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▶▶▶ November 2012 ◀◀◀

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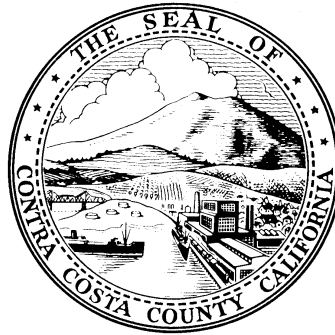
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Diabetes and Agent Orange

Agent Orange and Diabetes.

On November 9, 2000, the VA announced that Vietnam veterans with Type-II diabetes would now be eligible for disability compensation. This decision allows veterans that were **in-theater** to apply for compensation. Studies from the Air Force and National Academy of Sciences (NAS) indicated "limited / suggestive evidence" of a link between Agent Orange and adult-onset (Type-II) diabetes. The report also concluded that other traditional risk factors for diabetes – heredity, weight and sedentary lifestyle – far outweigh the risks of Agent Orange. Still, based on those reports, Acting Secretary Hershel Gober announced that he was directing the addition of Type-II diabetes to the list of presumptive conditions associated with herbicide exposure.

Diabetes Overview

Diabetes mellitus is one of the most common and serious chronic diseases in the United States. About 16 million Americans have diabetes, 5.4 million of whom do not know they have the disease. Each year, approximately 800,000 people are diagnosed with diabetes. The prevalence of diabetes has increased steadily in the last half of this century and will continue to rise with the aging U.S. population, the growth in minority populations most susceptible to type II diabetes, and the increasing prevalence of obesity among Americans.

WHAT IS DIABETES?

Diabetes is a metabolic disease in which the body does not produce or properly use insulin, a hormone that is needed to convert sugar, starches, and other food into energy needed for daily life. Diabetes is characterized by high levels of blood glucose (sugar). **Type II diabetes**, formerly called noninsulin-dependent diabetes mellitus (NIDDM) or adult-onset diabetes, is a disease that occurs when the body makes enough insulin but cannot use it effectively. This form of diabetes usually develops in adults over the age of 40. About 90 to 95 percent of people with diabetes have type 2; about 80 percent are overweight. Type 2 diabetes is more common among people who are older; obese; have a family history of diabetes; have had gestational diabetes; and are of African American, Hispanic American, Asian American, Pacific Islander, and Native American ethnicities.

WHAT IS THE SCOPE AND IMPACT OF DIABETES?

Diabetes is widely recognized as one of the leading causes of death and disability in the United States. It was the seventh leading cause of death listed on U.S. death certificates in 1995 and contributed to 187,800 deaths that same year. Type II diabetes is associated with long-term complications that threaten life and the quality of life. Diabetes is the leading cause of adult blindness, end-stage renal disease, and nontraumatic lower-extremity amputations (as a result of nerve disease). People with diabetes are 2 to 4 times more likely to have coronary heart disease and stroke than people without diabetes. Diabetes costs the United States \$98.2 billion each year. Medical costs for diabetes care -- including hospitalizations, medical care and treatment supplies -- total \$44.1 billion. Indirect costs -- including disability payments, time lost from work and premature death -- total \$54.1 billion.

HOW IS DIABETES DIAGNOSED?

The symptoms of type II diabetes develop gradually and are not as noticeable as in type 1 diabetes. Symptoms include feeling tired or ill, frequent urination (especially at night), unusual thirst, weight loss, blurred vision, frequent infections, and slow-healing wounds and sores. In 1997 the Expert Committee on the Diagnosis and Classification of Diabetes published new guidelines for the diagnosis of diabetes. The guidelines lowered the blood sugar values for diagnosis and recommended use of the fasting plasma glucose test to diagnose diabetes, a simpler and faster test than the commonly used oral glucose tolerance test. Glucose levels greater than or equal to 126mg/dl with the fasting plasma glucose test, or greater than or equal to 200 mg/dl with the oral glucose tolerance test indicate a diagnosis of diabetes.

HOW IS DIABETES MANAGED?

Diabetes is a self-managed disease because people with diabetes must take responsibility for their day-to-day care. Much of the daily care involves keeping blood glucose near normal levels at all times.

Management of type II diabetes: Treatment for people with type 2 diabetes typically includes diet management, exercise, self-testing of blood glucose, and, in some cases, oral medication and/or insulin. Approximately 40 percent of people with type 2 diabetes require insulin injections. The goal of diabetes management is to keep blood glucose levels as close to a normal range as safely possible, while avoiding blood glucose levels that are too high (hyperglycemia) or too low (hypoglycemia). A 1993 study called the Diabetes Control and Complications Trial (DCCT), conclusively showed that intensive glucose control delayed the onset and progression of eye disease, kidney disease and nerve disease by "a range of 35 to more than 70 percent." In fact, it demonstrated that any sustained lowering of blood glucose helps, even if the person has a history of poor control. This study was conducted by the National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health.

WHAT ARE THE MAJOR DIABETES ADVANCES?

In recent years, advances in diabetes research have led to better ways to manage diabetes and treat its complications. Major advances include:

- New forms of purified insulin that are less likely to cause allergic reactions and are nearly identical to the insulin naturally produced by the body.
- Development of external and implantable insulin pumps that deliver appropriate amounts of insulin, replacing daily injections.
- New oral medications to improve control of type 2 diabetes.

- Better ways for patients, doctors and other health professionals to monitor blood glucose-- notably, new devices for self-monitoring of blood glucose, which is performed by the patient, and the hemoglobin A1c (also called H-b-A-one-c) laboratory test, which measures blood glucose control during the previous 3-month period.
- Effective treatment for diabetic eye disease.
- Better ways to manage diabetic pregnancies, improving chances of successful outcomes.
- Treatment strategies to reduce damage to the kidneys, eyes and nerves.