



# Agent Orange Review

Vol.18, No. 1

Information for Veterans Who Served in Vietnam

October 2001

## VA Regulations on Type 2 Diabetes Take Effect July 9; House Approves Changes in Law

### Regulatory Action

The Department of Veterans Affairs' (VA) "final rule" on diabetes went into effect July 9, 2001, following the procedure established by Public Law 102-4, the Agent Orange Act of 1991.

That law directed VA to seek an agreement with the National Academy of Sciences (NAS) for a series of reviews and summaries of the scientific evidence on the association between herbicide exposure and diseases suspected to be associated with such exposure. VA has done that, and the NAS has issued five reports to date, including a special report that focused on Type 2 diabetes.

The law states that whenever the Secretary of Veterans Affairs determines, based on sound medical and scientific evidence, that a positive association exists between herbicide exposure and a disease, the Secretary will publish regulations establishing a presumptive service connection for that disease.

In October 2000, the NAS concluded that there is "limited/suggestive evidence of an association" between herbicides used in Vietnam and Type 2 diabetes. After considering all the evidence, the Secretary determined that there is a positive association between exposure to herbicides and Type 2 diabetes, and therefore, a presumption of service connected is warranted.

On January 11, 2001, VA published a "proposed rule" in the *Federal Register* indicating the inten-

tion to establish a presumptive service connection for Type 2 diabetes. Public comments on the proposal were solicited. Fourteen comments were received and considered. On May 8, 2001, the rule was adopted without change. The "final rule" was printed in the *Federal Register* on that date, with an effective date of July 9, 2001.

### Statutory

On July 31, 2001, the House of Representatives passed a bill (H.R. 2540) by a unanimous vote of 422-0. Among other things, this legislation would add by statute Type 2 diabetes to the list of diseases presumptively service-connected. The legislation would codify (establish in permanent law, Title 38, United States Code) the Secretary's action. Similar legislation is pending in the Senate.

Reproduction by Congress of a Secretary's decision to presumptively recognize a condition for service connection is not new. For example, VA published final rules for Hodgkin's disease and porphyria cutanea tarda in February 1994, and multiple myeloma and respiratory cancers in June 1994. Public Law 103-446, enacted in October 1994 added these conditions to the list of those presumptively service connected for Vietnam veterans.

### What is the Difference?

Regulatory provisions can be changed by action of the Secretary of Veterans Affairs. Statutory provisions are established by law and can only be changed by Congress. Therefore, statutory provisions are considered, in a practical sense, to be more permanent or secure because any change must be approved by Congress and the President (or by Congress overriding a Presidential veto).



## About the Review

The "Agent Orange Review" is prepared by VA's Environmental Agents Service (EAS) with substantial assistance from the VA's Compensation and Pension Service. 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. It is also available on-line at <http://www.va.gov/agentorange/default.htm>. Back issues are also available at that site. The first issue was released in November 1982. The most recent edition (prior to the release of this issue) is dated July 2001. The October 2001 release is the thirty-sixth issue. It was written in mid-October 2001 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 past years 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, Austin Automation Center (200/397A), 1615 Woodward Street, Austin, TX 78772-0001.

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**. The recently established toll-free helpline for Agent Orange concerns is **1-800-749-8387**.

## Study Shows Diet and Exercise Lower Risk and Delay Onset of Type 2 Diabetes

At least ten million Americans at high risk for Type 2 diabetes can sharply lower their chances of getting the disease with diet and exercise, according to the findings of a major clinical trial conducted by the Department of Veterans Affairs (VA) Puget Sound Health Care System, the University of Washington, and 26 other medical centers nationwide.

The same study found that treatment with the oral diabetes drug metformin (Glucophage) also reduces diabetes risk for this group.

These findings came from the Diabetes Prevention Program (DPP), a major experiment comparing diet and exercise with metformin in more than 3,200 people of diverse age, gender, and ethnic backgrounds with impaired glucose tolerance, a condition that often precedes diabetes. The experiment ended a year early because the data had clearly answered the main research questions.

The DPP is funded by a wide group of Federal agencies, private associations, pharmaceutical companies, and health product manufacturers. The cost of the DPP is \$174.3 million.

In October 2000, the National Academy of Sciences' Institute of Medicine (IOM), an independent scientific organization, concluded that Type 2 diabetes was associated with herbicides used in Vietnam. The IOM found "limited/suggestive evidence" of an association between exposure to the herbicides used in Vietnam or the contaminant dioxin and Type 2 diabetes.

VA then concluded that the evidence in support of an association between these herbicides and Type 2 diabetes outweighed the evidence against an association. In May 2001, final regulations were published in the *Federal Register* adding this disease to the list of conditions presumed to be service-connected. For additional information regarding this matter, see the article above and articles about diabetes in the "Agent Orange Review"

issues dated August 1999, May 2000, August 2000, March 2001, and July 2001.

## **Deputy Secretary Mackay Testifies on Agent Orange Bill**

*On June 28, 2001, Dr. Leo S. Mackay, Jr., Deputy Secretary of Veterans Affairs, testified before the Senate Committee on Veterans' Affairs on several legislative items of great interest to veterans. Below is the portion of his prepared statement relating to Agent Orange issues.*

A draft bill under consideration by this Committee would remove the 30-year limitation on the period during which respiratory cancers must become manifest to a degree of 10-percent or more in Vietnam veterans exposed to herbicides during service in the Republic of Vietnam in order for service connection to be granted on a presumptive basis. At this time, the Department of Veterans Affairs (VA) is reviewing the findings of the recent Institute of Medicine report, *Veterans and Agent Orange: Update 2000*, on the issue of respiratory cancer. We are considering the scientific merits of the 30-year period. We will inform the Committee of our position on removal of the 30-year limitation once our consideration of the scientific evidence is completed.

In addition, this bill would extend the presumption of exposure to herbicides provided by 38 U.S.C. § 1116 to any veteran who served in the Republic of Vietnam during the Vietnam era. Currently, there is no general presumption of exposure for all Vietnam veterans, either for purposes of compensation or health care eligibility. Pursuant to the Agent Orange Act of 1991, VA has established presumptions of service connection for ten categories of disease. See 38 C.F.R. § 3.309(e). A veteran who was exposed to herbicides in service and who develops one of these diseases within the applicable presumption period, if any, is presumed to have incurred the disease in service, without the necessity of submitting proof of causation.

In addition, 38 U.S.C. § 1116(a)(3) provides that, if a veteran served in the Republic of Vietnam

during the Vietnam era and has a disease that VA recognizes as being associated with herbicide exposure, the veteran is presumed to have been exposed to an herbicide agent during service. The presumption of herbicide exposure is a reasonable means of dealing with uncertainties concerning the extent of herbicide spraying and troop movements in a combat zone. These uncertainties pertain equally to Vietnam veterans regardless of the disease from which they may suffer. We see no basis for distinguishing for purposes of the presumption of exposure between Vietnam veterans who have diseases on VA's presumptive list and those who are claiming compensation for other diseases. Insofar as this provision extends the presumption of herbicide exposure to any veteran who served in the Republic of Vietnam during the Vietnam era, VA supports it.

This bill would also extend for ten more years the period over which the National Academy of Sciences will transmit to VA reviews and evaluations of the available scientific evidence regarding possible associations between diseases and exposure to dioxin and other chemical compounds in herbicides. As additional scientific and medical evidence continues to be developed concerning the health effects of herbicide exposure, such reviews may shed light on the effects of exposure on the health of veterans. Accordingly, VA supports this provision.

*Leo S. Mackay, Jr., Ph.D., was confirmed by the Senate on May 24, 2001. As the VA's second in command, Dr. Mackay is the chief operating officer of the federal government's second largest department. Prior to his nomination, Mackay was Vice President of the Aircraft Services Business Unit at Bell Helicopter Textron, Inc., Fort Worth, TX. A 1983 U.S. Naval Academy graduate, Dr. Mackay completed pilot training in 1985, graduating at the top of his class.*

*His military honors include the Defense Meritorious Service Medal, the Navy Achievement Medal, and the Armed Forces Expeditionary Medal. He was a Kennedy Fellow at Harvard, earning a master's degree in public policy from the Kennedy School of Government and Ph.D. in polit-*

*ical and economic analysis from the Graduate School of Arts and Sciences. Leaving active duty military service in 1995, Dr. Mackay joined the corporate staff of Lockheed Martin, where he became Director of Market Development. He left Lockheed Martin in 1997 to join Bell Helicopter.*

## **VA Studying Women Veterans Who Have PTSD**

Many women are traumatized while serving in the military. A recent study of female veterans estimated that 60% had experienced at least one traumatic event during military service. The prevalence of serious trauma appears especially high among veterans who have served since Vietnam, who now constitute the majority of female veterans. Most often, military trauma in women involves sexual assault or rape, but other sources are physical assault, accidents, disasters, and even war-zone exposure, including medical assignments that involve exposure to seriously injured personnel.

Women also experience trauma before and after entering military service. In fact, the prevalence of sexual assault during childhood and adolescence appears to be higher in military women than in the general U.S. population.

Traumatic exposure can have profound effects on a person's well-being and functioning, and may lead to the development of Post-Traumatic Stress Disorder. PTSD occurs not only in combat veterans but also in other survivors of traumatic events such as natural disasters and interpersonal or sexual violence. Among civilian adults in the U.S., the lifetime prevalence of PTSD is 5% in men and 10% in women.

A new research project, sponsored by the Department of Veterans Affairs (VA) Cooperative Studies Program, and the Department of Defense, is designed to address the needs of female veterans and active duty personnel who have PTSD. The new VA study, identified as **VA Cooperative Study # 494: A Randomized Clinical Trial of Cognitive-Behavioral Therapy for Women**, also

will test the helpfulness of exposure therapy for female veterans and active duty personnel with PTSD.

## **PTSD Common Among Women Veterans**

PTSD is a prevalent condition among women who have military service experience. A recent population sample of active duty Navy and Marine Corps personnel found that among women, 17.4% had PTSD at some time and 8.3% had current PTSD. The VA National Vietnam Veterans Readjustment Study estimated that 26% of women who served in Vietnam had PTSD at some point since their service, and 8.5% had PTSD at the time of assessment in the 1980s. Current PTSD prevalence in women who served in the Gulf War is 8-10%. Prevalence is substantially higher among women who seek VA treatment for stress-related problems: one study found that 50% of these women had current PTSD.

PTSD is associated with a range of comorbid (occurring at the same time) conditions and functional difficulties, including other anxiety disorders, depression, substance abuse, psychosocial impairment, poor physical health, and greater service utilization. Thus, PTSD has far-reaching effects on many aspects of military and veteran women's lives.

A variety of drugs and psychotherapies are used for treating PTSD. Among the psychotherapies, cognitive-behavioral therapy appears to be the most promising approach. One useful cognitive-behavioral technique is "exposure," in which a patient is guided through a vivid remembering of a traumatic event repeatedly until the patient's emotional response decreases through habituation.

## **Volunteers Sought for Study**

The study will enroll 384 women, who will be randomly assigned to receive either exposure therapy or therapy that focuses on current life problems. Both treatment will last 10 weeks, and the women will be followed for 6 months after the end of treatment to evaluate how PTSD and other symptoms respond to treatment.

The study represents a collaboration between the VA and the Department of Defense. Co-Chairs of the project are Paula P. Schnurr, Ph.D., and Matthew J. Friedman, M.D., Ph.D., from the VA's National Center for PTSD, and LTC Charles C. Engel, M.D., from Walter Reed Army Medical Center. The VA National Center for PTSD is located at the Veterans Affairs Medical Center in White River Junction, VT, where Dr. Friedman is the Executive Director and Dr. Schnurr is the Deputy Director. The biostatistician is Ken James, Ph.D., and the study is coordinated by the VACSPCC at Palo Alto, CA.

Women will be enrolled at 11 VA sites around the country: Albuquerque, Atlanta, Baltimore, Bay Pines/Tampa, Boston, Cincinnati, Cleveland, Dallas, Denver, New Orleans, and Portland. There also will be a Department of Defense site in Washington, DC. Women who are interested in participating in the trial may contact the project at: [csp494@nimbus.dartmouth.edu](mailto:csp494@nimbus.dartmouth.edu) for referral to participating medical centers.

*The above article was prepared and submitted by Dr. Schnurr, identified above, especially for the "Review."*

## **IOM Taking Another Look at Link Between Herbicides and Childhood Leukemia**

The National Academy of Sciences' Institute of Medicine (IOM) is reassessing one of the conclusions in *Veterans and Agent Orange: Update 2000* because of an error in one of the studies considered for its most recent report.

In its third biennial update of *Veterans and Agent Orange*, the IOM concluded there was "limited/suggestive evidence" of an association between herbicides used in Vietnam and a rare childhood leukemia, known as acute myelogenous leukemia (AML). However, in May 2001, the Australian researchers who conducted one of the principal studies that IOM relied upon in reaching its conclusion announced they had discovered an error in the way it calculated the expected prevalence of AML. They reported that

"new calculations show that the prevalence of these conditions in the children of Vietnam veterans, while higher than normal and suggestive of increased risk, is not raised to a statistically significant extent."

In response to this announcement, in July 2001, VA requested IOM to convene a committee to revisit the issue of AML in the children of Vietnam veterans. The IOM committee will review the scientific evidence regarding statistical association between exposure to the herbicides used in Vietnam, and their contaminant dioxin, and AML in the children of veterans. It will prepare a report describing its work and presenting its findings to help inform the Department of Veterans Affairs and other interested stakeholders.

The IOM committee held a meeting, on October 18, 2001, to collect and discuss information on the topic. Researchers involved in relevant AML studies presented their results during the workshop. The scheduled completion date is March 31, 2002.

The October meeting consisted of a public workshop and a closed session for committee members alone. For information about the meeting, the contact person is Elizabeth Albrigo. Her email address is [ealbrigo@nas.edu](mailto:ealbrigo@nas.edu).

David A. Butler, Ph.D., Senior Program Officer, is serving as study director for the project. Dr. Butler directed *Veterans and Agent Orange: Update 1998; Update 2000; and Type 2 diabetes*. The address for the National Academy of Sciences is 2101 Constitution Avenue, N.W., Washington, DC 20418.

## **Congress Considers Extending Agent Orange Act**

On June 25, 2001, the chair and ranking member of the Senate Committee on Veterans' Affairs introduced a bill (S. 1091), to update and expand the Agent Orange Act of 1991.

This bipartisan proposal would remove all deadlines for veterans to claim disability benefits for respiratory cancers. In June 1994, when the

Secretary of Veterans Affairs established a presumption of service connection for respiratory cancers, a 30-year limitation was included. That meant that the respiratory cancer had to appear with 30 years of Agent Orange exposure (the last day of service in Vietnam) to qualify for disability compensation. In November 1994, Public Law 103-446 codified the Secretary's decision with the 30-year restriction.

The National Academy of Sciences Institute of Medicine (IOM) recently noted that there is currently no scientific basis for the 30-year deadline. This legislation would eliminate the restriction.

The current mechanism for continuous review of available scientific information and the updating of veterans' benefits accordingly was established in February 1991 by the Agent Orange Act of 1991. The two-step process begins with a review every other year of new dioxin research by a scientific panel organized by the National Academy of Sciences (NAS), a non-governmental organization. Then the Secretary of Veterans Affairs must respond to the NAS report and establish presumptive service connection when he or she determines that the credible evidence for an association between exposure to herbicides used in Vietnam and an illness is equal to or outweighs the evidence against such an association.

Numerous conditions have been added to the list of those presumed to be service connected based on exposure to Agent Orange or other herbicides used in Vietnam. Many observers have been pleased with this procedure, which is expiring soon. S. 1091 would extend the process until 2012.

In addition to Senators Rockefeller and Spector, the Senate Majority Leader Thomas Daschle is also a co-sponsor of the legislation.

## **Agent Orange Registry Opens to Veterans Exposed to Herbicides Outside of Vietnam**

The Agent Orange Registry program now offers registry examinations to any U.S. veterans

who were exposed to Agent Orange or other herbicides during testing, transporting, or spraying of these herbicides for military purposes.

VA Secretary Anthony J. Principi decided to open the Registry because of his concern for U.S. service members who may have been exposed to herbicides containing dioxin contaminants.

On August 17, 2001, a significantly revised Department of Veterans Affairs (VA) procedures manual, known as Agent Orange Handbook 1302-1, and Agent Orange code sheet 10-9009 were approved by VA's Under Secretary for Health.

## **Registry Statistics**

**Agent Orange Registry Examinations Total - 325,229**

**Most Recent Month - 1,620**

**Gulf War Registry Examination Total - 82,739**

**Most Recent Month - 133**

**Ionizing Radiation Examination Total - 22,219**

**Most Recent Month -- 19**

## **Prostate Cancer Facts- Part 1**

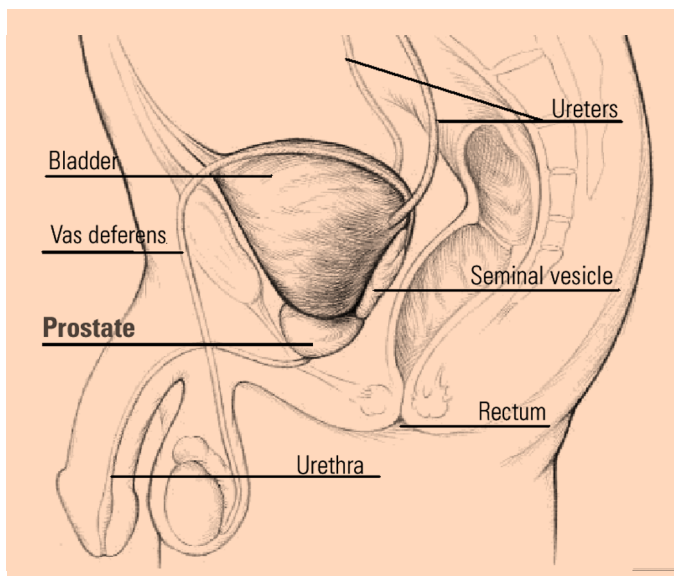
*Prostate cancer is one of the conditions that VA presumptively recognizes for service connection in Vietnam veterans. The following article contains reprinted guidelines provided by the American Urological Association, Inc. (AUA). The organization is located at 1120 North Charles Street, Baltimore, MD 21201-5559. The web address is [www.auanet.org](http://www.auanet.org). Because of the length of the AUA brochure, we have divided the material into two articles. The second article will appear in the next issue of the newsletter. It will describe treatment methods, follow-up care, communicating with your physician, and resources for patients. These articles are reprinted with the written permission of the AUA, and may not be reproduced in any format without written permission of the AUA.*

## What is the Prostate?

The prostate gland is part of the male reproductive system. It is about the same size and shape as a walnut and weighs only about an ounce. As pictured in the diagram, the prostate is located below the bladder and in front of the rectum. The prostate surrounds a tube called the urethra that carries urine from the bladder out through the penis. The main function of the prostate is to produce fluid for semen.

## What is Prostate Cancer?

There are many different types of cancer. In fact, cancer is really a group of diseases that affects different cells in the body. Prostate cancer is a disease that affects the cells of the prostate. Normally, cells grow and divide in an orderly way. This is how the body grows and stays healthy. Sometimes this normal process of cell growth can go wrong. If the cells continue to divide when they're not supposed to, they can form a tumor. Cancerous prostate tumors can block the flow of urine and, if untreated, can spread to other parts of the body.



## Prostate Cancer: The Facts

Prostate cancer is one of the most common forms of cancer in men. It is the second leading cause of male cancer deaths in the United States. Most men with prostate cancer do not die from this disease. Yet, prostate cancer still accounts for more than 30,000 American deaths each year.

- Growth rates for this type of cancer can vary. Studies have shown that prostate tumors grow at different rates in different people. While some cancers advance rapidly, others grow slowly over many years.
- The majority of newly diagnosed prostate cancers are localized. (The tumor growth has not spread beyond the prostate gland.) Given enough time and left untreated, some of these localized tumors can grow in size and spread outside the prostate.
- Localized prostate cancer usually causes no symptoms. Prostate cancer usually causes no symptoms until it has spread beyond the prostate. This is one reason why early detection may be important.
- When the cancer spreads beyond the prostate, it becomes more difficult to manage and the risk of death rises. It is important to diagnose prostate tumors at an early stage so that they can be watched and treated before the cancer spreads. Although all prostate cancer is potentially life-threatening, in many cases the disease can be cured.

Once prostate cancer is detected, a number of treatment options may be recommended. Each type of treatment poses its own risks and benefits. This booklet is designed to provide information on the early detection and treatment of prostate cancer so that patients, along with their physicians, can make informed, individual decisions about the management of this disease.

## Prostate Cancer: The Early Detection Tools

The goal of early detection is to find the disease in its early stages when treatment is most likely to be effective. There are two widely used tests to aid in the early detection of prostate cancer. They are:

- PSA This simple blood test measures the level of a protein called prostate-specific antigen (PSA). Normally, PSA is found in the blood at

very low levels. Elevated PSA readings can be a sign of prostate cancer.

- DRE The digital rectal exam (DRE) involves the physician inserting a lubricated, gloved finger into the rectum to feel the prostate for signs of cancer. This test is simple, safe and only slightly uncomfortable.

The most sensitive method for early detection uses both the PSA and DRE tests. Although PSA will detect most high-risk cancers, there are cancers that will be missed by this test and are detected by the DRE. Therefore, using both tests together will give your doctor the most accurate information.

### **Who is At Risk for Prostate Cancer?**

All men, of appropriate age, should be counseled with regard to early detection for prostate cancer. The American Urological Association (AUA) encourages physicians to routinely offer prostate cancer testing to men who have an anticipated life-span of 10 or more years and are:

- over the age of 50 years,
- over the age of 40 years and have a family history of the disease (for example, a father or brother who was diagnosed with prostate cancer), or
- over the age of 40 years and African-American  
In addition, there are a number of warning signs that may indicate the presence of prostate cancer. While often due to other non-cancerous causes, you should consult your physician if you are experiencing any of the following symptoms:

- difficulty with urination,
- frequent trips to the bathroom at night,
- pelvic discomfort,
- weight loss or
- persistent back pain.

### **Should You Be Tested for Prostate Cancer?**

Testing for prostate cancer is a personal decision that should be made by each patient with his

physician. Patients should be aware of the advantages and disadvantages of early detection and treatment. Some additional information that you should be aware of includes:

- Men with a life expectancy of less than 10 years are unlikely to benefit from early detection and treatment of prostate cancer.
- Treatment of prostate cancer carries a risk of impotence (inability to have an erection) and incontinence (inability to control urine flow from the bladder).
- Studies to evaluate the benefits of early detection are in progress but not complete. Until these studies are completed, the value of early diagnosis is not certain.

You and your doctor should decide together whether you are a good candidate for prostate cancer testing. The AUA believes that monitoring PSA levels as part of your regularly scheduled checkups offers doctors and patients the chance to establish baseline information, detect problems, and begin treatment before a cancer spreads and becomes incurable.

### **How Will My Doctor Make a Diagnosis of Prostate Cancer?**

If your physician finds any warning signs with the PSA or DRE tests and you want further evaluation, you should be referred to a urologist. Urologists are doctors who specialize in treating prostate cancer and other conditions that affect the urinary tract and male reproductive organs.

Your chances of having prostate cancer depend on your age and your PSA level. As a rule, PSA levels below 4.0 ng/ml are considered normal. However, about 20% of prostate cancers are found in men whose PSA level is less than 4.0 ng/ml. Further evaluation should be considered for any level over 4.0 ng/ml or if the DRE is abnormal.

If the PSA or DRE tests suggest the presence of cancer, your urologist will discuss the option of a biopsy. A biopsy is the surgical removal of a small sample of tissue. Biopsies are usually performed in the doctor's office.



## When is a Prostate Biopsy Needed?

Although an abnormal DRE or an elevated PSA may suggest the presence of prostate cancer, a diagnosis of cancer can only be confirmed by a prostate biopsy. A urologist should be consulted for a biopsy when any of the following findings is present:

- The PSA is 4.0 ng/ml or more.
- The PSA level increases significantly from one test to the next.
- The DRE is abnormal.

Biopsies are minimally invasive procedures. A small amount of prostate tissue is removed by a needle inserted through the rectum. An ultrasound probe is used to guide the needle. Usually this procedure is performed as an outpatient procedure without anesthesia.

After the prostate tissue is removed, it is examined under the microscope by a pathologist. If a tumor is present, the biopsy report will give the tumor a "grade." The tumor grade indicates how quickly the tumor is likely to grow and spread. Once a cancer is diagnosed, you and your physician can discuss treatment options and choose the type of treatment that is best suited to your needs.

## What Can I Expect After the Biopsy?

After the biopsy you may have side effects such as infection and minor rectal bleeding. Serious complications are unusual. Blood in the stool or urine usually disappears after a few days; blood in the semen usually disappears within a few weeks. Many physicians have their patients take antibiotics for a few days around the time of the biopsy.

If you are taking aspirin, arthritis medicine, or any medicine that thins the blood, you should tell your doctor. Your doctor may decide to discontinue these types of medicine prior to the biopsy. Also, if you have a heart murmur or any artificial or transplanted material in your body (such as a heart

valve, hip, graft or other replacement material), you should tell your doctor. Special antibiotics may be used before, during and after the biopsy.

## Facing Cancer: What to Do If Cancer is Diagnosed

If you have been diagnosed with prostate cancer, there are a number of routine, pretreatment tests available to tell if your disease has spread. This information is known as "staging." A thorough physical examination that includes measuring your PSA level can help identify whether you will benefit from these staging tests.

- Computed Tomography (CT). A CT scan is not necessary for most patients with newly diagnosed prostate cancer. This test is more useful for patients with a PSA of greater than 25.0 ng/ml.
- Magnetic Resonance Imaging (MRI). This test is also not commonly used for patients with

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newly diagnosed prostate cancer. It is more often used to assess a prostate tumor when the PSA is more than 25.0 ng/ml.

- **Bone Scan.** If your urologist suspects that the cancer has spread, a bone scan may be recommended. This test is generally not necessary with localized prostate cancers when the PSA level is less than 20.0 ng/ml.

Because your choices about treatments often depend on these findings, it is important for you to know as much as you can about your disease.

*The remainder of this brochure will be printed in the next issue of the "Agent Orange Review."*

## **Q's & A's**

The Q's and A's (Questions and Answers) feature of the "Review" responds to questions and concerns that have been received from various sources. Questions for future issues should be sent to Mr. Donald J. Rosenblum, Deputy Director, Environmental Agent Service (131), VA Central Office, 810 Vermont Avenue, N.W., Washington, DC 20420. We cannot guarantee that all questions will be used in this column, but we will respond to as many as we can!

**Q.** A letter from HKH in Arlington, VA reads: I served in Vietnam between November 1965 and June 1966. At the age of 56, I was diagnosed with diabetes. (I am not overweight, and I exercise regularly). However, it is Type 1 (insulin dependent) diabetes. No one else in my family has or ever has had it. In reading the information on your Web site it seems that only Type 2 diabetes is to qualify for whatever compensation is determined. Why is that?

**A.** Type 1 diabetes is not the same disease as Type 2 diabetes. Type 1 is generally considered to be a disease of insulin deficiency due to an immune disorder, while Type 2 diabetes is considered to be primarily a disease of insulin resistance. Last year the National Academy of Sciences found that there is "limited/suggestive evidence" of an association

between exposure to the herbicides used in Vietnam or the contaminant dioxin and Type 2 diabetes. There was no similar finding for Type 1 diabetes. Consequently, when VA issued regulation regarding herbicides and diabetes, we found no basis on which to expand the regulation to include Type 1 diabetes. The regulations are subject to change if ongoing or future scientific studies indicate that a change is warranted.

**Q.** Several veterans have written asking about the Vietnam Veteran Memorial in Washington, DC. They asked how to find out if someone's name is on the Wall, and how to get someone's name added to the Wall.

**A.** The Vietnam Veterans Memorial Fund maintains a web site, "The Virtual Wall", where individual names on the wall can be searched. The web site may be found at [www.thevirtual.wall.org/](http://www.thevirtual.wall.org/). For general information about the Wall, including answers to these questions, readers can call 202-426-6841.

## **Agent Orange Brochure Now Available in Spanish (Español)**

A six-page brochure, entitled *Agent Orange - Information for Veterans Who Served in Vietnam - General Information*, dated April 2001, is now available in Spanish.

The publication explains why Agent Orange was used, why some veterans are concerned about the long-term effects, and when and where it was used in Vietnam. It advises concerned Vietnam veterans about what they can do, what they can expect from the examination, and how they will benefit by taking the examination.

The brochure notes that Vietnam veterans can get medical treatment and disability compensation for Agent Orange-related illnesses. It lists the conditions that have been "service-connected," describes other VA efforts to help Vietnam veterans who were exposed to Agent Orange, and explains what other government departments and agencies are doing. It also describes the activities of the

National Academy of Sciences, where additional available information can be obtained, and other matters.

Distribution of this brochure to VA medical centers, regional offices, and vet centers began in early October 2001 with large quantities directed to facilities and offices serving large Hispanic populations.

Copies are also available from Donald J. Rosenblum (131), AO Brochure, Spanish, VA Central Office, 810 Vermont Avenue, N.W., Washington, DC 20420. Please specify the quantity needed.

*The above paragraphs are repeated in Spanish below. Translation of this article was provided by Nemo Curiel, a 2001 Summer Intern from the Hispanic Association of Colleges and Universities.*

### **Folleto Sobre "Agent Orange" Ahora Disponible En Español**

Un folleto de seis páginas titulado "Agent Orange" - Información para Veteranos de Vietnam - Información General, datada de abril del 2001, es disponible ahora en español.

El impreso explica por qué fue usado "Agent Orange", por qué algunos veteranos se preocupan por los efectos que este químico puede tener a largo plazo y también explica dónde y cuándo fue usado éste químico en Vietnam. Así mismo, contiene recomendaciones de cómo pueden ayudarse a si mismos los veteranos interesados, señala lo que pueden esperar de los análisis y describe los beneficios que ellos o ellas pueden obtener al ser examinados. El folleto menciona cómo veteranos de Vietnam pueden obtener tratamiento medico y pensión de incapacidad por enfermedades relacionadas con "Agent Orange". También, indica las condiciones que son relacionadas con los efectos del químico ("service-connected"), nombra otras medidas que el Departamento de VA\* esta tomando para ayudar a veteranos de Vietnam que fueron expuestos a "Agent Orange" y explica lo que otras agencias y departamentos del gobierno están haciendo respecto del problema. De la misma man-

era, describe las actividades de la National Academy of Sciences, de donde se puede obtener información adicional sobre este tema y otros asuntos.

La distribución de este panfleto a los Centros Médicos del Departamento de VA, oficinas regionales y Centros para Veteranos, será durante la primera mitad del mes de octubre del presente, con un gran número de reproducciones siendo dirigidas a centros y oficinas que ofrecen servicios a la población Hispana.

Duplicados del folleto disponibles con el señor Donald J. Rosenblum (131), AO Brochure - Spanish, VA Central Office, 810 Vermont Avenue, N.W., Washington, D.C. 20420. Favor de especificar el numero de copias requeridas.

\* Veterans Affairs

### **New Agent Orange Educational Efforts for VA Employees**

Two new Department of Veterans Affairs (VA) Agent Orange-related educational tools have recently been completed and released to VA facilities nationwide.

1-A videotape, about 40-minutes long, presents a general orientation to the three VA registry programs managed by the Environmental Agents Service, which includes the Gulf War Health Registry and the Ionizing Radiation as well as the Agent Orange Registry program. It was designed to convey the basic content needed to inform current and new employees. The video includes suggestions for successful completion of the most difficult sections of the code sheets to reduce the potential for errors.

2-A 100+page independent study program is designed to provide an introduction to issues regarding the long-term health consequences of exposure to Agent Orange, VA health care, research, disability compensation programs for Vietnam veterans and common symptoms and diagnoses of these veterans. This Continuing Medical Education (CME) program was designed

primarily for VA primary health care providers. Other health care professionals, especially those in VA health care facilities are also encouraged to complete the study.

Agent Orange Review newsletter editor Donald J. Rosenblum, Deputy Director, Environmental Agents Service, served as subject matter expert and editor-in-chief for the CME project. John C. Whatley, Ph.D., program manager at the Birmingham Employee Education Resource Center, was the Program Director.

The CME program is part of the Veterans Health Initiative (VHI) which recognizes the connection between certain health effects and military service, prepares health care providers to better serve veterans with health problems or concerns, and provides a data base for further study. Other VHI study programs focus on Spinal cord injury

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

1. Chloracne (Must occur within one 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 one year of exposure)
6. Multiple myeloma
7. Respiratory cancers, including cancers of the lung, larynx, trachea, and bronchus (Must occur within thirty years of exposure)
8. Prostate cancer
9. Acute and subacute transient peripheral neuropathy (Must appear within one year of exposure and resolve within two years of date of onset)
10. Type 2 diabetes (see article on page 2; and Q's and A's on page 10)

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

1. Spina bifida (except spina bifida occulta)
2. Other birth defects in the children of women Vietnam veterans (Pending; regulations should be published soon)

and disorders, Gulf War veterans' health, post-traumatic stress disorder, traumatic-amputation and prosthetics, ionizing radiation, prisoners of war, and hearing and deafness/low vision and blindness.

#### **Agent Orange Outreach Products Available from VA**

The General Accounting Office (GAO) recently completed a program review of VA's Agent Orange education and outreach activities. Their review reflected ongoing congressional interest in how well VA provides information to veterans about Agent Orange health care and compensation. The GAO concluded that VA's outreach materials including our newsletters, fact sheets and other publications, Agent Orange web-sites, and the 800 telephone Agent Orange hotline do a good job of covering these issues. However, GAO also concluded that these outreach materials were not well utilized by VA field staff. In fact, GAO reported that many field staff they interviewed during their investigation were apparently not aware of the availability of Agent Orange resources.

In a related development, some VA field staff have told us (in VA Central Office) about complaints from Vietnam veterans who have been unable to get any information about VA's recent change in policy on service connection for Type 2 diabetes.

VA's final rule establishing a presumptive service connection for Type 2 diabetes and Agent Orange exposure took effect July 9, 2001. VA has already received about 35,000 claims for Type 2 diabetes. Over the next 18 months VA officials expect more than 100,000 Vietnam veterans to file claims under these new rules.

These changes in VA policy on Type 2 diabetes were very well explained in recent VA publications including the Agent Orange newsletter and the Agent Orange Briefs, and on the VA's Agent Orange web sites, and through the national telephone hotline. All VA employees were recently informed about changes in a message printed on their "Earnings and Leave statement" (see below).

About 685,000 copies of the Agent Orange

## **Message on "Earnings and Leave Statement" of All VA Employees (August 2001)**

Over the next 18 months, more than 100,000 Vietnam veterans are expected to file compensation claims for diabetes as VA begins making payments under a new rule presuming service connection for Type II diabetes for those exposed to Agent Orange defoliant during service in Vietnam. Veterans with Type II diabetes who served in Vietnam can now receive priority eligibility for VA health care and, depending upon the severity of their illness, disability compensation ranging from \$101 to \$2,107 monthly. VA employees with service in Vietnam during the war are reminded of their eligibility for a variety of related benefits including the VA Agent Orange Registry health examination and newsletter updates of ongoing scientific studies and policy developments. Vietnam veterans can call a toll-free help line at 800-749-8387 to request the newsletter and get more information about VA's Agent Orange program.

newsletter are mailed directly to Vietnam veterans, and another 150,000 copies are sent out to VA Medical Centers, Regional Offices and Vet Centers as a resource for those facilities to use in answering veterans questions.

## **AO Review Readers' Survey Results**

*Martha Adell Cruz, a full-time communications / journalism student at Austin Community College in Austin, Texas, prepared the following analysis and commentary. Adell wrote this article in June 2001 while serving as a Summer Intern, at VA, through the Hispanic Association of Colleges and Universities (HACU) in the Environmental Agents Service. She plans to graduate in Spring 2002 and looks forward to a career in journalism. Her comments are her own and do not necessarily reflect the views of the Department of Veterans Affairs.*

After a review of the Agent Orange Review Readers Survey responses by the staff in the Office of Public Health and Environmental Hazards, Veterans Affairs Central Office, I was asked to do an analysis of the survey results as part of my internship in the Department of Veterans Affairs (VA). I

reviewed and analyzed 137 responses from veterans to the "Agent Orange Review" Readers Survey printed in the August 2000 issue of the newsletter. Examining these responses, I gained a better understanding of how useful the newsletter is.

It is important to note the survey is not a scientific study, but a compilation of all written responses to four questions about the "Review." The results do not necessarily reflect the opinions of all Vietnam veterans or even all the readers of the newsletter. Of 137 surveys assessed, 73 percent indicated the "Review" is very informative and meets their needs as Vietnam veterans, 21 percent commented that the "Review" is not pertinent to their needs, and 6 percent provided neutral comments.

While many readers expressed their view that the "Review" was "very informative," some Vietnam veterans wrote that the newsletter did not focus on some more pressing issues. Some of the responding veterans said the "Review" needs to focus more on the overall health status of Vietnam veterans, including breathing problems, sleeping disorders associated with Agent Orange, and the effectiveness of medication. By gathering information from Vietnam veterans, the survey allows officials in VA responsible for the newsletter to better comprehend the views and needs of its audience.

## **My Commentary**

I come from a generation that has learned to distrust the government and to question every governmental action. I am troubled by the way Vietnam veterans were treated by the American people. It seems that it was easier for the American people to point their fingers at the horrors of war and reject military service members who dedicated their lives to free a country than it was to blame the politicians behind it. The government has made many mistakes in handling the medical care services, but we have learned from those mistakes and we have been reassured that such mistakes will never allow the Nation to forget the price of freedom or the military personnel who fought for it.

Unfortunately, many Vietnam veterans still feel the pain associated with their inability to take care of

themselves. This may trigger feelings of resentment due to the seeming lack of governmental support and an inability to make a complicated process more simple. Having to get around one obstacle after the other leaves a hopeless feeling that no goal can ever be accomplished.

Many Vietnam veterans have felt neglected by the swaying tides of public opinion. Some Vietnam veterans symbolize for America an image that many wish to ignore and forget. Time and several different administrations have begun to heal the wounds of Vietnam veterans. In large measure, due to their persistence, Vietnam veterans have not been and will not be forgotten. This has resulted in the governmental policies improving the lives of many veterans in the latter part of the 20th century.

VA has launched many new initiatives to help Vietnam veterans cope with their concerns about exposure to Agent Orange and other herbicides used in Vietnam. One initiative is the national toll free number (1-800-749-8387) that allows Vietnam veterans to call about their questions and concerns about Agent Orange exposure and VA benefits. Another significant element of VA outreach is the expansion of the mailing list. VA's Veterans Benefits Administration has added 387,000 Vietnam veterans to the distribution of this newsletter.

The "Review" survey is but a step in hearing Vietnam veterans' opinions about VA activities. VA encourages all veterans to express their concerns on veterans' issues and to send any suggestions on how VA can better serve Vietnam veterans, including how the "Review" might better serve their needs. Comments and suggestions regarding the "Review" should be sent to Mr. Donald J. Rosenblum, Deputy Director, Environmental Agents Service (131), ATTN: AGENT ORANGE REVIEW, VA Central Office, 810 Vermont Avenue, N.W., Washington, DC 20420.

## **For More Information**

Early this year, the Environmental Agents Service (EAS) in VA Central Office in Washington, DC, updated a series of Agent Orange fact sheets, known as "Agent Orange Briefs." The updated fact sheets,

dated January 2001, have been sent to all VA medical centers and to many other interested parties.

All of the fact sheets have been placed on the world wide web at <http://va.gov/agentorange/default.htm>. The revised "Briefs," describe a wide range of Agent Orange-related matters. The following twenty-one "Briefs" are available:

### **A1. Agent Orange - General Information**

### **A2. Agent Orange Class Action Lawsuit**

### **B1. Agent Orange Registry**

### **B2. Agent Orange - Health Care Eligibility**

### **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**

### **D12. Agent Orange and Diabetes (an addendum was added to this Brief in May 2001)**

Changes in law, research developments, and compensation policy have necessitated changes in the Briefs. The revised fact sheets includes information about the report of the National Academy of Sciences' Institute of Medicine on Agent Orange and Type 2 diabetes, VA's decision to provide service-connection to Vietnam veterans with diabetes, the

## Where to Get Help

**Vietnam veterans with questions or concerns about Agent Orange** - contact VA's *Gulf War/Agent Orange Helpline*. The national toll-free telephone number is **800-749-8387**. A great deal of information is also available on our web page. It is located at <http://www.va.gov/agentorange/default.htm>.

**Vietnam veterans (plus veterans who served in Korea in 1968 or 1969), or were exposed to Agent Orange or other herbicides elsewhere during the testing, transporting or spraying of herbicides for military purposes and who are concerned** about possible long-term health effects of Agent Orange exposure - contact the nearest VA medical center and request an Agent Orange Registry health examination. More than 300,000 Vietnam veterans have already participated in this program.

**Vietnam veterans who need medical treatment** for conditions that may be related to their exposure to Agent Orange or other herbicides used in Vietnam - contact the nearest VA medical center for eligibility information and possible medical treatment.

**Vietnam veterans with illnesses that were incurred in or aggravated by** exposure to Agent Orange or other aspects of military service - contact a VA veterans services representative at the nearest VA regional office or health care facility and apply for disability compensation.

The counselors have information about the wide range of benefit programs administered by VA. The national toll-free number is **1-800-827-1000**.

**Vietnam veterans who encounter difficulties** at a VA medical center - contact the "patient advocate" 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 who have **spina bifida** - contact the VA 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 on spina bifida is available from the Spina Bifida Association of America at 4590 MacArthur Blvd., Suite 250, Washington, DC 20007-4226; toll free telephone: 800-621-3141; e-mail address: [spinabifida@aol.com](mailto:spinabifida@aol.com); and web site: [www.sbaa.org](http://www.sbaa.org)

Representatives of **veterans service organizations**, including The American Legion (1-800-433-3318), Paralyzed Veterans of America (1-800-424-8200), Veterans of Foreign Wars of the United States (1-800-VFW-1899), Disabled American Veterans (1-877-426-2838), Vietnam Veterans of America (1-800-882-1316), etc., have also been very helpful to Vietnam veterans seeking disability compensation.

decision to open the Agent Orange Registry to certain Vietnam-era veterans who served in Korea, and the enactment of Public Law 106-419 which will provide monthly disability allowances, vocational training, health care to women Vietnam veterans' children born with certain medical problems. Some numbers were also updated.

Most of the existing "Briefs" were modified. Earlier versions of the "Briefs" were released in October 1988, October 1989, September 1990, July 1991, February 1992, January 1993, September 1994, January 1997, December 1997, and August 1999. 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

Registry Coordinator at the nearest VA medical center, write to **Agent Orange Briefs, Environmental Agents Service (131), VA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420** or go to the above mentioned web site.