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Agent Orange Review

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Information for Veterans Who Served in Vietnam

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Scientists Explore Feasibility of Agent Orange Study

In July 1997, the Department of Veterans Affairs (VA) announced a research initiative, or pilot project, to determine whether it is possible to conduct a large-scale study of the long-term health effects of exposure to Agent Orange (and other herbicides used in Vietnam) on Vietnam veterans.

Initially, letters were sent to 500 randomly selected veterans inviting them to participate in this investigation. (Researchers must select the study participants carefully to ensure that possible biases are minimized, if not eliminated, Study volunteers cannot recruit or volunteer themselves.) Half of the letters were sent to Vietnam veterans, and half were sent to Vietnam era veterans who did not serve in Vietnam. Klemm Analysis Group is conducting the study under a contract with VA.

The full study may ultimately include 2,600 veterans, but the pilot is needed to determine whether a large-scale study is feasible and may produce accurate and meaningful results. During the 1980's, many scientists tried unsuccessfully to evaluate the possible long-term health consequences of exposure to Agent Orange and other herbicides used in Vietnam. Researchers were frustrated and ultimately abandoned their research efforts because military records did not reveal who was exposed nor the extent of their exposure. Scientists working on this project in the late 1980's concluded that large-scale investigations of the effects of Agent Orange exposure on ground troops were not possible.

On the other hand, scientists have been able to assess the possible health effects of exposure to various herbicides by studying farmers who used these herbicides, certain industrial workers (for example, those involved in manufacturing herbicides), individuals exposed to herbicides during industrial accidents, and small groups of veterans with known exposure to herbicides in Vietnam. As a result of these research efforts, VA has found an "association" (but not necessarily a cause-and-effect relationship) between herbicides used in Vietnam and various illnesses.

On the basis of this finding, VA has recognized as service-connected and provides disability compensation to Vietnam veterans with the following conditions: chloracne, non-Hodgkin's lymphoma, soft tissue sarcoma, Hodgkin's disease, porphyria cutanea tarda, multiple myeloma, respiratory cancers (including cancers of the lung, larynx, trachea, and bronchus), prostate cancer, and peripheral neuropathy (acute or subacute).

VA also provides certain benefits and services to Vietnam veterans' children with the birth defect spina bifida. This full-scale study may add to that listing.

The large-scale health study (if conducted) and the pilot project will use a combination of telephone surveys, medical records reviews, and blood tests to look for excess rates of illness in the two groups, as well as correlations of health status with blood levels of 2,3,7,8-TCDD (sometimes referred to as "dioxin"), which was inadvertently produced during the manufacture of one of the ingredients of Agent Orange.

The feasibility (or pilot) study is expected to be completed in a minimum of twelve months. If subsequent analysis of response rates, availability of medical records to validate veteran-reported health history, and other study requirements show that a large-scale study is feasible, that may take another three years to complete.

Two earlier VA studies of veterans assigned to Army Chemical Corps units in Vietnam who subsequently died found a significant excess of deaths from digestive disease, primarily due to liver cirrhosis. Slightly elevated rates also were observed for deaths due to all cancers combined and for some specific cancer sites, but these increases were not statistically significant. VA is conducting an ongoing mortality follow-up study of Vietnam veterans.

The Army Chemical Corps Vietnam Veterans study is an outgrowth of recommendations of the National Academy of Sciences' Institute of Medicine (IOM). The IOM, under contract with VA, has reviewed and continues to evaluate scientific literature produced worldwide, providing periodic reports assessing the likelihood of an association between exposure to Agent Orange (and other herbicides used in Vietnam) and various illnesses. IOM research recommendations are helping guide VA in charting continued studies.

In recommending the latest study, an IOM committee observed that members of the Army Chemical Corps, like the Air Force Operation Ranch Hand units, were likely to have had more significant exposure than Vietnam veterans in general. The Ranch Hand veterans, whose aerial herbicide spraying missions removed enemy hiding places and jungle canopy over enemy supply lines, are involved in another major ongoing study, conducted by scientists in the Air Force and a contractor. The Ranch Hand Study began in 1979.

For a randomly selected subgroup of one hundred individuals in the pilot or feasibility project, a medical subcontractor will provide clinic appointments around the



country or home visits for the necessary serum collection. In addition to comparing prevalence of health outcomes, such as cancer in the Army Chemical Corps unit members and the non-Vietnam group, similar comparisons will be made for birth defects among the children of veterans of each group.

About the Review...

The "Agent Orange Review" is prepared by VA's Environmental Agents Service (EAS). The "Review" is published to provide information on Agent Orange and related matters to Vietnam veterans, their families, and others with concerns about herbicides used in Vietnam. The first issue was released in November 1982. The most recent edition (prior to the release of this issue) was dated February 1997. The November 1997 release is the twenty-seventh issue. It was written in late October 1997 and does not include developments that occurred since that time.

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

Requests for additional copies of this and earlier issues should also be directed to Mr. Rosenblum. Please specify the issue date and the quantity sought. A limited supply of the issues published during the past eight years are available (October 1989, May 1990, August 1990, February 1991, April 1991, August 1991, December 1991, April 1992, September 1992, February 1993, September 1993, October 1994, May 1995, August 1996, February 1997, and November 1997). VA facilities should order additional copies from the VA Forms Depot.

VA updates the "Review" mailing address listing annually based on IRS records. "Review" recipients who have not been filing Federal income tax returns annually and have moved to another residence are encouraged to send their old and new addresses and Social Security number to the Agent Orange Review, Environmental Agents Service (131), VA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420.

Questions about the Agent Orange Registry examination program should be directed to the Registry Physician or Agent Orange Registry Coordinator at the nearest VA medical center. Questions regarding VA benefit programs, including disability compensation, should be referred to a veterans benefits counselor at the nearest VA facility. The telephone numbers can be found in the telephone directory under the "U.S. Government" listings. The national toll-free telephone number for information regarding VA benefits is **1-800-827-1000**.

Final Regulations Published Regarding Birth Defect Spina Bifida

On September 30, 1997, the Department of Veterans Affairs (VA) published "final rules" on behalf of Vietnam veterans' children with spina bifida setting forth mechanisms to provide for (1) monthly monetary allowances, (2) health care services needed for spina bifida or any disability that is associated with such condition, and (3) vocational training and rehabilitation. The three final rules or regulations, effective October 1, 1997, were printed in the September 30, 1997 issue of the Federal Register beginning on page 51274.

"This unprecedented response to the suffering of many Vietnam veterans and their children with lifetime disabilities from spina bifida is long overdue," said Hershel Gober, Acting Secretary of Veterans Affairs. "The health care, monetary assistance, and training and rehabilitation services VA can now offer hope for a brighter, more fulfilling future for them and their families."

Spina bifida is a neural tube birth defect in which the bones of the spine fail to close over the spinal cord, often causing neurological impairment in children. This article describes the three final rules. Questions and answers about the VA program to help these children follow.

Background

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

Enactment of the spina bifida benefits was in response to a VA-funded report, released March 14, 1996, by the National Academy of Sciences' Institute of Medicine (IOM), which concluded that there is "limited/suggestive" evidence of an association between Vietnam veterans' exposure to herbicides and spina bifida.

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

That determination was made based on a recommendation of a special task force established by

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

Congress took prompt action on the VA proposal, incorporating it, with modification, into the 1997 appropriations bill. The legislation provided for an effective date of **October 1, 1997** for the spina bifida provisions.

Monetary Allowance

Public Law 104-204 provides that the monthly monetary allowance for any Vietnam veteran's child with spina bifida be based on the degree of disability suffered by the child. The law required VA to establish three levels of disability for this allowance. Under the final regulations, the stipend or monthly monetary allowance ranges from \$200 to \$1,200, depending on the degree of disability suffered by the child. This allowance is subject to annual cost-of-living increases and will not be counted as income in any federal means-tested programs, VA estimates that 2,000 children are eligible for the monthly allowance throughout their lives, regardless of their age or marital status.

Disability Levels Defined

For Level I, the least severe level of disability, the child is able to walk without braces or other external support, has no sensory or motor impairment of arms, has an intelligence quotient (I.Q.) of 90 or higher, and is continent of urine and feces. The monthly allowance is \$200.

For Level II, the intermediate level, none of the child's disabilities are severe enough to be evaluated at Level III, and the child can walk, but only with braces or other external support, or has sensory or motor impairment of arms, but is able to grasp pen, feed self, and perform self care, or has an I.Q. of at least 70 but less than 90, or requires drugs or intermittent catheterization or other mechanical means to maintain proper bowel or bladder function. The monthly allowance is \$700.

For Level III, the most severe level, the child is unable to walk or has sensory or motor impairment severe enough to prevent grasping a pen, feeding self, and performing self care, or has an I.Q. of 69 or less, or has complete urinary or fecal incontinence. The monthly allowance is \$1,200.

A child who meets any one of the criteria in a level is rated at that level. For example, a child who meets all the criteria for Level one, but who has total incontinence (Level III criteria) will be rated and paid at Level III.

The VA publication of the proposed rule on the monetary allowance in the *Federal Register* on May 1, 1997, invited interested persons to submit written comments on or

before June 30, 1997. Thirty-two comments were received and considered before the rule was made final.

Health Care

Under the final rule or regulation for health care, VA provides Vietnam veterans' children who are suffering from spina bifida with health care services VA determines are needed for the spina bifida or any disability that is associated with spina bifida. This is not intended to be a comprehensive insurance plan and does not cover health care unrelated to spina bifida.

Under this rule, health care may be provided directly by VA, by contract with an approved health care provider, or by other arrangements with an approved health care provider. VA may inform spina bifida patients, parents, or guardians that health care may be available at not-for-profit charitable corporations (such as Shriners hospitals) for children under age 18.

In March 1997, VA and Shriners Hospitals for Children (SHC) reached an agreement for SHC to care for Vietnam veterans' children with spina bifida at no charge for outpatient or inpatient care for children up to the age of 18. VA reimburses non-SHC facilities providing care to children older than 18 and those whose parents or guardians choose not to receive their care at SHC.

VA also reimburses non-SHC facilities for necessary medical services not offered by SHC and covers transportation costs for patients and their parent or legal guardian to an SHC unit or any outside facility required for treatment of the patient. SHC currently treats about 5,000 children with spina bifida, the largest number of such patients treated by any hospital system in the world.

Thirty-three comments were received on or before the June 30, 1997 deadline for public comment on the health care proposed rule published in the *Federal Register* on May 1, 1997. The September 30, 1997 document, the final rule published in the *Federal Register*, describes the rationale for the changes from the proposed rule and explains which other suggested changes were not made and why.

Comments about issues concerning monthly monetary allowances for Vietnam veterans' children with spina bifida and vocational training and rehabilitation for such children are included in separate final rules that specifically concern these issues. For additional information, see the *Federal Register*, dated September 30, 1997.

Vocational Training and Rehabilitation

Public Law 104-204 provides for the establishment of a program of vocational training for Vietnam veterans' children who have spina bifida. Under this law, VA provides an evaluation to a Vietnam veteran's child who VA has determined suffers from spina bifida. If this evaluation establishes that it is feasible for the child to achieve a

vocational goal, VA will provide the child with the vocational training, employment assistance, and other related rehabilitation services that VA finds the child needs to enable the child to achieve a vocational goal, including employment.

The vocational training program for a child with spina bifida must consist of such vocationally oriented services and assistance, including such placement and post-placement services and personal and work adjustment training, as VA determines are necessary to enable the child to prepare for and participate in vocational training and employment.

The law also provides that the training may include a program of education at an institution of higher education if VA determines that the program of education is predominately vocational in content.

The VA publication of the proposed rule on vocational training and rehabilitation in the *Federal Register* on July 1, 1997 invited interested persons to submit written comments on or before September 2, 1997. Five comments were received. The comments about the vocational training and rehabilitation program and about issues concerning the monthly monetary allowance and health care for these children are described in the *Federal Register* of September 30, 1997.

Where and How to Get Benefits

Approval of monetary support, health care, and vocational training is based on eligibility determinations made at VA regional benefit offices. Prospective beneficiaries must first complete an application for benefits. They should contact the nearest VA regional office toll-free at **1-800-827-1000**.

Q's and A's about the VA Spina Bifida Program

The following are questions raised by Vietnam veterans and others with regard to the VA program of benefits and services for Vietnam veterans' children with spina bifida and the corresponding answers by VA officials.

Monetary Benefits

Q. How does VA rate children who are under the age of one year?

A. The ratings for spina bifida are based on impairment of specified neurological functions. Because those functions have not yet developed in newborns, regardless of their spina bifida status, VA pays children under one year at Level I. In special instances of severe impairment, a higher level can be assigned based on the assessment of a pediatric neurologist or neurosurgeon.

Q. Who pays for a pediatric neurologist or neurosurgeon if one is needed, and what happens if none is locally available?

A. VA pays for the services of a pediatric neurologist or neurosurgeon. If none is locally available, then VA pays travel expenses of the child and parent to the nearest facility where such services are available.

Q. Since most medical problems and expenses occur prior to one year of age, shouldn't an infant be rated at Level III?

A. Since each eligible child is entitled to health care, in addition to a monetary allowance, medical care is covered regardless of level of impairment. Furthermore, on reaching one year of age, each child will be re-evaluated and impairment level adjusted accordingly.

Health Care

Q. Does the type of discharge the veteran received affect the child's eligibility?

A. No. VA can pay for the health care of children with spina bifida whose parent(s) served in Vietnam without regard to the type of discharge the parent(s) received.

Q. Is treatment for mental health and/or psychological vocational training is based on eligibility determinations made problems covered by this program?

A. These situations are reviewed on a case by case basis to determine whether they are related to the spina bifida. If the requested mental health care is related, it will be covered.

Q. Is durable medical equipment covered?

A. Durable medical equipment is covered so long as a demonstrated medical need associated with spina bifida is shown.

Q. Is respite care and home care covered? Is care restricted to approved health care providers?

A. Yes. Respite care and home care are covered. Only approved health care providers will be reimbursed. This restriction is to insure that qualified practitioners provide care paid by VA.

Q. Are charges which exceed VA reimbursements paid?

A. No. VA is the exclusive payer for spina bifida and associated conditions for eligible individuals. Under the law, payment by VA is considered "payment in full." The provider may not impose any additional charges above the payments by VA.

Q. Do children have the same appeal rights as veterans ?

A. Yes. The appeal process is the same under this program. Decisions may be submitted for reconsideration within one year of the initial determination. A second review may be requested within ninety days of the reconsideration decision. The right to appeal to the Court of Veterans Appeals also extends to Vietnam veterans' children with spina bifida.

Q. Where should questions regarding spina bifida health care payments be directed?

A. Questions should be directed to the VA Health Administration Center (HAC) in Denver, Colorado. The toll-free number is 1-800-733-8387, between 8:30 a.m. and 11:30 a.m. and between 12:30 and 3:00 p.m., Mountain Time, Monday through Friday (except Federal holidays). Questions can be faxed to the HAC at 303-331-7807. General questions and requests for assistance with applications for the VA spina bifida program can be directed to the VA toll-free number: 1-800-827-1000.

Vocational Training and Rehabilitation

Q. Who is eligible for VA vocational training and rehabilitation under the spina bifida regulations?

A. The benefits are limited to Vietnam veterans' natural children with spina bifida. Grandchildren of Vietnam veterans are not included.

Q. Does vocational training include professional training?

A. The training includes any educational program predominately vocational in content that can be achieved within 24 months. Further training can be authorized in certain instances where circumstances render the original training inadequate to meet the child's vocational goals.

Q. Are transportation costs reimbursed?

A. VA pays up to \$200 per month to reimburse certain children for the transportation costs necessary to pursue a vocational training program.

Q. What kind of assistance is available in selecting and meeting vocational goals?

A. A counseling psychologist or vocational counselor works with each child to develop an individualized written plan to achieve vocational goals.

Q. Does VA pay, or provide for the purchase and ongoing expenses of owning a motor vehicle, automobile adaptive equipment, specially adaptive housing, and or subsistence allowances to children receiving vocational training?

A. No. Under current law, VA is not authorized to pay for these items.

Q. What kinds of appeal rights do children have should there be a disagreement on vocational goals?

A. Children have the same appeal rights as veterans. There is an informal appeal process with further appeal rights to the Board of Veterans Appeals.

IOM Update 1998 Report Could Change VA Policy; Earlier Reports Had Impact

In 1998, the National Academy of Sciences' Institute of Medicine (IOM) will release the third in a series of periodic reports, funded by the Department of Veterans Affairs (VA), reviewing and analyzing world literature regarding health effects of Agent Orange and other herbicides used in Vietnam. If history is a guide, there may be some changes in VA compensation policy next year.

First IOM Report

On July 27, 1993 (the day the initial IOM report, **Veterans and Agent Orange: Health Effects of Herbicides Used in Vietnam**, was released), then Secretary Jesse Brown announced that VA would recognize Hodgkin's disease and porphyria cutanea tarda (PCT) for service connection. On September 27, 1993, after further review of the IOM report, Secretary Brown announced that multiple myeloma and respiratory cancers would also be added to the list of conditions presumed to be service connected based on exposure to herbicides which contained dioxin.

The regulations regarding Hodgkin's disease and PCT were published in the *Federal Register* as proposed rules on September 28, 1993, and in final form on February 3, 1994. The regulations regarding multiple myeloma and respiratory cancers were published in the *Federal Register* as proposed rules in February 3, 1994, and in final on June 9, 1994.

Peripheral neuropathy was not recognized as service connected because Secretary Brown concluded that a presumption is not warranted based on existing scientific evidence. In making this determination, he gave great weight to the IOM report that indicated that there was inadequate or insufficient evidence to make a determination about the association between herbicides used in Vietnam and the development of this condition. In view of an earlier decision on peripheral neuropathy, Secretary Brown asked the IOM to take a close look at the evidence on this matter during its next review.

On January 4, 1994, VA published a notice in the *Federal Register* that Secretary Brown determined that a presumption of service connection based on exposure to herbicides used in Vietnam is not warranted for the following conditions: prostate cancer, peripheral neuropathy.

hepatobiliary cancers, bone cancers, female reproductive cancers, renal cancers, testicular cancer, leukemia, abnormal sperm parameters and infertility, cognitive and neuropsychiatric disorders, motor/coordination dysfunction, metabolic and digestive disorders, immune system disorders, circulatory disorders, respiratory disorders (other than lung cancer), nasal/nasopharyngeal cancer, skin cancer, gastrointestinal tumors, bladder cancer, brain tumors, and any other condition for which the Secretary has not specifically determined a presumption of service connection is warranted.

Law Changes

Public Law 103-446, the Veterans' Benefits Improvements Act of 1994, codified (established in law) presumptions of service connection for certain diseases associated with herbicide exposure in Vietnam that VA had recognized administratively.

Specifically, Public Law 103-446 codified presumptive service connection for a Vietnam veteran disabled by (1) Hodgkin's disease, manifested to a degree of disability of 10 percent or more; (2) PCT, manifested to a degree of 10 percent or more within a year of military service in Vietnam; (3) respiratory cancers, manifested to a degree of 10 percent or more within 30 years of military in Vietnam; and (4) multiple myeloma, manifested to a degree of 10 percent or more.

Second IOM Report (Update 1996)

After careful review of the IOM report, **Veterans and Agent Orange: Update 1996**, released March 14, 1996, 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 be added to the list of conditions presumed to be service connected based on exposure to herbicides which contained dioxin.

He also concluded that an appropriate legislation remedy should be enacted on behalf of Vietnam veterans' children who have spina bifida. On May 28, 1996, President Clinton and Secretary Brown announced these decisions at the White House.

The regulations regarding acute and subacute peripheral neuropathy and prostate cancer were published in the *Federal Register* as proposed rules in August 8, 1996 and in final in November 7, 1996.

On August 8, 1996, VA published a notice in the **Federal Register** that Secretary Brown determined that a presumption of service connection based on exposure to herbicides used in Vietnam is not warranted for the following conditions: hepatobiliary cancers, nasal/nasopharyngeal cancer, bone cancer, female reproductive

cancers, breast cancer, renal cancer, testicular cancer, leukemia, abnormal sperm parameters and infertility, cognitive and neuropsychiatric disorders, motor/coordination dysfunction, chronic peripheral nervous system disorders, metabolic and digestive disorders, immune system disorders, circulatory disorders, respiratory disorders (other than certain respiratory cancers), skin cancer, gastrointestinal tumors, bladder cancer, brain tumors, and any other condition for which the Secretary has not specifically determined a presumption of service connection is warranted.

As noted above, on July 25, 1996, Secretary Brown sent draft legislation to Congress that would provide for health care, vocational training, and a monthly allowance (similar to disability compensation) for Vietnam veterans' children who have spina bifida. The legislation was introduced in the Senate and House of Representatives on July 31, 1996. In September 1996, Congress approved a similar version of the legislation with an effective date of October 1, 1997, as part of the VA Fiscal Year 1997 appropriations bill. It became Public Law 104-204 on September 26, 1996, when it was signed by President Clinton.

Third IOM Report (Update 1998)

In 1998, the IOM will complete its third review of the scientific literature to determine whether there is new evidence of an association between exposure to herbicides and human disease. Based on the 1998 IOM findings, the Secretary of Veterans Affairs will determine whether any change in presumptions is warranted.

Change of Address

If you are receiving the Agent Orange Review newsletter in the mail and your address changes, please send your old and new addresses and Social Security number to the Agent Orange Review, Environmental Agents Service (131), VA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420.

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

Updated VA Agent Orange Fact Sheet Series Available

Early this year, the Environmental Agents Service in VA headquarters in Washington, DC, updated a series of Agent Orange fact sheets, known as "Agent Orange Briefs;" and sent them to all VA medical facilities and to other interested parties. The revised "Briefs;" dated January 1997, describe a wide range of Agent Orange-related matters. The following twenty "Briefs" are currently available:

A1. Agent Orange - General Information

A2. Agent Orange Class Action Lawsuit

B1. Agent Orange Registry

B2. Agent Orange - Health Care Eligibility

B3. Agent Orange and VA Disability Compensation

B4. VA Information Resources on Agent Orange and Related Matters

C1. Agent Orange - The Problem Encountered in Research

C2. Agent Orange and Vietnam Related Research - VA Efforts

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

D1. Agent Orange and Birth Defects

D2. Agent Orange and Chloracne

D3. Agent Orange and Non-Hodgkin's Lymphoma

D4. Agent Orange and Soft Tissue Sarcomas

D5. Agent Orange and Peripheral Neuropathy

D6. Agent Orange and Hodgkin's Disease

D7. Agent Orange and Porphyria Cutanea Tarda

D8. Agent Orange and Multiple Myeloma

D9. Agent Orange and Respiratory Cancers

D10. Agent Orange and Prostate Cancer

D11. Agent Orange and Spina Bifida

Changes in law, research developments, compensation policy, and the 1996 update by the National Academy of Sciences Institute of Medicine necessitated numerous changes in the fact sheet series. Virtually all "Briefs" were revised and two new ones (D 10-11) were added.

Earlier versions of the "Briefs" were released in October 1988, October 1989, September 1990, July 1991, February 1992, January 1993, and September 1994. Copies of these outdated issues are no longer available. A new version is in draft and will be available in the near future.

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

Conditions Recognized as Service-Connected for Vietnam Veterans Based on Exposure to Agent Orange or Other Herbicides

1. Chloracne
2. Non-Hodgkin's lymphoma
3. Soft tissue sarcoma
4. Hodgkin's disease
5. Porphyria cutanea tarda
6. Multiple myeloma
7. Respiratory cancers (including cancers of the lung, larynx, trachea, and bronchus)
8. Prostate cancer
9. Peripheral neuropathy (acute or subacute)

Condition Recognized in Children of Vietnam Veterans

Spina bifida

Agent Orange Review

*Information for Veterans
Who Served in Vietnam*
November 1997



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