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Agent Orange Review

www.VA.gov/AgentOrange

Information for Veterans Who Served in Vietnam and Their Families

Vol. 23, No. 1

October 2007

Hot off the Press

IOM RELEASES “VETERANS AND AGENT ORANGE: UPDATE 2006”

The National Academy of Sciences’ Institute of Medicine (IOM), a highly respected, independent, non-governmental scientific review organization, has released their most recent congressionally mandated report, “Veterans and Agent Orange: Update 2006.” This updates IOM’s previous 2004 report with a new comprehensive search of all medical and scientific studies on health effects of herbicides used in the Vietnam War. Of more than 5,000 studies they found, 1,200 were reviewed and 350 were found to contribute important new information.

The 2006 Update was not released by the IOM until June 2007. VA specifically requested IOM to focus on any scientific evidence that might link acute myelogenous leukemia, tonsil cancer, AL amyloidosis, and lupus to herbicide or dioxin exposure.

The most significant changes to earlier “updates” from the IOM include the nature of association between herbicide and dioxin exposure and hypertension and AL amyloidosis. Both of these conditions are now listed as having “limited or suggestive evidence of an association” with herbicide and dioxin exposure, their weakest positive category of association. This means that “evidence suggests an association between exposure to herbicides and the outcome, but a firm conclusion is limited because chance, bias, and confounding could not be ruled out with confidence.”

VA has established an internal VA Work Group to formulate VA’s response. The Work Group is chaired by Dr. Lawrence R. Deyton, Chief Officer for VHA’s Office of Public Health and Environmental Hazards, and consists of representatives from Veterans Benefits Administration, as well as VA’s Offices of General Counsel, Research and Development, Patient Care Services, and Policy and Planning. The Work Group’s conclusions will be reported to a VA Task Force consisting of the Under Secretaries for Health and for Benefits, the Office of General Counsel, and the Deputy Assistant Secretary for Policy and Planning.

IOM RELEASES ALS REVIEW

In response to VA’s asking for an evaluation of a possible risk of Amyotrophic Lateral Sclerosis (ALS, or Lou Gehrig’s Disease) in US veterans seen in some scientific studies, the

Institutes of Medicine (IOM) recently released a new report entitled, “Amyotrophic Lateral Sclerosis in Veterans: Review of the Scientific Literature.” This and other IOM publications are available from the National Academies Press on line at www.nap.edu.

Veterans who served during the first Gulf War in the designated theater of operations during 1991 may be eligible to receive disability compensation for ALS developed subsequent to that service. Veterans who are suffering from ALS, and their survivors, who think they may be eligible should contact their local VA Regional Office.

In their November 2006 report, the IOM committee concluded that although there are some problems with the handful of scientific studies, nevertheless, “there is limited and suggestive evidence of an association between military service and later development of ALS” in all US service members.

ALS is a rare but fatal neurodegenerative disease resulting in the breakdown of nerve cells that control the muscles, ultimately resulting in paralysis and usually in death.

By way of background, a 2005 study published in the journal Neurology called “Prospective study of military service and mortality from ALS,” looked at ALS risk in veterans from World War II, and the Korean and Vietnam Wars. They concluded that these veterans appeared to be at slightly more risk for ALS compared to civilians.

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Two studies also published in Neurology in 2003 reported that veterans from the 1991 Gulf War also appeared to have a slight increase in risk for this disease.

The new report from the IOM was sponsored by VA. Established in 1970 as part of the National Academy of Sciences, the IOM provides independent, objective, evidence-based advice to policymakers, health professionals, the private sector, and the public.

Secretary Nicholson has stated that “The question of whether ALS should have presumptive service connection still requires more research. While preliminary studies show there may be some association, the research is not extensive enough to be conclusive.” The Secretary would like more research to see if a strong correlation exists and has directed that research to occur.

NEWSLETTER EDITOR RETIRES

After nearly 34 years of Federal Service, including about 32 years with VA, the writer/editor of the Agent Orange Review, Donald J. Rosenblum, retired in early September 2006. He has been the chief writer and editor of the newsletter since 1989.



Rosenblum worked on issues related to environmental hazards since he joined the Agent Orange program office in September 1980. He was the most senior employee (in terms of length of service) in the Office of Public Health and Environmental Hazards program.

He was in charge of preparing the *Agent Orange Review* (since 1989, as well as the *Gulf War Review*, the *Operations Iraqi Freedom/Enduring Freedom Review*, and *Ionizing Radiation Review* since they were established in 1992, 2003, and 2004 respectively). In addition, he has authored numerous Information Bulletins (brochures, pamphlets, fact sheets), co-edited two modules in the Veterans Health Initiative series, assisted in the development of various posters, exhibits, and videotape programs, and responded to thousands of letters.

He is the recipient of numerous awards (including the Word-master Award three times) and commendations from VA and several organizations for whom he volunteered.

Rosenblum created a strong foundation for this and the other newsletters and, thus, they will continue even though he has retired.

For this article, Rosenblum’s supervisor, Mark A. Brown, Director, Environmental Agents Services, offered the following remarks about his retiring deputy’s contribution to VA and the veterans it serves:

His fellow workers all will miss his enthusiasm and hard work, but they know that his work over the years has touched

the lives of literally millions of veterans and their families, including, of course, the readers of this newsletter.

We are fortunate to have as our new editor of the “Agent Orange Review” Mr. Steven S. Sloane. Mr. Sloane has many years of experience at VA Headquarters and in the field.

NEW STUDY EXAMINES HEALTH OF VETERANS WHO SPRAYED DEFOLIANTS IN VIETNAM

A study by VA researchers recently published in the American Journal of Industrial Medicine (2006) looked at the long-term health effects in Army Chemical Corps members who sprayed herbicides in Vietnam. “Health Status of Army Chemical Corps Vietnam Veterans Who Sprayed Defoliant in Vietnam” is based on a health survey of nearly 1,500 Vietnam veterans and 1,500 non-Vietnam veterans assigned to chemical duties (American Journal of Industrial Medicine 49:875-884, 2006). Close to 900 veterans also provided blood samples to measure their dioxin exposure.

Conclusions from the study show several findings of interest. When compared with veterans without similar exposure, Vietnam veterans who were exposed on the job to herbicide had more risk of:

- Diabetes
- Heart Disease
- Hypertension
- Non-malignant lung diseases

The study also showed the risk of all cancer combined among Vietnam veterans was not significantly associated with Agent Orange exposure. These findings are consistent with previous studies, including the 1997 Air Force Ranch Hand Study (Henricksen, et al, 1997). This study was part of the new IOM report described in the IOM RELEASES “VETERANS AND AGENT ORANGE UPDATE 2006” story on page one of this edition of the Review

VA CHIEF OFFICER MATHER RETIRES; DEYTON TAKES OVER

January 2006 saw a change in leadership at the Office of Public Health and Environmental Hazards (OPH&EH).

Early last year, Susan H. Mather, M.D., M.P.H., Chief Officer, Public Health and Environmental Hazards (PH&EH), retired. For 26 years, since joining VA in 1979, Mather translated her passion and dedication into services, strategies, and successful initiatives for a wide range of veterans on various health issues. Her contributions range from ensuring that VA clinical personnel were among the first to recognize and treat HIV/AIDS, to the Veterans Health Initiative, which provides Web-based modules on providing care for health effects of military service, including those on ionizing radiation, the Vietnam War and Agent Orange, and many other health issues of concern to veterans.

When first appointed as Chief Officer in 1990, the office was responsible for VA's role in addressing AIDS, women veterans health, and environmental hazard health issues. Under her leadership, the small office grew into a diverse organization that addresses many significant public health, as well as military and veterans' health issues that affect veterans, including smoking cessation, pandemic flu response, and emergency preparedness in a post-9/11 world.

Deyton In Charge

Following Mather's retirement, one of her top officials, Lawrence R. Deyton, M.S.P.H., M.D., assumed the role of Chief Officer. Deyton was Chief Consultant for the public health programs of the office since 1998, building policies and programs in HIV, hepatitis C, and emerging infectious diseases on behalf of health care providers and patients in the VA health system.

As Chief Officer, Deyton also assumed responsibility for VA's handling of issues related to the health of veterans exposed to Agent Orange, ionizing radiation, a variety of environmental hazards encountered during Operations Iraqi Freedom, Enduring Freedom, Desert Storm, and Desert Shield, the VA health system's preparedness for emergencies and responses to disasters, public health issues including pandemic influenza and smoking, women veterans health and VHA's employee and occupational health programs.

Before joining VA, Deyton led research programs in the National Institute of Allergy and Infectious Diseases (NIAID) at the National Institutes of Health for 11 years, formulated policy for the Office of the Assistant Secretary for Health of the Department of Health and Human Services for 6 years, and served as a legislative aide with the U.S. House of Representatives Subcommittee on Health and the Environment.

Deyton also teaches and practices medicine. He is a Professor of Medicine and Health Policy, George Washington University School of Medicine and Health Sciences. He holds a weekly clinic at the VA Medical Center Washington, DC, caring for veterans with HIV, infectious diseases and hepatitis C. He is a graduate of Kansas University, the Harvard School of Public Health and the George Washington University School of Medicine and has over 100 publications in peer-reviewed journals on AIDS clinical trials, clinical trials methodology, and public health aspects of HIV. For more information on the office, visit www.vethealth.cio.med.va.gov/.

HOW TO APPLY FOR DISABILITY COMPENSATION FROM VA

(Because of the high level of interest in this subject, the following article has been updated as of July 2007 and is repeated).

Veterans with service-connected illnesses or injuries are eligible for monthly payments, called disability compensation. The

disability must have been incurred or aggravated during active military service. Furthermore, the veteran's military service 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. The receipt of military retirement pay, disability severance pay, and separation incentive payments known as SSB and VSI (Special Separation Benefits and Voluntary Separation Incentives) also affects the amount of VA compensation paid.

The disability ratings range from 0 to 100 percent (in increments of 10 percent). For example, in 2007, a veteran with a disability rating of 10 percent receives \$115; a veteran with disability rating of 50 percent gets \$712; and a veteran who is totally disabled and evaluated at 100 percent receives \$2,471 monthly.

Veterans with disability ratings between 30 and 100 percent also are eligible for monthly allowances for each child. (The amount depends on the disability rating).

A veteran who either is in need of regular aid and attendance of another person or who is permanently housebound may be entitled to additional benefits. VA must make that determination before the veteran can get these benefits.

Must Apply To Be Considered

Veterans must apply separately for disability compensation. It is not provided automatically; nor does participation in a health registry substitute for filing a claim. VA veterans service representatives (VSR) can provide the necessary application and assist veterans who need help in completing it. VSRs are located at all VA Regional Offices, in VA medical centers, and at most VA clinics. For help in locating a VSR near you, call the following toll-free telephone number: **1-800-827-1000**.

Other Benefits

In addition to the 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 guarantees, life insurance, pension, burial benefits, and more.

To learn more about VA's programs, veterans and other interested parties can visit the VA home page www.va.gov or call **1-800-827-1000**.

HEALTH CONDITIONS PRESUMPTIVELY RECOGNIZED TO DATE

The information contained in this article repeats that contained in earlier issues of this newsletter. We are providing it again because of the high level of interest and because we know that some readers are seeing it for the first time. For more information, see www.VA.gov/AgentOrange.

The following health conditions are presumptively recognized for service connection. Vietnam veterans with 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. VA presumes that their condition is service-connected.

Conditions Recognized in Veterans

1. Chloracne (must occur within 1 year 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 (must occur within 1 year of exposure)
6. Multiple myeloma
7. Respiratory cancers, including cancers of the lung, larynx, trachea, and bronchus
8. Prostate cancer
9. Acute and subacute transient peripheral neuropathy (must appear within 1 year of exposure and resolve within 2 years of date of onset)
10. Type 2 diabetes
11. Chronic lymphocytic leukemia

Conditions Recognized in Children of Vietnam Veterans

1. Spina bifida (except spina bifida occulta)
2. Certain other birth defects in the children of women Vietnam veterans

Brief Description of Conditions Recognized for Presumptive Service Connection for In-Country Vietnam Veterans

Chloracne: A skin condition that looks like common forms of acne seen in teenagers. The first sign of chloracne may be excessive oiliness of the skin. This is accompanied or followed by numerous blackheads. In mild cases, the blackheads may be limited to the areas around the eyes extending to the temples. In more severe cases, blackheads may appear in many places, especially over the cheek bones and other facial areas, behind the ears, and along the arms.

Non-Hodgkin's lymphoma: A group of malignant tumors (cancers) that affect the lymph glands and other lymphatic tissue. These tumors are relatively rare compared to other types of cancer. Survival rates have improved during the past 2 decades. The common factor is the absence of the certain cells (known as giant Reed-Sternberg cells) that distinguish this cancer from Hodgkin's disease.

Soft tissue sarcoma: A group of different types of malignant tumors (cancers) that arise from body tissues such as muscle, fat, blood and lymph vessels, and connective tissues (not in

hard tissue such as bone or cartilage). These cancers are in the soft tissue that occurs within and between organs.

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

Porphyria cutanea tarda: A disorder characterized by liver dysfunction and by thinning and blistering of the skin in sun-exposed areas.

Multiple myeloma: A cancer of specific bone marrow cells that is characterized by bone marrow tumors in various bones of the body.

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

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

Peripheral neuropathy (transient acute or subacute): A nervous system condition that causes numbness, tingling, and motor weakness. This condition affects only the peripheral nervous system, that is, only the nervous system outside the brain and spinal cord. Only the transient (short-term) acute and subacute forms of this condition, not the chronic persistent forms, have been associated with herbicide exposure.

Diabetes mellitus: Often referred to as Type 2 diabetes; it is characterized by high blood sugar levels resulting from the body's inability to respond properly to the hormone insulin.

Chronic lymphocytic leukemia: A disease that progresses slowly with increasing production of excessive numbers of white blood cells.

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 spinal bifida in the children of women Vietnam veterans: Covered birth defects include a wide range conditions. Eighteen defects are specifically included and others not specifically excluded are covered. For more information, contact a veteran services 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. Hirschprung's disease (congenital megacolon),
9. hydrocephalus due to aqueductal stenosis,
10. hypospadias,
11. imperforate anus,
12. neural tube defects,
13. Poland syndrome,
14. pyloric stenosis,
15. sundactyly (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.

ABOUT THE "REVIEW"

The Agent Orange Review is prepared by VA's Environmental Agents Service (EAS). The "Review" is published to provide information on Agent Orange and related matters to Vietnam veterans, their families, and others with concerns about herbicides used in Vietnam. This publication, and other information, is available online at www.VA.gov/AgentOrange. This issue is the 46th and was completed in September 2007. It does not include developments that occurred since that time. Beginning with this issue of the Review, audio files of news items will be available at our website at www.va.gov/EnvironAgents, click on "Agent Orange".

Comments or questions about the content or design of the Review are encouraged. Suggestions and ideas for future issues should be sent to Agent Orange Review, Environmental Agents Service (131), Agent Orange Review, VA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420. Requests for additional copies of this and earlier issues should also be directed to the above address. Please specify the issue date and the quantity sought. A limited supply is available.

VA updates the Review mailing address listing annually based on IRS records. "Review" recipients who have not been filing Federal income tax returns annually and have moved to another residence are encouraged to send their old and new addresses and Social Security number to the Agent Orange Review, Corporate Franchise Data Center, Austin Campus (200/397A), 1615 Woodward Street, Austin, TX 78772-0001.

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 your 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 the Health Revenue Center toll-free: **1-877-222-8387**.

WHERE TO GET HELP

Veterans with Questions about Agent Orange-Key contacts:

- VA's toll-free Special Issues Helpline at **1-800-PGWVETS (1-800-749-8387)**.
- Your nearest VA medical center, which you can locate at: www.va.gov/directory/guide/home.asp
- VA's toll-free number at **1-800-827-1000**.

General questions about Agent Orange: Contact VA's toll-free Special Issues Helpline at **1-800-PGWVETS (1-800-749-8387)**. You also can find information on our web page at www.va.gov/AgentOrange.

If you are concerned about possible long-term consequences of your exposure and served in Vietnam, Korea along the DMZ in April 1968 through July 1969, or exposed to Agent Orange or other herbicides elsewhere during the testing, transporting, or spraying of herbicides for military purposes: Contact the nearest VA medical center to request an Agent Orange examination. You can find the VA medical center nearest you at: www.va.gov/directory/guide/home.asp.

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 toll-free Special Issues Helpline at **1-800-PGWVETS (1-800-749-8387)**. You can find the VA medical center nearest you at www.va.gov/directory/guide/home.asp.

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 toll-free hotline at **1-888-820-1756**, or the nearest VA regional office by calling toll-free **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 toll-free at **1-800-621-3141**, or by email at sbaa@sbaa.org. The web site is www.sbaa.org.

For disability information: Contact a VA veterans services 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 VA administers. The national toll-free 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 toll-free Special Issues Helpline at **1-800-749-8387**.

For additional benefits information, see *VA's Federal Benefits for Veterans and Dependents* booklet, which is updated annually to reflect changes in laws and policies. This booklet is available for purchase from the U.S. Government Printing Office, Superintendent of Documents, Washington, D.C. The web site is: <http://bookstore.gpo.gov>.

VA's World Wide Web pages are updated throughout the year to present the most current information. The VA home page www.va.gov contains links to selections on compensation and pension benefits, health care benefits and services, burial and memorial benefits, etc.

Representatives of veterans service organizations have also been very helpful to Vietnam veterans seeking disability compensation. 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.

COMPENSATION FOR DISABLED MILITARY RETIREES

This is a summary of information published previously in the Review. It is presented again due to the interest voiced by readers. Additional information and application materials are available at: www.defenselink.mil/prhome/mppcrsc.html.

The Department of Defense has two programs designed to reduce the reduction in retired pay due to receipt of Veteran Administration compensation, for certain disabled retirees.

Combat-Related Special Compensation (CRSC) pays added benefits to retirees who receive VA disability compensation for combat-related disabilities and have 20 years of service.

Concurrent Retirement and Disability Payments (CRDP) provides a 10-year phase-out of the offset to military retired pay due to receipt of VA disability compensation for members whose combined disability rating is 50% or greater. Members retired under disability provisions must have 20 years of service.

Combat Related Special Compensation I (CRSC)

- Effective June 1, 2003, CRSC is payable to eligible retirees if they have combat-related condition(s) with a combined evaluation of at least 60 percent or conditions for which a Purple Heart was awarded.
- Guard and reserve retirees qualify for CRSC only if they performed duty equivalent to 20 full calendar years of service.

Combat Related Special Compensation II

- Effective January 1, 2004, CRSC is payable to eligible retirees who have a combat-related VA disability rating of 10 percent or more.
- Guard and reservists need to have 20 years of qualifying service (supported by documentation from the applicable branch such as a 20-year letter, retirement orders, or a statement of service) to be eligible.

- Qualified reservists will not receive CRSC until they begin to receive retired pay at age 60.

Combat Related Special Compensation Benefits

- CRSC is not retired pay.
- CRSC is tax exempt.
- CRSC is not subject to garnishment for child support or alimony.

Concurrent Retirement Disability Pay (CRDP)

Effective January 1, 2004, CRDP is payable to eligible retirees with a VA rating decision establishing service-connected disability of 50 percent or higher.

- Retirees with 20 or more years of active duty service, including service in the Guard and reserves, are eligible if they have a "20-year letter".
- Qualified reservists will not receive CRDP until they begin to receive retired pay at age 60.
- Eligibility is automatic for any month in which the retiree is entitled to a service-connected combined evaluation of 50 percent or higher.
- CRDP is a phased-in restoration of retired pay withheld from a retiree's account due to their receipt of VA compensation.
- CRDP is retired pay.
- CRDP is taxable.
- CRDP is subject to garnishment for child support or alimony.

Veterans must apply to their own branch of Service for Combat-Related Special Compensation (CRSC) benefits. Applicants are urged to contact their own branch of Service for additional information.

AIR FORCE

HQ Air Force Personnel Center

<http://ask.afpc.randolph.af.mil/>

1-800-616-3775 toll-free (Select option 5, then option 1) or **1-210-565-1600**

ARMY

Army Human Resources Command

www.hrc.army.mil/site/crsc/index.html

1-866-281-3254 toll-free

COAST GUARD

Coast Guard Personnel Command (adm-1)

www.uscg.mil/hq/cgpc/adm/adm1.htm

1-866-307-1336 toll-free

NAVY AND MARINE CORPS

Naval Council of Personnel Boards

www.hq.navy.mil/ncpb/CRSCB/combatrelated.htm

1-877-366-2772 toll-free (prerecorded)

Disability Compensation Rates for 2007		
Percent Disabled	No Dependents	Veteran & Spouse
10%	\$115	-----
20%	\$225	-----
30%	\$348	\$389
40%	\$501	\$556
50%	\$712	\$781
60%	\$901	\$984
70%	\$1,135	\$1,232
80%	\$1,319	\$1,430
90%	\$1,483	\$1,608
100%	\$2,471	\$2,610

These rates were effective December 1, 2006 and were established by Congress. Veterans with disability ratings of at least 30 percent are eligible for additional allowances for dependents. Dependents include spouses, minor children, children between ages 18 and 23 who are attending school, children who are permanently incapable of self-support because of disabilities arising before age 18, and dependent parents. The additional amount depends on the disability rating.

Veterans with certain severe disabilities may also be eligible for additional special monthly compensation. For additional rate information, see compensation rate tables online at www.vba.va.gov/bln/21/Rates/comp01.htm. Legislation is pending to increase the rates.

ADDRESS CHANGES

If this newsletter has your old address, please use this form to update our mailing list. Send the completed form to the Agent Orange Review, Corporate Franchise Data Center, Austin Campus (200/397A), 1615 Woodward Street, Austin, TX 78772-0001. If you have access to the Agent Orange Review via the VA Web site at: www.va.gov/EnvironAgents, and wish to discontinue receiving a copy by mail, please complete the below form and return it to the Corporate Franchise Data Center, Austin Campus. If you are receiving more than one copy of the newsletter, please let us know. Write to the address above.

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AGENT ORANGE REGISTRY STATISTICS: SEPTEMBER 2007

The Agent Orange Registry began in mid-1978 to respond to the health-related concerns of veterans returning from Vietnam and their families. The examinations are available at nearly all Department of Veterans Affairs medical facilities.

Initial Examinations – **439,849**

Follow-Up Examinations – **50,487**

Total Agent Orange Registry Examinations – **490,336**

Total Examinations in 2003 – **28,322**

Total Examinations in 2004 – **30,126**

Total Examinations in 2005 – **29,359**

Total Examinations in 2006 – **25,449**

Total Examinations, January 1-September 1, 2007- **13,687**

Total Agent Orange Registry Examination – Female – **8,736**

2007 FEDERAL BENEFITS FOR VETERANS BOOK AVAILABLE ONLINE

The 2007 edition of the Federal Benefits for Veterans and Dependents is now available online. Updated annually, this publication provides information for Veterans and their dependents on a wide variety of topics: VA Healthcare, Service Connected Disabilities, Pensions, Home Loans, Life Insurance, and Memorial Benefits. This publication is found at <http://bookstore.gpo.gov/>.

Additional sections provide information for Reservists, National Guard, and other Special Groups. “While much of our immediate attention focuses on our new generation of veterans, we certainly have not forgotten veterans who served in past wars”, writes Secretary of Veterans Affairs Jim Nicholson in the Prologue to the 2007 Benefits Book. “This publication is intended as a reference guide for all of our nation’s veterans, their spouses and family members, and those who help veterans access VA benefits and services.”

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. We received an email from a veteran in Pennsylvania in the Army Nurse Corps at Da Nang 1967-1969 asking for an explanation as to why certain conditions are accepted as presumptive for a relationship to Agent Orange exposure while others are not. This veteran also inquired about what options she may have regarding treatment of conditions not yet recognized as related to service, and whether there is an opportunity to have her situation considered for future changes in policy.

Congress determined the current method regarding disability policy with the “Agent Orange Act of 1991”. The Act directs the VA to contract with the prestigious and independent National Academy of Science’s Institute of Medicine (IOM), to review the world body of scientific and medical literature on Agent Orange and dioxin health effects. VA is required to base disability and compensation policies on those reviews. Based on this process, about a dozen different diseases among Vietnam Veterans (see “Health Conditions Presumptively Recognized to Date, page 3) are automatically service-connected to Agent Orange exposure.

The IOM is required to update their review every two years on the basis of new information as it becomes available. The next report is due out during the summer of 2007. Past IOM “Vietnam Veterans and Agent Orange” reports and updates are available on the internet at www.nap.edu.

Anyone wishing to have scientific or medial information considered by the IOM should contact the IOM directly at:

Institute of Medicine
500 Fifth Street, NW
Washington, DC 20001

Agent Orange Review
Information for Veterans Who Served
in Vietnam and Their Families

October 2007

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