



Agent Orange Review

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Information for Veterans Who Served in Vietnam

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Final Regulations Issued on Prostate Cancer, Peripheral Neuropathy

On November 7, 1996, the Department of Veterans Affairs (VA) issued a new regulation on disability compensation to Vietnam veterans suffering from prostate cancer and acute and subacute peripheral neuropathy based on their exposure to Agent Orange. The new regulation was published in the *Federal Register* on November 7, 1996.

President Clinton said, "In May, I announced we were taking a major step toward repairing the harm our nation inadvertently inflicted on its own people through the use of defoliants in Vietnam. I am pleased that this regulation has been published so Vietnam veterans can begin to receive compensation payments."

Secretary of Veterans Affairs Jesse Brown added, "It is only proper that the government accept responsibility for the disabilities resulting from military service. These new benefits, which have been long in coming, are a continuation of the cost of war and a reminder to us that we must honor our commitment to the men and women who serve in the armed forces."

The new regulation was necessary to implement Secretary Brown's decision, under the authority established by Public Law 102-4, the Agent Orange Act of 1991, that there is a positive association between exposure to herbicides used in the Republic of Vietnam during the Vietnam era and the subsequent development of prostate cancer, and acute or subacute peripheral neuropathy.

A proposed rule was published in the *Federal Register* on August 8, 1996, to solicit public comment on this matter. Comments were received from three private citizens, one veterans' service organization, and one United States Senator. The proposed rule was finalized without substantive change. The new rule established service connection for prostate cancer and acute/subacute peripheral neuropathy based on herbicide exposure.

Secretary Brown made the decision to recognize these conditions after an indepth review by a special VA task force established to evaluate the National Academy of Sciences Institute of Medicine (IOM) report, entitled *Veterans and Agent Orange: Update 1996*. The IOM found that there is "limited/suggestive" evidence of an association with prostate cancer and acute and subacute peripheral neuropathy in Vietnam veterans.

Under the new rule, Vietnam veterans currently disabled from acute and subacute peripheral neuropathy, if manifested within one year of exposure and resolved within two years of the date of onset, and prostate cancer are eligible to apply for

disability compensation. The effective date of the final regulation is November 7, 1996. VA also recognizes the following diseases as presumptively related to herbicide exposure in Vietnam veterans: chloracne, porphyria cutanea tarda, soft tissue sarcoma, Hodgkin's disease, multiple myeloma, respiratory cancers (including cancers of the lung, bronchus, larynx, and trachea), and non-Hodgkin's lymphoma.

Compensation applications can be obtained from VA regional offices and VA medical centers throughout the country. The national toll-free telephone number for VA benefit program information is 1-800-827-1000.

Prostate Cancer is Common Among Older Men

Approximately one in eleven men develops prostate cancer. It is the second most common cancer in men -- only skin cancer is more common -- and the second leading cause of cancer death in men.

Increased age is the major risk factor for prostate cancer. It is estimated that more than 80 percent of cases occur in men over 65. The incidence of prostate cancer increases sharply at about age 40. Many Vietnam veterans have already joined the age group (50-70 years old) when prostate cancer is typically detected. Among men age 65 and older, prostate cancer occurs at higher rates than any other cancer.

Specific causes of prostate cancer are unknown. Associations have been observed with family history of prostate cancer, having had a vasectomy, hormonal factors, a high-fat diet, a history of untreated venereal diseases, multiple sex partners, cigarette smoking, certain operations, and possibly exposure to ionizing radiation or cadmium.

Since prostate cancer is a slow-growing tumor, many in this population will die *with* the disease but *from* other causes. A problem with prostate cancer is that about 40 percent of the tumors have spread beyond the prostate before it is diagnosed.

Screening

There are currently three methods of screening: (1) digital rectal examination, (2) transrectal ultrasound, and (3) prostate specific antigen (a blood test to measure a protein found only in prostate tissue). Unfortunately, there are significant problems with each of these screening techniques. For each cancer detected, there are many false positives incorrectly suggesting that the patient may have prostate cancer.

Since prostate cancer is a relatively slow-growing tumor, the paradox in managing it is the need to intervene early to stop



the disease and also being cautious about using the major treatment, radical prostatectomy. This is a serious procedure with significant complications. From 25 to 75 percent of patients will become impotent and 2 to 6 percent severely incontinent after the surgery.

In addition to surgery, current treatments for prostate cancer include radiation therapy, which has some unpleasant side effects, and male hormone (androgen) deprivation. Chemical or surgical deprivation or administration of estrogen is effective in relieving pain, reducing urinary obstruction, and improving general well-being. Endocrine therapy delays disease progression, but has not been shown to prolong survival.

A relatively new approach to treatment is known as "expectant management," which means following the patient and giving radiation, hormonal or surgical treatment as necessary. This approach is reasonable because the progression of the tumor for each patient is variable, the treatment effectiveness is uncertain, and many patients with prostate cancer die of cause other than prostate cancer.

Initial IOM Report

In the report, entitled *Veterans and Agent Orange: Health Effects of Herbicides Used in Vietnam*, released in July 1993, the National Academy of Sciences Institute of Medicine (IOM) reviewers observed that most of the agricultural studies they examined indicate "some elevated risk" of prostate cancer. Furthermore, one large well-done study in farmers showed an increased risk, and subanalyses in this study indicate that the increased risk is specifically associated with herbicide exposure.

The three major production worker studies reviewed by the IOM all show a small, but not statistically significant, elevation in risk. The IOM report noted that most of the associations seen in the studies reviewed are "relatively weak." The IOM added that Vietnam veterans have "not yet reached the age when this cancer tends to appear."

In the July 1993 report, the IOM concluded that there is "limited/suggestive evidence" of an association between exposure to herbicides used in Vietnam and prostate cancer. The IOM placed three health outcomes in its category two (limited/suggestive evidence of an association): multiple myeloma, respiratory cancers, and prostate cancer. After careful review, Secretary Brown concluded that while the credible scientific evidence for an association is equal to or outweighs the evidence against an association between exposure to herbicides used in Vietnam and the development of multiple myeloma and of respiratory cancers, the evidence for an association between these herbicides and prostate cancers failed to reach that standard.

On January 4, 1994, VA published a notice in the *Federal Register* that Secretary Brown has determined that a presumption of service connection based on exposure to herbicides used in Vietnam is not warranted for a long list of conditions identified in the IOM report. Prostate cancer was included in this list.

VA asked the IOM, in its follow-up report, to further consider the relationship between exposure to herbicides and the subsequent development of prostate cancer.

1996 IOM Report

Citing additional studies, the IOM 1996 update concluded that there is "limited/suggestive evidence" of an association between exposure to herbicides used in Vietnam and prostate cancer.

Reversing VA policy, in 1996, Secretary Brown found that the credible evidence for an association equals or outweighs the evidence against an association between exposure to herbicides used in Vietnam and prostate cancer. He concluded that prostate cancer should be added to the list of conditions recognized for presumption of service connection

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 August 1996. The February 1997 release is the twenty-sixth issue. It was written in late January 1997 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 seven 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, and February 1997), VA facilities should order additional copies from the VA Forms Depot.

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

for Vietnam veterans based on exposure to herbicides, President Clinton announced this, along with other decisions, on May 28, 1996. The proposed rule to implement this decision was published for public comment in the *Federal Register* on August 8, 1996. The final rule was published in the *Federal Register* in November 7, 1996.

Information regarding prostate cancer and related matters is available at many public libraries. The April 1, 1996, issue of *Time* magazine includes an excellent article on prostate cancer. Additional information can be viewed at the World Wide Web site <http://oncolink.upenn.edu/disease/prostate/>.

Scientists Struggle with Questions About Nerve Disorders

Peripheral neuropathy is a nervous system condition that causes numbness, tingling, and muscle weakness by involvement of the nerves, that is, neural conducting tissue outside the brain and spinal cord. Some Vietnam veterans have been diagnosed with peripheral neuropathy and others have expressed concern about developing this condition. Some scientific literature has linked peripheral neuropathy to recent exposure to dioxin (TCDD), which was contained in Agent Orange.

On May 23, 1991, the Veterans' Advisory Committee on Environmental Hazards considered the relationship between exposure to dioxin and the development of this condition. The Committee concluded that there is a "significant statistical association" between peripheral neuropathy and exposure to dioxin.

Committee members indicated that other risk factors that must be considered are age and whether the individual suffers from other known causes of peripheral neuropathy such as diabetes, alcoholism, or Guillain-Barre syndrome. The Committee also advised that the disorder must become manifest within ten years of the last known dioxin exposure.

On July 1, 1991, Secretary of Veterans Affairs Derwinski announced that VA would propose rules granting service-connected disability status to certain veterans with peripheral neuropathy. The proposed rule implementing the Secretary's decision was published for public comment in the *Federal Register* on January 21, 1992. It was anticipated that the final rule would be published in 1993.

However, in July 1993, when the National Academy of Sciences Institute of Medicine (IOM) released its comprehensive report, entitled *Veterans and Agent Orange - Health Effects of Herbicides Used in Vietnam*, peripheral neuropathy was not included in the category "sufficient evidence of an association" or "limited/suggestive evidence of an association." Rather, the IOM reviewers concluded that there is "inadequate or insufficient evidence to determine whether an association exists between exposure to herbicides (2,4-D; 2,4,5-T and its contaminant TCDD; cacodylic acid; and picloram) and disorders of the peripheral nervous system."

The IOM report added, "Although many case reports suggest that an acute or subacute peripheral neuropathy can develop with exposure to TCDD and related chemicals, reports with comparison groups do not offer clear evidence that TCDD

exposure is associated with chronic peripheral neuropathy. The most rigorously conducted studies argue against a relationship between TCDD or herbicides and chronic neuropathy."

VA asked the IOM, in its follow-up report, to consider the relationship between exposure to herbicides and the subsequent development of the acute and subacute effects of peripheral neuropathy (as compared to the chronic effects which were focused on in the initial report).

On January 4, 1994, VA published a notice in the *Federal Register* that Secretary Brown has determined that a presumption of service connection based on exposure to herbicides used in Vietnam is not warranted for a long list of conditions identified in the NAS report. Peripheral neuropathy was included in this list.

In 1996, when the NAS reviewers separated chronic persistent peripheral neuropathy from acute and subacute transient peripheral neuropathy, they found that there was still inadequate or insufficient evidence of an association between exposure to herbicides and chronic persistent peripheral neuropathy.

On the other hand, they reported that there is some evidence to suggest that "neuropathy of acute or subacute onset may be associated with herbicide exposure." They included acute and subacute transient peripheral neuropathy among those conditions they placed in their second category "limited/suggestive evidence of an association." (Chronic persistent peripheral neuropathy remained in category three, "inadequate/insufficient evidence to determine whether an association exists.")

After careful review of the IOM report and a special task force report, Secretary Brown decided that VA should add acute and subacute peripheral neuropathy (when manifested within one year of exposure) to the list of conditions recognized for presumption of service connection for Vietnam veterans based on exposure to herbicides.

President Clinton announced this, along with other, decisions, at the White House, on May 28, 1996. The proposed rule was published for public comment in the *Federal Register* on August 8, 1996. The final rule was published in the *Federal Register* on November 7, 1996.

Spina Bifida Law Enacted; VA Drafting Regulations

On September 26, 1996, President Clinton signed Public Law 104-204, the Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act, 1997, which among other things, established within the Department of Veterans Affairs (VA) the legal authority to provide for the special needs of certain children of Vietnam veterans who were born with the birth defect spina bifida, possibly as the result of exposure of one or both parents to herbicides during active service in the Republic of Vietnam during the Vietnam era.

Enactment of the spina bifida benefits was in response to a report, released March 14, 1996, by the National Academy of Sciences Institute of Medicine (IOM) which concluded that there is "limited/suggestive" evidence of an association

between Vietnam veterans' exposure to herbicides and spina bifida, a neural tube birth defect in which the bones of the spina fail to close over the spinal cord, often causing neurological impairment in their children.

On July 25, 1996, Department of Veterans Affairs Secretary Jesse Brown sent a letter to Congress transmitting a draft bill to provide for associated comprehensive medical care, vocational training, and a monthly monetary stipend for Vietnam veterans' children with spina bifida. The transmittal declared that Secretary Brown had determined that an association exists between exposure of a parent to herbicides during Vietnam service and spina bifida.

That determination was made based on a recommendation of a special task force established by Secretary Brown to review the IOM report. The task force noted that several studies of Vietnam veterans suggested an apparent increase in the risk for spina bifida in their offspring. Observing that VA lacks that authority to establish presumptions of service connection for diseases in the offspring of veterans, the task force recommended enactment of legislation to provide for benefits for these children.

Congress took prompt action on this proposal, incorporating it, with some modification, into the 1997 appropriations bill. The effective date of the spina bifida provision is October 1, 1997, unless other legislation is "enacted to provide for an earlier effective date."

Under the law, the stipend or monthly monetary allowance will range from \$200 to \$1,200, based on the degree of disability suffered by the child.

With input from interested organizations and individuals, VA officials are currently preparing regulations necessary to implement the new legislative authority.

Information About Spina Bifida

Spina bifida is the most frequently occurring permanently disabling birth defect. It affects approximately one of every 1,000 newborns in the United States. Neural tube defects (NTD) are birth defects that involve incomplete development of the brain, spinal cord, and/or protective coverings for these organs. Spina bifida, the most common NTD, results from the failure of the spine to close properly during the first month of pregnancy. (Anencephaly and encephalocele are less common types of NTDs). In severe cases, the spinal cord protrudes through the back of and may be covered only by skin or a thin membrane.

Some Vietnam veterans have children with spina bifida. While Vietnam veterans and their mates are now moving out of the age category usually associated with childbirth, it is anticipated that future births will occur and that some of these children may have birth defects, including spina bifida. Three research studies of Vietnam veterans have suggested that there may be some relationship between exposure by Vietnam veterans to Agent Orange and/or other herbicides used in Vietnam and the subsequent development of spina bifida in some of their children.

Surgery to close the infant's back is generally performed within 24 hours after birth to minimize the risk of infection and to preserve existing function in the spinal cord. Because of

complications of the birth defect, people born with spina bifida may need additional surgeries and other extensive medical care. Spina bifida is associated with paralysis and bowel and bladder complications.

Many individuals with spina bifida also suffer with hydrocephalus, fluid in the brain. Hydrocephalus is controlled by a surgical procedure which relieves the fluid build up by redirecting it to the abdominal area. Because of medical advances, most children born with spina bifida live well into adulthood.

In July 1993, the National Academy of Sciences Institute of Medicine (IOM) released the first in a series of extensive scientific reviews of the association between Agent Orange and other herbicides used in Vietnam and various health outcomes. While there were several references to spina bifida in the 832-page IOM report, this condition was grouped with all other birth defects. The IOM reviewers concluded that there is "inadequate or insufficient evidence" to determine whether an association exists between exposure to herbicides used in Vietnam and birth defects among offspring.

1996 IOM Update Reports Association

In its first update, released in March 1996, the IOM commented that published results of the analysis of birth defects among the offspring of the Operation Ranch Hand (the Air Force unit responsible for most of the Agent Orange spraying) personnel "suggest the possibility of an association between dioxin exposure and risk of neural tube defects." The IOM reviewers noted that a number of studies of veterans "appear to show an elevated relative risk for either service in Vietnam or estimated exposure to herbicides or dioxin and neural tube defects (anencephaly and/or spina bifida) in their offspring."

The IOM further noted that while the Centers for Disease Control (CDC) Birth Defects Study revealed no association between "overall Vietnam veteran status" and the risk of spina bifida or anencephaly, the CDC herbicide "exposure opportunity index," based on interview data, indicated an increased risk of spina bifida in the children of Vietnam veterans who had high index ratings. There was no similar pattern of association for anencephaly.

The CDC Vietnam Experience Study indicated that more Vietnam veterans reported that their children had a central nervous system disorder (including spina bifida) than did non-Vietnam veterans who participated in the study.

The IOM observed that all three of these epidemiologic studies (which are of the "highest overall quality") suggest an association between herbicide exposure and an increased risk of spina bifida in offspring. While the IOM took note of the weaknesses in each of these studies, the report concluded that there is "limited/suggestive evidence" of an association between exposure to herbicides used in Vietnam and spina bifida. On the other hand, the NAS found "inadequate or insufficient evidence to determine whether an association exists" between exposure to the herbicides and "all other birth defects."

While Secretary Brown could easily add peripheral neuropathy and prostate cancer (two other "limited/suggestive evidence" conditions cited in the 1996 update) to the list of

conditions recognized by VA for presumption of service connection for Vietnam veterans based on exposure to herbicides, VA lacked the authority to provide benefits to non-veterans based on the possible relationship between those individuals' disabilities and a veteran's service.

Presidential Announcement

On May 28, 1996, President Clinton announced that VA would send to Congress proposed legislation that would provide an "appropriate remedy" for Vietnam veterans' children who suffer from spina bifida. On July 25, 1996, Secretary Brown sent to Congress a draft bill that would provide for the special needs of these children through the provision of comprehensive medical care, vocational training, and monetary benefits (monthly allowance). On July 28, 1996, the legislation was introduced in the Senate and House of Representatives. In September, Congress approved a similar version of the spina bifida legislation with an effective date of October 1, 1997, as part of the VA FY 1997 appropriations bill. It became Public Law 104-204 on September 26, 1996, when it was signed by President Clinton.

Information regarding spina bifida and related matters can be obtained at VA medical center libraries, in other medical libraries, from the Registry Physicians at VA medical centers, or from the Environmental Agents Service (131), Department of Veterans Affairs, 810 Vermont Avenue, NW, Washington, DC 20420.

Non-government organizations, such as the Spina Bifida Association of America (SBAA), Easter Seal Society, and the March of Dimes, also have a great deal of information. The SBAA is located at 4590 MacArthur Blvd., Suite 250, Washington, DC 20007-4226. The toll-free telephone number for the SBAA is (800) 621-3141. The e-mail address is spinabifida@aol.com.

Change of Address

If you are receiving the Agent Orange Review in the mail and your address changes, please send your 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.

If you wish to be added to or deleted from the Agent Orange Review mailing list, please contact the above address.

VA Agent Orange Fact Sheet Series Updated

The Environmental Agents Service in VA headquarters in Washington, DC, has updated and released a series of Agent Orange fact sheets, known as "Agent Orange Briefs."

The revised "Briefs," dated January 1997, describe a wide range of Agent Orange-related matters. The following twenty "Briefs are currently available:"

A1. Agent Orange - General Information

A2. Agent Orange Class Action Lawsuit

B1. Agent Orange Registry

B2. Agent Orange - Health Care Eligibility

B3. Agent Orange and VA Disability Compensation

B4. VA Information Resources on Agent Orange and Related Matters

C1. Agent Orange - The Problem Encountered in Research

C2. Agent Orange and Vietnam Related Research - VA Efforts

C3. Agent Orange and Vietnam Related Research - Non-VA Efforts

D1. Agent Orange and Birth Defects

D2. Agent Orange and Chloracne

D3. Agent Orange and Non-Hodgkin's Lymphoma

D4. Agent Orange and Soft Tissue Sarcomas

D5. Agent Orange and Peripheral Neuropathy

D6. Agent Orange and Hodgkin's Disease

D7. Agent Orange and Porphyria Cutanea Tarda

D8. Agent Orange and Multiple Myeloma

D9. Agent Orange and Respiratory Cancers

D 10. Agent Orange and Prostate Cancer

D11. Agent Orange and Spina Bifida

Changes in law, research developments, compensation policy changes, and the 1996 update by the National Academy of Sciences Institute of Medicine necessitated numerous changes in the fact sheet series.

Virtually all "Briefs" were revised, and two new ones (D10-11) were added.

The "Briefs" are being widely distributed throughout the VA system and to other interested parties. Earlier versions of the "Briefs" were released in October 1988, October 1989, September 1990, July 1991, February 1992, January 1993, and September 1994. Copies of these outdated issues are no longer available.

For additional information or a copy of some or all of the revised or new fact sheets, contact the Agent Orange Registry Coordinator at the nearest VA medical center or write to Agent Orange Briefs, Environmental Agents Service (131), VA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420.

Louisville Chosen as Reproductive Health Research Center

On November 14, 1996, VA Under Secretary for Health Kenneth W. Kizer announced that the Louisville VA Medical Center has been selected to conduct research on the potential reproductive and developmental hazards of military service.

"This Center brings together the resources to start answering questions about the reproductive health hazards of military service," said Dr. Kizer.

Noting the lack of substantive research on this subject, on May 24, 1996, Dr. Kizer announced a "solicitation for applicants to establish a research center for epidemiological, clinical, and basic science studies of environmental hazards and their effects in reproductive and developmental outcomes." (An article about this solicitation was included in the August 1996 issue of the "Agent Orange Review.")

All VA facilities were invited to submit proposals. A panel of distinguished scientists from universities and governments evaluated the applications.

A joint venture with the University of Louisville's Kentucky Institute for the Environment and Sustainable Development, the Center for the Study of Environmental Hazards to Reproductive Health will be headed by Fred J. Hendler, M.D., Ph.D., Chief of Medical Oncology at the Louisville VA Medical Center and Professor of Medicine, Biochemistry and Surgery at the University of Louisville, and Dr. Jerald Hoffman, Professor of Biochemistry at the University of Louisville.

The Center's overall goal is to determine whether exposures to hazardous substances affects reproductive capacity and causes developmental abnormalities in the children of veterans,

The Louisville Center for the Study of Environmental Hazards to Reproductive Health is the fourth VA environmental hazards research center. The other three centers were established in 1994 at VA medical centers in Boston, MA, Portland, OR, and East Orange, NJ.

Law Modifies/Extends Agent Orange Health Care Eligibility

On October 9, 1996, Public Law 104-462, the Veterans' Health Care Eligibility Reform Act of 1996, was enacted. Effective October 9, 1996, this law contains the following provisions which alter the way the Department of Veterans Affairs (VA) delivers hospital care, medical services, and nursing home care to the Nation's veterans.

The new law makes VA eligibility rules the same for both inpatient hospital care and medical services. (The law repeals the former requirement that certain care only be provided in preparation for hospital admission or to obviate the need of hospital admission or to complete treatment incident to hospital, nursing home, domiciliary or medical services.)

The law establishes two categories of veterans who are eligible for care. The first category includes veterans to whom

VA "shall" furnish any needed hospital and medical services, but only to the extent and in the amount that Congress appropriates funds to provide the care. The second category includes veterans to whom VA "may" furnish any needed hospital and medical services, but only to the extent resources and facilities are available, and only if the veteran agrees to pay VA a co-payment in exchange for care.

Included in the first category, Vietnam veterans who may have been exposed to Agent Orange or other herbicides in Vietnam have mandatory eligibility for hospital care and medical services. In addition, they have discretionary eligibility for nursing home care for any disability, notwithstanding that there is insufficient medical evidence to conclude that such disability may be associated with such exposure.

There are some restrictions on the care that can be provided under this law. VA cannot provide such care for a (1) disability which VA determines did **not** result from exposure to Agent Orange or (2) disease which the National Academy of Sciences Institute of Medicine (IOM) has determined that there is "limited/suggestive" evidence of **no** association between occurrence of the disease and exposure to a herbicide agent.

The following types of conditions are not ordinarily thought to be due to such exposure (the first restriction): (a) congenital, that is, existing at or from one's birth, or developmental conditions, for example, scoliosis; (b) conditions which are known to have pre-existed military service; (c) conditions resulting from trauma, for example, deformity or limitation of motion of an extremity; (d) conditions having a specific and well established etiology, for example, tuberculosis and gout; and (e) common conditions having a well recognized clinical course, for example, inguinal hernia and acute appendicitis.

As for the second restriction, to date, the IOM has categorized the following diseases as "limited/suggestive" evidence of no association with a herbicide agent: skin cancer, gastrointestinal tumors, bladder cancer, and brain tumors.

The eligibility for care under Public Law 104-262 is different from the "priority" care system that preceded it. Any veteran already receiving hospital care, medical services, or nursing home care for a condition(s) possibly associated with exposure to herbicides, under the old priority health care law who would not be eligible for care under the new law, **remains** eligible for such care on the basis of presumed exposure with respect to the disability for which care and services were being furnished.

Although the prior law used the term "priority health care," VA discouraged use of that wording because some veterans interpreted it to mean that they have "head of the line" privileges when receiving medical care at VA health care facilities. That was an incorrect interpretation. Priority health care was a process, established by law, identifying the sequence in which veterans will be accepted for care by VA.

Public Law 104-262 extended treatment authority for "Agent Orange-exposed" veterans from December 31, 1996, to December 31, 2002.

Because of the complexity in determining eligibility for VA medical care benefits, veterans with questions regarding this matter are strongly encouraged to contact the admissions office at the nearest VA health care facility. Veterans will be interviewed individually and their eligibility will be determined accordingly.

Agent Orange Registry Participants Top Quarter Million

As of late December 1996, more than 253,000 Vietnam veterans have completed the Agent Orange Registry health examination offered to Vietnam veterans at Department of Veterans Affairs (VA) medical centers throughout the Nation. Each month, hundreds of Vietnam veterans still travel to VA for their initial examination. Many of these veterans have no medical problems but are concerned about the health consequences of their Vietnam service: others present a wide range of ailments.

In mid-1978, the Veterans Administration, now known as the Department of Veterans Affairs (VA), set up a register of Vietnam veterans who were worried that they may have been exposed to chemical herbicides which might be causing a variety of ill effects and who took an extensive medical examination offered at all VA health care facilities. The Agent Orange Registry is a computerized index of those examinations.

Voluntary Program

Each veteran participating in this voluntary program, offered at VA medical centers nationwide, is given the following baseline laboratory studies: chest x-ray (if one has not been done within the past 6 months); complete blood count; blood chemistries and enzyme studies; and urinalysis. Particular attention is paid to the detection of chloracne, porphyria cutanea tarda, soft tissue sarcoma, non-Hodgkin's lymphoma, Hodgkin's disease, respiratory cancers, multiple myeloma, prostate cancer, and history of peripheral neuropathy. Evidence is also sought concerning the following potentially relevant symptoms or conditions: altered sex drive; congenital deformities (birth defects, including spina bifida) among children; repeated infections; nervous system disorders; sterility; and difficulties in carrying pregnancies to term.

The examination provides the participating veteran with an opportunity to receive a complete health evaluation and answers to questions concerning the current state of knowledge regarding the possible relationship between herbicide exposure and subsequent health problems. Following completion of the examination, the veteran is given results of the physical exam and laboratory studies. This information is provided to the veteran by both a face-to-face discussion with a physician familiar with the health aspects of the Agent Orange issue and a follow-up letter summarizing results of the examination. Occasionally, previously undetected medical problems are found. With prompt attention, many times these illnesses can be successfully treated.

Registry participants are automatically added to the mailing list for this newsletter. The Registry permits VA to contact veterans for further testing if continuing research efforts should make this action advisable. Following decisions by the Secretary of Veterans Affairs during the past several years to recognize additional illnesses as service-connected, VA contacted Registry participants with these diagnoses to urge them to file claims for disability compensation.

VA scientists carefully review Registry data. The Registry provides a means of detecting clues or suggestions of specific health problems in the event that unexpected or unusual health trends show up in this group of veterans. Such clues could then form the basis for the design and conduct of specific scientific studies.

All veterans, male or female, who had active military service in the Republic of Vietnam between 1962 to 1975, and express a concern relating to exposure to herbicides may participate in the Registry. Eligible veterans who want to participate in this program should contact the nearest VA medical facility for an appointment. A veteran who did not serve in Vietnam is not eligible for the Agent Orange Registry examination. Similarly, the spouses and children of veterans are not eligible for this examination.

No Agent Orange Test

No special Agent Orange tests are offered since there is no test to show if a veteran's medical problem was caused by Agent Orange or other herbicides used in Vietnam. There are tests that show the level of dioxin in human fat and blood, but such tests are used for research and are not done by VA because there is serious question about their value to veterans.

It is important to understand that the Agent Orange Registry is not a scientific study. Because of the self-selected nature of the Registry participants (that is, the individuals decide themselves to be part of the Registry rather than being "chosen" in a scientific manner), this group of veterans cannot, with any scientific validity, be viewed as being representative of Vietnam veterans as a whole. Therefore, the health-related information collected cannot be used for scientific research.

The information can, however, be used to detect possible health trends, as noted above, and can provide some useful facts about the group itself. For example, it is possible to show the numbers in each branch of military service, the period(s) of service in Vietnam, kinds of symptoms veterans are experiencing, and some of the results of the physical examinations. From this type of information, it is possible to develop the relative frequency or internal proportional distribution of certain health problems.

That is, we could find that health condition "A" is appearing in five times as many Registry participants as problem "B." However, since participation in the Registry program is entirely voluntary, one cannot make statistically valid comparisons directly between this group of veterans and other groups of veterans or non-veterans.

Disability Claims Separate

Veterans who wish to be considered for disability compensation must file a claim for that benefit. Participation in the Registry does not automatically file a disability claim. Individuals interested in filing a claim, call the national toll-free telephone number: 1-800-827-1000. Many Agent Orange Registry participants have no medical problems.

Veterans interested in receiving the Agent Orange Registry examination should contact the Agent Orange Registry Coordinator at the nearest VA medical center.

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 Pending Regulation

1. Spina bifida

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**Department of
Veterans Affairs**
Environmental Agents Service (131)
810 Vermont Avenue, NW
Washington, DC 20420

OFFICIAL BUSINESS
Penalty for private use \$300