



Agent Orange Review

NAS Agent Orange Update 2004— Confirms Previous Finding

On March 4, 2005, the National Academy of Sciences’ (NAS) Institute of Medicine publicly released the fifth biennial update of **Veterans and Agent Orange**. The new report contains no new findings on long-term health effects from exposure to Agent Orange and other herbicides used during the Vietnam War, and from the dioxin contaminate. The report restated the findings contained in previous NAS reports on this topic. These reports, including the most recent update, are available at www.nap.edu.

In 1991, Congress passed Public Law 102-4, the “Agent Orange Act of 1991,” which established a process for determining which illnesses among Vietnam veterans should be “presumed” to be due to herbicide exposure. The Agent Orange Act directs the Department of Veterans Affairs (VA) to contract with the independent NAS to conduct a comprehensive review every 2 years of all scientific and medical literature on health effects from exposure to Agent Orange and other herbicides used in Vietnam, and to dioxin.

The first NAS report, dated 1994, established the pattern for all future reports, as a thorough review of all published literature on health effects from these herbicides. Most of the thousands of articles reviewed come from studies of civilians exposed in industrial accidents or in the work place, rather than from studies of Vietnam veterans themselves, due to problems encountered by scientific researchers in distinguishing those Vietnam veterans who were exposed to herbicides from those who were not.

The strengths of the NAS scientific review process are its breadth and thoroughness, and the NAS reputation for independence and scientific prestige. The NAS is independent and is not part of Government. Earlier efforts by VA to conduct its own scientific reviews on herbicide health effects were seen by some veterans as lacking credibility and independence. While veterans have not always been happy with the NAS findings, NAS credibility has remained intact.

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NAS Evaluates Ranch Hand Study

The National Academy of Sciences began a new study to evaluate the scientific merits of retaining and maintaining the medical records, other data, and laboratory specimens collected during the Air Force Health Study, commonly known as the Ranch Hand Study. Under an agreement with VA, the NAS is identifying obstacles in retaining and maintaining these data, including privacy concerns. The NAS is also required to advise VA on independent oversight over the data and of the advisability of extending the study.

Section 602, Public Law 103-183, the “Veterans Benefits Act of 2003,” directs VA to enter into an agreement with the NAS for a study of the appropriate disposition of the Ranch Hand Study materials.

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NAS Agent Orange Update 2004—Confirms Previous Finding

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The Agent Orange Act of 1991 gives the NAS responsibility for evaluating the science, but VA is given responsibility for translating their scientific conclusions into compensation policy for veterans. Under this law, VA is required to announce within 120 days of receipt of each NAS report what changes, if any, are necessary in VA compensation policies for Vietnam veterans with illnesses possibly associated with Agent Orange or other herbicides used in Vietnam.

NAS Conclusions Impact VA Policy

Based on the review of the first NAS report, dated 1994, VA decided to recognize a range of illnesses as presumptively service connected for Vietnam era veterans who served in Vietnam. They were soft tissue sarcoma, non-Hodgkin's lymphoma, Hodgkin's disease, chloracne, porphyria cutanea tarda, multiple myeloma, and respiratory cancers.

Based upon updated NAS reports in 1996, 1998, 2000, and 2002, VA decided to expand this list to include acute or subacute transient peripheral neuropathy, type 2 diabetes, prostate cancer, and most recently, chronic lymphocytic leukemia.

Based upon the 1996 NAS update and congressional action, Vietnam veterans' children with the birth defect spina bifida are also eligible for certain compensation and other VA services.

The Agent Orange Act of 1991 also defines a "presumption of exposure" that gives veterans the benefit of the doubt by presuming that a Vietnam veteran diagnosed with one or more service-connected illnesses was also exposed to Agent Orange or related herbicides. This got around earlier controversies about who was exposed to herbicides while in Vietnam, because military records did not allow researchers to identify who was exposed nor the extent of their possible exposure.

As a result, when an eligible veteran (that is, a veteran with an other than dishonorable discharge) shows that he or she served in Vietnam and was diagnosed with one or more of the presumptively recognized illnesses, service connection becomes automatic. (Interested veterans still need to file a claim for disability compensation to get this benefit; it is not, in fact, automatic.)

Additional NAS reports on Agent Orange health effects are underway or planned.

NAS Evaluates Ranch Hand Study

(Continued from page 1)

VA asked the NAS Institute of Medicine to establish an independent, scientific committee to evaluate the merits of continuing or terminating this study, and what to do with existing data and tissue collected during the study.

About 1,300 Air Force personnel were directly involved with spraying missions in Vietnam as part of Operation Ranch Hand from 1961-1971. These veterans are thought by many to have been among the most heavily exposed military personnel in that conflict. Work on the Ranch Hand Study began in the late 1970's with the actual study beginning in 1982. The study is currently scheduled for termination in 2006.

In this epidemiologic study, researchers are investigating whether long-term health problems exist following contact with herbicides and whether these problems can be attributed to Agent Orange. According to a 1999 General Accounting Office report, the total final cost of the Ranch Hand Study is expected to exceed \$140 million.

The independence, openness, and scientific merit of the Ranch Hand Study has been closely watched by veterans service organizations, Congress, and individual veterans, which is one reason to provide an independent, expert assessment of whether this study should be continued was assigned to the NAS. The assessment should be completed by September of this year.

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 Centers.

As of March 31, 2005:

Initial Examinations – 373,550

Follow-Up Examinations – 46,505

Total Agent Orange Registry Examinations – 420,055

Total Examinations in 2003 – 30,836

Total Examinations in 2004 – 30,405

Total Examinations in January-March 2005 – 6,709

About the Review

The "Agent Orange Review" is prepared by VA's Environmental Agents Service (EAS). The "Review" is published to provide information on Agent Orange and related matters to Vietnam veterans, their families, and others with concerns about herbicides used in Vietnam. It is also available on-line at www.VA.gov/AgentOrange. Back issues are also available at that site. The first issue was released in November 1982. The most recent issues are dated February and November 2004. This issue is the 43rd. It was completed in early April 2005 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 Donald J. Rosenblum, Agent Orange Review, Deputy Director, Environmental Agents Service (131), AO 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 Mr. Rosenblum. 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 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 or information on enrolling for VA health care may be obtained by calling toll-free: **1-877-222-8387**. VA facilities are listed at www.VA.gov. 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**.

War Related Study Centers Help Vietnam Veterans

Served in Vietnam? Been to VA, but unable to get the "right" help? Sick but no diagnosis for your ailment? Don't give up! VA has a program that may be just what you need.

VA health care providers sometimes see combat veterans with serious health problems from multiple unexplained symptoms or difficult-to-diagnose illnesses. Two VA centers offer specialized evaluations for combat veterans with disabilities related to these difficult-to-diagnose illnesses.

In May 2001, Secretary of Veterans Affairs Anthony J. Principi approved two new War Related Illness and Injury Study Centers - WRIISCs (pronounced "risks"). The WRIISCs opened at the VA Medical Centers in Washington, DC, and East Orange, NJ. Veterans who were deployed to combat zones, served in areas where hostilities occurred, or were exposed to environmental hazards, including Agent Orange, may be eligible for services.

A referral for health care services at a WRIISC can be made after a veteran has had a comprehensive medical evaluation at their local VA Medical Center. The veteran's VA primary care provider must make all referrals to the WRIISCs. Information on the referral process can be found at www.VA.gov/EnvironAgents.

The WRIISCs also have programs engaged in scientific research on deployment health questions, such as war related illnesses and injuries, risk communication regarding deployment related hazards, as well as outreach and education for VA patients, their families, and health care providers.

Korean Veterans of Vietnam Era Eligible for AO Examinations

For most of its existence, VA's Agent Orange Registry was restricted to veterans who actually served in Vietnam. However, several years ago that began to change. In response to information obtained from the Department of Defense (DoD) showing that Agent Orange or other similar herbicides were used in 1968 and 1969 near the demilitarized zone that separates North and South Korea, VA expanded eligibility for the Agent Orange Registry in 2000 to include those veterans who served in Korea in 1968 or 1969.

In August 2001, the Registry was further opened to include all veterans who were exposed to Agent Orange or other herbicides during testing, transporting, or spraying of these herbicides for military purposes.

DoD records reveal that about 21,000 gallons of Agent Orange were sprayed in Korea, apparently only by Korean servicemembers, during those years in an area from the Civilian Control Line to the southern boundary of the demilitarized zone (DMZ).

Although only Republic of Korea troops did the actual spraying with U.S. military personnel supervising, there are concerns that some U.S. servicemembers may have been exposed. About 80,000 U.S. service members were stationed in Korea at some point during the two year period.

Since 1978, VA has offered the Agent Orange Registry examination to all U.S. veterans who served in Vietnam during the Vietnam War. More than 370,000 Vietnam veterans have completed the health examination. Participating veterans are given baseline laboratory work-ups, with particular attention to those illnesses that VA presumptively links to Agent Orange. They have the opportunity to get on the mailing list for this newsletter.

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

VA medical centers now provide the Agent Orange Registry examinations to veterans who served in Korea during 1968 or 1969 who request the examination. Veterans who served in Korea during other time periods, but not during 1968 or 1969, are not eligible for participation in Registry examination program (unless they were involved in the activities described at the end of the second paragraph).

Vietnam-era veterans who served in Korea are not eligible for the presumptive disability compensation program established for those individuals exposed to Agent Orange in Vietnam. The policies described in this article do not cover disability compensation or access to priority health care. It is important to

understand that receipt of the examination does not constitute a claim for compensation from VA. This also applies to veterans exposed to herbicides during testing, transporting, or spraying of these herbicides for military purposes.

VA medical centers will complete any additional diagnostic evaluation of signs or symptoms identified during the examination as clinically indicated. Eligible veterans who wish to have VA follow-up care are assigned to a primary care team.

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

Court Dismisses Lawsuit by Vietnamese Nationals Against Herbicide Manufacturers

This article was prepared by a Deputy Assistant General Counsel in the Department of Veterans Affairs.

A federal district court recently dismissed a lawsuit brought by Vietnamese nationals against the corporations that manufactured the herbicides used by U.S. armed forces in Vietnam. The plaintiffs (the people who brought the lawsuit), who lived in the Republic of Vietnam during the Vietnam era, sought payments for disabilities they believe were caused by herbicides used in Vietnam by the U.S. and allied forces. They argued that the herbicide manufacturers were liable for damages under U.S. and international law because they manufactured a hazardous product and knew that it would be used in a way that would pose harm to humans. (Under principles of sovereign immunity, the plaintiffs were not allowed to bring such a lawsuit against the United States Government.)

In its decision in *In re "Agent Orange" Product Liability Litigation*, MDL No. 381, 04-CV-400 (E.D.N.Y. Mar. 10, 2005), the U.S. District Court for the Eastern District of New York held that the plaintiffs had not stated a valid claim for damages under U.S. or international law. With respect to the claims based on U.S. tort law, the court held that the herbicide manufacturers were protected by the "government contractor defense," which provides that manufacturers generally cannot be held liable for products made for the government in accordance with the government's specifications. The court

concluded that the government contractor defense would not protect the manufacturers from claims based on international law. However, the court found that the use of herbicides during the Vietnam era was not a violation of international law as it existed then. The court found that the use of herbicides as a defoliant was not expressly prohibited by international law existing during the Vietnam era and that the use of herbicides for that purpose did not constitute “torture,” “war crimes,” “poison[ing],” or any other act that was then prohibited by international law. To the extent international law developing after 1975 may prohibit the use of herbicides in wartime operations, the court concluded that such developments would not apply retroactively to actions taken during the Vietnam Era.

In its opinion, the court indicated that, in the absence of large-scale epidemiological studies of U.S. Vietnam veterans or the Vietnamese population, there is relatively little scientific evidence to indicate whether herbicide exposure may directly cause any particular disability. In making this observation, however, the court pointed out that the standard for proving actual causation, as required in civil litigation, was significantly higher than the standard employed by VA under the Agent Orange Act of 1991 for determining whether to establish presumptions of service connection for diseases associated with herbicide exposure.

Copies of the decision in this case may be obtained from the district court’s official website at www.nyed.uscourts.gov/. Please note that VA was not involved in this case and that the court’s decision does not affect the statutes or regulations governing entitlement to VA benefits for diseases associated with herbicide exposure.

VA Vet Centers Break Down Barriers to Care for Veterans with Readjustment Problems

The article below was drafted by Connie Torres, who spent 10 weeks in the Environmental Agents Service as a Hispanic Association of Colleges and Universities intern. Ms. Torres conducted the necessary interviews and wrote the story.

For many, war is hell!! No man or woman returns from war the same as when they left. And yet they are expected to pick up where they left off, to go on as if little has changed. As studies have described, many veterans need a little -- some need a lot -- of

help readjusting to civilian life. For many, asking for help may be seen as a sign of weakness, instead of recognition that a problem exists, and it requires the commitment to do something about it. Getting help requires strength.

Since 1979, VA’s Vet Centers have been providing counseling to combat veterans and their families. The program now has 206 locations across the Nation and in Guam, Puerto Rico, and the U.S. Virgin Islands.

Originally set up to assist Vietnam-era veterans with their transition from combat to civilian life, the program proved so successful that it’s scope has expanded and currently serves veterans of the Korean War, World War II, Lebanon, Grenada, Panama, Persian Gulf, Somalia, Kazoo/Bosnia, veterans of Operations Enduring Freedom (OEF), Iraqi Freedom (OIF), operations within the Global War on Terrorism (GWOT), as well as it’s initial target audience.

As the scope expanded, so did the number of sites where veterans could get help. In 1980, only a year after the centers first opened, there were 91 vet centers. Ten years later, in 1990, there were a total of 201 vet centers. Five additional locations subsequently were added. VA Vet Center officials indicate that the program has helped more than 1.1 million veterans since October 1992.

PTSD and Military Service

The Vet Centers’ priority is readjustment counseling, not only for veterans but also for families of veterans. Readjustment counseling is aimed to support veterans adjust to feelings of anger, unfamiliarity, or isolation that they might experience returning from military service. Readjustment problems also can include post-traumatic stress disorder (PTSD).

PTSD is a normal reaction that usually comes after a person experiences or witnesses a trauma such as war or sexual assault. Loneliness, isolation, and change in environment while in combat can also cause PTSD. When PTSD is not dealt with, an individual can experience a range of sometimes disabling emotions and experiences such as grief, anxiety, paranoia, and difficulty trusting others. About 25 percent of soldiers involved in combat and 15 percent of soldiers who were not directly involved in combat experience PTSD or PTSD-like problems.

Although it is not known when or if an individual will overcome problems associated with PTSD, the Vet Centers make sure that some healing is achieved. “We may not cure people, but we make a lot of people’s lives better,” said Dr. Jerry Clark, Team Leader of the Vet Center in Alexandria, VA.

Veterans Helping Veterans

About 80 percent of the Vet Center counselors working with veterans are veterans themselves, and 60 percent of them have been in combat. According to Dr. Clark, a Vietnam veteran, veterans feel more comfortable knowing that they are talking with someone who knows of the ordeals and distress that sometimes comes with being involved in combat. “That counts to them,” said Dr. Clark.

As the Center’s Team Leader, Dr. Clark has the responsibility of meeting with veterans and seeing that they are placed with counselors that are suited to help them adjust. The matching may be based on who the veteran feels more comfortable with, which in turn may be based on gender, race, or similar experience in combat. The centers stress the importance of veterans feeling comfortable with the atmosphere and people they are with. If that’s accomplished then veterans are more likely to continue with their counseling. Dr. Clark has been counseling in Vet Centers for 10 years; he spent 8 years in Des Moines, IA, and has been working 2 years in Alexandria, VA. Dr. Clark said that the centers are good areas for social work and that his “respect for the VA population” influenced him to work at the centers.

Christopher Reed, Veterans Service Representative of VA’s Central Office in Washington DC, is another example of a veteran extending his services to help other veterans. Reed makes regular trips to Walter Reed Army Medical Center in Washington, DC, where he spends time with veterans. As a “mentor,” he informs veterans about the various counseling services of the Vet Centers. A veteran from the 1993 War in Somalia, Reed is aware of the difficulties that sometimes come with adjusting to everyday life.

Upon his discharge, Reed was unaware of the services of Vet Centers. Today he believes that if he had known to take advantage of the program it “would have changed my life in several aspects.” That’s why he makes sure to recommend Vet Centers to those he feels may need the assistance.

The Centers also provide bereavement counseling to spouses, parents, and children of Armed Forces personnel who died while serving in combat. The counseling services for families consist of extensive transition services, such as outreach and referral services. Like readjusting counseling, bereavement counseling is provided free of charge.

The Vet Center’s programs for veterans include trauma counseling, special populations, networking, wellness, leadership, management, and transitional assistance. These are managed through individual, group, or marital and family counseling, medical referrals, assistance in applying for VA benefits, employment counseling, guidance and referral, alcohol/drug evaluations, information and referral to community resources, sexual trauma counseling and referral, and community education. Participants in Vet Centers often receive additional assistance from VA medical centers or regional offices. For additional information regarding this program and the nearest Vet Center, call toll-free **1-800-827-1000** or go to www.va.gov/rcs.

How to Get Disability Compensation

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

Disability compensation varies according to the degree of disability and the number of dependents. Benefits are not subject to Federal or state income tax. 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

2005, a veteran with a disability rating of 10 percent receives \$108; a veteran with disability rating of 50 percent gets \$663; and a veteran who is totally disabled and evaluated at 100 percent receives \$2,299 monthly.

Veterans with disability ratings between 30 and 100 percent are also eligible for monthly allowances for a spouse ranging from \$39 to \$136, and for each child, \$19 to \$65. (The amount depends on the disability rating.)

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.

Presumptive Service-Connection

Any veteran who served in Vietnam between January 9, 1962, and May 7, 1975, and has one or more of the diseases on the list of presumptive conditions that VA maintains is presumed by VA to have been exposed to herbicides, and therefore that his or her disease is recognized for service-connection if rated as 10 percent or more disabling. The current list is provided in this issue. This list and information about the diseases associated with Agent Orange also are available online at www.VA.gov/AgentOrange.

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**.

Other Benefits

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

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

Readers' Survey

The editor of this newsletter is seeking feedback. Please take a few minutes to provide your comments, suggestions, recommendations, and advice for future issues of the newsletter.

In completing the brief questionnaire we ask that you restrict your comments to those things we can change about the Agent Orange Review that will make it more useful.

We want your ideas with regard to the newsletter. You are welcome and even encouraged to bring other problems to our attention in another letter. Please send your survey response to Mr. Donald J. Rosenblum, Environmental Agents Service (131), ATTN: AO REVIEW Survey, Department of Veterans Affairs, 810 Vermont Avenue, N.W., Washington, DC 20420. You can use this paper or write on your own.

Thank you in advance for your cooperation.

Are you a veteran? Yes No

Are you the spouse of a veteran? Yes No

Are you a first time reader of this newsletter? Yes No

What do you think of the Review? _____

Does it meet your needs? Why or why not? _____

What changes would you like to see in this publication? Additions? Deletions? _____

Additional comments or suggestions? _____

For the greatest impact, please respond as soon as possible.

Illnesses Presumptively Recognized for Service Connection

The following health conditions are presumptively recognized for service connection. (For more information, go to www.VA.gov/AgentOrange.) Vietnam era veterans who served in Vietnam who now suffer with one or more of these conditions do not have to show that their illnesses 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 (these defects are linked to military service rather than to exposure to Agent Orange or other herbicides)

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 bone 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, and although survival rates have improved during the past 2 decades, these diseases tend to be fatal. 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 of 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**, or see page 10, "Agent Orange Review," July 2003. These diseases are not tied to herbicides, including Agent Orange, or dioxin exposure, but rather to service in Vietnam itself.

Q's and A's from Readers

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 regarding the possible long-term health consequences of exposure to Agent Orange and other herbicides used in Vietnam. They want answers and knowledge about what VA and other Federal departments and agencies are doing to help these veterans.

Q. The first question was received from a navy veteran with prostate cancer. He served in the so-called "blue waters" off-shore from near Vietnam, and wanted to know if he would be eligible for disability compensation from VA.

A. We asked a Deputy Assistant General Counsel, an attorney in the VA Office of the General Counsel, for clarification. He explained that under current law, VA will not automatically presume service connection for prostate cancer in "blue-water" veterans. However such veterans can establish service connection in one of three ways: (1) by showing that they actually set foot in the Republic of Vietnam at some point or traveled the inland waterways ("brown water") of Vietnam; (2) by showing that they were exposed to herbicides during their service; or (3) by presenting other evidence (such as a physician's opinion) that their prostate cancer is linked to some aspect of service, which may include some circumstance of service other than herbicide exposure.

He added that the presumptions of service connection for prostate cancer and other diseases are intended to ease the veteran's burden of producing scientific evidence directly showing that their illnesses or injuries were caused by military service. Even if a veteran does not qualify for a presumption, he or she is free to submit a compensation claim and to seek to show by evidence that the injury or disease was caused by some aspect of military service. He noted that this can be a difficult burden, but that VA is required to assist claimants in developing the evidence necessary to support their claims. VA will assist in obtaining service records and any relevant post-service records that a claimant adequately identifies, and, if needed, providing a medical examination or obtaining a medical opinion.

Q. Our second question concerned disability compensation for type 2 diabetes. The writer asked why he was getting so little while another Vietnam veteran with type 2 diabetes was receiving so much more every month. He asked if there are "different kinds of service-connected diabetes type 2."

A. A consultant in Compensation and Pension Service, Veterans Benefits Administration (VBA), VA Central Office, provided our response. She indicated that a veteran is either service connected for the condition or he or she is not. If service connected for diabetes type 2, VBA assigns a disability percentage ranging from 10 to 100 percent based on an objective criteria, which deals with the severity of the condition.

Of course, the amount of disability compensation is closely related to the degree of disability. (See the article, "How to Get Disability Compensation" on page 6 and 7 of this newsletter for additional information.)

For diabetes, the ratings are based on the frequency of injections of insulin, hospitalizations, dietary restrictions, and other factors. That means that two veterans with type 2 diabetes could accurately receive very different amounts of disability payments from VA. For additional information contact the nearest VA Regional Office at **1-800-827-1000**. The call is toll-free.

VA Updates Agent Orange Registry Examination Handbook

In October 2004, VA issued the first of five new handbooks with updated policies and procedures for

the implementation a number of VA's special clinical programs for veterans. This handbook, identified as 1302.1, provides detailed instructions for VA personnel responsible for the Agent Orange Registry program. The handbook can be accessed at www.VA.gov/AgentOrange.

Other recently completed handbooks focus on policies and procedures for the Gulf War and Operation Iraqi Freedom health examination registry, depleted uranium health surveillance programs, and the war related illness and injury study centers.

Helen Malaskiewicz of the Environmental Agents Service is the principal writer of each of these handbooks.

One Employee Makes a Big Difference in Veteran's Life

Recently, Connie Schwarz was reviewing claims files at the VA Regional Office, Waco, TX, when she noticed something unusual about the claim of a Vietnam veteran seeking disability compensation for diabetes. The veteran had never been seen by a VA doctor. Several other physicians had diagnosed him with Type 1 diabetes, not Type 2 diabetes (which has been presumptively linked to Agent Orange).

Ms. Schwarz promptly requested a physical for the veteran at the West Texas VA Health Care System. After performing the exam and reviewing relevant information, Dr. Butch Tubera determined that the veteran has Type 2 diabetes and consequently was eligible for disability compensation. That diagnosis led to a new rating decision, and the veteran received a sizable retroactive payment. The decision arrived just in time. Diabetes had cost the veteran all his toes and parts of both feet. He had large ulcers and was supposed to stay off his feet -- but couldn't because he had to work.

"I was just so excited for him," said Schwarz, "because I knew this was going to be a big help to him and his family."

VA Disability Compensation Rates for 2005

No Dependents

10%	-\$108
20%	-\$210
30%	-\$324
40%	-\$466
50%	-\$663
60%	-\$839
70%	-\$1,056
80%	-\$1,227
90%	-\$1,380
100%	-\$2,299

Veteran With Spouse Only

30%	-\$363
40%	-\$518
50%	-\$728
60%	-\$917
70%	-\$1,147
80%	-\$1,311
90%	-\$1,497
100%	-\$2,429

For additional rate information, see compensation rate tables online at www.vba.va.gov/bln/21/Rates/comp01.

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 www.VA.gov/AgentOrange.

Vietnam veterans (plus veterans who served in **Korea** in 1968 or 1969), and other veterans who may have been exposed while on military service 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 370,000 Vietnam veterans have already participated in this program. For information concerning Korea, see pages 3 - 4 of this newsletter.

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 or call the following toll-free telephone number for information about eligibility and enrollment: **1-877-222-8387**. To find where the nearest VA medical facilities are located see www1.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 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” 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/.

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**), AMVETS (**1-877-726-8387**), Vietnam Veterans of America (**1-800-882-1316**), and others, have also been very helpful to Vietnam veterans seeking disability compensation. (These organizations are cited as examples. There are many other excellent veterans service organizations. VA does not endorse or recommend any specific group over another.)

County Veteran Service Officers also have been of great help to many military veterans, including Vietnam veterans, seeking benefits they earned through their service to the Nation.

Agent Orange Review

Information for Veterans

Who Served in Vietnam and Their Families

April 2005



**Department of
Veterans Affairs**

VA Central Office (131)

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Washington DC 20420

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