package"--a standard health benefit plan available to **all** veterans. This package not only opens up services to veterans, but also simplifies the process by which veterans can receive the services.

For the first time, VA can offer veterans a "Uniform Benefits Package" that emphasizes preventive medicine and primary care, and provides a comprehensive healthcare benefit plan including inpatient and outpatient treatment. The law simplified the process by which veterans present themselves for care--the **enrollment** process. These changes are designed to make it easier for veterans to receive medical care.

What remains the same is VA's service orientation. As an organization, VA has made a renewed commitment to excellence. VA healthcare professionals have reaffirmed their dedication to the well-being of their patients--America's veterans.

Emphasis on Needed Care

To receive healthcare from VA under the new program, veterans must first be enrolled. Veterans can obtain applications for enrollment by visiting, calling, or writing to their nearest VA healthcare facility or veterans benefits office. Completed applications may be submitted in person or by mail. **Enrollment is not required for Vietnam veterans who are seeking only to receive the Agent Orange Registry health examination.**

A veteran who has received care from VA between October 1, 1996 and January 30, 1998 may have their application automatically processed. These veterans are encouraged to check with their local VA healthcare facility to be sure that they have been enrolled. Veterans may apply for enrollment at any time.

Veterans **are not required** to apply for enrollment if they fall into one (or more) of the following categories: (1) VA has rated them disabled with a service-connected condition

of 50% or more, (2) less than one year has passed since they were discharged from military service for a disability that the military determined was incurred or aggravated in the line of duty, but that VA has not yet rated, or (3) they are seeking care from VA only for a service-connected disability.

VA is encouraging all veterans to apply, even if they fall into one of these categories. Their application will help VA to more effectively plan to meet future healthcare needs, and will help VA to provide better preventive care.

Comprehensive Care Under the Uniform Benefits Package

Enrollment means veterans are eligible for a comprehensive healthcare benefits package of inpatient and outpatient services. Among these services are the following: (1) preventive services, including immunizations, screening tests, and health education and training classes, (2) primary medical care, including outpatient surgery, (3) diagnosis and treatment, (4) surgery, (5) mental health and substance abuse treatment, (6) home healthcare, (7) respite and hospice care, (8) emergency care in VA facilities, and (9) drugs and pharmaceuticals.

VA healthcare is no longer restricted to specific "disabilities." Enrolled veterans will receive all the medical services and hospital care they need in the most appropriate clinical setting--inpatient, outpatient, or at home. This means that VA can now offer primary care that is readily accessible and integrated with other healthcare services. VA offers programs that integrate primary care with case management, that promote good health and that prevent illness.

Restrictions and Limitations

VA will provide all needed hearing aids and eyeglasses to veterans receiving VA care with compensable service-connected disabilities, former prisoners of war, and certain other veterans.

Some medical services not normally covered by the Uniform Benefits Package include: (1) cosmetic surgery, (2) abortion, (3) membership in health clubs or spas for rehabilitation, (4) special private duty nursing, and (5) gender alteration. Drugs and medical devices not approved by the Food and Drug Administration are not covered, except under special circumstances.

The law has not changed the requirement for limited home nursing care, domiciliary care, limited dental care, adult health day care, homeless programs, sexual trauma counseling, and non-VA hospitalization. Enrolled veterans may be eligible for these programs, but they are not part of the Uniform Benefits Package. VA encourages veterans to keep any existing healthcare coverage they may have. VA enrollment can be used as a compliment to such coverage.

After veterans have completed the enrollment application, including means test and income screening, if appropriate, VA staff will determine their initial priority group and process their application. (Priority groups are listed below). The Health Eligibility Center will validate

the information and send veterans a letter regarding their enrollment. For veterans new to VA, their enrollment applications will be automatically generated as part of their patient registration process the first time they visit a VA healthcare facility for care.

Annual Renewal

Once enrolled, veterans will remain enrolled for one year. Renewal is automatic, unless the veterans asks not to re-enroll, or changes in VA funding have reduced the number of enrollment priority groups treated in a given fiscal year. Each year veterans will receive a VA Form 10-10 EZR on which they can indicate changes in demographics or personal financial status.

Enrollment gives veterans access to a uniform level of care anywhere in the VA healthcare system--including 1,100 facilities nationwide. For the first time, patients receive a comprehensive healthcare benefits package that is completely portable across the entire VA system.

Veterans or other individuals seeking additional information on eligibility reform may wish to call toll-free **1-877-222-VETS (1-877-222-8387)**. The internet address for this information is www.va.gov/health/elig.

Priority Groups

1. Veterans with service-connected conditions rated 50% or more disabling.
2. Veterans with service-connected conditions rated 30-40% disabling.
3. Veterans whom are former POWs; veterans with service-connected conditions rated 10-20% disabling; veterans discharged from active duty for a disability incurred or aggravated in the line of duty; or veterans awarded special eligibility classification under 38 U.S. Code 1151.
4. Veterans who are receiving aid and attendance or homebound benefits; or veterans who have been determined by VA to be catastrophically disabled.
5. Nonservice-connected veterans and service-connected veterans rated 0% disabled, whose income and net worth are below the established dollar thresholds.
6. All other eligible veterans who are not required to make co-payments for their care, including World War I and Mexican Border War veterans; Veterans solely seeking care for disorders associated with exposure to a **toxic substance***, radiation, or for disorders associated with service in the Gulf; and compensable 0% service-connected veterans.
7. Nonservice-connected veterans and 0% non-compensable service-connected veterans with income and net worth above the statutory threshold and who agree to pay specified co-payments.

*toxic substance includes Agent Orange and other herbicides used in Vietnam.

Has Your Address Recently Changed? Are You Receiving More than One Copy of the Review?

If you have recently moved, please use this form to update our mailing list. Send completed form to the Agent Orange Review, Environmental Agents Service (131), VA Central Office, 810 Vermont Avenue, N.W., Washington, DC 20420. Thank you.

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If you are receiving more than one copy of the newsletter, please let us know. Write to the Agent Orange Review, 810 Vermont Avenue, NW, Washington, DC 20420. Thank you.

CHAMPVA Offers Health Benefits to Families of Some Vietnam Veterans

CHAMPVA, the Department of Veterans Affairs' (VA) civilian health and medical program, shares the cost of medical care for dependents and survivors of certain Vietnam (and other) veterans.

The following individuals are eligible for CHAMPVA, provided they are not eligible for CHAMPUS (a Department of Defense program) or Medicare Part A as a result of reaching age 65 years:

- The spouse or child of veteran who has been rated by a VA regional office as having a permanent and totally service-connected disability;
- The surviving spouse or child of a veteran who died as a result of a VA rated service-connected condition; or who, at the time of death, was rated permanently and totally disabled from a service-connected condition; and,
- The surviving spouse or child of a person who died in the line of duty, not due to misconduct within thirty days of entry into active military service.

In general, CHAMPVA covers most health care services and supplies that are medically or psychologically necessary. Special rules and/or limitations, however, do apply to certain services and some services (even when prescribed by a physician) are not covered at all. Clarification on covered/noncovered services, as well as limitations, can be obtained by calling the CHAMPVA Center. The toll-free telephone number is 1-800-733-8387.

How to Apply for CHAMPVA Benefits

Applications for CHAMPVA benefits (VA Form 10-10d) can be obtained by calling the CHAMPVA Center at 1-800-733-8387 and selecting the application form option from the voice-mail menu. To help reduce the volume of calls during business hours, callers are encouraged to call during evening or weekend hours. Completed applications should be mailed to CHAMPVA Center, P.O. Box 65023, Denver, CO 80206-9023.

Upon receipt and confirmation of eligibility, eligible beneficiaries will receive a CHAMPVA Authorization Card or A-card, along with other important program material.

New/Expectant Parents

To establish CHAMPVA eligibility for a newborn child, the following must be accomplished before submission of an application:

- Obtain a Social Security Number for the infant by applying to the nearest Social Security Administration office; and
- Establish dependency of the newborn to the veteran sponsor by contacting the local VA regional office.

Since payment of claims is contingent upon the claimant's eligibility status, new parents are encouraged to take the above action as early as possible.

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

1. Chloracne
2. Non-Hodgkin's lymphoma
3. Soft tissue sarcoma
4. Hodgkins disease
5. Porphyria cutanea tarda
6. Multiple myeloma
7. Respiratory cancers (including cancers of the lung,
larynx, trachea, and bronchus)
8. Prostate cancer
9. Peripheral neuropathy (transient acute or subacute)

**Conditions Recognized in Children of Vietnam
Veterans**

Spina bifida

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March 1999***



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