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# Agent Orange Review

Vol. 7 NO. 1

Information for Veterans Who Served in Vietnam

October 1989

## Secretary Derwinski on Agent Orange

Shortly after his appointment as Administrator of Veterans Affairs, Edward J. Derwinski, who served 24 years in the U.S. House of Representatives prior to 6 years in the State Department, sought and obtained a comprehensive briefing on the VA Agent Orange program. He quickly assembled VA's most knowledgeable experts on Agent Orange. Mr. Derwinski also met with individuals outside VA to get other perspectives on this most difficult and controversial issue.



Edward J. Derwinski

On March 16, 1989, one day following the White House ceremony installing him as the first Secretary of Veterans Affairs, Mr. Derwinski attended a meeting of the Department's Advisory Committee on Health-Related Effects of Herbicides. This group, which includes a number of individuals from the veteran community, meets on a regular basis to assist VA in developing appropriate policies in the best interests of Vietnam veterans who may have been exposed to herbicides during their military service.

Secretary Derwinski's participation in the Advisory Committee meeting underlined his interest in and concern about this issue and provided concrete evidence of the importance of this issue on his agenda. The Secretary's involvement in this meeting also reflected the respect and high regard that he has for this Committee and its members.

On May 11, 1989, Secretary Derwinski held a news conference to announce the Department's position on a recent U.S. District Court decision invalidating a portion of the VA regulations which govern the payment of compensation for specific diseases relating to exposure to Agent Orange. Secretary Derwinski said that he would not appeal the decision.

He explained that it was his view "that an appeal would not be in the best interests of the Administration or the veterans community served by this Department." He declared that VA would take a "fresh look" at the issue, that the regulations will be rewritten and published for public comment as soon as possible and that claims that have been denied will be reconsidered. His action won widespread acclaim from Congress, veterans organizations, and the news media.

## Compensation Regulations Revision Underway

On July 18, 1989, the Department of Veterans Affairs released for public comment a "proposed rule" to amend its regulation on

scientific and medical study evaluations to establish criteria for determining when a significant statistical association exists between exposure to dioxin or ionizing radiation and specific diseases. The proposal was published in the Federal Register.

The proposed amendment was prompted by a decision of the United States District Court for the Northern District of California in *Nehmer, et. al. v. U.S. Veterans Administration, et. al.* in early May invalidating a portion of VA regulations on the handling of some disability compensation claims.

The District Court struck down the VA provision indicating that due to the lack of scientific evidence concerning a cause-and-effect relationship between dioxin exposure and the development of diseases other than chloracne, any such disability and death claims based upon

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## About the "Review"...

This issue of the "Agent Orange Review" was prepared by VA's Environmental Medicine Office. (Responsibility for this publication was recently transferred to this office from VA's Office of Public Affairs, which prepared all previous issues with support from the Environmental Medicine Office.) The "Review" is published periodically to provide information on Agent Orange and related matters to Vietnam veterans, their families, and others with concerns about Agent Orange. The most recent issue was published in October 1988.

This issue describes Secretary Derwinski's commitment to veterans who may have been exposed to Agent Orange, explains that disability regulations are being revised, updates VA and other Federal research efforts, provides information about other VA activities (including the Agent Orange Registry examination program, advisory committees, Environmental Medicine Office), includes referral information concerning the class action lawsuit, discusses State efforts, and offers information regarding several other matters. Comments or questions about the content of these articles and suggestions for future issues of this publication should be sent to the Director, Environmental Medicine Office (10B/AO), VA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420.

Requests for additional copies of this issue, should also be directed to the Environmental Medicine Office. Please specify the number of copies you are requesting. VA facilities should order additional copies from the VA Supply Depot.

If you have had an Agent Orange Registry examination and have questions about the examination or your results, contact the environmental physician at the VA medical center where you had the examination.

If you have questions about VA benefits, contact a veterans benefits counselor at the VA facility nearest you. The telephone number can be found in your telephone book under "U.S. Government" listings.



other diseases are generally to be denied. (Exceptions exist if the disease can be shown to have been present during military service or, for some diseases, within statutorily prescribed periods thereafter.)

The Court concluded that in the process of deciding which diseases would be recognized as being caused by Agent Orange, VA used an erroneous and too demanding standard. Rather than using the cause-and-effect standard, the Court indicated that VA should have recognized any disease for which the scientific evidence shows there is a "significant statistical association" with exposure to dioxin.

The Court also ruled that in evaluating the scientific literature, VA should have applied the "reasonable doubt" standard used when weighing evidence in individual claims. This long-standing VA rule of claims adjudication provides that if the weight of evidence tending to support a claim is in balance (or near balance) with that tending to oppose it, the benefit of doubt goes to the claimant (that is, the veteran or dependent).

Because a specific portion of VA's regulation was invalidated, VA claims decisions based upon it since its adoption in 1985 were also voided. Before those claims can be readjudicated, the new regulatory standard for review of scientific studies must be established.

Secretary Derwinski pledged in May that the Department would proceed expeditiously in revising the voided regulations in consultation with the Veterans' Advisory Committee on Environmental Hazards, as required by law. The Committee was consulted, and a proposed amended role specifying the standard that will be used to evaluate scientific studies was published on July 18, 1989.

As soon as all the public comments have been carefully reviewed and any appropriate changes made, a final regulation will be published. After publication of the new regulation, the Committee will review the scientific evidence utilizing the new standard. Favorable recommendations from the Committee on "significant statistical associations" will be followed by amendment of adjudication regulations. A review of prior claims from individual veterans will then be undertaken.

## **American Legion Study Published; Compared with CDC Effort**

In December 1988, Environmental Research published five papers describing the results of the American Legion-Columbia University Vietnam Veterans Study, an investigation of long-term health consequence of military service in Vietnam. This study can be compared with the Centers for Disease Control (CDC) Vietnam Experience Study (VES) in many respects.

### **Methodology**

There are important similarities and differences in the methods and objectives of the VES, described in detail in the last issue of "Review," and the American Legion study. Both studies were cross-sectional surveys of current and past health status among Vietnam veterans compared to veterans of the same era who served in locations other than Southeast Asia. Both studies used questionnaires to assess current health status. The VES included a personal interview, physical and psychological testing, and laboratory examination of some veterans. The American Legion study used only a self-administered written questionnaire.

The method used to assess herbicide exposure was less rigorous than that attempted and abandoned as invalid by CDC. Investigators in American Legion study did not validate herbicide exposure estimates by using military records or by measuring levels of dioxin in blood. The Congressional Office of Technology Assessment and Science Panel of Domestic Policy Council's Agent Orange Working

Group both have criticized the American Legion study because of the questionable validity of the herbicide exposure index.

## **Results**

Despite the differences between these studies and the controversy surrounding their methodology, both the VES and the American Legion study demonstrated that Vietnam veterans report more current and past health problems than non-Vietnam veterans. They also report more adverse reproductive outcomes and more health problems among their children.

In the VES, reported medical problems were associated with recall of herbicide exposure among Vietnam veterans. Those veterans who did not think they were exposed to herbicides during Vietnam service reported no more health problems than did non-Vietnam veterans. In the American Legion study the perception of poor health among Vietnam veterans was associated with both combat and herbicide exposure as assessed by the questionnaire.

The American Legion study also revealed a strong correlation between reported combat exposure and herbicide exposure making it difficult to independently assess the impact of either of these by itself.

The medical examination and testing performed on some of the participants in the VES failed to confirm most of the adverse health effects reported in the telephone interviews. The only differences between Vietnam and non-Vietnam veterans that were confirmed by medical examinations were hearing loss, the presence of blood in feces, lowersperm counts, and altered sperm morphology. There was no evidence of differences in fertility or reproductive success associated with the differences in sperm characteristics.

Medical examinations were not performed in the American Legion study. Psychological diagnoses depended upon telephone interview. Both studies showed major differences between Vietnam veterans and non-Vietnam veterans with regard to psychological well-being. The American Legion study showed a much greater prevalence of symptoms characteristic of post traumatic stress disorder among Vietnam veterans than among non-Vietnam veterans. Neurologic function tests performed in the VES showed no differences between Vietnam and non-Vietnam veterans.

In summary, both studies indicate that Vietnam veterans perceive themselves to be in poorer health than non-Vietnam veterans. The American Legion study indicates that this perception may correlate with subjective and unvalidated assessment of exposure to herbicides and/or combat. The VES suggests that most of the perceived adverse health effects cannot be confirmed objectively by medical examination. The perception of poor health is important and a biochemical basis for this perception cannot be ruled out.

## **CDC Selected Cancers Study Nears Completion**

With the Vietnam Experience Study completed and published and the Agent Orange Exposure Study canceled, scientists at the Centers for Disease Control (CDC) in Atlanta are now focusing on the third component of the Congressionally mandated epidemiology study, the Selected Cancers Study.

(The October 1988 issue of the "Agent Orange Review" contained extensive articles about the Vietnam Experience Study and the Agent Orange Exposure Study.)

The Selected Cancers Study is designed to determine if Vietnam veterans are at increased risk of contracting any of five specific cancers: soft tissue sarcoma, lymphoma, nasal, nasopharyngeal, and liver cancer. The data collection phase of this study component began in 1985 and is nearing completion.

CDC officials anticipate publication of the study findings in 1990.

## New Ranch Hand Study Results Released

On April 17, 1989, the Air Force released a mortality update of its long-term study, entitled Air Force Health Study (Project Ranch Hand H), An Epidemiologic Investigation of Health Effects in Air Force Personnel Following Exposure to Herbicides. The purpose of this ongoing study is to determine whether individuals involved in herbicide spraying in Vietnam during the Ranch Hand operation experienced any adverse health effects as a result of participation in that program. The study is designed to evaluate mortality (death) and morbidity (disease) in these individuals over a 20-year period beginning in 1982.

The initial mortality report was released in June 1983, and the initial morbidity report in February 1984. Follow-up mortality reports were released in 1984, 1985, 1986, and 1989. A follow-up morbidity report was published in 1988. The study has not demonstrated health effects which can be conclusively attributed to herbicide or dioxin exposure.

Ranch Hand personnel were compared with selected Air Force organizational units with a mission of flying cargo to, from, and in Vietnam during the same period. Individuals were matched to each Ranch Hand by job category, race, and age to the closest month of birth. The 1989 report showed no statistical difference between the cumulative mortality of 1,261 Ranch Hands and that of 6,250 matched comparisons and the entire population of 19,101 comparisons. The researchers found that 5.8% of the Ranch Hands, 6.02% of the matched comparisons, and 5.44% of the comparison population have died.

The investigative team, headed by Dr. William H. Wolfe, Colonel, USAF, MC, concluded that the overall cumulative mortality of the Ranch Hand personnel remains statistically indistinguishable from that of both their matched comparisons and the entire comparison population, although there is a statistically significant increasing trend in post-1983 death rates among Ranch Hand digestive system deaths relative to the comparison population; these findings are not suggestive of an herbicide effect. Ranch Hands are equivalent to all comparisons in cumulative accidental, malignant neoplasm and circulatory system mortality.

## VA Research--A Progress Report

Substantial progress has been made in a number of VA research efforts investigating possible adverse health effects of military service in Vietnam and exposure to herbicides including Agent Orange. Several of the published studies were described in detail in the October 1988 issue of the "Agent Orange Review." Investigations summarized in that issue included two VA soft-tissue sarcoma studies, the VA Vietnam Veteran Mortality Study, and the VA-funded Vietnam Experience Study, conducted by scientists at the Centers for Disease Control. Additional significant VA research is described below.

### Adipose Tissue Study

VA, in collaboration with the U.S. Environmental Protection Agency (EPA), recently completed a very detailed analysis of adipose tissue specimens from 200 men of the Vietnam-era age group. The specimens were analyzed for 2,3,7,8-TCDD, the contaminant found in one of the ingredients of Agent Orange, and sixteen other dioxins and dibenzofurans. Researchers used adipose tissue collected for the EPA's National Human Adipose Tissue Survey.

A total of 40 Vietnam veterans, 80 non-Vietnam veterans, and 80 civilians were selected and their archived tissues were analyzed. Investigators found that the average level of 2,3,7,8-TCDD in adipose tissue of Vietnam veterans was not significantly different from that of non-Vietnam veterans or civilians. This was the case both with and without adjustment for several demographic variables. Furthermore,

the results showed no association between TCDD levels and Agent Orange exposure opportunity estimations based on military records.

### Mortality Study Follow-up

VA is conducting five follow-up studies to confirm or complement the findings of the VA Vietnam Veterans Mortality Study, published in the "Journal of Occupational Medicine" in May 1988 and described in the "Agent Orange Review" in October 1988.

VA is updating the mortality study by including an additional 11,000 Vietnam era veterans' deaths. These deaths occurred between 1982 and 1984. Inclusion of the additional data provides enhanced statistical power for the study and also allows investigators to detect cases with longer latency periods. This is important because some diseases that may be associated with Agent Orange exposure or Vietnam service may take a long time to develop. Data analysis are completed for this follow-up project, and a report is being prepared.

A separate analysis is being completed for Army veterans who served in the I Corps area of Vietnam. This is an effort to determine whether Army veterans who were stationed in the same geographic areas as Marine Corps veterans experienced mortality patterns similar to the Marines. (Marine Corps Vietnam veterans appeared to have relatively more deaths from lung cancer and non-Hodgkin's lymphoma.) The U.S. Army and Joint Services Environmental Support Group assisted VA in researching troop locations for given time periods. A report is being prepared.

Given the widely accepted view of a causal relationship between smoking and lung cancer, a special effort was made to examine military medical records of Marines in the mortality study who died from lung cancer in an attempt to determine their smoking status. Unfortunately, investigators were unable to determine who smoked.

VA reviewed the Patient Treatment File for non-Hodgkin's lymphoma and Hodgkin's disease among Vietnam era veterans who have been treated in VA medical centers. Patients will be compared with respect to service in Vietnam and other military service factors. If military service in Vietnam is not associated with an increased risk of non-Hodgkin's lymphoma or Hodgkin's disease, then the proportion of veterans having served in Vietnam or having certain military characteristics should be similar for both the cases and control patients.

A separate mortality study has been designed exclusively for Marine Corps Vietnam veterans. The only study providing an overall mortality rate of Vietnam veterans is a cohort mortality study published by the Centers for Disease Control (CDC). The CDC effort was restricted to Army veterans. A substantial portion (approximately 20%) of U.S. ground troops in Vietnam were Marines.

Unlike the Army units, the Marine Corps units were located in one geographic area, I Corps. In view of the VA mortality study results and the lack of overall mortality rates as well as cause-specific mortality rates for Marine Vietnam veterans, a separate mortality study for Marine veterans is being conducted. In October 1988, the VA awarded a contract for the abstraction of military records of 10,000 Marine Vietnam veterans and 10,000 Marine veterans who did not serve in Vietnam. A pilot study was completed in December 1988 to test the military records abstraction forms and procedures. Identifying information is being submitted to the National Personnel Records Center to obtain the military personnel records needed for the study. Military record abstraction is expected to be completed by October 1990.

### Women Vietnam Veterans Mortality Study

The health effects of military service in Vietnam are being evaluated for women who served in Vietnam. The study cohort consists of all women who were on active duty in Vietnam. Approximately 5,000 female Vietnam veterans were identified from morning reports and military records to verify Vietnam service dates; military occupations have been abstracted as well.

Every cause of death among female Vietnam veterans will be compared with those among female Armed Forces veterans who did not serve in Vietnam. A comparison cohort of approximately the same

size as the study cohort has been identified and military records have been abstracted.

Data analysis are expected to be completed by December 1989. A report will be available in the summer of 1990.

### **Army Chemical Corps Mortality Study**

VA researchers are also examining health effects of chemical exposures during military service in Vietnam among men who were assigned to Army chemical units, which were responsible for detecting and counteracting enemy chemical warfare by using riot control agents and for defoliating vegetation using phenoxy herbicides,

Because they were involved in the mixing and application of these chemicals, they were likely to have had heavier exposure to them than ground troops. Nearly 1,000 men who served in Army chemical units in Vietnam between 1965 and 1971 have been identified from unit morning reports.

This study will examine mortality and morbidity among men who served in Army chemical units in Vietnam. Data analysis are expected to be completed by September 1989. A report will be available in the spring of 1990.

### **Readjustment Study**

The National Vietnam Veterans Readjustment Study found that a majority of Vietnam theater veterans have made a successful re-entry to civilian life and currently experience few symptoms of post-traumatic stress disorder (PTSD) or other readjustment problems.

Although in general, male Vietnam theater veterans do not differ greatly in their current life adjustment from their era veteran counterparts, there is some evidence that female theater veterans currently experience more readjustment problems than other Vietnam era veteran women of similar age and military occupation.

The study found that 15.2 percent of all male Vietnam veterans and 8.5 percent of Vietnam veteran women currently suffer from PTSD. The study also indicated that PTSD in the Vietnam veteran population is associated with significant levels of morbidity, reflected in higher levels of employment, family and educational difficulties. The rates of PTSD are higher for black and Hispanic veterans than among white veterans.

### **Suicide in Vietnam Veterans**

Potential risk factors for suicide among 38 Vietnam veterans were examined using 46 Vietnam veterans who died from motor vehicle accidents as a comparison group. The veterans were selected from Los Angeles County Medical Examiner's files and covered the period 1977 to 1982.

No military service factor was associated with suicide. The characteristics of Vietnam veteran suicide cases were not substantially different from non-Vietnam veteran suicides with respect to known demographic risk factors.

The psychological profile of Vietnam veteran suicide cases was also similar to non-Vietnam veteran suicide cases in most instances. Symptoms related to PTSD were observed more frequently among suicide cases than accident cases. However, suicides were not associated with specific combat experiences or military occupation. The extent of combat experience in Vietnam per se as measured in this study was not a good predictor of suicide death.

### **Veterans' Advisory Committee on Environmental Hazards Assists VA**

Public Law 98-542, Veterans' Dioxin and Radiation Exposure Compensation Standards Act, enacted October 24, 1984, directed VA to establish a fifteen member advisory committee known as the Veterans' Advisory Committee on Environmental Hazards.

The Committee was chartered on March 11, 1985, and has held 11 meetings since then. The most recent meeting was on June 26, 1989. Under the law the Committee is charged with responsibility for

advising VA on guidelines and (where appropriate) standards and criteria for the resolution of claims for VA benefits where the criteria for eligibility include a requirement that a death or disability be service connected and the claim of service connection is based on a veteran's exposure during service in Vietnam to a herbicide containing dioxin, or in connection with such veteran's participation in atmospheric nuclear tests or with the American occupation of Hiroshima or Nagasaki, Japan, prior to July 1, 1946, to ionizing radiation from the detonation of a nuclear device.

To accomplish this function, the Committee has reviewed the results of a large number of scientific studies, including more than a hundred publications on Agent Orange and other herbicides used in Vietnam.

The Committee is currently assisting the Department in a major revision of the Agent Orange regulations to ensure that they are consistent with the recent court decision described elsewhere in this issue. The Committee is primarily composed of medical and scientific authorities on dioxin, ionizing radiation, and related scientific disciplines. Mr. Oliver Meadows chairs the full Committee, and Dr. Armon Yanders, the Committee's Scientific Council. No Committee member is a VA employee. Mr. Frederic L. Conway, III, Special Assistant to the VA's General Counsel, serves as Executive Secretary. The next meeting is planned for November 2-3, 1989. For additional information regarding that meeting and the Advisory Committee, write to Mr. Frederic L. Conway, III, Special Assistant to the General Counsel (02C), Department of Veterans Affairs, 810 Vermont Avenue, NW, Washington, DC 20420.

### **Class Action Lawsuit Referral Information**

The Department of Veterans Affairs (VA) has received a large number of inquiries regarding the status of claims for compensation from the Agent Orange Settlement Fund, established as a result of the settlement of a class action lawsuit, ("Agent Orange" Product Liability Litigation) brought by Vietnam veterans and their families against the manufacturers of Agent Orange.

Neither VA nor any other Federal department or agency is directly involved in the distribution of the settlement funds, information on this matter can be obtained by calling, toll-free 1-800-225-4712, and writing to the Agent Orange Veteran Payment Program, P.O. Box 110, Hartford, Connecticut 06104;

### **VA Agent Orange Information Available**

During the past eight years VA has produced a substantial amount of information on Agent Orange. Some of this information has been published in independent scientific journals, but much of it has been released as VA documents.

### **Printed Items**

A great deal of information is quite technical. A multi-volume publication, entitled Review of Literature on Herbicides, Including Organophosphorus Herbicides and Associated Dioxins, is prepared primarily for use by researchers, physicians, scientists, and others with similar backgrounds. The initial two volumes were released in 1981, in response to a requirement of Public Law 96-151. Updates (in two volume sets) were issued in 1984 and each year thereafter. The Government Printing Office offered some of the earlier volumes for purchase although many are now out of print. Copies of all volumes are maintained at all VA medical center libraries. The literature reviews were prepared for VA by independent contractors.

## VA Herbicide Advisory Committee Renewed

To assist non-technical readers in understanding the complex issues involving Agent Orange and other herbicides, VA publishes a series of "lay language" summaries, entitled *Synopsis of Scientific Literature on Phenoxy Herbicides and Associated Dioxins*. Copies of these booklets have been sent to all VA medical center libraries.

Three technical books were also published by VA on matters related to herbicides and concerns of Vietnam veterans and their families. Since these books each focus on a single limited topic they are known as monographs. The monographs published to date are *Cadocyclic Acid: Agricultural Uses, Biologic Effects, and Environmental Fate* by Ronald D. Hood, Ph.D.; *Birth Defects and Genetic Counseling* by Annemarie Sommer, M.D.; and *Human Exposure to Phenoxy Herbicides* by Terry L. Lavy, Ph.D. Each of these documents is maintained in all VA medical center libraries.

In November 1982, VA's Office of Public and Consumer Affairs (now known as the Office of Public Affairs) initiated publication of the "Agent Orange Review" newsletter as part of VA's expanded program to provide information on Agent Orange to concerned veterans and their families. This periodical has been published ten times since the inaugural issue. The mailing list has grown significantly in the past seven years. All recipients of the Agent Orange Registry examination automatically are included in the distribution. Veterans service organizations and State Agent Orange commissions and programs also receive substantial quantities. Copies are available at all VA medical facilities and regional offices. Approximately 500,000 copies of the newsletter are printed.

In October 1988, VA's Environmental Medicine Office prepared a series of 13 fact sheets, known as "Agent Orange Briefs," designed to answer questions regarding Agent Orange and related matters. The "Briefs" were distributed to all VA medical centers, Vet Centers, and regional offices. The following "Briefs" are currently available: (1) Agent Orange--General Information; (2) Agent Orange Registry; (3) Agent Orange Litigation; (4) Agent Orange--Research Problem; (5) Agent Orange--Priority Treatment Program; (6) Agent Orange and Birth Defects; (7) Agent Orange and Chloracne; (8) Agent Orange and VA Disability Compensation; (9) Agent Orange and Soft Tissue Sarcoma; (10) Agent Orange and Related Research--VA Efforts; (11) Agent Orange and Related Research--Non-VA Efforts; (12) Agent Orange and Non-Hodgkin's Lymphoma; and (13) VA Publications on Agent Orange and Related Matters. For additional information on the "Briefs," contact the Agent Orange Coordinator at the nearest VA medical center or write to the Environmental Medicine Office (10B/AO), VA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420.

### Videotapes

In addition to this printed matter, VA has produced several videotape programs regarding Agent Orange. In January 1981, the initial program, entitled "Agent Orange: A Search for Answers," was released. The videotape explained what Agent Orange was, where and how it was used in Vietnam, why concerns arose among those exposed to it, and what VA was doing in response to these concerns. The videotape was distributed widely throughout the VA system. The program received an Emmy Award from the National Academy of Television Arts and Sciences. It was also honored by the Health Education Communication Association and the Network for Continuing Medical Education and by the International Television Association.

In 1986, VA completed and distributed a training videotape for Medical Administration Service staff to sensitize these personnel to Agent Orange concerns and issues. Last year VA released another videotape program, entitled "Agent Orange: An Update," designed to update the initial videotape. All three programs were produced by the Regional Learning Resources Service, VA Medical Center, St. Louis and were distributed to all medical center libraries.

On June 26, 1989, Secretary Derwinski took action to formally renew the VA Advisory Committee on Health-Related Effects of Herbicides for an additional two years.

The Committee, originally established in 1979, has five primary functions under its charter. The Committee has and will (1) review and make recommendations relative to VA's programs to assist Vietnam veterans who were exposed to herbicides (such recommendations may concern the information delivery system and outreach efforts, scheduling of Agent Orange-related examinations, essential follow-up activities and related matters); (2) advise the Secretary on VA Agent Orange-related programs, programs of the Federal Government, and State programs which are designed to assist veterans exposed to herbicides, and simultaneously, will minimize duplication of VA and other Federal programs concerned with the Agent Orange issue; (3) receive and review information from veterans service organizations regarding services provided by VA to Vietnam veterans concerned about the possible adverse health effects of exposure to herbicides; (4) review and comment on proposals for research on the possible health effects of exposure to herbicides; and (5) serve as a forum for individual veterans to inform VA of their views on policy issues and on the operation of Department programs designed to assist veterans exposed to herbicides and dioxins in Vietnam.

The Committee meets two to three times annually in VA Central Office. Eight to twelve members are authorized. Members come from varied backgrounds. Physicians, attorneys, scientists, officials of national veterans service organizations, State officials, and individuals with other experiences serve on the Committee. Several members are Vietnam veterans. Dr. Michael Gough, a Senior Fellow with the Center for Risk Management, Resources for the Future, has chaired the Committee since 1987. Dr. Gough previously served with the congressional Office of Technology Assessment. His book, *Dioxin, Agent Orange: The Facts*, was published in 1986.

The Committee met most recently on March 16, 1989, the day after the Veterans Administration became the Department of Veterans Affairs. Secretary Derwinski participated in the meeting. Copies of the minutes are available from the Committee Manager (10B/AO), Environmental Medicine Office, VA Central Office, 810 Vermont Avenue, N.W., Washington, DC 20420. Telephone requests should be directed to (202) 233-4117.

### Agent Orange Registry Information Updated

Since 1978, VA health care facilities have offered free medical examinations to Vietnam veterans who are concerned that they may have been exposed to herbicides during their military service and that these herbicides may adversely affect their health.

Veterans participating in this voluntary program are given a series of baseline laboratory studies, including a chest x-ray (unless one has been done within the previous six months), complete blood count, blood chemistries and enzyme studies, and urinalysis. Evidence is also sought concerning the following potentially relevant symptoms or conditions: altered sex drive; congenital deformities (that is, birth defects) among children; neoplasms or cancers, including soft tissue sarcoma and lymphoma (including non-Hodgkin's lymphoma); repeated infections; sterility; and difficulties in carrying pregnancies to term.

Any veteran who had active military service in Vietnam between 1962 to 1975 and expresses a concern relating to exposure to herbicides may participate in the Registry. Approximately 240,000 Vietnam veterans have already participated in this program. Although the program is more than 11 years old, hundreds of veterans are still

visiting VA facilities every month for their examination. Many of these veterans have no medical problems; others present a wide range of ailments.

Vietnam veterans interested in receiving the Agent Orange Registry examination or seeking information on this program should contact the nearest VA medical facility.

## New Law Enacted

Public Law 100-687, signed by President Reagan on November 18, 1988, contains several provisions related to Agent Orange matters. These issues are briefly summarized below.

Section 1201, entitled "Funding for Agent Orange Blood Testing," provides that certain funds appropriated to VA for the Centers of Disease Control Agent Orange Study be available for obligation until September 30, 1989 for certain other purposes. Specifically, the law provides \$3 million for payment of expenses of the Air Force for blood testing for Project Ranch Hand II personnel. The funds were transferred to the Air Force for that purpose. The section also provides \$1 million for payment of expenses of a survey of scientific evidence, studies, and literature relating to health effects of possible exposure to toxic chemicals contained in herbicides used in Vietnam. The law directs that the survey be conducted by an independent scientific entity under contract to VA "pursuant to a law enacted after the date of the enactment of this Act." Since no subsequent law was enacted, the \$1 million survey has not been initiated.

Section 1202, entitled "Extension of Health-Care Eligibility Based on Agent Orange or Ionizing Radiation Exposure," extends for an additional two years the VA priority treatment program for veterans with medical problems possibly, but not necessarily, related to exposure to Agent Orange or ionizing radiation. Under this law, the program will be in effect through December 31, 1990.

Section 1203, entitled "Treatment for Needs-Based Benefits Purposes of Amounts Received Under Agent Orange Litigation Settlement," provides that payments received under the settlement of the class action lawsuit brought by Vietnam veterans and their families against the manufacturers of Agent Orange be treated for purposes of laws administered by VA as reimbursement for prior unreimbursed medical expenses, and that these payments not be countable as income for such purposes.

Section 1204, entitled "Outreach Services," requires VA to conduct an active, continuous outreach program for furnishing Vietnam veterans information relating to (1) the health risks (if any) resulting from exposure to herbicides in Vietnam, as such information on health risks becomes known; and (2) services and benefits available to such veterans with respect to such health risks. This section also requires VA to organize and update the Agent Orange Registry to enable VA to promptly notify veterans of any increased health risk resulting from exposure to Agent Orange.

Section 1205, entitled "Ranch Hand Study," makes changes in the membership requirements for the Ranch Hand Advisory Committee established by the Secretary of Defense. It also provides reporting requirements concerning the progress on the Air Force Study.

## States Act on Agent Orange Issue

During the past decade a number of State governments have established their own Agent Orange programs, commissions, and/or studies. The Department of Veterans Affairs is closely monitoring these State initiatives. Two State officials, Mr. Charles F. Conroy, Jr., Director, Agent Orange Assistance Program, West Virginia Department of Health, and Mr. Allen E. Falk, Chairman, New Jersey Agent Orange Commission, serve on the VA Advisory Committee on Health-Related Effects of Herbicides. In addition, Mr. Conroy is a member of the Veterans' Advisory Committee on Environmental Hazards. In fact, as the only member of both of these two VA advisory committees, Mr. Conroy serves as a link between these groups.

At the most recent meeting of Advisory Committee on Health-Related Effects of Herbicides, Mr. Conroy reported that several States have terminated their programs: Georgia (in 1983), Tennessee (1984), Iowa (1985), Hawaii (1985), Ohio (1985), Texas (1985), Kansas (1986), Oregon (1986), Wisconsin (1986), California (1987), and Massachusetts (1988). He noted that the following States have ongoing Agent Orange efforts: West Virginia, New York, Rhode Island, Michigan, New Jersey, Pennsylvania, Oklahoma, Virginia, Maryland, and Maine. He added that several on these States may terminate their programs in Fiscal Year 1990.

According to Mr. Conroy, most of the States that have any program focus on information sharing with Vietnam veterans in their states and/or conducting surveys or studies.

# Agent Orange Review

**Information for Veterans  
Who Served in Vietnam**

**October 1989**



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