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Agent Orange Review

INFORMATION FOR VETERANS WHO SERVED IN VIETNAM

Vol. 25 No. 1

July 2010

VA Extends Agent Orange Benefits to More Veterans



The Department of Veterans Affairs (VA) will add two new conditions to the list of “presumptive illnesses” related to Agent Orange exposure. These are Parkinson’s disease and ischemic heart disease. In addition, VA will expand the presumption for chronic lymphocytic leukemia to include all chronic B-cell leukemias, such as hairy cell leukemia. These conditions will now be presumed to be service-connected to herbicide exposure in Vietnam.

Vietnam Veterans with these illnesses will be able to claim VA disability benefits and health care services

without having to prove that their conditions are connected to Agent Orange exposure. The new policy, expected to take effect in late 2010, will apply to Veterans who served in Vietnam anytime during the period beginning January 9, 1962, and ending on May 7, 1975. It will not apply to Veterans who only served on “Blue Water” Navy ships in the region.

“We must do better reviews of illnesses that may be connected to service, and we will,” said Secretary of Veterans Affairs Eric K. Shinseki. “Veterans who endure health problems deserve timely decisions based on solid evidence.”

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A Message to Veterans from Secretary of Veterans Affairs, Eric “Ric” Shinseki

Fellow Veterans,

My name is Ric Shinseki, and I am a Veteran. For me, serving as Secretary of Veterans Affairs is a noble calling. It provides me the opportunity to give back to those who served with and for me during my 38 years in uniform and those on whose shoulders we all stood as we grew up in the profession of arms.

VA has a solemn responsibility to all of you, today and in the future, as more Veterans join our ranks and enroll to secure the benefits and services they have earned.

I am committed to transforming our Department so that it will be well-positioned to perform this duty even better during the 21st Century. We welcome the assistance and advice of our Veterans Service Organizations, other government departments and agencies, Congress, and all VA stakeholders as we move forward, ethically and transparently, so that Veterans and citizens can understand our efforts.

Creating that vision for transforming VA into a 21st Century organization requires a comprehensive review of our Department. We approach that review understanding that Veterans are central to everything VA does. We know that results count, that the Department will be measured

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“Blue Water” Update – Supreme Court Decision and New IOM Review

A Supreme Court decision, in response to a case filed in fall of 2008, has been announced regarding Blue Water Veterans. Blue Water Veterans are those that served during the Vietnam War on open sea ships, generally in the Navy or Coast Guard.

In January 2009, the Supreme Court effectively let stand an earlier court ruling that requires a Servicemember to have served on land or on the inland waterways of Vietnam in order to be presumed exposed to Agent Orange.

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About the Agent Orange Review

The **Agent Orange Review** is produced 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. This publication, including previous issues and other information, is available online at www.publichealth.va.gov/exposures/agentorange.

This issue is the 48th and was completed in July 2010. It does not include developments that occurred since that time.

Comments and questions about the content or design of the newsletter are encouraged. Suggestions and ideas for future issues should be sent to Editor, **Agent Orange Review**, Environmental Agents Service (131), U.S. Department of Veterans Affairs, 810 Vermont Avenue, NW, Washington, DC 20420.

VA updates The Review mailing address listing annually based on IRS records. Recipients who have not been filing Federal income tax returns annually and have moved to another residence are encouraged to provide updated mailing information using the form on the back page of this newsletter.

Questions about the **Agent Orange Registry Examination** program should be directed to the Environmental Health Clinician, previously known as the Registry Health Physician, or to the Environmental Health Coordinator (formerly called the Agent Orange Registry Coordinator) at any VA Medical Center. Questions regarding eligibility for health care should be directed to the hospital administration service at the nearest VA Medical Center. Information on enrolling for VA health care may be obtained by calling **1-877-222-8387**.

VA Simplifies Access to Health Care and Benefits for Veterans with PTSD

VA streamlined its process to provide health care and disability compensation for Veterans with post-traumatic stress disorder (PTSD), with the publication of a final regulation in the Federal Register in July 2010.

The new rule, which applies to Veterans of all eras, will simplify the process for a Veteran to establish service-connection for PTSD by reducing the evidence needed to support a claim.

While each claim will be evaluated and require confirmation by a VA psychiatrist or psychologist, the new process is

expected to allow for faster and more accurate decisions to help connect Veterans to medical care and other benefits available through VA.

More than 400,000 Veterans with PTSD currently receive VA compensation benefits. PTSD is an anxiety disorder with symptoms that include recurrent thoughts of a traumatic event, emotional numbing, hyper-alertness, anxiety, and irritability.

For more information, go to www.va.gov or call **1-800-827-1000**. ■

VA Establishes ALS as a Presumptive Service-Connected Illness; Cites Association Between Military Service and Development of ALS

Veterans with amyotrophic lateral sclerosis (ALS) may receive urgently needed support for themselves and their families after VA announced that ALS is now presumed service-connected for all Veterans with 90 days or more of continuous active service in the military.

VA based the decision primarily on a November 2006 Institute of Medicine (IOM) report on the association between military service and ALS.

“We are extremely grateful to VA, Congressman Henry Brown and Senator Lindsey Graham for standing on the side of Veterans with ALS across the country,” said Gary Leo, president and CEO of The ALS Association from 2004-2009.

“Thanks to their leadership, Veterans with ALS will receive the benefits and care they need, when they need them. Thanks to their efforts, no Veteran with ALS will ever be left behind.”

The IOM report, titled *Amyotrophic Lateral Sclerosis in Veterans: Review of the Scientific Literature*, analyzed scientific and medical studies on the issue and concluded “there is limited and suggestive evidence of an association between military service and later development of ALS.”

ALS is a disease that progresses rapidly. VA’s decision makes those claims much easier to process, and for Veterans and their families to receive the compensation they have earned through their service to the Nation.

ALS, also called Lou Gehrig’s disease—a neuromuscular disease that affects about 20,000 to 30,000 people of all races and ethnicities in the United States—is generally relentlessly progressive and is almost always fatal.

ALS causes degeneration of nerve cells in the brain and spinal cord that leads to muscle weakness, muscle atrophy, and spontaneous muscle activity. Currently, the cause of ALS is unknown, and there is no effective treatment.

In August 2009, VA contacted Veterans who may have been denied service-connection for ALS.

Veterans may also contact VA’s disability compensation program, available online at www.va.gov or by phone at 1-800-827-1000. ■

CONTINUED FROM PAGE 1 VA Extends Agent Orange Benefits to More Veterans

Secretary Shinseki, a Vietnam Veteran, made the decision to add these conditions to the list of presumptive service-connected illnesses based on an independent study by the Institute of Medicine (IOM). The report, titled *Veterans and Agent Orange: Update 2008* (www.nap.edu/catalog.php?record_id=12662), found some evidence linking exposure to Agent Orange with increased risk for Parkinson’s disease and ischemic heart disease, and a stronger link between the herbicide and chronic B-cell leukemias. VA’s decision to include these conditions brings the total number of categories of presumed illnesses linked to Agent Orange to 14. The decision regarding chronic B-cell leukemias actually expands the presumptive determination of chronic lymphocytic leukemia to include all chronic B-cell leukemias.

John Rowan, National President of Vietnam Veterans of America, praised the Secretary’s decision and said in a statement that Secretary Shinseki, “has taken significant strides toward ‘doing the right thing’ by the Veterans with whom he fought some 40 years ago.”

For more information VA’s services and programs for Veterans exposed to Agent Orange, go to www.publichealth.va.gov/exposures/agentorange or call VA at 1-800-749-8387. ■

VA Seeks to Fast Track New Agent Orange Claims

In March 2010, VA announced a new initiative to “fast track” the claims process for presumptive service-connected illnesses due to Agent Orange exposure during the Vietnam War.

Over the next two years, about 100,000 Vietnam Veterans are expected to file disability compensation claims related to the recent expansion of presumptive illnesses announced by Secretary Shinseki.

VA will move the claims process a major step forward, using the latest technology to migrate the manual processing of claims to an automated process that meets the needs of today’s Veterans in a more timely manner.

With this new approach, VA expects to shorten the time it takes to gather evidence, which now takes on average over 90 days. Once the claim is fully developed and all pertinent information is gathered, VA will be able to more quickly decide the claim and process the award, if granted.

The modernized claims process is expected to roll out in 2010.

For more information about disability compensation, go to www.vba.va.gov/bln/21/compensation/index.htm. ■

VA Helps Vets Address Mortgage Problems, Has a "Solid Record of Success"



Many homeowners have recently found it difficult to pay their mortgages, but quick intervention by loan counselors at VA has reduced the number of Veterans defaulting on their home loans.

VA is reaching out to Veterans to help keep people in their homes. VA has a solid record of success in helping Veterans and active-duty personnel deal with financial crises.

VA counselors, located at 10 VA offices nationwide, are available to assist those with VA-guaranteed home loans to avoid foreclosure through counseling and special financing arrangements. The counselors also can assist Veterans with non-VA loans. Since the year 2000, VA has helped about 91,000 Veterans, active-duty members, and survivors keep their homes, saving the government approximately \$1.8 billion.

Depending on a Veteran's circumstances, VA can intercede on the Veteran's behalf to pursue options such as repayment plans, forbearance, and loan modifications that can allow a Veteran to keep a home.

To obtain help from a VA financial counselor, call **1-877-827-3702**. Information about VA's home loan guaranty program is available on the Internet at www.homeloans.va.gov. ■

CONTINUED FROM PAGE 1 *A Message to Veterans from Secretary of Veterans Affairs, Eric "Ric" Shinseki*

by what we do, not what we promise, and that our best days as an organization supporting Veterans are ahead of us. We will fulfill President Lincoln's charge to care for Veterans and their families by redesigning and reengineering ourselves for the future.

Transforming any institution is supremely challenging; I know this from my own experience in leading large, proud, complex, and high-performing organizations through change. But the best organizations must be prepared to meet the challenging times, evolving technology and, most importantly, evolving needs of clients. Historically, organizations that are unwilling or unable to change soon find themselves irrelevant. You and your needs are not irrelevant.

Veterans are our clients, and delivering the highest quality care and services in a timely, consistent, and fair manner is a VA responsibility. I take that responsibility seriously and have charged all of the Department's employees for their best efforts and support everyday to meet our obligations to you. Our path forward is challenging, but the President and Congress support us. They have asked us to do this well—for you.

Veterans are our sole reason for existence and our number one priority—bar none. I look forward to working together with all VA employees to transform our Department into an organization that reflects the change and commitment our country expects and our Veterans deserve.

Thank you and God bless our military, our Veterans, and our Nation. ■

CONTINUED FROM PAGE 1 *"Blue Water" Update - Supreme Court Decision and New IOM Review*

Blue Water Veterans continue to have the same access to health care as any Veteran.

VA has asked the Institute of Medicine (IOM) to review the medical and scientific evidence regarding Blue Water Veterans' possible exposure to Agent Orange. A report of the IOM findings is expected by summer 2011.

VA has notified Veterans with disability claims on file that are affected by the Supreme Court ruling. For questions regarding claim status, Veterans may contact their VA Regional Office (VARO). A list of VARO contacts is available at www.va.gov/directory.

In addition, all Veterans may be eligible for a full range of other benefits offered by VA, including education, training, home loan programs, pension, and more.

To learn more about VA's programs, Veterans can visit www.vba.va.gov/VBA/benefits/factsheets or call **1-800-827-1000**.

To learn more about the Agent Orange Registry exam, visit www.publichealth.va.gov/exposures/agentorange/registry.asp or call **1-800-749-8387**, then press 3. ■

VA to Bring Service Closer to Veterans: Rural Veterans Benefit from New Programs

The Department of Veterans Affairs is undertaking several initiatives to improve access and quality of care for enrolled rural Veterans. In addition, VA is part of a larger initiative to explore how communities, states, and the Federal government can work together to support rural America.

VA continually seeks innovative ways to improve quality of care for Veterans in rural areas.

Rural Mobile Health Care Clinics

VA has rolled out new mobile health clinics to bring primary care and mental health services closer to Veterans in rural counties across the nation. These mobile clinics help better serve patients living far from a VA Medical Center or outpatient clinic.

The mobile clinics are equipped to serve as primary care and mental health clinics. Rural areas in Colorado, Nebraska, and Wyoming share a single mobile van, while Maine, Washington State, and West Virginia each have a VA mobile van.

Veterans Rural Health Resource Centers (VRHRCs)

VA has opened three Veterans Rural Health Resource Centers to support and improve care to rural Veterans. With clinically trained health care providers and researchers leading each center, VRHRCs conduct clinical demonstration and pilot programs, and serve as regional experts to support VA's rural health efforts.

These centers reflect VA's commitment to provide the best quality care to Veterans everywhere.

The eastern center is located in Vermont at the White River Junction VA Medical Center, the central region in Iowa at the Iowa City VA Medical Center, and the western region at Utah's Salt Lake City VA Medical Center.

Mobile Counseling Centers across America

VA's Vet Center program has launched a fleet of new mobile counseling centers to reach rural and underserved Veterans with high-quality readjustment counseling services.

The 38-foot motor coaches, which have spaces for confidential counseling, carry Vet Center counselors and outreach workers to events and activities to reach Veterans in broad geographic areas. These mobile centers supplement the care provided at the 232 VA Vet Centers across the country. VA has plans to expand to a total of 299 authorized Vet Centers.



These vehicles are used to provide outreach and direct readjustment counseling at active-duty and Reserve and National Guard activities, including post-deployment health reassessments for returning combat Servicemembers.

The vehicles are also used to visit events typically staffed by local Vet Center staff, including homeless "stand downs," Veteran community events, county fairs, and unit reunions at sites ranging from Native American reservations to colleges.

While the primary focus is on readjustment counseling services, the local manager may arrange with VA hospitals or clinics in the region to provide support for health promotion activities such as health screenings.

Thirteen Named to Veterans' Rural Health Advisory Committee

A Veterans Rural Health Advisory Committee was established by former VA Secretary Dr. James B. Peake to advise on health care issues affecting Veterans in rural areas.

The 13-member group examines ways to enhance VA health care services for Veterans in rural areas by evaluating current programs and identifying barriers to health care.

The committee, chaired by Dr. James F. Ahrens, former head of the Montana Hospital Association, includes Veterans, rural health experts in academia, state and Federal professionals who focus on rural health, state-level Veterans affairs officials, and leaders of Veterans Service Organizations. ■

Comprehensive Health Care for Women Veterans: You Served, You Deserve the Best Care Anywhere

As the frontlines of battle and the rules of warfare have changed dramatically in the last 50 years, so has the face of the U.S. military and Veterans. Today's women soldiers are tomorrow's women Veterans.

VA now treats more women Veterans than ever, while getting ready for even more in the coming years. The number of women Veterans using VA care is expected to double over the next two to five years.

VA is committed to providing a comprehensive approach to women Veterans' health care needs, to include primary care, preventive care screenings for breast and cervical cancer, gender-specific mental health care, and beyond. In addition, VA strives for excellence in meeting the unique needs of women Veterans who are over age 55, and is prepared to address health issues such as high risk for heart disease, cancers, and obesity-related issues such as diabetes.

To better serve women Veterans' needs, VA is launching a number of programs to address provider education and has increased access through clinic enhancements and home tele-health, the development and improvement of diagnostic services including laboratory and mammography, and created a system-wide focus on continuity of care.

Meeting women's health care needs starts at the nearest VA Medical Center. VA knows women's health issues and each VA hospital has a Women Veterans Program Manager, who is there to help provide the quality care women Veterans need and deserve.

Contact the Women Veterans Program Manager at any VA Medical Center or call **1-877-222-8387** to find the nearest VA facility. Learn more about Women Veterans Health Care online at www.publichealth.va.gov/womenshealth. ■

Self Management: You Can Live a Better Life!

The New Jersey War Related Illness and Injury Study Center (WRIISC) sees many Veterans with chronic symptoms, such as muscle pain, fatigue, and headaches, which can be debilitating and difficult to cope with. The goal is to provide Veterans with a "roadmap" for managing these symptoms and ultimately give them tools to help them improve the quality of their lives.

Because there is often no cure for many chronic symptoms, it is important for Veterans to work at overcoming the physical and emotional problems these symptoms cause. Many Veterans and their relatives ask if this approach is realistic—it is, and one key is to practice self-management techniques. Several self-management strategies are effective for a variety of symptoms (for example, the same strategy might work for a person with pain or fatigue) because they not only reduce symptoms but help to reduce some of the normal but difficult emotions that result from symptoms. Some self-management strategies include: exercising, eating healthy, and practicing relaxation strategies such as deep breathing.

Self management is more than just trying new things on your own to make your symptoms better. The Veterans Health Administration (VHA) defines self management as "helping you to learn about your condition(s), learn how you and your family can help, learn what skills you need, learn what help and resources are available, improving access to your health care team, and helping you do what you want for you health and life."

Where to Start:

Select a self-management strategy that you want to try. Keep in mind that when trying something new it is important to set small goals that are attainable. For example, say you wish to practice deep breathing to relieve stress, you should start by saying you will do this for 5 minutes 3 out of 7 days a week versus everyday for a half-hour. You can accomplish your goals if they are realistic and change your life little by little as you go along.

While it can be hard to fully control chronic health problems, patients can control how well they live. Always do what is necessary to take care of an illness and ask for help when needed. Ultimately, adopting self-management strategies can help patients feel more in control and more confident in their ability to manage symptoms and conditions. Most importantly, self management helps to maintain and improve the current level of function regardless of symptoms.

For more information about self management or WRIISC medical services for Veterans, please contact the national WRIISC referral line at **202-461-1013** or go to www.WarRelatedIllness.va.gov. ■

Health Conditions* Recognized for Presumptive Service-Connection

The information below has been updated as of July 2010. For additional updates, visit www.publichealth.va.gov/exposures/agentorange.

Presumptive service-connection means that VA acknowledges that a condition is service-connected. Veterans who served in Vietnam who have one or more of these conditions do not have to show that their illness(es) is (are) related to their military service to get disability compensation. However, claims must still be filed by these Veterans to be considered for disability compensation.

Conditions* Recognized for Presumptive Service-Connection for In-Country Vietnam Veterans

Acute and Subacute Peripheral Neuropathy: A nervous system condition that causes numbness, tingling, and motor weakness. Under VA's rating regulations, it must be at least 10% disabling within 1 year of exposure to Agent Orange and resolve within 2 years after the date it began.

AL Amyloidosis: A rare disease caused when an abnormal protein, amyloid, enters tissues or organs.

Chloracne (or similar acneform disease): A skin condition that occurs soon after exposure to certain chemicals (those that contain chlorine, hence the term chloracne). Under VA's rating regulations, chloracne (or other acneform disease similar to chloracne) must be at least 10% disabling within 1 year of exposure to Agent Orange.

***All chronic B-Cell Leukemias (previously this category included only chronic lymphocytic leukemias. It is now expanded to include other chronic leukemias affecting B-cells such as hairy cell leukemia):** A type of cancer that affects white blood cells.

Diabetes Mellitus (Type 2): A disease characterized by high blood sugar levels resulting from the body's inability to respond properly to the hormone insulin.

Hodgkin's Disease: A malignant lymphoma (cancer) characterized by progressive enlargement of the lymph nodes, liver, and spleen, and by progressive anemia.

***Ischemic Heart Disease:** A disease characterized by a reduced supply of blood to the heart that leads to chest pain.

Multiple Myeloma: A disorder which causes an overproduction of certain proteins from white blood cells.

Non-Hodgkin's Lymphoma: A group of cancers that affect the lymph glands and other lymphatic tissue.

***Parkinson's Disease:** A motor system condition with symptoms that include a trembling of the hands, imbalance, and loss of facial expression.

Porphyria Cutanea Tarda: A disorder characterized by liver dysfunction and by thinning and blistering of the skin in sun-exposed areas. Under VA's rating regulations, it must be at least 10% disabling within 1 year of exposure to Agent Orange.

Prostate Cancer: Cancer of the prostate; one of the most common cancers among men.

Respiratory Cancers: Cancers of the lung, larynx, trachea, and bronchus.

Soft Tissue Sarcoma (other than Osteosarcoma, Chondrosarcoma, Kaposi's sarcoma, or Mesothelioma): A group of different types of cancers in body tissues such as muscle, fat, blood and lymph vessels, and connective tissues.

***On March 25, 2010, VA published a proposed regulation that will establish chronic B-cell leukemias (including chronic lymphocytic leukemia, hairy cell leukemia, and others), Parkinson's disease, and ischemic heart disease as associated with Agent Orange exposure. Eligible Vietnam Veterans who have filed claims may receive disability compensation for these diseases when the regulation is final.**

Conditions Recognized in Children of Vietnam Veterans

Spina bifida: A neural tube birth defect that results from the failure of the bony portion of the spine to close properly in the developing fetus during early pregnancy.

Disabilities other than spina bifida in the children of women Vietnam Veterans: Covered birth defects include a wide range of conditions. Eighteen defects are specifically included and others not specifically excluded are covered. For more information, contact a Veteran Service Representative at 1-800-827-1000.

Covered birth defects include, but are not limited to, the following conditions:

1. achondroplasia,
2. cleft lip and cleft palate,
3. congenital heart disease,
4. congenital talipes equinovarus (clubfoot),
5. esophageal and intestinal atresia,
6. Hallerman-Streiff syndrome,
7. hip dysplasia,
8. Hirschsprung's disease (congenital megacolon),
9. hydrocephalus due to aqueductal stenosis,
10. hypospadias,

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VA Expands Suicide Prevention Efforts

VA has implemented a comprehensive strategy for suicide prevention that includes a number of initiatives and innovations that hold great promise for preventing suicide among Veterans.

VA's Suicide Prevention Lifeline program includes a Hotline, **1-800-273-TALK (8255)**. The lifeline is staffed by trained professionals 24 hours a day to assist Veterans in crisis. Nearly 33,000 Veterans, family members, or friends of Veterans called the Hotline in the first year of operation. Of those calls, there have been more than 1,600 rescues to prevent possible tragedy.

In July 2009, VA added an online "chat" component to the Lifeline program. This service, available at **www.suicidepreventionlifeline.org**, enables Veterans and their loved ones to chat online anonymously with a trained VA counselor and have their questions and concerns answered. When needed, the counselor can immediately connect users to the Hotline for crisis intervention or additional referral services.

Other initiatives include the hiring of suicide prevention coordinators at each of VA's 153 Medical Centers, the establishment of a Mental Health Center of Excellence in Canandaigua, NY, focusing on developing and testing clinical and public health intervention standards for suicide prevention, the creation of an additional research center on suicide prevention in Denver, CO, which focuses on research in the clinical and neurobiological conditions that can lead to increased suicide risk and a plus-up in staff making more than 400 mental health professionals entirely dedicated to suicide prevention.

New efforts are also underway, based on findings from a review of suicide prevention experts from VA, the Department of Defense, the Centers for Disease Control and Prevention, the National Institute of Health, and the Substance Abuse and Mental Health Services Administration.

Among the recommendations to further enhance VA programs, many of which are underway, include:

- Improve VA's screening for suicide among Veterans with depression or post-traumatic stress disorder (PTSD). VA is designing a new screening protocol, with pilot testing undertaken in 2009.
- Develop educational materials about suicide prevention for families and community groups. VA is examining the

effectiveness of support groups and educational material for the families of suicidal Veterans, and producing a brochure for the families of Veterans with traumatic brain injury about suicide.

- Increase training for VA chaplains about the warning signs of suicide. VA offices responsible for chaplains and mental health professionals are studying ways to implement this recommendation.
- Ensure that evidence-based research is used to determine the appropriateness of medications for depression, PTSD and suicidal behavior. VA is providing written warnings to patients about side effects, and the Department's suicide prevention coordinators are contacting health care providers to advise them of the latest evidence-based research on medications.
- Devise a policy for protecting the confidential records of VA patients who may also be treated by the military's health care system. VA is developing a plan to clarify the privacy rights of patients who come to VA while serving in the military.
- Increase research about suicide prevention. VA has announced several funding opportunities for research on suicide prevention and is developing priorities for suicide prevention research.
- Design a study that will identify suicide risk among Veterans of different conflicts, ages, genders, military branches and other factors. VA has committed to work with other Federal agencies to design such a study.
- Develop a gun-safety program for Veterans with children in the home, both as a child-safety measure and a suicide prevention effort. ■

CONTINUED FROM PAGE 7 *Conditions Recognized in Children of Vietnam Veterans*

11. imperforate anus,
12. neural tube defects,
13. Poland syndrome,
14. pyloric stenosis,
15. syndactyly (fused digits),
16. tracheoesophageal fistula,
17. undescended testicle, and
18. Williams syndrome.

These diseases are not tied to herbicides, including Agent Orange, or dioxin exposure, but rather to service in Vietnam. ■

National Suicide Prevention Resources: Hotline and Online Chat



Press 1 for Veterans Hotline
suicidepreventionlifeline.org/veterans

VA has established national suicide prevention resources to ensure Veterans in emotional crisis have free, around-the-clock access to trained counselors.

Veterans can call **1-800-273-TALK (8255)**, and press

“1” to be connected to the Veterans Hotline or visit **www.suicidepreventionlifeline.org** to connect with trained VA counselors on the Internet.

To operate the Veterans Hotline, VA partnered with the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Suicide Prevention Lifeline.

What to Look For: Suicide Warning Signs

If you or anyone you know shows any of the following signs, seek help as soon as possible :

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself
- Looking for ways to kill oneself by seeking access to firearms, available pills, or other means
- Talking or writing about death, dying, suicide when this is out of the ordinary for the person
- Feeling hopeless
- Feeling rage or uncontrolled anger or seeking revenge
- Acting reckless or engaging in risky activities
- Feeling trapped—like there’s no way out
- Increasing use of alcohol or drugs
- Withdrawing from friends, family, and society
- Feeling anxious, agitated, or unable to sleep or sleeping all the time
- Experiencing dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life ■

Q's & A's

The Review includes a questions-and-answers feature in response to questions sent by readers. Vietnam Veterans and their families and friends often have questions and concerns about health issues relating to military service in Vietnam. They want answers and knowledge about what VA and other Federal departments and agencies are doing to help these Veterans. Readers often ask about VA disability policy.

Q The October 2007 edition of The Review included information regarding the association between herbicide and dioxin exposure and AL amyloidosis. This condition was listed as having “limited or suggestive evidence of an association” with herbicide and dioxin exposure, which is the weakest positive category of association.

Has a determination been made regarding establishing presumptive service-connection for this disorder?

A In the Institute of Medicine (IOM) report “Veterans and Agent Orange: Update 2006,” released on July 27, 2007, IOM concluded that

“there is limited or suggestive evidence of an association between exposures to the compounds of interest [found in the herbicide Agent Orange] and AL amyloidosis.”

The Secretary of Veterans Affairs, after considering all of the evidence, determined that there is a positive association between exposure to herbicide agents and the occurrence of AL amyloidosis.

On May 7, 2009, VA published a final rule in the Federal Register to establish AL amyloidosis as an Agent Orange/herbicide presumptive disability. This rule now establishes presumptive service-connection for AL amyloidosis based on herbicide exposure. ■

Disability Compensation from VA

Veterans with service-connected illnesses or injuries may be eligible for monthly payments, called disability compensation. The disability must have been incurred or aggravated during active military service. Furthermore, the military service of the Veteran must have been terminated through separation or discharge under conditions that were other than dishonorable.

Disability compensation varies according to the degree of disability and the number of dependents. Benefits are not subject to Federal or state income tax. Receipt of military retirement pay, disability severance pay, and separation incentive payments, known as SSB and VSI (Special Separation Benefits and Voluntary Separation Incentives), may affect the amount of VA compensation paid.

Disability ratings range from 0 to 100 percent (in increments of 10 percent). For example, in 2010, a Veteran with a disability rating of 10 percent receives \$123 per month; a Veteran with disability rating of 50 percent gets \$770 per month; and a Veteran with no dependents who is totally disabled and evaluated at 100 percent receives \$2,673 monthly.

Veterans with disability ratings between 30 and 100 percent also may be eligible for monthly allowances for eligible dependents. (The amount depends on the disability rating).

A Veteran who is in need of regular aid and attendance of another person (including the Veteran's spouse), or who is permanently housebound may be entitled to additional benefits. VA must make that determination before the Veteran can receive these benefits.

Veterans can apply for VA disability benefits by completing and submitting VA Form 21-256, Veterans Application for Compensation and Pension. If you have any of the following materials, please attach them to the application:

- Discharge or separation papers (DD-214 or equivalent).
- Dependency records (marriage and children's birth certificates).
- Medical evidence (doctor and hospital reports).

You can also apply online at

<http://vabenefits.vba.va.gov/vonapp>.

Other Benefits

In addition to the disability compensation program described above, individual Veterans may be eligible for the full range of other benefits offered by VA, including

education and training, vocational rehabilitation, home loan guaranties, life insurance, pension, burial benefits, and more.

To learn more about VA's programs, Veterans and other interested parties can visit VA's home page at www.va.gov or call 1-800-827-1000. For additional information on other benefits programs, please check online at www.vba.va.gov/VBA/benefits/factsheets. ■

Monthly Disability Rates for 2010

Percent Disabled	No Dependents	Veteran & Spouse
10	\$123	----
20	\$243	----
30	\$376	\$421
40	\$541	\$601
50	\$770	\$845
60	\$974	\$1,064
70	\$1,228	\$1,333
80	\$1,427	\$1,547
90	\$1,604	\$1,739
100	\$2,673	\$2,823

Agent Orange Registry Statistics: As of March 2010

The Agent Orange Registry began in mid-1978 to respond to the health-related concerns of Vietnam Veterans. The examinations are available free of charge to all eligible Veterans. If you would like to schedule a registry exam, contact an Environmental Health (EH) Coordinator at your local VA Medical Center. A listing of EH Coordinators is available online at www.publichealth.va.gov/exposures/eh_coordinators.asp.





Initial Examinations-----502,056

Follow-up Examinations -----57,353

Total (Initial & Follow-up) -----559,409

For more information about the Agent Orange Registry, go to www.publichealth.va.gov/exposures/agentorange/registry.asp.

Where to Get Help and Additional Information

 Special Issues Helpline	1-800-749-8387	 VA Benefits Information	1-800-827-1000
 Agent Orange Information	www.publichealth.va.gov/exposures/agentorange	 Nearest VA Medical Center	www.va.gov/directory

Veterans with Questions about Agent Orange – Key contacts:

- VA's Special Issues Helpline at **1-800-749-8387**
- Your nearest VA Medical Center, which you can locate at: www.va.gov/directory
- VA benefits information **1-800-827-1000**

General questions about Agent Orange:

Contact VA's Special Issues Helpline at **1-800-749-8387**. You also can find information on our Web site at www.publichealth.va.gov/exposures/agentorange.

If you are concerned about Agent Orange exposure:

Contact the nearest VA Medical Center to request an Agent Orange registry examination. You can find the VA Medical Center nearest you at: www.va.gov/directory.

If you are a Vietnam Veteran and need medical treatment for conditions that may be related to herbicides used in Vietnam:

Contact the nearest VA Medical Center for eligibility information and possible medical treatment, or call VA's Special Issues Helpline at **1-800-749-8387**. You can find the VA Medical Center nearest you at www.va.gov/directory.

If you encounter difficulties at a VA Medical Center:

Contact the "patient advocate" or "patient representative" 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 with spina bifida:

Contact VA's national hotline at **1-888-820-1756**, or the nearest VA Regional Office by calling **1-800-827-1000**. Additional information about spina bifida is available from the Spina Bifida Association of America at 4590 MacArthur Blvd, NW, Suite 250, Washington, DC 20007, or by calling

1-800-621-3141, or by email at sbaa@sbaa.org. The Web site is www.sbaa.org.

For disability information:

Contact a VA Veteran Service Representative at the nearest VA Regional Office or health care facility to talk with a counselor and apply for disability compensation. VA disability counselors have information about the wide range of benefit programs that VA administers.

The national number is **1-800-827-1000**. To start a disability claim online, go to www.va.gov. You also can get information about disability compensation from VA's Special Issues Helpline at **1-800-749-8387**.

Representatives of Veterans Service Organizations have been of great help to many military Veterans, including Vietnam Veterans who are seeking benefits they earned through their service to the Nation. VA does not endorse or recommend any specific group over another. State and County Veteran Service Officers are also good resources for Vietnam and other Veterans.

For additional benefits information, see VA's "Federal Benefits for Veterans, Dependents and Survivors" booklet. This booklet is updated annually to reflect changes in law and policies and is available at www.va.gov/opa/Is1. It also may be purchased from the U.S. Government Printing Office either at their Web site <http://bookstore.gpo.gov> or by mail:

U.S. Government Printing Office
Superintendent of Documents
Washington, DC 20402

VA's Web sites are updated throughout the year to provide the most current information. VA's home page www.va.gov contains links to selections on compensation and pension benefits, health care benefits and services, burial and memorial benefits, and more. ■

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- ☐ I don't need the newsletter by mail as I can read it at www.publichealth.va.gov/exposures/agentorange.



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Agent Orange Review
INFORMATION FOR VETERANS
WHO SERVED IN VIETNAM
July 2010

Department of
Veterans Affairs
Agent Orange Review
AITC (32B)
1615 Woodward Street
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OFFICIAL BUSINESS

