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# Agent Orange Review

Vol. 14, NO. 2

*Information for Veterans Who Served in Vietnam*

April 1998

## **VA/Korea Scientists to Study Health of Koreans Who Served in Vietnam**

In February 1998, the principal investigator for the Korean government-funded "Epidemiologic Study of the Health Effects of Exposure to Phenoxy Herbicides Among Korean Veterans Who Served in the Vietnam War" spent two weeks with VA scientists from the Environmental Epidemiology Service.

Dr. Jung-Soon Klm, the visiting scientist, is collaborating in the statistical analysis of data that the Korean investigators collected from health interviews, physical examinations and laboratory testing. The Korean government commissioned the study because of concerns that the health of Korean veterans has been affected by their service in Vietnam and their possible exposure to Agent Orange. More than 300,000 Korean soldiers served in Vietnam along with about 2.8 million U.S. troops.

For many years, VA has been sharing with the Korean government information about research efforts, medical care, and compensation policies for American veterans. The collaborative research effect should be mutually beneficial in developing scientific knowledge on the health effects of participants in the Vietnam War.

Dr. Klm is chair of the Department of Epidemiology, Graduate School of Public Health, Seoul National University. A physician epidemiologist, she was trained at the John Hopkins University.

## **Updated VA Agent Orange Fact Sheet Series Available**

In December 1997, the Environmental Agents Service in VA headquarters in Washington, DC, updated a series of Agent Orange fact sheets, known as "Agent Orange Briefs." The updated fact sheets have been sent to all VA medical centers and to other interested parties. The revised "Briefs," describe a wide range of Agent Orange-related matters. The following twenty "Briefs" are currently available:

**A1. Agent Orange - General Information**

**A2. Agent Orange Class Action Lawsuit**

**B1. Agent Orange Registry**

**B2. Agent Orange - Health Care Facility**

**B3. Agent Orange and VA Disability Compensation**

**B4. VA Information Resources on Agent Orange and Related Matters**

**C1. Agent Orange - The Problem Encountered in Research**

**C2. Agent Orange and Vietnam Related Research - VA Efforts**

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

**D1. Agent Orange and Birth Defects**

**D2. Agent Orange and Chloracne**

**D3. Agent Orange and Non-Hodgkin's Lymphoma**

**D4. Agent Orange and Soft Tissue Sarcomas**

**D5. Agent Orange and Peripheral Neuropathy**

**D6. Agent Orange and Hodgkin's Disease**

**D7. Agent Orange and Porphyria Cutanea Tarda**

**D8. Agent Orange and Multiple Myeloma**

**D9. Agent Orange and Respiratory Cancers**

**D10. Agent Orange and Prostate Cancer**

**D11. Agent Orange and Spina Bifida**

Changes in law, research developments, and policy necessitated changes. Most of the "Briefs" were revised. Earlier versions of the "Briefs" were released in October 1988, October 1989, September 1990, July 1991, February 1992, January 1993, September 1994, and January 1997. Copies of these outdated issues are no longer available.



For additional information or a copy of some or all of the fact sheets, contact the Agent Orange Briefs, Environmental Agents Service (131), VA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420.

## Army Chemical Corps Vietnam Veterans Study Update Supports Earlier Findings

### About the Review...

The "Agent Orange Review" is prepared by VA's Environmental Agents Service (EAS). The "Review" is published to provide information on Agent Orange and related matters to Vietnam veterans, their families, and others with concerns about herbicides used in Vietnam. The first issue was released in November 1982. The most recent edition (prior to the release of this issue) was dated November 1997. The April 1998 release is the twenty-eighth issue. It was written in late February 1998 and does not include developments that occurred since that time.

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

Requests for additional copies of this and earlier issues should also be directed to Mr. Rosenblum. Please specify the issue date and the quantity sought. A limited supply of the issues published during the past eight years are available (October 1989, May 1990, August 1990, February 1991, April 1991, August 1991, December 1991, April 1992, September 1992, February 1993, September 1993, October 1994, May 1995, August 1996, February 1997, November 1997, and April 1998). VA facilities should order additional copies from the VA Forms Depot.

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

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

Army Chemical Corps personnel who served in Vietnam were among those service personnel with the greatest potential for exposure to herbicides. An evaluation of the mortality experience of 894 Army Chemical Corps Veterans, authored by VA scientists that was published in the *American Journal of Industrial Medicine* in 1990, found a statistically significant excess risk of dying from digestive disease, primarily due to cirrhosis of the liver, and from motor vehicle accidents.

That study was expanded to include 2,872 Vietnam veterans who served with the Army Chemical Corps and 2,737 veterans who never served in Southeast Asia but who served in the same occupational category.

The updated expanded study results, published last year in the *American Journal of Industrial Medicine*, support the earlier study's finding regarding death from digestive diseases, primarily due to liver cirrhosis. Non-significant increased relative risks were observed for all cancers combined, digestive and respiratory systems cancer, skin cancer, lymphopietic cancers, and respiratory system diseases.

Compared to the mortality rates in the general population, the non-Vietnam Army Chemical Corps veterans had a statistically significant lower death rate from all causes combined, which is consistent with a "healthy selection bias" (that is, only healthy individuals are allowed to serve in the military).

### Feasibility Study

As mentioned in the November 1997 issue of the *Agent Orange Review*, in July 1997, VA announced a research initiative designed to determine whether it is possible to conduct a large-scale study of the long-term health effects of exposure to Agent Orange (and other herbicides used in Vietnam) on Army Chemical Corps Vietnam veterans.

A telephone interview will be conducted with each study participant, and medical records will be obtained to supplement self-reported medical histories. A sample of participants will be asked to provide a small amount of blood on which serum dioxin assays will be made.

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

Initially, letters were sent to 500 randomly selected veterans inviting them to participate in this investigation, (Researchers must select the study participants carefully to ensure that possible biases are minimized, if not eliminated. Study volunteers cannot recruit or volunteer themselves.) Half of the letters were sent to Vietnam veterans, and half were sent to Vietnam era veterans who did not serve in Vietnam. Data collection efforts for the feasibility study should be completed by June 1998.

The full study may ultimately include approximately 5,200 veterans, but the pilot study is needed to determine whether a large-scale study is feasible and may produce accurate and meaningful results.

## **Australian Government Releases Vietnam Veterans Mortality Study**

Last year the Australian Government released the results of its Vietnam Veterans' Mortality Study. The study found that between 1980 and 1994, the overall mortality of Vietnam veterans was seven percent higher than the rest of the Australian male population, Australian researchers indicated that the elevated rate appears to be due chiefly to lung, prostate and certain cancers of the head and neck, and possibly suicide.

The Minister for Veterans' Affairs Bruce Scott reported that the Australian Federal Government "accepts that there is a very real problem with the health of veterans of the Vietnam War." Minister Scott indicated that the Australian Government "will embark on a broadly based awareness program to encourage General Practitioners and other health providers to monitor all aspects of their patients' health more closely." He reported that "all GPs will be contacted to alert them to the specific findings" of this study.

The study found that 53,391 of the 59,036 male Australian Vietnam veterans were alive at the end of 1994, 499 died in combat, 3,341 died after their return from Vietnam, and 1,805 could not be traced.

The study also found that the death rate from all cancers combined was about twenty percent higher than would be expected; that 224 veterans had died from lung cancer, which represents a thirty percent increase over what would be expected; that the death rate from cancers in the head and neck was fifty percent higher than was anticipated; and that Vietnam veterans "may" have an increased risk of death by suicide.

The Australian Government indicated that a follow-up mortality study will be conducted covering the period 1995 to 2000.

## **New Law Modifies Spina Bifida Program**

On November 21, 1997, President Clinton signed Public Law 105-114, the "Veterans' Benefits Act of 1997," that, among other things, requires minor changes in the VA's program for Vietnam veterans' children suffering from the birth defect spina bifida. (The Agent Orange Review, dated November 1997, includes extensive information on the spina bifida program, mandated by Public Law 104-204.)

Under Public Law 104-204, the term "child," for the purposes of this program, with respect to a Vietnam veteran, is defined as "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."

Under the new language, the term "child," for the purposes of this program, with respect to a Vietnam veteran, means "a natural child of a Vietnam veteran, regardless of age or marital status, who was conceived after the date on which the Vietnam veteran first entered the Republic of Vietnam during the period beginning on January 9, 1962, and ending on May 7, 1975."

Under Public Law 104-204, the term "Vietnam veteran," for the purposes of this program, means "a veteran who performed active military, naval, or air service in the Republic of Vietnam during the Vietnam era." The new law defines "Vietnam veteran," for the purposes of this program, as "an individual who performed active military, naval, or air service in the Republic of Vietnam during the period beginning on January 9, 1962, and ending on May 7, 1975, without regard to the characterization of the individual's service."

Public Law 105-114 also specifies that certain administrative provisions apply to the beneficiaries of the spina bifida program in the same manner in which they do to the veterans' disability compensation program. The new law also modified the vocational rehabilitation provisions of the spina bifida program.

Individuals seeking information about the spina bifida program are encouraged to contact the nearest VA regional benefits office. The toll-free telephone number is 1-800-827-1000.

## Change of Address

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

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

## IOM Update 1998 Report Should be Released In June

VA officials anticipate that the National Academy of Sciences' Institute of Medicine (IOM) will release, in June 1998, the third in a series of periodic reports, funded by the Department of Veterans Affairs (VA), reviewing and analyzing world literature regarding health effects of Agent Orange and other herbicides used in Vietnam. These reviews were mandated by Public Law 102-4, the "Agent Orange Act of 1991." Depending on what the IOM scientists conclude in the 1998 update, there may be changes in VA compensation policy later this year.

### First IOB Report

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

The regulations regarding Hodgkin's disease and porphyria cutanea tarda (PCT) were published in the *Federal Register* as proposed rules in September 1993 and in final form in February 1994. The regulations regarding multiple myeloma and respiratory cancers were published in the *Federal Register* as proposed rules in February 1994 and in final in June 1994.

In January 1994, VA published a notice in the *Federal Register* that Secretary Brown has determined that a presumption of service connection based on exposure to herbicides used in Vietnam is not warranted for the following conditions: prostate cancer, peripheral neuropathy, hepatobiliary cancers, bone cancers, female reproductive cancers, renal cancers, testicular cancer,

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

## Law Changes

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

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

## Second IOM Report (Update 1996)

After careful review of the IOM report, **Veterans and Agent Orange: Update 1996**, released March 14, 1996, Secretary Brown concluded that acute and subacute transient peripheral neuropathy (if manifested within one year of exposure to an herbicide in Vietnam and resolved within two years of onset) and prostate cancer should be added to the list of conditions presumed to be service connected.

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

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

In August 1996, VA published a notice in the *Federal Register* that Secretary Brown has determined that a presumption of service connection based on

exposure to herbicides used in Vietnam is not warranted for the following conditions: hepatobiliary cancers, nasal/nasopharyngeal cancer, bone cancer, female reproductive cancers, breast cancer, renal cancer, testicular cancer, leukemia, abnormal sperm parameters and infertility, cognitive and neuropsychiatric disorders, motor/coordination dysfunction, chronic peripheral nervous system disorders, metabolic and digestive disorders, immune system disorders, circulatory disorders, respiratory disorders (other than certain respiratory cancers), skin cancer, gastrointestinal tumors, bladder cancer, brain tumors, and any other condition for which the Secretary has not specifically determined a presumption of service connection is warranted.

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

### **Third IOM Report (Update 1998)**

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

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

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

## **Conditions Recognized in the Children of Vietnam Veterans**

**Spina bifida**

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**Department of  
Veterans Affairs**

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