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AGENT ORANGE PRIMER 2008

A Review of the Conditions and Benefits

Linked to Agent Orange Exposure

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1.0 Introduction

As we move past the thirty-year anniversary of the end of the Vietnam era there are still lingering health problems for many of the veterans from that era. The following document looks at Agent Orange exposure and the diseases and benefits linked to Agent Orange.

Agent Orange exposure covers the veterans who were in country from January 9, 1962 to May 7, 1975. Veteran exposed in 1968 and 1969 in Korea are also covered in this document (see explanation below). In 2006 the Department of Defense, DoD provided a partial list of other locations where Agent Orange has been used. The list is available on request, or can be found on the VA's Agent Orange homepage at:

<http://www1.va.gov/agentorange/>

The specific list can be found at:

http://www1.va.gov/agentorange/docs/Report_on_DoD_Herbicides_Outside_of_Vietnam.pdf

1.1 Brief History of Agent Orange Use and Follow on Health Studies

During the war in Vietnam the military used chemical agents to do away with the jungle vegetation. At the time of use no one realized that this could have harmful effects on humans. The chemicals were shipped in barrels with coding stripes. Agent Orange comes from the orange stripes on the barrels.

After the war the Air Force was tasked to do follow up studies on the effects on chemical on the troops. Three studies were done and the results were

very controversial. By the mid 1990's it was clear that Vietnam veterans were having health side effects due to Agent Orange exposure.

Studies continue on the effects of Agent Orange. In 2002 Type 2 diabetes was Service Connected to Agent Orange. In 2003 a form of Leukemia was also linked to Agent Orange exposure. Children of veterans who served in Vietnam (and Korea in 1968 and 1969 near the DMZ) could also be service connected for birth defects. This was the first time offspring of veterans had ever been considered for their own direct service connected benefits.

In 2005 studies reconfirmed the link between Agent Orange and type 2 Diabetes. However, findings in other areas were inconclusive. Go to section 4.4 for more recent updates on Agent Orange.

2.0 Agent Orange and Service Connected Benefits

One day in country during the war constitutes exposure to Agent Orange.* This is not always as clear as it may sound. Many veterans of the Navy never went ashore, though they were in the waters around Vietnam. Other veterans were never acknowledged to be in Vietnam due to the nature of the units they served in. This can make proving a claim very difficult.

The Department of Defense has announced that Agent Orange was used in Korea in 1968 and 1969 along the demilitarized zone (DMZ). Veterans who served along the DMZ in those years are encouraged to put in claims.

There are other locations where the Defense Department acknowledges Agent Orange use. The VA has asked for more information from DOD to help expand eligibility for claims from other locations.

* In 2006 this definition of service in Vietnam was set aside by the Court of Veterans Appeals, COVA. COVA did not offer a new definition, but felt that this was too narrow a definition because it excluded Navy personnel potentially exposed. At the time of this going to press the VA has apparently decided to narrowly define Agent Orange exposure in a way that may exclude personnel who served off the shore of Vietnam.

We are recommending that all Navy personnel who have a Vietnam Service Medal, VSM, to apply for service connection if they have one of the presumptive conditions linked to Agent Orange exposure (see below). As part of your claim we recommend including documentation of your VSM.

Unless, something changes in the near future, the claim will be turned down, but in the future would be covered under Nehmer (see explanation in Section 3.1a) if the VA reverses its rules on exposure.

2.1 Diseases of Veterans Who Served In Vietnam

Chloracne: a skin condition that looks like common forms of acne. It is important to mention that skin disorders are among the most common health problems experienced by combat forces. Because of the environment and living conditions in Vietnam, veterans developed a variety of skin problems, ranging from bacterial and fungal infections to a condition known as "tropical acne". However, the only condition consistently reported to be associated with Agent Orange and other herbicides is chloracne.

Non-Hodgkins Lymphoma: a term used to describe a group of malignant tumors that first affect the lymph glands and other lymphatic tissue. These tumors are relatively rare (about 3% of all cancers that occur among the U.S. general population) and, although the survival rate has improved considerably over the last 20 years, these diseases tend to be fatal.

Soft Tissue Sarcoma: a group of different types of malignant tumors which arise from body tissues such as muscle, fat, blood and lymph vessels and connective tissues; and distinctive from hard tissue such as bone or cartilage.

Peripheral Neuropathy: 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.

Hodgkin's Disease: a malignant lymphoma characterized by progressive enlargement of the lymph nodes, liver, and spleen, with progressive anemia.

Porphyria Cutanea Tarda: a disorder characterized by thinning and blistering of the skin in sun-exposed areas.

Multiple Myeloma: a cancer of specific bone marrow cells or the plasma cell and characterized by plasma cell tumors in various bones of the body.

Respiratory Cancers: this refers to cancers of the lung, larynx, and bronchus.

Prostate Cancer: prostate cancer is the most common cancer (excluding skin cancer) for American men. The National Academy of Science concluded, in its most recent report, that Vietnam veterans have an even greater increased incidence rate for contracting prostate cancer as a result of exposure to Agent Orange,

Adult Onset Type II Diabetes Mellitus: high blood sugar, resulting from a deficiency of insulin, a hormone produced by the pancreas. When the body doesn't produce insulin, or doesn't use it correctly, it can't make use of its main fuel -- sugar. Untreated, diabetes can lead to blindness, vascular disease, kidney disease, neuropathy, and other problems.

Chronic Lymphocytic Leukemia (CLL): CLL is a progressive disease that involves increased production of white blood cells. The chance of recovery from CLL largely depends on the stage of patient's health.

CLL was declared service connected in January of 2003 and is the most recent of the service connected conditions linked to Agent Orange veteran diseases.

2.2 Diseases of the Children of Male Veterans of Vietnam

Spina Bifida: a devastating spinal birth defect that affects the children of some Vietnam veterans.

For more information on Spina Bifida benefits go to:

<http://www.va.gov/hac/forbeneficiaries/spina/spina.asp>

For a short time period **Acute myelogenous leukemia** was considered a disease of the offspring of Agent Orange veterans. This has since been rescinded based on new scientific research.

2.3 Diseases of the Children of Female Veterans of Vietnam

Achondroplasia (produces a type of dwarfism)

Cleft palate and cleft lip

Congenital heart disease

Congenital talipes equinovarus (clubfoot)

Esophageal and intestinal atresia

Hallerman-Streiff syndrome (prematurity, small growth and other defects)

Hip dysplasia
Hirschprung's disease (congenital megacolon)
Hydrocephalus due to aqueductal stenosis
Hypospadias (abnormal opening in the urethra)
Imperforate anus
Neural tube defects
Poland syndrome (webbed fingers and other birth defects)
Pyoric stenosis
Syndactyly (fused digits)
Tracheoesophageal fistula
Undescended testicles
Williams syndrome (linked to thyroid activity, multiple defects)

NOTE: In December of 2003 these same service connections were extended to the children of veterans who served at the DMZ in Korea in 1968 and 1969.

For more information on benefits for children of female veterans exposed to Agent Orange go to the following website:

<http://www.vba.va.gov/bln/21/Milsvc/Docs/CWVVMoney4.doc>

2.4 Post Traumatic Stress Disorder, PTSD

PTSD is not caused or linked to Agent Orange. Estimates of PTSD for Vietnam veterans run as high as 30%. PTSD can have devastating affects on the veteran and the family. It may make convincing the veteran to attend or participate in rehab services very difficult.

Newer treatments for PTSD seem to work. They involve medications. It can be a challenge for the veterans to take medications regularly. (See section 5.2 below for more on PTSD).

3.0 Special Benefits Consideration

To establish a service connected claim based on exposure to Agent Orange a veteran has to demonstrate being in country (Vietnam) for at least one day. The same is true of the DMZ in Korea.

3.1 The Veteran

Most of the items linked to Agent Orange exposure no longer have time windows for application for service connection. This was reaffirmed in 2004 by an Institute of Medicine's study on the cancers linked to Agent Orange. A person can apply for service connection for the remainder of their life. The exception would be peripheral neuropathy, which would have to show up within one year. However, if the veteran had diabetes that was service connected, the form of peripheral neuropathy connected to diabetes could be linked as a secondary effect of the diabetes.

One question some individuals have is: If some people would have developed diseases such as diabetes or prostate cancer anyways, why service connect them?

It is true that in a group of veterans statistically some would develop diabetes and prostate cancer. Research has shown that the rate was higher in Vietnam veterans or that exposure to certain chemical agents definitely can cause certain diseases. Also, there is a chance that Agent Orange contributes to much more severe cases of the disease. This last point is not a proven scientific point, but a nasty possibility.

Editor's Note: A recent study by the Department of Defense suggested that the recurrence of prostate cancer is more likely for individuals exposed to Agent Orange.

Claims for Agent Orange are handled just like other claims. The veteran needs a diagnosis and medical proof. They must also show that they were in Vietnam for one day. If their DD 214 does not make this clear, or their unit was not assigned to Vietnam, then the veteran may need statements to show that they were in Vietnam.

3.1a Earlier Claims

A number of veterans applied for service connection, especially for type 2 diabetes prior to diabetes being recognized as linked to Agent Orange. Due to court decisions the VA must go back and recognize those (and other Agent Orange) claims from the initial filing.

This decision is a result of a 13 year long series of class action suites against the VA. The person listed in the suite was Beverly Nehmer, and the

resulting action is known as “Nehmer”. Under the Nehmer clause three principles came out:

1. A person could receive back pay to the original date of a claim
2. A person **could not receive** interest on the back pay
3. The estate of a person could receive benefits under this principle. This might include back pay and the right to benefits such as Dependency Indemnity Compensation

Editor’s Note: A veteran might consider applying for service connection for certain conditions such as cancers that are not currently recognized as being presumptive with Agent Orange. The thought is that they might be service connected in the future.

3.1b The Need to Reopen Claims

The term 100% sounds final. A solution cannot be anymore than 100% of some one thing. Often veterans do not understand that there are levels of 100% beyond the basic rating. They do not understand the need to reopen their claim and document additional disabilities.

What is the benefit in reopening claims?

First, it allows the possibility of special monthly compensation. This could mean additional dollars.

Second, when a claim involves vision it may trigger a benefit such as Auto Grant, or Special Housing Grant, which is a large lump sum payment towards an auto or housing modifications.

Third, if a veteran is not rated Permanent and Total it important to work towards this rating, and to document potential conditions that could cause death. Payments from the VA to the spouse and family might hinge on dying of service connect cause or being rated Permanent and Total for a certain time period.

Finally, a rating that leans more heavily towards Agent Orange related items may have an effect on a military retirees rate of Combat Related Special Compensation (see below).

3.1c Concurrent Pay

Concurrent Pay has been undergoing evolution since 2003. The National Defense Act of 2008 called for some additional changes in CRSC (see below).

There currently are two types of Concurrent Pay:

Veterans who served 20 years in the military are eligible for Concurrent Receipt of their retirement pay in addition to their VA compensation if they fall into one of the following categories:

CRDP- Concurrent Retirement and Disability Payments, which is paid to individuals with 50% service connection or higher. To receive CRDP an individual must have served 20 years on active duty.

CRSC - Combat Related Special Compensation, which is paid for any battlefield related injury 10% or higher for which the veteran is receiving compensation. The veteran must apply for this through their branch of service.

The National Defense Act of 2008 included provisions for Chapter 61 retirees (those who were medically retired before 20 years) if there injuries were combat related. It also called for adjustments for those veterans who were on Individual Unemployability dating back to January 2005. Details on these changes had not been released at the time this edition went to press.

All of this has become very complicated. CRDP is granted automatically to a retiree through joint cooperation by DoD and the VA. A veteran must apply for CRSC. To apply the veteran must fill out a **DD 2860**. An individual does not collect both CRDP and CRSC, they collect whichever is of greater value.

For more information on CRDP the veteran would contact Defense Finance and Accounting Service at: 1800 321 1080

Or write:

Defense Finance and Accounting Service
Cleveland Center
Retired Pay Department (FRCCBB)

PO BX 99191
Cleveland, OH 44199-1126

To apply for CRSC the DD 2860 is submitted through their branch of service. They may also contact their service branch for more information on CRSC and eligibility. The following is current contact information:

ARMY:

Department of the Army
U.S. Army Physical Disability Agency
Combat-Related Special Compensation (CRSC)
200 Stovall Street
Alexandria, Virginia 22332-0470
Toll-free: (866) 281-3254
Hours: 8am - 8pm EST
E-mail your questions to:
CRSC.info@us.army.mil
Or visit: <http://www.crsc.army.mil>

NAVY AND MARINE CORPS:

Department of Navy Naval Council of Personnel Boards
Combat-Related Special Compensation Branch
720 Kennon Street S.E., Suite 309
Washington Navy Yard, DC 20374-5023
(Toll free 1-877-366-2772)

AIR FORCE:

United States Air Force Personnel Center
Disability Division (CRSC)
550 C Street West, Suite 6
Randolph AFB, TX 78150-4708
(Toll Free 1-866-229-7074)

COAST GUARD:

Commanding Officer (RAS)
U. S. Coast Guard Personnel Service Center

444 SE Quincy St.
Topeka, KS 66683-3591
(toll-free at 1-800-772-8724)

All CRSC payments are tax exempt. It is considered a disability type payment, not a retirement payment. This has large implications for tax purposes.

The definition of battlefield injuries falls into two categories. The first is direct injury, the type Purple Hearts are awarded for. The second is conditions or injuries linked to battlefield action. This would cover Agent Orange exposure and possibly PTSD if it could be linked to combat.

Concurrent Pay for Spouses

Spouses of military retirees have three possible government retirement sources to consider:

Social Security
Survivor Benefits Plan, SBP
Dependency Indemnity and Compensation, DIC

SBP is an annuity that the veteran pays into so that the surviving spouse can receive a percentage of their military retirement pay.

For more information on SBP go to:

<http://www.military.com/benefits/survivor-benefits/survivor-benefit-plan-explained>

DIC is paid by the VA. It is for the survivors of a service connected veteran if the death met one of the following conditions:

- Military service member who died while on active duty, OR
- Veteran whose death resulted from a service-related injury or disease, OR
- Veteran whose death resulted from a non service-related injury or disease, and who was receiving, or was entitled to receive, VA Compensation for service-connected disability that was rated as totally disabling
 - for at least 10 years immediately before death, OR

- since the veteran's release from active duty and for at least five years immediately preceding death, OR
- for at least one year before death if the veteran was a former prisoner of war who died after September 30, 1999.

For more information on DIC go to:

<http://www.military.com/benefits/survivor-benefits/dependency-and-indemnity-compensation>

Originally there were monetary offsets for individuals who eligible for Social Security, SBP and DIC.

As of 2005 a widowed spouse or a military retiree was able to collect Social Security and the Department of Defense's Survivor Benefit Plan, SBP. The SBP payment and full Social Security will be phased in increments from 2005 to mid year 2008. Many retirees have dropped SBP, it is important to check on open seasons for re-entry into the program and cost for buy backs.

It appears that the first SBP – DIC payment offset will appear in 2008 as part of the provisions in the National Defense Act. The sum of money is small. Though it is not officially labeled as an offset and at this time there are no plans for further increases, it may be the start of the removal of the SBP-DIC offset.

It appears that there will be a 50 dollar offset monthly starting in October of 2008. With a 10 dollar a month increase for the next 5 years. Final details on this were not available at the time this went to print.

3.2 Spouse Benefits: Why these Spouses are Unique

For many years the VA has been predominantly World War 2 veterans. This is not good or bad, but merely a reflection of the large number of people who served during that war.

Today, when a World War 2 veteran dies it is a fairly safe bet that the spouse is of retirement age. Talk about going to school and rejoining the workforce is not really the core element of the benefits used. We normally speak in terms of benefits such as Dependency Indemnity Compensation.

Agent Orange veterans may be as young as their 50's. You may have cases where the veteran was working only months before and was forced to quit

due to health. Health care for the spouse may have been made available through the veteran's job. The spouse may be well below Medicare age and find for the first time in decades they find themselves with no health insurance.

NOTE: In the review of benefits below we are talking in terms of the veteran being 100% service connected. It could be due to Unemployability or Permanent and Total type rating that is clearly 100%.

3.2a Compensation

The spouse will receive no compensation as long as the veteran is alive. However, the veteran will draw compensation. When the veteran dies the spouse could be eligible for Dependency Indemnity Compensation. It is important that they understand the program. This program has Housebound and Aid and Attendance rates also, a fact that few spouses understand.

3.2b Education

The granting of 100% service connection or death from a service connected cause can open a window of education benefits for the spouse. The loss of income from the veteran's job could make education a consideration.

NOTE: Eligibility for education benefits is opened once for a ten year period. If it opens upon granting of 100%, it does not reopen later if the veteran dies of a service connected cause later. If a veteran rated less than 100% dies of a service connected cause the education window will open for the first time for the spouse.

3.2c Preference Points

A spouse can apply through Regional Office to use the veteran's preference points in the event the veteran is no longer able to work due to a service connected disability rated at 100%. Again, if the spouse finds that they are back in the workforce, or the major breadwinner this could be an important consideration.

3.2d Health Care

The spouse may be eligible for CHAMPVA as a health care provider. This could be critical if there is no other health care in the family. CHAMPVA is now an extended benefit that can be used past Medicare age in the CHAMPVA for Life program.

The spouse of a military retiree is likely to be covered by the TRICARE health program and ineligible for CHAMPVA.

3.2e Other Benefits

With the granting of 100% service connection comes PX and Commissary privileges. There are other perks and privileges that are linked to being rated 100% service connected many have to do with use of Department of Defense facilities.

3.3 Children

Children of Vietnam veterans are going to find that they are in one of two categories:

The vast majority will receive benefits through their veteran parent. This includes additional compensation for a dependent, health care, and education benefits. For many this will end when they reach 18. For some it will continue through their post high school education years, and end when their education is completed. For a few who have severe disabilities before the age of 18, they may remain the dependent of the veteran for life, and collect Dependency Indemnity Compensation when the veteran dies.

The second group of children have health conditions that are linked to the veteran's exposure to Agent Orange. These children are themselves service connected and have their own benefits. For this second group of children the following benefits exist:

3.3a Compensation

Compensation is not paid at the same rate as a veteran's compensation. A separate tiered scale is used. Application for benefits are made through Regional Office following the normal criteria for evidence.

3.3b Education

A child in this category will receive the same education benefits that a dependent child eligible for VA education benefits would receive.

3.3c Health Care

These children will be eligible for health care funded by the VA for life.

3.3d Special Considerations

Would a service connected child with spina bifida be eligible for Blind Rehab services from the VA?

This has not been tested – yet. It is my guess that they would be eligible for this service if they wished to pursue it. But, there is no precedence in such a case.

4.0 Agent Orange Details

4.1 Agent Orange Registry

Vietnam veterans and veterans from Korea who served in the DMZ area can be tested and placed on the Agent Orange Registry. What does this mean in practical terms?

The registry is a database used for health care comparisons. It is vital in research, but not in the individual's claim process. This might sound confusing, but here is a practical example:

Diabetes was shown to be service connected by doing a comparative study between veterans who served in Vietnam and those who did not, all having served in the same time frame. The VA can use the registry for statistical information for Vietnam veterans. A veteran is doing a great service research wise by going through the registry process.

EDITOR'S NOTE: The findings of a Registry exam can be used in the claim process as evidence. This is information in the VA system and easy to access by VA Regional Office.

4.2 Agent Orange Lawsuit

A class action suit was filed in 1979 on behalf of Agent Orange exposed veterans against the chemical companies that had produced Agent Orange. The suit was settled in 1985 and paid approximately 180 million dollars to 50,000 veterans. Well over 2 million veterans were exposed to Agent Orange.

4.3 Agent Orange HOT LINE: 1 800 749 8387

The VA sends out a quarterly bulletin on Agent Orange. It is called Agent Orange Review. A veteran can enroll for the bulletin by calling the hotline. The hot line will also answer questions and provide information.

4.4 Agent Orange 2007 Updates

The year 2007 proved to be a very busy one for Agent Orange concerns. However, in some areas there seem to be more questions than answers.

- Navy Service off Vietnam coast: At the time of printing there has been no formal resolution of what constitutes exposure for personnel serving off the shore of Vietnam.
- Agent Orange use in Guam and Okinawa: It came to light from two already decided cases that Agent Orange was used in some manner on Guam and Okinawa and that individuals were granted service connection by the Board of Veterans Appeals. Neither Okinawa or Guam were included on the DoD list offered on sites where Agent Orange was used. The website below also covers a case in Thailand. DoD has already released that certain areas of Thailand were sprayed. However, this case hinged on an individual who worked on the equipment used to spray Agent Orange as his exposure.

To review these cases go to:

<http://www.2ndbattalion94thartillery.com/Chas/guambva.htm>

Agent Orange has long been rumored to have been used at Panama and Johnston Island. This has never officially been confirmed.

- In July of 2007 a report came from the Institute of Medicine of a possible link between Agent Orange exposure and high blood pressure. No further considerations have come out on this yet.

5.0 Other Details

5.1 Diabetes and Sight Loss

One of the earliest symptoms of diabetes can be blurred vision. This blurred vision can be caused by the lens of the eye swelling in response to high blood sugar. This is not permanent and goes away when blood sugar is in control.

Vision may be affected when a person is in very low blood sugar. The field of vision may actually narrow. Low blood sugar has other serious affects including influencing judgment. A person may not even realize they are in low blood sugar and do nothing to correct it. Low blood sugar can lead to the loss of consciousness and even more serious complications.

But, these are not the long-term effects of diabetes on vision. The blood vessels in the back of the eye and in the kidneys are some of the very finest in the body. Blood vessels high in glucose content are rigid and over time tend to damage these blood vessels. They leak and cause fatty deposits on the Retina. These are referred to as cotton-wool spots (because of their appearance).

Blood vessels can actually start to break and cause bleeding into the eye. In most cases the intervention of choice to stop bleeding has been the use of a laser. Though the laser effectively stops bleeding portions of the retina are damaged and there is permanent vision loss.

The body in an attempt to adjust might promote the growth of new blood vessels. These tend to be frail and break easily creating additional bleeding. Many of the new treatments that involve injections and medication implants are to address the problem of new blood vessel growth and the additional problems they bring.

The best intervention the individual can do to save their eyesight is effective control of your blood sugar. This is done through diet, medications, stress reduction, and exercise.

Everyone with diabetes should be doing regular finger sticks (using a glucometer). Large print or a talking glucometers are options for visually impaired individuals.

Progression of Medications

Individuals with diabetes usually have a medications treatment that follows something like this:

- Exercise and Meal Planning with the goal of possible weight loss
- Diabetes Pills
- Multiple Pills used together
- Insulin added to pill therapy
- Increased insulin dose and frequency if shots

NOTE: Diabetes is a cause of one type of Glaucoma. This type involves the growth of new blood vessel growth and may be referred to as neo-vascular. It is important to have this type defined if the veteran is going to reopen a claim based on glaucoma and diabetes service connection.

5.2 Reflections on PTSD

The National Comorbidity Survey Report (NCS) provided the following information about PTSD in the general adult population:

The estimated lifetime prevalence of PTSD among adult Americans is 7.8%, with women (10.4%) twice as likely as men (5%) to have PTSD at some point in their lives. This represents a small portion of those who have experienced at least one traumatic event; 60.7% of men and 51.2% of women reported at least one traumatic event. The most frequently experienced traumas were:

- Witnessing someone being badly injured or killed
- Being involved in a fire, flood, or natural disaster
- Being involved in a life-threatening accident
- Combat exposure

The majority of the people in the NCS experienced two or more types of trauma. More than 10% of men and 6% of women reported four or more types of trauma during their lifetimes.

The traumatic events most often associated with PTSD in men were rape, combat exposure, childhood neglect, and childhood physical abuse. For women, the most common events were rape, sexual molestation, physical attack, being threatened with a weapon, and childhood physical abuse. However, none of these events invariably produced PTSD in those exposed to it, and a particular type of traumatic event did not necessarily affect different sectors of the population in the same way.

The NCS report concluded that "PTSD is a highly prevalent lifetime disorder that often persists for years. The qualifying events for PTSD are also common, with many respondents reporting the occurrence of quite a few such events during their lifetimes."

The National Vietnam Veterans Readjustment Survey (NVVRS) report provided the following information about PTSD among Vietnam War veterans:

The estimated lifetime prevalence of PTSD among American Vietnam theater veterans is 30.9% for men and 26.9% for women. An additional 22.5% of men and 21.2% of women have had partial PTSD at some point in their lives. Thus, more than half of all male Vietnam veterans and almost half of all female Vietnam veterans-about 1,700,000 Vietnam veterans in all-have experienced "clinically serious stress reaction symptoms."

15.2% of all male Vietnam theater veterans (479,000 out of 3,140,000 men who served in Vietnam) and 8.1% of all female Vietnam theater veterans (610 out of 7,200 women who served in Vietnam) are currently diagnosed with PTSD. ("Currently" means 1986-88 when the survey was conducted.)

The NVVRS report also contains these figures on other problems of Vietnam veterans:

Forty percent of Vietnam theater veteran men have been divorced at least once (10% had two or more divorces), 14.1% report high levels of marital problems, and 23.1% have high levels of parenting problems.

Almost half of all male Vietnam theater veterans currently suffering from PTSD had been arrested or in jail at least once-34.2% more than once-and 11.5% had been convicted of a felony.

The estimated lifetime prevalence of alcohol abuse or dependence among male theater veterans is 39.2%, and the estimate for current alcohol abuse or dependence is 11.2%. The estimated lifetime prevalence of drug abuse or dependence among male theater veterans is 5.7%, and the estimate for current drug abuse or dependence is 1.8%.

For more information you can go to the following Website:

<http://www.ncptsd.org/facts/index.html>

5.3 CFR Citation

The following is the section of the 38 CFR 3.309, *Disease subject to presumptive service connection* that covers Agent Orange exposure. It is important to not that findings on Agent Orange are changing faster than the law. Those changes are addressed through memorandums from the Secretary of the Veterans Administration.

(e) *Disease associated with exposure to certain herbicide agents.* If a veteran was exposed to an herbicide agent during active military, naval, or air service, the following diseases shall be service-connected if the requirements of §3.307(a)(6) are met even though there is no record of such disease during service, provided further that the rebuttable presumption provisions of §3.307(d) are also satisfied.

- Chloracne or other acneform disease consistent with chloracne
- Type 2 diabetes (also known as Type II diabetes mellitus or adult-onset diabetes)
- Hodgkin's disease
- Multiple myeloma
- Non-Hodgkin's lymphoma
- Acute and subacute peripheral neuropathy
- Porphyria cutanea tarda
- Prostate cancer
- Respiratory cancers (cancer of the lung, bronchus, larynx, or trachea)
- Soft-tissue sarcoma (other than osteosarcoma, chondrosarcoma, Kaposi's sarcoma, or mesothelioma)

Note 1: The term *soft-tissue sarcoma* includes the following:

Adult fibrosarcoma
Dermatofibrosarcoma protuberans
Malignant fibrous histiocytoma
Liposarcoma
Leiomyosarcoma
Epithelioid leiomyosarcoma (malignant leiomyoblastoma)
Rhabdomyosarcoma
Ectomesenchymoma
Angiosarcoma (hemangiosarcoma and lymphangiosarcoma)
Proliferating (systemic) angioendotheliomatosis
Malignant glomus tumor
Malignant hemangiopericytoma
Synovial sarcoma (malignant synovioma)
Malignant giant cell tumor of tendon sheath
Malignant schwannoma, including malignant schwannoma with
rhabdomyoblastic differentiation (malignant Triton tumor), glandular and
epithelioid malignant schwannomas
Malignant mesenchymoma
Malignant granular cell tumor
Alveolar soft part sarcoma
Epithelioid sarcoma
Clear cell sarcoma of tendons and aponeuroses
Extraskeletal Ewing's sarcoma
Congenital and infantile fibrosarcoma
Malignant ganglioneuroma

Note 2: For purposes of this section, the term acute and subacute peripheral neuropathy means transient peripheral neuropathy that appears within weeks or months of exposure to an herbicide agent and resolves within two years of the date of onset.

5.4 Comments on Applying for Service Connection

There is now a clearly established precedent for applying for service connection for exposure to Agent Orange in Vietnam or Korea. However, it is clear that individuals have been exposed to Agent Orange at other locations throughout the world. How should a veteran approach those claims?

It seems clear that the burden of showing a logical exposure from the cases in Guam, Okinawa, and Thailand demonstrate that just being in country is not the key to winning the case. The individual has to show how their

activity brought them in contact to areas where Agent Orange was used, or in contact with Agent Orange equipment used for spraying.

Consider this in writing your claim. If you worked on the flight line and the perimeter was cleared by Agent Orange use, you may have a possible claim. If you jogged on Guam, then you need to include where you jogged and how you now know it was in or near the area that Agent Orange was used to clear the flightline or fields. Being in Guam alone will not win your case.

Consider using statements of witnesses. There may be people from your unit that can corroborate that Agent Orange was used to clear the fields.

It is highly recommended that you submit copies of the existing Board of Veteran Appeals cases (see website below) as part of your evidence. Also, reading them, might provide you insight as to if you have a valid claim.

<http://www.2ndbattalion94thartillery.com/Chas/guambva.htm>

It is also highly recommended that you file, even if your exposure was in areas such as Panama and Johnston Islands. These are locations that DoD has never indicated that Agent Orange was used. Under Nehmer, you would be establishing the date of your original claim.

Finally, it is recommended that you seek the assistance of a service organization in filing. These cases are not likely to be settled at Regional Office. They may need to be appealed and move up the ladder. Representation is a good thing to have.