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**AGENT ORANGE HEALTH REGISTRY (AOR) PROGRAM PROCEDURES
TO INCLUDE ALL VETERANS EXPOSED TO AGENT ORANGE
AND SPECIAL HEALTH CARE BENEFITS FOR VIETNAM VETERANS' CHILDREN**

1. REASON FOR ISSUE. This Veterans Health Administration (VHA) Handbook establishes new reporting procedures for the Department of Veterans Affairs (VA), VHA, and the Environmental Agents Service (EAS) Agent Orange Health Registry Program.

2. SUMMARY OF MAJOR CHANGES. The principal changes to VHA Handbook 1302.01 are to:

a. Provide new Registry data entry procedures required to access the reconstructed EAS Web site <http://vaww.registries.aac.va.gov>, allowing Environmental Health (EH) Clinicians and Coordinators to search for and access exam information by veteran's name or social security number, and giving them the ability to retrieve all exam information, historical and current, regardless of point of entry, and

b. Provide new subscription instructions for the EAS publication "Agent Orange Review."

3. RELATED ISSUES: VHA Directive 1302.

4. RESPONSIBLE OFFICIALS: The Director, EAS (131), is responsible for the contents of this VHA Handbook. Questions may be referred to that individual at 202-273-8579. *NOTE: Questions relating to eligibility for VA care, including enrollment, are to be directed to the eligibility staff at each facility and on the Intranet at <http://www.va.gov/elig/>.*

5. RESCISSIONS: Handbook 1302.1, dated October 5, 2004, is rescinded.

6. RECERTIFICATION: This VHA Handbook is scheduled for recertification on or before the last working day of September 2011.

S/ Louise Van Diepen for
Michael J. Kussman, MD, MS, MACP
Acting Under Secretary for Health

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CONTENTS

**AGENT ORANGE HEALTH REGISTRY (AOR) PROGRAM PROCEDURES
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AND SPECIAL HEALTH CARE BENEFITS FOR VIETNAM VETERANS' CHILDREN**

PARAGRAPH	PAGE
1. Purpose	1
2. Authority	1
3. Vietnam Veterans Eligibility for AOR Examinations	1
4. Health Registry Examinations	2
5. Further Evaluation and Treatment	2
6. Health Registry Participation Does Not Constitute a Formal Claim for Compensation	2
7. Special Health Care Benefits for Vietnam Veterans' Children Born with Spina Bifida (except Spina Bifida Occulta)	3
8. Special Benefits for Women Vietnam Veterans' Children with Birth Defects	3
9. Program Management	3
10. Environmental Health (EH) Clinician Responsibilities	4
11. EH Coordinator Responsibilities	7
12. Active Duty Military Personnel	9
13. Incarcerated Veterans	10
14. Veterans with Other than Honorable Discharges	11
15. Conducting the Physical Examination	11
16. Reporting Requirements	14
17. Education and Training	14

APPENDIX **PAGE**

APPENDICES

A Sample Agent Orange Follow-up Letter (Medical Problems Indicated for Vietnam Veterans) A-1

B Sample Agent Orange Follow-up Letter (Medical Problems Indicated for Veterans Who Are Not Eligible for VA Health Care) B-1

C Sample Agent Orange Follow-up Letter (No Medical Problems for All Veterans Exposed to Agent Orange or Other Herbicides) C-1

D Definitions and Acronyms D-1

E Instructions for Completing and Accessing VA AOR Worksheets E-1

**AGENT ORANGE HEALTH REGISTRY (AOR) PROGRAM PROCEDURES
TO INCLUDE ALL VETERANS EXPOSED TO AGENT ORANGE
AND SPECIAL HEALTH CARE BENEFITS FOR VIETNAM VETERANS' CHILDREN**

1. PURPOSE

This Veterans Health Administration (VHA) Handbook sets forth clinical and administrative procedures related to the maintenance of the VHA Agent Orange Health Registry (AOR) program of physical examinations for eligible, concerned, Vietnam veterans who served in the Republic of Vietnam between 1962 and 1975, veterans who served in Korea during 1968 or 1969, and any United States (U.S.) veterans who may have been exposed to dioxin, or other toxic substance in an herbicide or defoliant, during the conduct of, or as a result of, the testing, transporting, or spraying of herbicides for military purposes.

2. AUTHORITY

a. Under Public Law (Pub. L.) 102-585 Section 703, the Secretary of Veterans Affairs may provide, upon request, a health examination, consultation, and counseling to a veteran who is eligible for listing or inclusion in any health-related registry administered by the Secretary of Veterans Affairs. Under this authority, the Department of Veterans Affairs (VA) must provide registry examinations to veterans who served in Korea in 1968 or 1969, and/or any other U. S. veteran who may have been exposed to dioxin, or other toxic substance in an herbicide or defoliant, during the conduct of military operations, or as a result of, the testing, transporting, or spraying of herbicides for military purposes, and who requests an AOR examination. The results of such an examination are to be included in the AOR.

b. Pub. L. 100-687, the Veterans' Judicial Review Act of 1988, requires the Secretary of Veterans Affairs to organize and update the information contained in the VA AOR, enabling VA to notify Vietnam era veterans who served in the Republic of Vietnam of any increased health risks resulting from exposure to dioxin or other toxic agents. **NOTE:** *VA must continue to meet this mandate and extend it to include all other veterans who qualify for inclusion and participation in the AOR.*

3. VETERANS ELIGIBILITY FOR AO HEALTH REGISTRY EXAMINATIONS

Health registry examinations must be provided to:

a. Any U.S. male or female Vietnam era veteran who served in the Republic of Vietnam between 1962 and 1975, regardless of length of service (i.e., 1 hour, 1 day, 1 month, 1 year, etc.). Verification of service during the Vietnam era is required. **NOTE:** *Inasmuch VA presumes that a veteran was exposed to phenoxy herbicides during any service in Vietnam, a verified claim of such in-country service constitutes the required contention of exposure and establishes eligibility for registry examinations within these provisions.*

NOTE: Congress gave VA the authority to presumptively service-connect certain diseases associated with exposure to herbicides used in the Vietnam War (see subpar. (10(c) for the conditions that are currently presumptively recognized as service connected) and to presume that Vietnam veterans were exposed to such herbicides. Veterans from other conflicts (Korea, etc.) may take advantage of these “presumptions of service connection” if the veterans are diagnosed with one of the presumed illnesses. But unlike Vietnam veterans, they are required to prove they were exposed to Agent Orange or other herbicides during their military service; they do not have the benefit of a presumption of exposure like Vietnam veterans.

b. Any U.S. veteran who served in Korea during 1968 or 1969.

c. Any U.S. veteran who may have been exposed to dioxin, or other toxic substance in an herbicide or defoliant, during the conduct of military operation, or as a result of, the testing, transporting, or spraying of herbicides for military purposes. **NOTE:** See Web site <http://www1.va.gov/agentorange/> for a Department of Defense (DOD) list (75 percent complete) of locations and dates where dioxin (Agent Orange and other agents) was used. For those sites that are not listed, the veteran needs to provide some proof of exposure to be able to obtain a registry examination.

4. HEALTH REGISTRY EXAMINATIONS

The health registry examination protocol for veterans exposed to dioxin or other toxic substance in an herbicide or defoliant is described in paragraph 15. **NOTE:** Veterans eligible for inclusion in the AOR do not need to be enrolled in VA health care to receive the health registry examinations.

5. FURTHER EVALUATION AND TREATMENT

Where the findings of the health registry examination reveal a condition requiring treatment, the veteran is to be referred to a VA primary care clinician to obtain the necessary medical assessment and appropriate treatment, if enrolled or otherwise eligible for VA health care. If the veteran is not enrolled or otherwise eligible, the veteran must be encouraged to enroll or seek non-VA care.

6. HEALTH REGISTRY PARTICIPATION DOES NOT CONSTITUTE A FORMAL CLAIM FOR COMPENSATION

Veterans must be advised that participation in the AOR examination program does not constitute a formal claim for compensation. Although the results of such an AOR examination may be used to support a compensation claim, the examination must not, in most cases, be considered such a claim. Veterans may be advised of the routine procedure to file a claim through the Veterans Benefits Representative (VBR) at the nearest VA facility, medical center, or regional office.

7. SPECIAL HEALTH CARE BENEFITS FOR VIETNAM VETERANS' CHILDREN BORN WITH SPINA BIFIDA (EXCEPT SPINA BIFIDA OCCULTA)

a. Spina bifida (except spina bifida occulta) is presumptively recognized in the offspring of Vietnam veterans as due to herbicide exposure.

b. Title 38 United States Code (U.S.C.) Section 1803 states that VA must provide health care benefits for children of Vietnam veterans who are born with spina bifida or any disability that is associated with such condition. The term "child," with respect to a Vietnam veteran, means a natural child of the Vietnam veteran, regardless of age or marital status, who was conceived after the date on which the veteran first entered the Republic of Vietnam during the Vietnam era between January 9, 1962 and May 7, 1975, inclusive. **NOTE:** *The term "Vietnam veteran" means a veteran who performed active military, naval, or air service in the Republic of Vietnam during the Vietnam era.* The Veterans Benefits Act of 2003 extended these benefits to the natural children of veterans who served in Korea between September 1, 1967, and August 31, 1971, and who were exposed to certain herbicides during such service in or near the Korean Demilitarized Zone (DMZ). The spina bifida conditions covered apply with respect to all forms and manifestations of spina bifida except spina bifida occulta. **NOTE:** *For information about this program, access Web site <http://www.vba.va.gov/bln/21/benefits/Herbicide/index.htm#bm03>, or contact the VA spina bifida-birth defects Hotline at 1-888-820-1756.*

8. SPECIAL HEALTH CARE BENEFITS FOR WOMEN VIETNAM VETERANS' CHILDREN WITH BIRTH DEFECTS

a. In accordance with the mandate in 38 U.S.C. 1813, VA has identified the birth defects of children of women Vietnam veterans that:

- (1) Are associated with Vietnam service; and
- (2) Result in permanent physical or mental disability.

b. A list of those diseases is available at <http://www.vba.va.gov/bln/21/Topics/Women/Birth.htm>. For further details concerning these benefits, contact the VA spina bifida /birth defects hotline at 1-888-820-1756.

9. PROGRAM MANAGEMENT

NOTE: *The Environmental Health (EH) Clinicians, Coordinators, and health administration staff of each VA facility are often the first points of contact for veterans requesting health registry examinations. They play a significant role in determining the perception veterans have concerning the quality of VA health care services and of their individual treatment by VA health care providers. These individuals need to be well informed of the policies and procedures of this Agent Orange Program to provide good management and quality health registry examinations for this veteran population.*

a. **Environmental Health (EH) Clinician.** An EH Clinician, or designee, must be assigned by the Chief of Staff (COS) and approved by the Director at each facility.

b. **EH Coordinator.** An EH Coordinator and alternate(s) must be designated by administrative staff assigned by the facility Director. Final approval rests with the facility Director's office.

c. **Updating EH Clinician and EH Coordinator Appointments**

(1) Separate listings of the EH Clinicians and EH Coordinators are maintained within Environmental Agents Service (EAS) and published on internet and intranet Web sites <http://www.va.gov/EnvironAgents/> and <http://vaww.va.gov/EnvironAgents>.

(2) In an effort to keep these listings current, facilities are mandated to notify EAS of changes as they occur in status of EH Clinicians and Coordinators at their respective facilities and/or satellite clinics.

(3) As changes in appointments occur, submit the name, title, mail routing symbol, telephone and FAX numbers including area code, to the Environmental Health Coordinator, EAS (131), Department of Veterans Affairs, 810 Vermont Avenue, NW, Washington, DC 20420.

NOTE: In order to provide current Agent Orange Program information to concerned VA Registry Staff, it is important that any changes in appointments of EH Clinicians and Coordinators at VA facilities be provided to VA Central Office (131) as they occur.

10. EH CLINICIAN RESPONSIBILITIES

The EH Clinician is responsible for clinical management and serves in an advisory capacity for the administrative management of the program. Major responsibilities include:

a. **Counseling.** The EH Clinician advises the veteran that the examination cannot detect the presence of dioxin in the body nor determine whether adverse health effects or potential health problems are related to Agent Orange.

b. **Documenting the Physical Examination.** *NOTE: If a compensation examination is performed for a veteran and the veteran requests inclusion in the AOR, it is not necessary to perform an additional health registry examination as long as the demographic and medical information is sufficient to adequately complete the AOR worksheet on the Web site <http://vaww.registries.aac.va.gov> for transmission to the Austin Automation Center (AAC).* The EH Clinician must:

(1) Conduct and document the physical examination in the veteran's health record at the time of the visit.

(a) Perform a complete medical history to include information about:

1. Family;

2. Occupation;
3. Social history noting tobacco, alcohol, and drug use;
4. Civilian exposure to possible toxic agents; and
5. Psychosocial history.

(b) If a non-VA doctor diagnoses a veteran with a significant health problem, the veteran is to be encouraged to contact a VA medical center to include the diagnosis in the veteran's health record.

1. This diagnosis must be submitted over a non-VA physician's signature and on official letterhead.

2. The private physicians' health registry examination data needs to be reported to the AAC via Web site <http://vaww.registries.aac.va.gov>.

(2) Review and complete, if necessary, the health registry examination worksheets at Web site <http://vaww.registries.aac.va.gov>.

(3) Review the records of every veteran examined to ensure that a complete physical examination was performed and documented.

(4) Personally discuss with each veteran the:

(a) Findings of the physical examination and completed diagnostic studies. **NOTE:** *The interview is to be conducted in such a way as to encourage the veteran to discuss health concerns, as well as those of family members, as they relate to herbicide exposure. This information must be documented in the veteran's health record.*

(b) Need for follow-up examination (not a consultation, but an additional registry examination) either recommended by the EH Clinician or requested by the veteran. **NOTE:** *A follow-up registry examination does not need to be provided routinely; it needs to be based on new symptoms or health problems experienced by the veteran.*

1. Preparing and Signing Follow-up Letter. The EH Clinician must ensure that an appropriate personalized follow-up letter, explaining the results of the examination and laboratory studies, has been signed and mailed to the veteran (see Apps. A, B, and C). **NOTE:** *It is essential that this letter be written in language that can be easily understood by the veteran. Inappropriate wording could unduly alarm or confuse the veteran. A great deal of sensitivity and care must be exercised in the preparation of this correspondence.*

a. Follow-up letters must be mailed to the veteran within 2 weeks of the initial examination appointment. The only exception to this timeframe is when a consultation at a specialty clinic is requested as part of the initial examination process. This exception suspends,

but does not remove, the requirement for the follow-up letter. The follow-up letter must be sent within 2 weeks after the consultation.

b. A dated copy of the follow-up letter must be filed in the veteran's administrative record or scanned to an appropriately titled progress note in Computerized Patient Record System (CPRS).

c. The follow-up letter must explain that:

(1) If the veteran examined has no detectable medical problems, the follow-up letter needs to so indicate and suggest that the veteran contact the nearest VA health care facility if health problems appear later.

(2) If it is determined upon examination that the veteran does have medical problems, it is not necessary to specify the problems in the letter. The veteran needs to be advised in the letter that the recent examination indicated a health condition and/or problem, which may require further examination and/or treatment. *NOTE: Depending on the seriousness of the condition identified, the EH Clinician needs to phone the veteran to discuss the examination findings. Clinical judgment needs to be exercised.* If the veteran is eligible for VA medical treatment, the letter needs to so state and provide the name of a contact person, including telephone number, within the facility.

(3) If the veteran is not eligible for VA treatment, the letter needs to recommend that the veteran contact the EH Coordinator's office or a VBR at the VA facility or Regional Office for further information. *NOTE: Another point of contact is the local Enrollment Coordinator or Health Benefits Service Center at 1-877-222-VETS (8387) for those found not eligible for VA treatment. Rejected applicants are to be provided their appeal rights as part of the normal notification of the denial of health benefits.*

(4) If the problem(s) is (are) not necessarily related to possible Agent Orange exposure, the letter needs to explain that there is considerable research underway to learn more about the possible long-term health effects of Agent Orange exposure.

c. **Health Conditions Presumptively Recognized to Date**

Currently, the following conditions have been presumptively recognized as service connected (SC) for the treatment of veterans who were exposed to herbicide agents during service, so long as the condition has manifested to a degree of 10 percent or more:

(1) Chloracne or other acne form disease consistent with chloracne (must manifest to a degree of 10 percent or more within 1 year after the last date of exposure to Agent Orange);

(2) Non-Hodgkin's lymphoma;

(3) Soft-tissue sarcoma (other than osteosarcoma, chondrosarcoma, Kaposi's sarcoma, or mesothelioma);

- (4) Hodgkin's disease;
- (5) Porphyria Cutanea Tarda (PCT) (must manifest to a degree of 10 percent or more within 1 year after the last date of exposure to Agent Orange);
- (6) Respiratory cancers (cancers of the lung, larynx, trachea, and bronchus);
- (7) Multiple myeloma;
- (8) Prostate cancer;
- (9) Peripheral neuropathy, transient acute and sub-acute (i.e., transient peripheral neuropathy that appears within weeks or months of exposure and resolves within 2 years of date of onset) (must manifest to a degree of 10 percent or more within 1 year after the last date of exposure to Agent Orange).
- (10) Type 2 diabetes; and
- (11) Chronic lymphocytic leukemia.

NOTE: Other conditions may be recognized in the future.

d. **Reviewing Records.** The EH Clinician reviews records of every veteran receiving an AOR examination to ensure that a complete physical examination was performed and documented and that the veteran has been appropriately notified of the examination results.

11. EH COORDINATOR RESPONSIBILITIES

The EH Coordinator is responsible for the administrative management of the program, including:

a. **Scheduling of Appointments.** Every effort needs to be made to give each veteran an AOR examination within 30 days of the request date. If numerous consultations are required, whenever possible, all of these need to be scheduled on the same day, so that the veteran is not unduly inconvenienced. When it is not possible to provide all consultations on the same day, the EH Coordinator, or the scheduler, needs to work with the veteran to minimize the number of disruptions in the veteran's life. If a medical center fails to meet the time standard of 30 calendar days from date of request, the medical center Director, or designee, must explore all alternatives; i.e., referrals to other VA facilities, additional staff hours to perform these examinations, and the possibility of using fee-basis or contractual sources to furnish these examinations, to bring the medical center in line with the time standard. If, after these alternative measures have been explored and the time standard still cannot be met, an exemption needs to be requested by contacting EAS, VA Central Office, at (202) 273-8463 or (202) 273-8465.

b. Monitoring Timeframe Compliance

- (1) **Follow-up Letters.** Mail to veteran within 2 weeks of initial registry examination.
- (2) **Health Registry Examination Appointment.** Schedule within 30 days of request date.
- (3) **VA Staff (EH Clinician and Coordinator) Changes.** Advise EAS, VA Central Office (131), as staff changes occur.
- (4) **Health Registry Worksheets for Initial and Follow-up Examinations.** Enter worksheet data via EAS Web site <http://vaww.registries.aac.va.gov>.

c. **Reviewing Records for Accuracy and Completion.** All required records, follow-up letters, and health registry examination worksheet data of veteran participants, are to be completed, reviewed for accuracy, and filed and/or scanned into the veteran's health or administrative record.

d. **Collecting Data for Reporting Purposes.** Required registry worksheet data needs to be obtained from the veteran or family and entered into AAC database via Web site <http://vaww.registries.aac.va.gov>. The AAC provides the AOR data reports to VA Central Office based on VA facility input.

e. **Disseminating Information.** It is important that each veteran be fully advised of the AOR examination program.

(1) The facility staff are to fully communicate all aspects of the AOR examination program by an appropriate means, including advising the veteran to enroll with the VA on the initial visit.

(2) The EH Coordinator is required to provide veterans reporting to the Outpatient and/or admission area with a copy of the VA publication the Agent Orange Review, and upon request, or in response to questions, the Agent Orange Briefs, Agent Orange – General Information, and posting the Agent Orange Posters, inserting your name and phone extension as the individual responsible for the AOR Program. *NOTE: These publications and other informational materials are to be visible and accessible in prominent areas (outpatient clinics, admission areas, etc.) to ensure availability to Vietnam veterans, Korea veterans, and other interested individuals. The Agent Orange Review includes information relating to use of the herbicide Agent Orange used by the Republic of Korea troops along the Korean DMZ in 1968 and 1969 and during the conduct of, or the result of, the testing, transporting, or spraying of herbicides for military purposes.*

(a) The Agent Orange Review is a VA EAS publication, published periodically, to provide information on Agent Orange and related matters to veterans, their families, and others with concerns about herbicides used during the conduct of, or the result of, the testing, transporting, or spraying of herbicides for military purposes. *NOTE: The Agent Orange Review needs to be included as a supplement to an application for examination.*

(b) The Agent Orange Briefs consist of a series of fact sheets prepared and distributed periodically to VA facilities by EAS, VA Central Office, Washington, DC. The fact sheets are designed to answer questions relating to the purpose of the examination, its limitations (i.e., explains that the examination cannot detect the presence of dioxin in the body nor determine whether adverse health effects or potential health problems are related to exposure, etc.) and a variety of related matters.

(3) The EH Coordinator receives all Agent Orange-related inquiries and informs each veteran of the toll-free helpline (1-800-749-8387) for Agent Orange concerns.

(4) The EH Coordinator provides copies of the VA Agent Orange Briefs and the Agent Orange Review (prepared and provided to VA facilities by EAS, VA Central Office, Washington, DC) to all telephone callers, local Veteran Service Organizations (VSOs) and public libraries. *NOTE: All past, current, and future issues of the Agent Orange Review have been, or are to be, posted on the internet at <http://www.va.gov/agentorange>. Many veterans may wish to obtain and/or read this publication via the Internet rather than receive it through the postal service.*

(5) The EH Coordinator posts and communicates the names, locations, and office telephone numbers of the EH Clinicians and Coordinators to concerned VA facility staff. *NOTE: An appropriate method of communicating is through the use of: (a) medical center memoranda providing registry policy and procedures which identify the staff who are responsible for carrying out these policies, and (b) the medical center patient handbook (both inpatient and outpatient, if available).*

f. **Records and Record Retention.** The EH Coordinator must establish a health record for the veteran, if one does not already exist. All health records of health registry examinations must be maintained within CPRS.

(1) A posting for ‘herbicides’ must be generated in CPRS and if appropriate, VA Form 10-1079, Emergency Medical Identification, is to be affixed to the front of the paper health record.

(2) AOR worksheets and dated follow-up letters must be scanned, or made electronic, and attached to an appropriately titled CPRS progress note. Documents that are considered strictly administrative need to be linked to the patient in Veterans Health Information Systems and Technology Architecture (VistA) Imaging only.

(3) Laboratory results are to be maintained within the electronic laboratory package unless results are only available on paper, i.e., outside laboratory results; in which case, those results are to be scanned into VistA Imaging.

(4) AOR examination documents that become part of the patient’s health record must be retained for 75 years in accordance with VA Records Control Schedule (RCS) 10-1.

12. ACTIVE DUTY MILITARY PERSONNEL

a. When active duty members of the uniformed services apply to VA facilities for an Agent Orange examination, the DOD must provide VA with appropriate authorization, i.e., DOD Form 1161, Referral for Civilian Care.

NOTE: The requirements of M-1, Part I, Chapter 15, regarding the authorization and billing from the appropriate branch of service apply.

(1) The procedures for processing the examination are the same as those for a veteran participating in this program.

(2) A military facility may perform the Agent Orange examination according to VA instructions.

(3) Military facilities may obtain the pertinent information and samples of appropriate forms from the nearest VA facility. Military facilities must complete the health registry worksheets with the exception of the following coding identifiers which are to be filled in by VA coding clerks:

(a) Facility number and/or suffix,

(b) County and state, and

(c) Classification of Diseases, 9th Edition, Clinical Modification (ICD-9-CM) of the veteran's symptom and/or complaint.

(4) The completed health registry worksheets, copies of the physical examination, laboratory tests, etc., are to be forwarded to the EH Coordinator at the nearest VA medical center or outpatient clinic.

b. After the documents reach the EH Coordinator, the EH Coordinator must:

(1) Complete the health registry worksheet with identifier codes;

(2) Transmit the health registry worksheet data to the AAC via Web site: <http://vaww.registries.aac.va.gov>, in accordance with instructions; and

(3) Maintain the medical documents and original registry worksheets in the veteran's health record, which is to be available if, or when, the individual is discharged from the service and reports for treatment as a veteran.

13. INCARCERATED VETERANS

a. Agent Orange health registry examinations may be provided to incarcerated veterans either in prison, jail, or the VA facility.

b. If an incarcerated veteran is accepted at a VA facility for an AOR examination, VA may conduct such an examination, but only after the veteran has been released by an official under circumstances where there is no obligation placed on VA to exercise custodial restraint, or to ensure the return of the veteran to custody upon completion of the examinations. **NOTE:** *VA is encouraged to work with said penal institution to avoid potential disruptions at the VA medical center upon exam reporting (for example: the wearing of prison uniforms and restraints is discouraged).*

c. For purposes of entry into the AOR, upon request, VA medical facilities may assist penal institutions by providing copies of this Handbook 1301.2, worksheets, etc.

d. Penal authorities must be advised at the time of such requests, that the results of the examinations provided at their institutions are to be forwarded to the VA medical facility of jurisdiction for inclusion, on the veteran's behalf, in VA's AOR.

e. A recommendation can be made to the penal institution to retain a copy of the examination documents submitted to VA. **NOTE:** *Such documents need to be maintained by penal authorities until the individual is released from the penal institution; these documents are then given to the veteran.*

NOTE: *The clinic Director, or designee, must notify the civil authorities when the AOR examination is completed. The penal institution must not be billed for the examination conducted at the VA facility. On the other hand, VA must not reimburse the penal authorities when they conduct these AOR examinations.*

14. VETERANS WITH OTHER THAN HONORABLE DISCHARGES

The requirements of M-1, Part I, Chapter 4, paragraph 4.38, or appropriate Handbook and Directive, (Web site: <http://vaww1.va.gov/vhapublications/publications.cfm?pub=4>) apply to veterans with other than honorable discharges applying for AOR examinations.

15. CONDUCTING THE PHYSICAL EXAMINATION

a. It is essential that a complete medical history, physical examination, and interview be performed and documented on appropriate health record standard forms by the EH Clinician, or under the EH Clinician's direct supervision; this includes the Compensation and Pension (C&P) examination. **NOTE:** *If the veteran makes an informed decision to undergo prostate cancer screening, a digital rectal examination (DRE) of the prostate is to be included as part of the physical examination of a male veteran.*

b. The person actually performing the physical examination must be identified by signature and title (Doctor of Osteopathy (D.O.), Doctor of Medicine (M.D.), Physician's Assistant (P.A.), Nurse Practitioner (NP), etc.). If examinations are performed by someone other than a physician, this individual must be privileged to do physical examinations (see VHA Handbook 1100.19).

c. Special attention must be given to those organs and/or systems that may be affected by exposure to herbicides containing Agent Orange. Particular attention must be paid to the:

(1) **Skin Examination**

(a) Detection of chloracne, a skin condition which has been associated with acute exposure to Agent Orange and other herbicides containing dioxin; and

(b) PCT, a disorder which is characterized by thinning and blistering of the skin in sun-exposed areas (only genetically predisposed individuals have been shown to develop PCT after exposure to dioxin).

(2) **Soft Tissue Sarcoma**

(3) **Lymph Nodes and Organs**

(a) Non-Hodgkin's lymphoma, and

(b) Hodgkin's disease.

(4) **Respiratory System**

(a) Cancer of the lung,

(b) Cancer of the larynx,

(c) Cancer of the trachea, and

(d) Cancer of the bronchus.

(5) **Hematologic System and Bone**

(a) Multiple myeloma, and

(b) Chronic lymphocytic leukemia.

(6) **Prostate Cancer.** Vietnam veterans need to be screened prostate cancer: **NOTE:** *“Veterans and Agent Orange: Health Effects of Herbicides Used in Vietnam (1994),” “Veterans and Agent Orange: Update 1996,” “Veterans and Agent Orange: Update 1998,” “Veterans and Agent Orange: Update 2000,” and “Veterans and Agent Orange: Update 2002,” “Veterans and Agent Orange, Update 2004,” which are Institute of Medicine (IOM) reports, concluded that there is “limited and/or suggestive evidence of an association” between exposure to herbicides used in Vietnam and the development of prostate cancer. Because of the provisions of the law and the IOM findings, VA has established a presumption that prostate cancer is related to exposure to herbicides in Vietnam. As a result of the establishment of this presumption, it is anticipated that many Vietnam veterans are going to seek advice about screening for prostate cancer.*

(a) While prostate cancer is one of the most serious malignancies for American men in terms of the number of cases and mortality, the value of performing screening tests on asymptomatic individuals remains controversial. The medical and scientific evidence supporting various screening tests is far from conclusive, and recommendations of major groups differ regarding prostate cancer screening.

(b) For instance, DRE has limited sensitivity and specificity for detecting early prostate cancer resulting in many false-positive and false-negative findings. Conversely serum Prostate Specific Antigen (PSA) is very sensitive for detecting prostate cancer, but it is not very specific, since it may be elevated with benign prostate conditions. More definitive evaluation of individuals with positive screening tests, such as the performance of transrectal biopsies, carries the risk of morbidity from the procedure, as well as causing anxiety for the patient.

(c) The ultimate benefit of early detection and treatment of prostate cancer in asymptomatic men is unclear. Prostate cancer may not become clinically important for many afflicted individuals; surgery and other treatments all carry significant risks of serious complications (including incontinence, impotence, and death) and optimal therapy is uncertain.

(d) Clinicians must respond to the values of the individual patient, which are based on the individual patient's background, experience, and perspective. Since Vietnam veterans may be eligible for compensation if they are diagnosed with prostate cancer, considerations other than purely clinical issues may be important to them. Clinicians need to be prepared to explain the available evidence, and deal with patient requests that may diverge from a path based exclusively upon scientific data.

(e) If a Vietnam veteran requests a prostate cancer screening exam (DRE, transrectal ultrasound* and/or PSA) after the controversy regarding the value of such testing has been explained, it is recommended that the EH Clinician honor the veteran's request. ***NOTE:** *Usually limited to veterans with abnormal DRE and/or PSA tests.*

(7) **Peripheral Nervous System.** Acute and sub-acute peripheral neuropathy.
NOTE: *Peripheral neuropathy has been noted to develop after acute exposure to dioxin; however, there is no evidence that this persists beyond the sub-acute period.*

(8) **Diabetes (Type II)**

d. In gathering medical history data, it is important to determine and record:

- (1) The time of onset of the veteran's symptoms or conditions,
- (2) Intensity,
- (3) Degree of physical incapacitation, and
- (4) Details of any treatment received.

e. Each veteran is to be given the following base line laboratory studies:

- (1) Chest X-ray (if determined to be medically necessary);
- (2) Complete blood count;
- (3) Comprehensive Metabolic Panel or blood chemistries and enzyme studies;
- (4) Urinalysis; and

(5) Hepatitis C Screening; that is, with the patient's consent and consistent with the standards for patient evaluation and testing. Refer to Web site: <http://www.hepatitis.va.gov/> .

NOTE: Hepatitis C has particular importance for VA because of its prevalence in VA's service population.

f. Appropriate additional diagnostic studies must be performed and consultations obtained as indicated by the patient's symptoms, the physical examination, and the laboratory findings.

g. Non-routine diagnostic studies, such as sperm counts, are performed only if medically indicated.

h. Laboratory test results must be filed in the veteran's health record.

NOTE: EH Clinicians do not need to obtain blood or serum and/or adipose tissue for analysis of tetrachlorodibenzo-para-dioxin (TCDD). Surgical procedures must not be performed to obtain tissue for the purpose of TCDD analysis. Serum dioxin has no clinical value and is currently recommended only as a part of a well-designed research study.

16. REPORTING REQUIREMENTS

a. Transmission

(1) AOR worksheet data must be entered and transmitted no later than 10 working days following the health registry examination to the AAC database via Web site:

<http://vaww.registries.aac.va.gov> .

(2) Copies of the registry worksheets (formerly registry codesheets) are to be filed in the veteran's health record.

b. **EH Clinician and Coordinator Listings.** Separate listings of the EH Clinicians and Coordinators are maintained by EAS, VA Central Office. In an effort to keep these listings current, facilities are required to notify EAS, VA Central Office, by e-mail, of any changes at their respective facilities and/or satellite clinics.

17. EDUCATION AND TRAINING

a. Current information on the status of the Agent Orange Program is to be presented to VA medical center staff (e.g., at staff conferences or grand rounds), VSOs, local public libraries, and community groups. *NOTE: This is an excellent means of exchanging ideas in a continuing effort to update and provide quality management of the Agent Orange Program.*

(1) VA Agent Orange Briefs and the Agent Orange Review, prepared and distributed periodically to all VA facilities by EAS, VA Central Office, are another training resource. Current and back issues of this material are available on-line at <http://www.va.gov/agentorange/>.

(2) Telephone conferences with VA medical facilities are held periodically by EAS, VA Central Office. *NOTE: Reports from these telephone conferences, research journal reprints, current Agent Orange Briefs, Agent Orange Review, and other education items are distributed to all VA facilities by EAS, VA Central Office. A Veteran Health Initiative (VHI), a system-wide training program for Agent Orange veterans' health, has been issued and can be accessed on VA Web site <http://www.va.gov/VHI/>. This ensures that VA physicians have the opportunity to be well informed regarding the latest developments on veterans' health issues.*

b. Education and training must ensure the successful accomplishment of the following goals for VHA staff. They need to be able to:

(1) Communicate effectively with special program participants by understanding the individual needs of specific groups of veterans.

(2) Acquire an in-depth knowledge of the specific processes, designated responsibilities, and time standard requirements of the Agent Orange Program.

c. A web-based training program for EH Coordinators has been developed and is to be available on the EAS Web site <http://vaww.va.gov/EnvironAgents/>.

**SAMPLE AGENT ORANGE FOLLOW-UP LETTER
(MEDICAL PROBLEMS INDICATED
FOR VIETNAM VETERANS)**

(Date)

(Name/Address)

Dear:

We wish to acknowledge your recent participation in the Department of Veterans Affairs (VA) Agent Orange Health Registry (AOR). This effort assists us to serve you and other veterans who are concerned about the possible health problems which might have resulted from military service in the Republic of Vietnam during the Vietnam era (between 1962 and 1975).

As discussed at the conclusion of your visit, the results of your examination and laboratory tests showed certain problems (optional-- these findings may be described in lay terms). In view of these findings, we have scheduled you for treatment of these health problems on (date). If for any reason you cannot keep this appointment, please call (phone number) at the earliest possible time to cancel and reschedule.

The results of your examination are to be maintained by VA. If you have any questions or concerns about your AOR examination, please contact the Environmental Health Coordinator at (phone number).

If a non-VA physician subsequently evaluates you, you are encouraged to have your non-VA physician provide VA with any additional diagnoses. This information is to be included in your health record as well as the AOR.

Remember, this examination does not automatically initiate a claim for VA benefits. If you wish to file a claim for compensation to establish possible service connection, contact your nearest VA Regional Office. In your area, the Regional Office is located at (address). Their telephone number is (phone number). VA may pay compensation for current disability due to any injury or disease that was incurred, or was aggravated, during military service. The condition does not have to be related to combat. If you need any further assistance, you may call one of the following toll-free numbers:

1. Veterans Benefits Representative: 1-800-827-1000 (for information on filing claims);
2. Veterans Health Benefits Service Center: 1-877-222-VETS (8387); or
3. VA Helpline: 1-800-749-8387.

To receive health care, veterans generally must be enrolled with VA. You may enroll at any time, if eligible. Additional information on enrollment, including enrollment forms and online applications, can also be found on the Internet at <http://www.va.gov/elig/>, or contact a Veterans Benefits Representative by calling the VA toll-free telephone number 1-800-827-1000.

An outreach program has been implemented in which VA notifies all individuals listed in the AOR of significant VA activities, including the health consequences of military service during the Vietnam era. You are now automatically included in our AOR, and are to receive an "Agent Orange Review" published periodically by VA's Environmental Agents Service (EAS). If you wish to obtain and/or read this publication via Internet, or if you have a change of address, please log on to the EAS Web page <http://www.VA.gov/EnvironAgents>, and follow the easy instructions.

We trust this information is helpful to you. Once again, your participation in the AOR is appreciated.

Sincerely,

_____(Name)_____
Name of Environmental Health Clinician

SAMPLE AGENT ORANGE FOLLOW-UP LETTER
(MEDICAL PROBLEMS INDICATED FOR VETERANS WHO MAY HAVE BEEN
EXPOSED TO AGENT ORANGE OR OTHER HERBICIDES OUTSIDE OF VIETNAM)

NOTE: If the veteran is not eligible for Department of Veterans Affairs (VA) treatment (e.g., the veteran is not enrolled for VA health care and/or served outside of Vietnam), the following letter is recommended.

(Date)

(Name and Address)

Dear:

We wish to acknowledge your recent participation in the Department of Veterans Affairs (VA) Agent Orange Health Registry (AOR). This effort assists us to serve you and other veterans who are concerned about the possible health problems which might have resulted from military service in Korea (1968 or 1969) or during the conduct of, or as a result of, the testing, transporting, or spraying of herbicides for military purposes.

As discussed at the conclusion of your visit, results of your examination and laboratory tests showed certain problems (optional-- these findings may be described in lay terms). These results are to be maintained by VA. If you have any questions or concerns about your AOR examination, please contact me at (phone number).

If a non-VA physician subsequently evaluates you, you are encouraged to have your non-VA physician provide VA with any additional diagnoses. This information is to be included in your health record as well as the AOR.

To receive health care, veterans generally must be enrolled with VA. You may enroll at anytime, if eligible. Additional information on enrollment, including enrollment forms and online applications, can also be found on the Internet at <http://www.va.gov/elig/>, or contact a Veterans Benefits Service Center by calling the VA toll-free telephone number 1-877-222-VETS (8387).

Remember, this examination does not automatically initiate a claim for VA benefits. If you need to file a claim for compensation to establish possible service connection, contact your nearest VA Regional Office. In your area, the Regional Office is located at (address). Their telephone number is (phone number). VA may pay compensation for current disability due to any injury or disease that was incurred or aggravated during military service. The condition does not have to be related to combat . If you need any further assistance, you may call one of the following toll-free numbers:

1. Veterans Health Benefits Service Center: 1-877-222-VETS (8387); or
2. VA Helpline: 1-800-749-8387.

An outreach program has been implemented in which VA notifies all individuals listed in the AOR of significant VA activities, including the health consequences of military service in Korea or other locations during the conduct of military operations, or as a result of, the testing, transporting, or spraying of herbicides for military purposes. Since you are now automatically included in our AOR, you are going to be receiving an "Agent Orange Review" published periodically by VA's Environmental Agents Service (EAS). If you wish to obtain and/or read this publication via or if you have a change of address, please log on to the EAS Web page <http://www.VA.gov/EnvironAgents>, and follow the easy instructions.

We trust this information is helpful to you. Once again, your participation in the AOR is appreciated.

Sincerely,

_____(Name)_____
Environmental Health Clinician

**SAMPLE AGENT ORANGE FOLLOW-UP LETTER
(NO MEDICAL PROBLEMS FOR ALL VETERANS EXPOSED TO AGENT ORANGE
OR OTHER HERBICIDES)**

(Date)

(Name/Address)

Dear _____:

We wish to acknowledge your recent participation in the Department of Veterans Affairs (VA) Agent Orange Health Registry (AOR) Program. This effort is helpful in assisting us to serve you and other veterans who are concerned about the possible health problems which may have resulted from exposure to Agent Orange or other herbicides during the conduct of, or as a result of, the testing, transporting, or spraying of herbicides for military purposes.

As discussed at the conclusion of your visit, results of your examination and laboratory tests indicate that there are no detectable medical problems. At this time you have no reason to be concerned about any adverse health effects resulting from your service in Vietnam, and/or Korea and/or other locations during the conduct of, or as a result of, the testing, transporting, or spraying of herbicides for military purposes. However, in the future, if you have a medical problem, I would encourage you to seek the help and advice of your nearest A medical center or outpatient clinic. You may reach us at telephone number (phone number). You may also contact a VA Helpline by calling 1-800-749-8387.

To receive health care, veterans generally must be enrolled with VA. They may enroll at any time, if eligible. Additional information on enrollment, including enrollment forms and online applications, also can be found on the Internet at <http://www.va.gov/elig/>, or call one of the following toll-free telephone numbers:

- 1 Veterans Benefits Representative at: 1-800-827-1000 (for information on filing claims); or
2. Veterans Health Benefits Service Center at: 1-877-222-VETS (8387).

The results of your examination are maintained by VA.

If a non-VA physician subsequently evaluates you, you are encouraged to have your non-VA physician provide VA with any additional diagnoses. This information is to be included in your health record as well as the AOR.

An outreach program has been implemented whereby VA notifies all individuals listed in the AOR of significant VA activities, including research on the health consequences of military service in Korea and/or the Republic of Vietnam during the Vietnam era and/or other locations during the conduct of, or as a result of, the testing, transporting, or spraying of herbicides for military purposes. Since you are now included in our AOR, you are going to be receiving an "Agent Orange Review" which is published periodically by VA's Environmental Agents Service (EAS). If you wish to obtain and/or read this publication via Internet, or if you have a change of

address, please log in to Web page <http://www.VA.gov/EnvironAgents> and follow the easy instructions.

We trust this information is helpful to you. Once again, your participation in the AOR is appreciated.

Sincerely,

_____(Name)_____
Environmental Health Clinician

DEFINITIONS AND ACRONYMS

- 1. Austin Automation Center (AAC).** The AAC, Austin, TX, is the location of the Agent Orange Registry database.
- 2. Agent Orange.** Agent Orange is a term used to describe an herbicide or defoliant, used in Vietnam, Korea, and other service areas. It was composed of two active ingredients, 2,4-D and 2,4,5-T. The name "Agent Orange" came from the orange stripe on the storage drums.
- 3. Agent Orange Health Registry (AOR).** The AOR is a computerized index of veteran participants, and the coded findings of the Agent Orange Program physical examinations, including related diagnostic results. This AOR is managed centrally by the Environmental Agents Service (EAS) in the Department of Veterans Affairs (VA) Central Office and entered into a database by the AAC.
- 4. Basic Metabolic Panel (BMP).**
- 5. Chief of Staff (COS).**
- 6. Comprehensive Metabolic Panel (CMP).**
- 7. Computerized Patient Record System (CPRS).**
- 8. Defoliant.** A defoliant is a chemical preparation used to defoliate plants.
- 9. Defoliate.** Defoliate means to lose leaves or to strip off leaves; to destroy an area of jungle, forest, etc., by chemical sprays in order to remove places of concealment of enemy forces.
- 10. Department of Defense (DOD).**
- 11. Department of Veterans Affairs (VA).**
- 12. Digital Rectal Examinations (DRE).**
- 13. Demilitarized Zone (DMZ).**
- 14. Dioxin.** A family of chlorinated compounds produced as by-products in the manufacture of Agent Orange herbicides (see par. 29; 2,3,7,8-tetrachlorodibenzo-para-dioxin (TCDD)).
- 15. Doctor of Osteopathy (D.O.).**
- 16. Doctor of Medicine (M.D.).**
- 17. DOD Form 2161, Referral for Civilian Care.**

18. Environmental Agents Service (EAS). The EAS, VA Central Office, has the responsibility to coordinate and monitor all Veterans Health Administration (VHA) activities, research and otherwise, relating to the Agent Orange issue. All policy and clinical questions relating to the potential effects of herbicides need to be referred to this office. **NOTE:** *Questions relating to eligibility of veterans or treatment of active duty personnel need to be referred to the Business Office (163), VA Central Office.*

19. Facility. A facility is a VA entity that provides AOR examinations to any eligible United States veteran or active duty personnel who may have been exposed to dioxin or other toxic substances in an herbicide or defoliant during the conduct of, or a result of, the testing, transporting, or spraying of herbicides for military purposes.

20. Follow-up Examination. The follow-up examination is an examination that is performed subsequent to the initial (first) examination. Data from completed copies of the follow-up health registry examination worksheets are transmitted to the AAC via Web site <http://vaww.registries.aac.va.gov>.

21. Herbicide. An herbicide is a substance or preparation used to destroy vegetation.

22. Initial Examination. The initial health registry examination is the first physical examination provided to eligible veterans. Data from completed copies of the initial health registry examination worksheets are transmitted via Web site AAC <http://vaww.registries.aac.va.gov> for the purpose of entering a veteran into the AOR system. The original code sheet is filed in the veteran's health record.

23. Non-service Connected (NSC). A veteran with no disabilities rated as service-connected by VA.

24. National Academy of Sciences (NAS).

25. Nurse Practitioner (NP).

26. Physician's Assistant (PA).

27. Porphyria Cutanea Tarda (PCT). PCT is a metabolic disorder characterized by thinning and blistering of the skin in sun-exposed areas.

28. Prisoner of War (POW).

29. Records Control Schedule 10-1 (RCS 10-1). The RCS 10-1 is a document supplying information regarding VHA record retention and disposition.

30. Tetrachlorodibenzo-para-dioxin (TCDD)-2,3,7,8. TCDD is an abbreviation for a specific dioxin which was an impurity or contaminate, created in the manufacturing process for producing Agent Orange. This contaminate of some herbicides was used in the Republic of Vietnam, on a strip of land just south of the demilitarized zone (DMZ) and north of the Civilian

Control Line in Korea, and in other locations during the conduct of, or as a result of, the testing, transporting, or spraying of herbicides for military purposes.

31. The International Classification of Diseases - 9th Edition, Clinical Modification (ICD-9-CM). The ICD-9-CM provides standardized classification of diseases.

32. Toxicity. Toxicity is the relative or specific degree of being harmful.

33. Service Connected (SC). Veterans' disabilities that have been adjudicated as related to military service.

34. Social Security Number (SSN).

35. Veterans Benefits Representative (VBR).

36. Veterans Health Administration (VHA).

37. Veterans Health Record (VHR). This file contains health records relating to patient identify, diagnosis, prognosis, or treatment at a VA health care facility.

38. Veterans Integrated Service Network (VISN).

**INSTRUCTIONS FOR COMPLETING AND ACCESSING
VA AGENT ORANGE HEALTH REGISTRY WORKSHEETS****1. General Instructions for Completing Department of Veterans Affairs (VA) Agent Orange Health Registry Worksheets**

a. All Agent Orange Health Registry (AOR) worksheet data are required to be entered into the AOR database located at the Austin Automation Center (AAC) via the Environmental Agents Service (EAS) Web site at <http://vaww.registries.aac.va.gov>. Blank health registry worksheets are available on this Web site and a User's Guide with a Table of Contents provides instructions to:

- (1) How to Get Access to EAS Registries.
- (2) EAS Registries Logon.
- (3) Main.
- (4) Patients.
- (5) Exams.
- (6) Agent Orange Exam.
- (7) Depleted Uranium Exam.
- (8) Gulf War Exam.
- (9) Gulf War Phase II.
- (10) Ionizing Radiation.
- (11) Reports.
- (12) Appendix A – Sample 9957 for EAS Coordinator.
- (13) Appendix B – Sample 9957 for EAS Coder.
- (14) Appendix C – Sample 9957 for EAS Clinician.
- (15) Appendix D – Sample 9957 for EAS Depleted Uranium Follow-up.
- (16) Sample Worksheets.

NOTE: As of September 30, 2003, the AAC no longer accepted hard copies of code sheets (now identified as worksheets) mailed to their offices in Austin, TX.

b. Click on the User's Guide on Web site at <http://vaww.registries.aac.va.gov> and follow the registry entry instructions carefully to ensure that all data fields are accurately completed. Edits are automatically accomplished at the time of entry. The completed registry worksheet must be maintained in the paper administrative health record or it must be scanned and attached to an appropriately titled Computerized Patient Record System (CPRS) progress note.

(1) The patient information part of the worksheet may be completed in the presence of the veteran.

(2) The Environmental Health (EH) Clinician or Primary Care Clinician completes the examination data (symptoms, consultations, and diagnoses). These data are coded by appropriate staff, either the EH Coordinator or Coding Clerk. *NOTE: Careful attention needs to be paid to assigning the correct code for both complaints (symptoms) and diagnosis. International Classification of Diseases, Clinical Modification, (Current Edition (ICD-9-CM)) code 78999, for uncodable complaints (symptoms), needs to be assigned only after all coding possibilities have been thoroughly explored. The indiscriminate use of ICD-9-CM code 78999 may result in skewed or misleading statistics.*