



Agent Orange Review

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Information for Veterans Who Served in Vietnam

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Principi Acts on Agent Orange; VA to Open Registry to Veterans Exposed to Agent Orange Outside Vietnam/ Korea

When Anthony J. Principi was confirmed as Secretary of Veterans Affairs on Jan. 23, 2001, he promised action in many areas. Two months later, Secretary Principi took action by expanding the Agent Orange Registry, originally established in 1978 for Vietnam veterans concerned about Agent Orange.

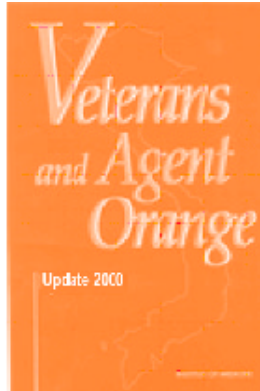
Secretary Principi directed Department of Veterans Affairs (VA) personnel to open the Agent Orange Registry Health Examination program to any U.S. veteran who is concerned about possible health effects from exposure to Agent Orange during active duty. Until last year, the Registry was limited to Vietnam veterans who served in Vietnam. More than 300,000 Vietnam veterans have participated in the program.

On September 5, 2000, that restriction was modified to allow Vietnam era veterans who served in Korea during 1968-69, to receive the examination. Small quantities of Agent Orange were used by Korean troops under the supervision of U.S. troops during that time period.

Responding to an inquiry from Congressman Lane Evans, Ranking Democratic Member, House Committee on Veterans' Affairs, regarding Registry examination eligibility for veterans who were exposed to Agent Orange at Fort Drum, NY, Secretary Principi wrote, "I believe that it is feasible to include Fort Drum veterans in the Registry."

Noting the change in policy toward veterans who served in Korea, Principi recognized "that there may be other instances where U.S. servicemembers may have been exposed to Agent Orange or related herbicides containing dioxin contaminants, including certain veterans who served at Fort Drum, as well as others exposed during its manufacture, testing or transport."

Principi wrote, in recognition of the concerns raised about this matter, "I am directing my staff to expand the Agent Orange Registry to offer such examinations to any U.S. veteran who is concerned about possible health effects from exposure to Agent Orange during active duty."



Principi, a Vietnam veteran, noted that under current VA's regulations, whenever it can be established that a veteran was exposed to certain herbicide agents during military service, whether at Fort Drum or anywhere else, that veteran qualifies for a presumption of service connection for any disease that VA recognizes as being associated with such exposure. He wrote, "I have asked the Under Secretary for Benefits to share with each of the Veterans Service Centers the information that the Department of the Army has supplied regarding the testing of herbicides at Fort Drum, so that those facts need not be proven by claimants who served there."

IOM Releases Fifth Agent Orange Report; No Additional Conditions in Veterans Linked to Herbicides; Suggests Association with One Type of Leukemia in Children

On April 19, 2001, the National Academy of Sciences' Institute of Medicine (IOM) released the fifth in a series of reports entitled *Veterans and Agent Orange*. The latest report found little change from the earlier IOM publications. The initial report was released in 1993, with updates in 1996 and 1999 (identified by IOM as Update 1998), and a special review of diabetes last year.

In the current report, subtitled Update 2000, the IOM, a highly respected, independent, non-governmental scientific review organization working for the Department of Veterans Affairs (VA), evaluated the body of scientific evidence to determine what health problems may be associated with exposure to Agent Orange and other herbicides used in Vietnam.

While the recent update found no new link between Agent Orange exposure and any health problem not previously identified, IOM indicated that new evidence "supports the possibility of an association" between herbicides and a rare childhood leukemia, known as acute myelogenous leukemia (AML). This condition is a rapidly spreading form of leukemia that originates in certain bone marrow cells. AML accounts for about eight percent of all childhood cancers. The more common form of childhood leukemia, acute lymphocytic leukemia (ALL) was not associated with Agent Orange by the IOM report. Little is known about what causes such diseases in children, how parents' chemical exposures affect their children, or potential environmental risk factors for children.



The 2000 Update was conducted by a 10-member committee of scientists, chaired by Irva Hertz-Picciotto, Ph.D., a professor in the Department of Epidemiology, School of Public Health, University of North Carolina, Chapel Hill.

The IOM report stops short of establishing a direct connection between herbicides used during the Vietnam War and this form of childhood leukemia, AML. “No firm evidence links exposures to the herbicides with most childhood cancers, but new research does suggest that some kind of connection exists between AML in children and their fathers’ military service in Vietnam or Cambodia,” said Dr. Hertz-Picciotto. “Additional studies are needed to shed more light on the issue.”

Principi Acts Promptly; Study Error Puts Action “On Hold”

Hours after receiving the study, Secretary of Veterans Affairs Anthony J. Principi ordered VA officials to begin setting up benefits for affected children. “The medical evidence is clear and persuasive that these illnesses are associated with the service of our men and women during the Vietnam War,” declared Secretary Principi. “Equally clear is VA’s responsibility to provide benefits and programs that meet the needs of these veterans and their families.”

Since VA has no legal authority to provide benefits for these children, Principi said that he has obtained White House approval to ask Congress for legislation to establish special benefits. VA officials were asked to determine what those benefits should be. Officials estimate that 500-1,000 children of Vietnam veterans are believed to have the disease.

However, a totally unexpected and unforeseen event has put further action “on hold,” at least temporarily. Shortly after the release of the IOM report, VA officials learned that there could be a problem with one of the studies — an Australian research effort — on which the IOM and VA conclusion was based. The mistake was confirmed on May 16, and a revision and apology were issued by the Australians. (See the next article entitled, “Australian Finding on AML Revised; Impact on IOM Finding Uncertain; IOM to Reevaluate Link; VA Position Pending Results” on page 4 of this newsletter.)

As a result of this announcement, the IOM will conduct a reassessment of the relationship between exposure to herbicides by Vietnam veterans and AML in their children before VA will take additional action on the AML matter. A special report is anticipated in early 2002. Note: this is similar to the process used when concerns were expressed about diabetes. IOM produced a special report that focused on diabetes, which led to the recognition of Type 2 diabetes for Vietnam veterans seeking service connection.

IOM’s Four Categories

In the 2000 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 prior two follow-ups. 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 (Category 1)

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, 1998, and 2000 updates, no additional health outcomes were included in this first category.

Limited/Suggestive Evidence of an Association (Category 2)

The IOM lists 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, 1998, and 2000 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).

In the special report on diabetes released last year, the IOM moved Type 2 diabetes from category three (inadequate/insufficient evidence to determine whether an association exists) to category 2. Type 2 diabetes remains in this category in Update 2000.

Another change in this category was the addition of acute myelogenous leukemia (AML) in the children of Vietnam veterans. Under existing law, VA lacks authority to provide benefits or services to these children. AML was previously grouped with other childhood cancers in offspring. Careful analysis of U.S. and Australian studies led IOM to include this rare condition in category 2. (For more on AML, see the article on page 5).

Inadequate/Insufficient Evidence to Determine Whether an Association Exists (Category 3)

The IOM included health outcomes in the third category when available studies are of insufficient quality, consistency, or statistical power to permit a conclusion regarding the presence or absence of an association.

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

The 1996 changes are the two noted above (that is, the separation of acute and subacute transient peripheral neuropathy from chronic peripheral neuropathy; and spina bifida from other birth defects) plus an elevation of skin cancer from the fourth category. Urinary bladder cancer was added to this category in 1998.

As a result of the change for acute myelogenous leukemia, the health outcome “childhood cancer in offspring” was modified to exclude AML in Update 2000. Childhood cancers in offspring other than acute myelogenous leukemia, remained in this category.

At VA request, the IOM evaluated the possible relationship between herbicides used in Vietnam and AL-

type primary amyloidosis, a condition similar in many ways to multiple myeloma (an illness in category 2). IOM concluded that there was inadequate/insufficient evidence to determine whether an association exists. VA has received several letters from interested individuals suggesting a link with herbicide exposure.

Limited/Suggestive Evidence of No Association (Category 4)

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 2000 report, like the 1996 and 1998 documents, 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. In the 2000 update there is no change in this category compared with the 1998 IOM update.

Recommendations

The IOM report makes several recommendations. Specifically, the IOM recommends that the federal government examine whether and how the various forms of data and specimens collected in the course of the Air Force Health Study (also known as the Ranch Hand Study) could be retained and maintained (after completion of the study), and what form of oversight should be established for their future use. Furthermore, the IOM recommends that consideration be given to whether it is appropriate to continue the study past its planned completion date.

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’ IOM, 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.

Within 90 days after the Secretary issues any proposed regulations regarding these diseases, the Secretary must issue final regulations.

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.

Earlier VA Responses

IOM reports on Agent Orange have had a significant impact on VA compensation policy, as documented in the next four paragraphs.

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 Hodgkin's disease and porphyria cutanea tarda would be added to the list of conditions presumed to be service-connected for veterans exposed to herbicides in Vietnam.

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 for veterans exposed to herbicides in Vietnam.

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.

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.

Next IOM Report Expected in Two Years

The IOM will be re-evaluating existing scientific evidence and 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 is expected to issue its next report in two years.

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.

Australian Finding on AML Revised; Impact on IOM Funding Uncertain; IOM to Reevaluate Link; VA Position Pending Results

On May 16, 2001, the Australian Institute of Health and Welfare (AIHW) announced that it has corrected information that it released last year on acute myelogenous leukemia (AML) in the children of Australian Vietnam veterans. The initial report was jointly released with the Australian Department of Veterans' Affairs in December 2000.

Corrected information no longer shows that children of Australian Vietnam veterans face a significantly greater risk of AML than children in the general community. AIHW found that an error in the way it calculated the expected prevalence in the general public caused it to underestimate community prevalence in its original report.

The new calculations show that the prevalence of this condition in children of Vietnam veterans is higher than normal and suggestive of increased risk, but it does not rise to a statistically significant extent.

These initial study results, along with findings in three other reports, led the National Academy of Sciences' Institute of Medicine (IOM) to conclude that there is "limited/suggestive" evidence of an association between exposure of Vietnam veterans to Agent Orange or other herbicides used in Vietnam and AML in their children.

The AIHW apologized for any distress caused to veterans and their children by the incorrect conclusions in the original report.

The IOM has agreed to conduct a review of all existing scientific information on AML, including the revised Australian study. Findings are anticipated by the end of January 2002.

Five IOM "Veterans and Agent Orange" Reports Available for Reading and Purchase

Veterans and Agent Orange: Update 2000 ISBN 0-309-07552-1; 2001, 454 pages, 8 ½ x 11, final forthcoming/no prepublication copies; will be available for purchase from the National Academy Press in the near future; full text may be read for free at the National Academy Press web site! See full text at <http://www.nap.edu/books/0309075521/html/>.

Veterans and Agent Orange: Herbicide/Dioxin Exposure and Type 2 Diabetes, ISBN 0-309-07198-4; 2000, 76 pages, 6 x 9, \$18.00 (paperback); National Academy Press; full text may be read for free at <http://www.nap.edu/books/0309071984/html/>.

Veterans and Agent Orange: Update 1998, ISBN 0-309-06326-4; 1999, 624 pages (hardcover), 6 x 9, \$79.00 (hardcover); National Academy Press; the full text

be read for free at <http://www.nap.edu/books/03090632264/html/>.

Veterans and Agent Orange: Update 1996, ISBN 0-309-05487-7; 1996, 384 pages, 6 x 9, \$55.00 (hardcover); National Academy Press; the full text may be read for free at <http://books.nap.edu/books/0309054877/html>.

The initial report, **Veterans and Agent Orange: Health Effects of Herbicides Used In Vietnam**, ISBN 0-309-04887-7; 1994, 832 pages (hardcover), 6 x 9, \$149.00 (Print-on-demand title); the full text may be read for free at <http://books.nap.edubooks/0309048877html/>.

These books 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 1-800-624-8373 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>. Prices do not include shipping and handling. Purchasers in some jurisdictions 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**.

Quick Facts about AML, Leukemia in Children and Childhood Cancers

- Acute myelogenous leukemia (AML) is also called acute myeloid leukemia and acute nonlymphocytic leukemia.
- The American Cancer Society estimates that about 8,600 children under the age of 15 will be diagnosed with cancer in the U.S. this year.
- Almost half of these children will be under 5 years old.
- All forms of leukemia combined are the most common cancers in children.
- About one-third of childhood cancers cases are leukemia.
- About 2,000 of the estimated 2,700 children in the U.S. diagnosed this year with cancer will have acute lymphocytic leukemia (ALL), which was not associated with Agent Orange exposure in the recent IOM report.
- Most of the remaining 700 will be the more rare form of childhood leukemia, AML.

- ALL is most common in early childhood. AML is most common during the first two years of life.
- ALL incidence is consistently higher in males than females. AML shows similar incidence for boys and girls.
- Through early adulthood, ALL rates are about twice as high in whites than in African Americans. There is no consistent racial pattern for AML.
- IOM found there is limited/suggestive evidence of an association between exposure to the herbicides used in Vietnam and specifically AML in the children of veterans.
- IOM found inadequate or insufficient evidence to determine whether an association exists between herbicides used in Vietnam or the contaminant dioxin and most childhood cancers, including ALL, chronic leukemias, non-Hodgkin's lymphoma, brain tumors, neuroblastoma, and cancers at other sites.

For additional information regarding childhood cancers see <http://cancer.gov> or call 1-800-4-CANCER (1-800-422-6237).

Source: IOM 2001. *Veterans and Agent Orange: Update 2000*. Washington, DC: National Academy Press (See Chapter 8).

Diabetes: Final Rule Published May 8, 2001;

The final regulations adding Type 2 diabetes to the list of diseases associated with Agent Orange, in CFR Sec. 3.309(e) was published in the *Federal Register* on May 8, 2001. It was printed on pages 23166-23169. It is online at wais.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=2001_register&docid=01-11569-filed.

The proposed rule was published for public comment in the *Federal Register* on January 11, 2001. (See front-page article of *Agent Orange Review*, dated March 2001; *Federal Register*, January 11, 2001, pages 2376-80). Fourteen comments were received, including one from the New York State Council of the Vietnam Veterans of America, one from the Wisconsin State Council of the Vietnam Veterans of America, and twelve from concerned individuals. VA officials considered all of the comments and described them in the material published with the final rule. The proposed rule was adopted without change.

Under law, before taking effect, any economically significant regulation must be presented to Congress to allow that institution sixty days to review it, and

disapprove or let it stand. Thus, when the diabetes regulation was published, it was presented to Congress, and, absent adverse action by Congress, the effective date for the regulation is sixty days after notification.

VA estimates that about 178,000 Vietnam veterans will receive service-connection for their diabetes within the first five years under the new regulation. About 36,000 veterans – from all periods of service – are already recognized as “service connected” for diabetes.

VA estimates that the five-year cost of this rule would be \$3.3 billion in benefit costs and \$62 million in government operating expenses.

Helpline Responds to Callers’ Concerns

In the past several months, thousands of Vietnam veterans called the new national toll-free helpline to get answers to their questions about Agent Orange exposure, health care, and benefits. The new helpline – 1-800-749-8387 – is part of the continuing efforts of the Department of Veterans Affairs (VA) to reach America’s 2.3 million Vietnam veterans.

Callers can speak directly to VA representatives Monday through Friday from 8 a.m. to 4 p.m., Central Standard Time, or access a 24-hour automated system. They can leave voice mail messages to have information sent to them or listen to recordings about exposure to Agent Orange, VA benefits, health care and disability compensation.

“As scientific studies expand our understanding of the possible long-term health effects of Agent Orange spraying in Vietnam, VA is increasing its programs for affected veterans,” said Secretary of Veterans Affairs Anthony J. Principi, himself a Vietnam veteran. “VA is committed to reaching out to these veterans and their families whenever and wherever possible to ensure they receive the health care and other benefits they deserve.”

Many of the callers expressed interest in the VA proposal, that when in effect, will allow Vietnam veterans with adult-onset (Type 2) diabetes to receive disability compensation for ongoing medical problems linked to Agent Orange or other herbicides during the war. VA now recognizes nine medical conditions as being associated with Agent Orange. The final rule regarding diabetes was published on May 8, 2001, and will be effective sixty days later. Other callers have asked questions about their medical problems, disability compensation, benefits for children, research, and on a wide variety of topics.

The helpline is located at the St. Louis VA Regional Office, which has a similar toll-free helpline for Gulf War veterans. The two helplines will share the same telephone number, with callers selecting the service they wish.

For general information on VA benefits and programs, visit VA’s website at www.va.gov. VA has developed a specific Agent Orange web page in conjunction with the helpline. It can be accessed at www.vba.va.gov/bln/21/benefits/herbicide.

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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, Austin Automation Center (200/397A), 1615 Woodward Street, Austin, TX 78772-0001. Thank you.

VA’s National Hepatitis C Program Screens 500,000 Veterans

Hepatitis C virus (HCV) infection is a major public health problem in the United States, with approximately four million Americans thought to be infected, and about 40,000 cases of new infections appearing annually. Only about 25 to 30 percent of these infections will be diagnosed. HCV is known to be responsible for 8,000 to 10,000 deaths annually. Experts anticipate that this number will triple in the next 10 to 20 years.

HCV infection was first recognized in the 1970’s, when most blood transfusion-associated infections were found to be unrelated to hepatitis A and B, the hepatitis viruses recognized then. The disease was then called “non-A, non-B” hepatitis.

Hepatitis C is of particular concern for the Department of Veterans Affairs (VA). While the exact amount of hepatitis C among veterans as a whole is unknown, there is evidence that certain groups of veterans may have a higher rate of hepatitis C infection. A six-week inpatient survey at the VA Medical Center,

Washington, DC, indicated a rate of twenty percent among VA inpatients. A similar investigation at the VA Medical Center San Francisco found ten percent of the patients were positive for hepatitis C. VA's transplant program data show that 52 percent of all VA liver transplant patients have Hepatitis C. An electronic survey of 125 VA medical centers in 1997, identified nearly 15,000 VA patients who tested positive. Today, we know that VA is treating over 77,000 veterans with Hepatitis C.

HCV infection is becoming a leading cause of cirrhosis, liver failure, and hepatocellular carcinoma (cancer).

VA Action

VA's Hepatitis C Program uses a comprehensive approach emphasizing Hepatitis C is a high priority for VA. Since 1998, VA has undertaken an impressive program to identify, screen, test and treat veterans for hepatitis C. In 1998 112,996 veterans were tested for hepatitis C. In FY 2000, 333,782 tests for hepatitis C were performed across VA and over 77,000 veterans were receiving care for their hepatitis C from VA clinicians.

Chronology

The following chronology illustrates the various major activities taken in support of the Hepatitis C program.

In June 1998, the Under Secretary for Health issued an "information letter" that outlined standards for providing evaluation and testing for Hepatitis C within VA health care facilities. For additional information regarding this matter, see Under Secretary for Health Information Letter 10-98-013 on-line at <http://www.va.gov/publ/direc/health>.

On March 17, 1999, VA conducted a nationwide one-day surveillance activity and tested more than 26,000 veterans for Hepatitis C. The test revealed a prevalence rate of 6.6 percent in these VA patients with wide variation by geography and era of military service.

In January 1999, VA established two Centers of Excellence in Hepatitis C located at Miami VA Medical Center and San Francisco VA Medical Center. The Centers of Excellence serve as catalysts for VA-wide education, clinical care and research. For further information about the Centers, see <http://www.va.gov/HepatitisC>.

On June 28, 1999, the Under Secretary for Health designated an additional \$20 million for outreach, testing, counseling, and treating veterans with Hepatitis C. Three weeks later, on July 19, 2000, Veterans Health Administration, the medical arm of VA, issued a directive requiring the installation and use of Veterans Health software on clinical reminders that support the Hepatitis C reporting process. Those who are interested in learning more about the VistA software, see VHA Directive 2000-

019 and <http://www.va.gov/publ/direc/health>.

On September 20, 2000, the Under Secretary for Health approved annual reimbursement at a higher level (\$42,000 per patient) for the care of veterans who are undergoing treatment for Hepatitis.

Expanded Program

In November 2000, VA expanded the Hepatitis C program to emphasize the public health and medical aspects of this chronic disease. VA's National Hepatitis C Program includes and places additional emphasis on the following areas:

(1) A Veterans' Hepatitis C Awareness Program that aggressively works with VA and with external groups to improve awareness about Hepatitis C among veterans (This article is part of this program);

(2) A Hepatitis C Clinical Education Program that ensures all VA clinicians are provided the current information about Hepatitis C to deliver the highest quality care to veterans, as well as to assist those at risk, to prevent becoming infected with the virus that causes Hepatitis C;

(3) A Hepatitis C Screening, Testing and Counseling Program that provides multiple avenues of access to veterans who wish to be tested for Hepatitis C;

(4) A Hepatitis C Care Program that delivers the highest standard of care to veterans with Hepatitis C. Treatment guidelines were first issued in August 1998 and were most recently updated in January 2000. For more information on these guidelines, see <http://www.va.gov/hepatitisc/MDtrtg.htm>;

(5) A Hepatitis C Prevention Program that works with various parts of VA to identify veterans who may be at risk for acquiring Hepatitis C to offer risk reduction and prevention interventions; and

(6) A Veterans' Hepatitis C Quality Management and Database Program that works with existing VA data systems, collecting and analyzing quantitative data on hepatitis C, utilization, and quality parameters to continually improve hepatitis C care and prevention.

Hepatitis C treatment is rapidly evolving. Improved understanding of this disease and new, improved therapies will continue to have an impact on Hepatitis Care and treatment. The VA Centers of Excellence in Hepatitis C updates treatment guidelines regularly. The guidelines can be found at <http://www.va.gov/hepatitisc/MDEduc.htm>.

Every VA medical center has designated a Hepatitis C Lead Clinician who is the principal point of contact for all clinical Hepatitis C communications and reporting the facility, the Hepatitis C Program office, and other program offices. A monthly hepatitis C conference call provides current information to VA staff about hepatitis C treatments, the National VA Hepatitis Program, VA policies and related issues. Topics for these calls include clinical and treatment issues, VA policies and programs, hepatitis C prevention issues and programs, and related matters.

Hepatitis C Risk Factors

The single greatest risk factor for hepatitis C is injection drug use. Other risk factors may include the following:

Vietnam-era veteran*
Blood transfusion before 1992

Unequivocal blood exposure of skin or mucous membranes
History of multiple sexual partners**
History of hemodialysis
Tattoo or repeated body piercing
History of intranasal cocaine use
Unexplained liver disease
Unexplained/abnormal ALT
Intemperate or immoderate use of alcohol***

* As currently determined by dates of service or in the age range of 40 to 55 years

** Defined as more than 10 lifetime sexual partners

*** Defined as more than 50g of alcohol per day for ten or more years (roughly) 10-14g of alcohol + 1 beer)

Note: These variables may be interrelated and are not necessarily independently related to risk for Hepatitis C infection.

What Should A Concerned Veteran Do

Rates of hepatitis C seem to be highest among Vietnam era veterans as well as nonwhite racial and ethnic groups. However, anyone may develop this infection. Veterans with concerns about hepatitis C who have not been tested are encouraged to contact the nearest VA medical center for an appointment.

Agent Orange Fact Sheets Updated, On Web

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

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

- A1. Agent Orange - General Information**
- A2. Agent Orange Class Action Lawsuit**
- B1. Agent Orange Registry**
- B2. Agent Orange - Health Care Eligibility**
- B3. Agent Orange and VA Disability Compensation**
- B4. VA Information Resources on Agent Orange and Related Matters**
- C1. Agent Orange - The Problem Encountered in Research**
- C2. Agent Orange and Vietnam Related Research - VA Efforts**
- C3. Agent Orange and Vietnam Related Research - Non-VA Efforts**

- D1. Agent Orange and Birth Defects**
- D2. Agent Orange and Chloracne**
- D3. Agent Orange and Non-Hodgkin's Lymphoma**
- D4. Agent Orange and Soft Tissue Sarcomas**
- D5. Agent Orange and Peripheral Neuropathy**
- D6. Agent Orange and Hodgkin's Disease**
- D7. Agent Orange and Porphyria Cutanea Tarda**
- D8. Agent Orange and Multiple Myeloma**
- D9. Agent Orange and Respiratory Cancers**
- D10. Agent Orange and Prostate Cancer**
- D11. Agent Orange and Spina Bifida**
- D12. Agent Orange and Diabetes**

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

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

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

VA Establishes Six Parkinson's Disease Centers

The following four articles focus on Parkinson's disease, a neurological disorder with an unknown cause(s). About 1 to 1.5 million Americans, including many veterans, are estimated to suffer from this disease.

On February 7, 2001, the Department of Veterans Affairs (VA) announced the establishment of six new centers specializing in research, education, and clinical care for Parkinson's disease. Committing more than \$30 million to support these centers over four years, VA has taken a major step toward improving care and pursuing a cure for this disease that afflicts as many as 1.5 million Americans, including about 20,000 veterans. The centers are scheduled to open October 1, 2001.

Secretary of Veterans Affairs Anthony J. Principi made the announcement during a standing-room-only Capitol Hill news conference called specifically for that purpose. This was Secretary Principi's first visit to Capitol Hill since he was confirmed as Secretary on January 23, 2001.

"Our centers will bring hope—hope to veterans, and to all Americans with Parkinson's. And they will bring progress in treating the disease," said Secretary Principi. He was accompanied by Dr. Thomas L. Garthwaite, VA's Under Secretary for Health; Dr. Garthwaite's deputy, Dr. Frances M. Murphy; and several other key VA officials.

Dr. Garthwaite reported, "VA recognizes the importance of supporting research and clinical activities to enhance the care for patients with this disabling neurological disorder." Dr. Murphy, a neurologist, formerly served as Director, Environmental Agents Service, the office that produces this newsletter.

Dr. Garthwaite added, "By establishing these six specialized centers, we will enable top VA researchers, clinicians and educators to better understand Parkinson's disease, develop more effective treatments and clinical care strategies for patients, and improve education for caregivers."

Congressman Lane Evans, Ranking Democratic Member, House Committee on Veterans' Affairs and a Parkinson's patient, also participated in the announcement news conference. The Illinois Congressman, a Marine Corps veteran, commented, "As a veteran with Parkinson's disease, I know personally of the struggles we confront daily to live normal lives—we endure these battles as we have endured other great conflicts." He remarked further, "I know that veterans and other Americans will profit from the work that takes place in the centers VA is announcing today."

VA officials plan to open the six Parkinson's Disease Research, Education and Clinical Centers later this year at VA medical centers in Houston, TX; Philadelphia, PA; Portland OR, Richmond, VA; San Francisco, CA; and West Los Angeles, CA. The new centers will function similarly to VA's Geriatric Research, Education and Clinical Centers and the Mental Illness Research, Education and Clinical Centers.

Each Parkinson's disease center will conduct research covering basic biomedicine, rehabilitation, health services delivery and clinical trials. In addition, each center will participate in a landmark clinical trial to assess the effectiveness of surgical implantation of deep brain stimulators in reducing the symptoms of Parkinson's disease.

The Centers will develop education and training programs for patients, families, students and other health care professionals. *(Continued on page 14)*

About the Review

The "Agent Orange Review" is prepared by VA's Environmental Agents Service (EAS) with substantial assistance from the VA's Compensation and Pension Service. The "Review" is published to provide information on Agent Orange and related matters to Vietnam veterans, their families, and others with concerns about herbicides used in Vietnam. It is also available on-line at <http://www.va.gov/agentorange/default.htm>. Back issues are also available at that site. The first issue was released in November 1982. The most recent edition (prior to the release of this issue) is dated March 2001. The July 2001 release is the thirty-fifth issue. It was written in mid-May 2001 and does not include developments that occurred since that time.

Comments or questions about the content of the "Review" are encouraged. Suggestions and ideas for future issues should be sent to Donald J. Rosenblum, Agent Orange Review, Deputy Director, Environmental Agents Service (131), VA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420.

Requests for additional copies of this and earlier issues should also be directed to Mr. Rosenblum. Please specify the issue date and the quantity sought. A limited supply of the issues published during past years is available.

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

Questions about the Agent Orange Registry examination program should be directed to the Registry Physician or Agent Orange Registry Coordinator at the nearest VA medical center. Questions regarding eligibility for health care should be directed to the hospital administration service at the nearest VA medical center. Questions regarding VA benefit programs, including disability compensation, should be referred to a veterans benefits counselor at the nearest VA facility. The telephone numbers can be found in the telephone directory under the "U.S. Government" listings.

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

Q's and A's

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

A Snapshot of Parkinson's Disease: The Facts About This Chronic Neurological Condition

What is it?

Parkinson's disease is a chronic neurological disorder named for Dr. James Parkinson, a London physician who first described it in 1817. It is a slowly progressive disease that affects a small area of cells in the mid-brain known as the substantia nigra. Gradual degeneration of these cells causes a reduction in a vital chemical messenger in the brain known as dopamine.

What are the most common signs of Parkinson's Disease?

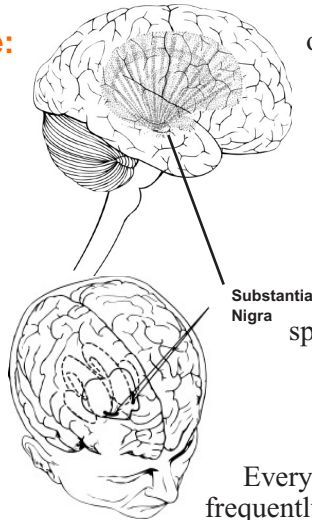
- Resting tremor on one side of the body;
- Generalized slowness of movement;
- Stiffness of limbs; and
- Gait or balance problems.

What other symptoms are common in Parkinson's Disease?

- Small cramped handwriting;
- Lack of arm swing;
- Decreased facial expression;
- Lowered voice volume;
- Depression or anxiety;
- Freezing – Feeling stuck in place;
- Slight foot drag on the affected side;
- Increase in dandruff or oily skin;
- Decreased blinking;
- Constipation; and
- Swallowing difficulties.

How common is this condition?

No one knows, but it is estimated that 1 to 1.5 million Americans may have this condition. That is more people than those suffering from Muscular Dystrophy and Multiple Sclerosis combined. Although about 15 percent of Parkinson's disease patients are diagnosed before age 50 (for example, the editor of this newsletter was diagnosed at age 37; and actor Michael J. Fox at 30), it is generally considered an older person's illness.



of this perception, young patients are frequently misdiagnosed. About one in one hundred persons over the age of 60 have Parkinson's disease.

What causes Parkinson's disease?

The cause is unknown. There are theories that something in the environment (such as pesticides) may cause it. Other scientists speculate that it may be familial (runs in families).

What are the early symptoms of Parkinson's disease?

Every patient is different. Parkinson's disease frequently begins with a tremor in one hand. Resting tremors may over time be accompanied with slowness and/or stiffness on the affected side. As the symptoms progress, patients may observe similar difficulties on the other side of the body, usually less severe than the primary side. Finger/hand movements requiring skilled coordination may become slow and difficult.

Some patients notice a slight foot drag or a feeling of walking with great effort. Steps become shorter or freezing may occur when initiating movement. The voice can become softer in volume and take on a raspy quality.

Many Parkinson's patients have gait and balance problems. Difficulty navigating doorways and narrow passages, stutter-steps, and precarious balance on turning are common. Falls and subsequent injuries are common in these patients.

Most patients experience some of these problems. It is very rare for a single patient to have all of these problems.

Is there a cure?

To date, there is no known prevention or cure. As a result of research, physicians now have a much better understanding of this condition. Many effective medications are now available to treat the symptoms. There are several surgical procedures available for those patients who receive minimal or no help from the medication. Good medical treatment helps restore lost function in many patients. Some patients benefit from physical, occupational, or speech therapy.

Parkinson's Disease: VA Benefits and Programs

Compensation and Health Care

To qualify for VA disability compensation for Parkinson's disease, a veteran must have a current diagnosis of the disease and evidence that it was acquired in military service. This means that the symptoms began or worsened during active duty or within one year of discharge.

Veterans with Parkinson's disease are eligible for VA health care and are exempt from co-payment requirements for hospital and outpatient medical services *if* they are receiving compensation for any service-connected disability or if their income is at or below the income limits.

Veterans with Parkinson's disease may be subject to medication co-payment requirements. Exempted from medication co-payment requirements are veterans whose service-connected conditions are 50 percent or greater, whose medication is for the service-connection or whose income is at or below the pension threshold.

As of December 2000, there were 649 veterans of all eras who were service-connected for Parkinson's disease.

All veterans are eligible for VA health care. Veterans can obtain information on enrollment by calling 1-877-222-8387.

Six Parkinson's Centers

For locations of the six Centers, see page 9.

Research Initiatives

VA is in the vanguard of neurodegenerative disease research with innovative and aggressive research strategies in Parkinson's disease and other neurodegenerative illnesses. This year \$5.8 million was allocated for 45 medical and rehabilitation research projects in Parkinson's disease.

New research in Parkinson's disease is focused on two important areas, development of surgical treatments for late-stage patients for whom medical therapy is no longer effective, and development of new medications, which are more effective and have fewer side effects. VA researchers are conducting groundbreaking studies in both

Recent research advances by VA investigators include:

- Scientists at VA medical centers in Tampa, FL, and San Diego, CA, are investigating the use of animal stem cells that can be induced to develop into dopamine-producing nerve cells;
- Clinical trials at Augusta, GA, Richmond, VA, and New York, NY, medical centers are designed to test the effectiveness of new drugs that would stimulate dopamine receptors;
- Researchers at Miami, FL, Portland, OR, and Ann Arbor, MI, are investigating aspects of glutamate metabolism to lead to new medical treatments for Parkinson's disease; and

- VA approved three new Research Enhancement Award Programs at Baltimore, MD, Bedford, MA, and Denver, CO, which are designed to stimulate innovative approaches to the study of Parkinson's disease and to promote training of new researchers.

Agent Orange and Parkinson's Disease

In each of its four comprehensive reports, entitled *Veterans and Agent Orange*, the National Academy of Sciences' Institute of Medicine reference is made to the possible relationship between exposure to herbicides used in Vietnam and Parkinson's disease.

The initial report, dated 1994, subtitled *Health Effects of Herbicides Used in Vietnam*, includes the following language:

In the past decade . . . an increasing concern has developed scientifically over the possible link between parkinsonism* and chemicals used as herbicides and pesticides. . . . These data support the concept that some herbicides and pesticides could possibly be associated with parkinsonism.

As Vietnam veterans move into the decades when Parkinson's disease becomes more prevalent, attention to the frequency and character of new cases of parkinsonism in exposed versus nonexposed individuals may be highly useful in assessing whether dioxin or herbicide exposure is a risk factor for eventual Parkinson's disease.

The 1994 report cited several references on this subject, including:

Semchuk KM, Love EJ, Lee RG. 1992. Parkinson's disease and exposure to agricultural work and pesticide chemicals. *Neurology* 42: 1328-1335.

Langston JW, Ballard PA. 1983. Parkinson's disease in a chemist working with 1-methyl-4-phenyl-1,2,5,6-tetrahydropyridine (letter). *New England Journal of Medicine* 309:310.

Langston JW, Ballard PA, Tetrad JW, Irwin I. 1983. Chronic parkinsonism in humans due to a product of meperidine-analog synthesis. *Science* 219:979-980.

The first update of the IOM report, subtitled *Update 1996*, the authors indicated that no new data directly addressing the relationship between herbicide exposure and Parkinson's disease. The report noted that this is "persisting concern about the role of herbicides and pesticides" is the cause of this condition. The report cited several references not mentioned in the earlier report. Three of them are listed below:

Semchuk KM, Love EJ, Lee RG. 1993. Parkinson's disease: a test of the multifactorial etiologic hypothesis. *Neurology* 43:1173-1180.

Butterfield PG, Valanis BG, Spencer PS, Lindeman CA., Nutt JG. 1993. Environmental antecedents of young-onset Parkinson's disease. *Neurology* 43:1150-1158.

Golbe LI. 1993. Risk factors in young-onset Parkinson's disease. *Neurology* 43:1641-1643.

The third comprehensive (second update) IOM report on Agent Orange, subtitled Update 1998, noted that while no new studies relating directly to the possible association between herbicide exposure and Parkinson's disease in Vietnam veterans, a number of studies were published in the preceding two years on closely related topics. These studies are referenced below. The authors concluded that the "implications of these studies for the health of Vietnam veterans is unclear." They indicated that such reports "underscore the importance of a prospective study of Vietnam veterans for the development of parkinsonism."

Schulte PA, Burnett, CA, Boeniger MF, Johnson J. 1996. Neurodegenerative diseases: occupational occurrence and potential risk factors, 1982 through 1991. *American Journal of Public Health* 86(9):1281-1288.

Liou HH, Tsai MC, Chen CJ, Jeng JS, Chang YC, Chen SY, Chen RC. 1997. Environmental risk factors and Parkinson's disease: a case-control study in Taiwan. *Neurology* 48:1583-1588.

Seidler A, Hellenbrand W, Robra BP, Vieregge P, Nischan P, Joerg J, Oertel WH, Ulm G, Schneider E. 1996. Possible environmental, occupational, and other etiologic factors for Parkinson's disease: a case-control study in Germany. *Neurology* 46(5):1275-1284.

The fourth and most recent comprehensive IOM report on Agent Orange, subtitled Update 2000, was released on April 19, 2001. This report contained a more extensive discussion of Parkinson's disease than any of the prior reports. It included a table of thirty epidemiologic studies of pesticide exposure and Parkinson's disease. Of these thirty, only eight studies provide an estimate of relative risk for herbicides. Of these, five had a significant association; one had no association; and the remaining two had a negative association.

The report concluded, "There remains inadequate or insufficient evidence of an association between exposure to herbicides in this report and ... Parkinson's disease. In the future, however, as diagnostic accuracy for Parkinson's disease improves, herbicide exposure assessment is quantitated with specific biomarkers, and future research confirms the gene-toxicant interaction in larger prospective studies of PD (Parkinson's disease), this evidence for association may change. This

Illnesses That VA Accepts as Service-Connected for Vietnam Veterans

The following are diseases that VA currently presumes resulted from exposure to herbicides like Agent Orange. The law requires that some of these diseases be at least ten percent disabling under VA's rating regulations within a deadline that began to run the day the veteran left Vietnam. If there is a deadline, it is listed in parentheses after the name of the disease.

1. **Chloracne** (Must occur within one 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 one year of exposure)
6. **Multiple myeloma**
7. **Respiratory cancers**, including cancers of the lung, larynx, trachea, and bronchus (Must occur within thirty years of exposure)
8. **Prostate cancer**
9. **Acute and subacute peripheral neuropathy** (Must appear within one year of exposure and resolve within two years of date of onset)
10. **Type 2 Diabetes** (Final rule published on May 8, 2001—subject to Congressional action for 60 days before it takes effect; see article on page 5)

Conditions Recognized in Children of Vietnam Veterans

1. **Spina bifida** (except spina bifida occulta)
2. **Other birth defects in the children of women Vietnam veterans** (regulations pending; see article below)

underscores the importance of a prospective study of Vietnam veterans for the development of PD."

*Parkinsonism refers to a commonly recognized condition with a set of symptoms, including tremor, stiffness, and slowness of bodily movement.

Proposed Regulations to be Published Soon on Benefits for Women Vietnam Veterans' Children With Birth Defects

Department of Veterans Affairs officials indicated that proposed regulations which would provide for benefits and services for women Vietnam veterans' children with certain birth defects will soon be published in the *Federal Register* for public comment.

Carole Turner, the national director of VA's women veterans health program, reported that draft regulations should be published in Summer 2001. Ms. Turner heads an internal VA task force that is spearheading the effort to implement provisions of Public Law 106-419, that relate to these benefits and services. She noted that final regulations would be in place on December 1, 2001. This

legislation provides for monthly disability allowances, vocational training, and health care services.

Background

Several years ago responding to concerns of many women Vietnam veterans, Congress passed legislation that required the Department of Veterans Affairs to conduct a comprehensive study of women Vietnam veterans. Specifically, Public Law 99-272 directed 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 reanalysis of the psychological health outcomes data of the NVVRS was completed and submitted to Congress in October 1996.

Study Results Led to Law

More recently, VA researchers 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 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 stillbirth, 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 children with birth defects among their first-born following Vietnam service. Doctors who specialized in treating birth defects in newborn children reviewed these reports. 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.

As a result of these findings, on July 23, 1999, then Secretary of Veterans Affairs Togo D. West Jr. announced that VA would seek the legal authority to provide benefits for children with birth defects who were born to women Vietnam veterans. Secretary West declared, “To have a child with birth defects can be devastating for any family.

I am pleased that VA can reach out to women veterans of the Vietnam War and help them and their children.” VA developed draft legislation. Congress modified the language, and passed the legislation in October 2000. President Clinton signed it into law on November 1, 2000.

Public Law 106-419

Under this law, known as Public Law 106-419, VA must identify the birth defects of children of women Vietnam veterans that 1) are associated with Vietnam service; and 2) result in permanent physical or mental disability. Birth defects not included in this benefit program are those abnormalities that result from the following: 1) a familial disorder; 2) a birth-related injury, 3) a fetal or neonatal infirmity with well-established causes. The law defines the term “child” as an individual, regardless of age or marital status that is the natural child of a woman Vietnam veteran, and was conceived after the veteran first entered Vietnam.

The legislation provides for health care services, vocational training, and a monthly allowance for eligible children. The monthly allowance will range from \$100 to \$1,272 (or if higher, the amount payable under section 1805(b)(3), Title 38 United States Code) for the highest level of disability compensation cited in that section.

According to this law, receipt of a monetary allowance must not impair, infringe, or otherwise affect the right of an individual to receive any other benefit to which the individual is otherwise entitled under any law administered by VA or entitled under any law administered by VA based on the relationship of such other individual to an individual who receives such monetary allowance. Monetary allowance must not be considered as income or resources in determining eligibility for, or the amount of benefits under, any Federal or federally assisted program.

While the law specifies that the effective date of these benefits and services is the first day of the first month beginning more than one year after the date of the enactment of this Act, potential recipients can file a claim at any time. Since the legislation was signed on November 1, 2000, it must be implemented by December 1, 2001. VA must issue regulations not later than that date. VA officials have not yet determined what application form will be required. Potential claimants can contact the nearest VA regional office to advise them that they wish to apply for the benefit when it is available. Anyone who files a claim within one year after the effective date of the benefit will be paid, assuming claim approval, from the date the benefit becomes effective.

According to this law, receipt of a monetary allowance must not impair, infringe, or otherwise affect the right of an individual to receive any other benefit to which the individual is otherwise entitled under any law administered by VA or entitled under any law

administered by VA based on the relationship of such other individual to an individual who receives such monetary allowance. Monetary allowance must not be considered as income or resources in determining eligibility for, or the amount of benefits under, any federal or federally assisted program.

Spina Bifida Toll-Free Telephone Line Opens

Vietnam veterans with questions about health care benefits for children with spina bifida can now call the new VA national toll-free hotline at 1-888-820-1756. Callers can speak to a benefits adviser Monday through Friday, from 10 a.m. to 1:30 p.m., and from 2:30 p.m. to 4:30p.m., Eastern Time.

An after-hours phone message allows callers to leave their names and telephone numbers for a return call the next business day. The hotline is managed by VA’s Health Administration Center in Denver, CO.

VA Establishes Six Parkinson’s Disease Centers *(Continued from page 9)*

Each site will conduct a clinical care demonstration program for evaluating new models of care delivery for veterans with Parkinson’s disease and movement disorders.

Parkinson’s Disease Described

Parkinson’s disease is slowly progressive. It is caused by degeneration of cells in a region of the midbrain that produces the chemical and neurotransmitter dopamine. Symptoms are characterized by tremors, slowness of movement, stiffness of limbs and gait or balance problems. While treatment exists, there is no known cure for this condition.

The creation of the new centers represents the second substantial VA initiative regarding Parkinson’s disease in two years. In 1999, VA and the National Parkinson Foundation signed an agreement to establish an alliance to cure Parkinson’s.

For additional information regarding Parkinson’s disease, contact the American Academy of Neurology, 1080 Montreal Avenue, St. Paul, MN 55116-2325; 612-695-1940; fax: 612-695-2791; web site: <http://www.aan.com>; the American Parkinson Disease Association, Inc., 1250 Hylan Blvd. Suite 4B, Staten Island, NY 10305; 800-223-2732; fax: 718-981-4399; email: apda@admin.con2.com; the National Parkinson Foundation, Inc., 1501 NW 9th Avenue Bob Hope Road, Miami, FL 33136-1494; 800-327-4545; fax: 305-548-4403; and the Parkinson’s Action Network, 822 College Avenue, Suite C, Santa Rosa, CA 95404; 800-850-4726; fax: 707-544-2363; email: parkactnet@aol.com.

Correction

Officials in VA's Compensation and Pension Service have called to our attention two errors in the most recent (March 2001) issue of the Agent Orange Review newsletter:

On page 9 of that issue:

Under "What Evidence Do I Need to Support a Claim?", item (2), delete "or offshore in the adjacent waters,"

Under "Who Can Get Benefits?", in the first sentence, delete "...or served in the waters just offshore"

These corrections are needed because under VA regulations, veterans who served offshore Vietnam, but did not actually visit Vietnam, are not eligible for the presumption of exposure to Agent Orange.

On page 14:

The article on Korean veterans may have erroneously indicated that veterans exposed to herbicides outside Vietnam are not entitled to any presumptions. Of course, as was stated on pages 11-12, this is not the case.

If it is determined that a veteran was exposed outside Vietnam during his or her military service, to a chemical contained in one of the herbicides used in Vietnam, and he or she has a disease on VA's presumptive list, it will be presumed to be service connected.

We apologize for any confusion.

Where to Get Help?

Vietnam veterans with questions or concerns about Agent Orange – contact VA's Gulf War/Agent Orange Helpline. The national toll-free telephone number is 800-749-8387. A great deal of information is also available on our web page. It is located at <http://www.va.gov/agentorange/default.htm>.

Vietnam veterans (plus veterans who served in Korea in 1968 or 1969) concerned about possible long-term health effects of Agent Orange exposure – contact the nearest VA medical center and request an Agent Orange Registry health examination. More than 300,000 Vietnam veterans have already participated in this program.

Vietnam veterans who need medical treatment for conditions that may be related to their exposure to Agent Orange or other herbicides used in Vietnam – contact the nearest VA medical center for eligibility information and possible medical treatment.

Vietnam veterans with illnesses that were incurred in or aggravated by exposure to Agent Orange or other aspects of military service – contact a VA veterans services representative at the nearest VA regional office or health care facility and apply for disability compensation. The representatives have information about the wide range of

benefit programs administered by VA. The national toll-free number is 1-800-827-1000.

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

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

Representatives of veterans service organizations, including The American Legion (1-800-433-3318), Paralyzed Veterans of America (1-800-424-8200), Veterans of Foreign Wars of the United States (1-800-VFW-1899), Disabled American Veterans (1-877-426-2838), Vietnam Veterans of America (1-800-882-1316), etc., have also been very helpful to Vietnam veterans seeking disability

Agent Orange Review



Department of Veterans Affairs

Austin Automation Center (200/397A)
1615 Woodard Street
Austin, TX 78772-0001

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Information for Veterans
Who Served in Vietnam

July 2001