



AGENT ORANGE PRIMER 2011

A Review of the Conditions and Benefits

Linked to Agent Orange Exposure

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1.0 Introduction

2011 has started quickly with the redefining of Agent Orange exposure in Korea. The new rules lengthened the time period considered for exposure. The expanded time period goes into effect on February 24, 2011 (for more information go to Annex 4).

The year 2011 promises a big decision on Blue Water Navy veterans. The Secretary of the VA has asked the Institute of Medicine to review and decide if those serving in the Blue Water Navy should be considered Agent Orange exposed. The answer is due out in the summer of 2011. In 2011 the list of Brown Water Navy vessels and other vessels exposed to Agent Orange continues to grow (see Annex 2).

Agent Orange exposure covers the veterans who were in country from January 9, 1962 to May 7, 1975. Veteran exposed from April 1, 1968 to Aug 31, 1971 in Korea are also covered in this document (see explanation below, also Annex 4). In 2006 the Department of Defense, DoD, provided a partial list of other locations where Agent Orange has been used. In 2009 the VA included to a very extensive website on Agent Orange usage that included the original DoD list, but also greatly expanded the information available on Agent Orange usage. The links below include the Agent Orange homepage, and the website for other areas where Agent Orange was used.

<http://www1.va.gov/agentorange/>

The specific list can be found at:

<http://www.publichealth.va.gov/exposures/agentorange/basics.asp#outside>

The Department of Defense list can be found at:

http://www.publichealth.va.gov/docs/agentorange/dod_herbicides_outside_vietnam.pdf

For more information on how to file an Agent Orange claim one should go to:

<http://www.vba.va.gov/bln/21/AO/claimherbicide.htm>

And, there is more information about Agent Orange in general at:

www.publichealth.va.gov/exposures/agentorange

Finally, expect more updates and changes as the list of ships qualifying veterans to be considered Agent Orange exposed continues to expand. The list will most likely be discontinued if the Institute of Medicine finds that Blue Water Navy veterans are considered exposed to Agent Orange. Then all Navy veterans in theater will be considered exposed. However, we will have to wait for the report until we know the final disposition and how Navy personnel will be handled in the future.

Bob Kozel, February 2011

1.1 Brief History of Agent Orange Use and Follow on Health Studies

During the war in Vietnam the military used chemical agents to do away with the jungle vegetation. At the time of use no one realized that this could have harmful effects on humans. The chemicals were shipped in barrels with coding stripes. Agent Orange comes from the orange stripes on the barrels.

After the war the Air Force was tasked to do follow up studies on the effects on chemical on the troops. Three studies were done and the results were very controversial. By the mid 1990's it was clear that Vietnam veterans were having health side effects due to Agent Orange exposure.

Studies continue on the effects of Agent Orange. In 2002 type 2 diabetes was Service Connected to Agent Orange. In 2003 a form of leukemia was also linked to Agent Orange exposure. Children of veterans who served in Vietnam (and Korea in 1968 and 1971 near the DMZ) could also be service connected for birth defects. This was the first time offspring of veterans had ever been considered for their own direct service connected benefits.

In 2005 studies reconfirmed the link between Agent Orange and type 2 diabetes. However, findings in other areas were inconclusive. In 2009 four additional conditions became presumptive to Agent Orange exposure. Go to section 4.4 for more recent updates on Agent Orange.

2.0 Agent Orange and Service Connected Benefits

One day in country during the war constitutes exposure to Agent Orange.* This is not always as clear as it may sound. Many veterans of the Navy never went ashore, though they were in the waters around Vietnam. Other veterans were never acknowledged to be in Vietnam due to the nature of the units they served in. This can make proving a claim very difficult.

The Department of Defense has announced that Agent Orange was used in Korea in 1968 and 1969 along the demilitarized zone (DMZ). Veterans who served along the DMZ in those years are encouraged to put in claims.

There are other locations where the Defense Department acknowledges Agent Orange use. The VA has asked for more information from DOD to help expand eligibility for claims from other locations.

* In 2006 this definition of service in Vietnam was set aside by the Court of Veterans Appeals, COVA. COVA did not offer a new definition, but felt that this was too narrow a definition because it excluded "Blue Water" Navy personnel potentially exposed. This decision was appealed by the VA, and the COVA decision overturned. For more on this ruling and the current status of Blue Water Navy Vietnam veterans go to section 4.4 below.

We are recommending that all Navy personnel who have a Vietnam Service Medal, VSM, to apply for service connection if they have one of the presumptive conditions linked to Agent Orange exposure (see below). As part of your claim we recommend including documentation of your VSM. Unless, something changes in the near future, the claim will be turned down, but in the future would be covered under Nehmer (see explanation in Section 3.1a) if the VA reverses its rules on exposure.

2.1 Diseases of Veterans Who Served In Vietnam

Editor's Note: I took the following from the VA website on Presumptive Conditions linked to Agent Orange exposure. If you are reading this electronically, the links will take you to more information on the specific condition. At the time we went to press, some were hyperlinked. The VA website can be found at:

<http://www.publichealth.va.gov/exposures/agentorange/diseases.asp>

Acute and Subacute Peripheral Neuropathy

A nervous system condition that causes numbness, tingling, and motor weakness. Under VA's rating regulations, it must be at least 10% disabling within 1 year of exposure to herbicides and resolve within 2 years after the date it began.

AL Amyloidosis

A rare disease caused when an abnormal protein, amyloid, enters tissues or organs.

Chloracne (or Similar Acneform Disease)

A skin condition that occurs soon after exposure to chemicals and looks like common forms of acne seen in teenagers. Under VA's rating regulations, chloracne (or other acneform disease similar to chloracne) must be at least 10% disabling within 1 year of exposure to herbicides.

Chronic B-cell Leukemias

A type of cancer which affects white blood cells. VA's regulation recognizing all chronic B-cell leukemias as related to exposure to herbicides took effect on October 30, 2010.

Diabetes Mellitus (Type 2)

A disease characterized by high blood sugar levels resulting from the body's inability to respond properly to the hormone insulin.

Hodgkin's Disease

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

Ischemic Heart Disease

A disease characterized by a reduced supply of blood to the heart, that leads to chest pain. VA's regulation recognizing ischemic heart disease as related to exposure to herbicides took effect on October 30, 2010.

Multiple Myeloma

A cancer of plasma cells, a type of white blood cell in bone marrow.

Non-Hodgkin's Lymphoma

A group of cancers that affect the lymph glands and other lymphatic tissue.

Parkinson's Disease

A progressive disorder of the nervous system that affects muscle movement. VA's regulation recognizing Parkinson's disease as related to exposure to herbicides took effect on October 30, 2010.

Porphyria Cutanea Tarda

A disorder characterized by liver dysfunction and by thinning and blistering of the skin in sun-exposed areas. Under VA's rating regulations, it must be at least 10% disabling within 1 year of exposure to herbicides.

Prostate Cancer

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

Respiratory Cancers

Cancers of the lung, larynx, trachea, and bronchus.

Soft Tissue Sarcoma (other than Osteosarcoma, Chondrosarcoma,

Kaposi's sarcoma, or Mesothelioma)

A group of different types of cancers in body tissues such as muscle, fat, blood and lymph vessels, and connective tissues.

2.2 Diseases of the Children of Male Veterans of Vietnam

Spina Bifida: a devastating spinal birth defect that affects the children of some Vietnam veterans.

For more information on Spina Bifida benefits go to:

<http://www.va.gov/hac/forbeneficiaries/spina/spina.asp>

For a short time period **Acute myelogenous leukemia** was considered a disease of the offspring of Agent Orange veterans. This has since been rescinded based on new scientific research.

2.3 Diseases of the Children of Female Veterans of Vietnam

In 2009 the VA posted an excellent website on Birth Defects and issues related to Agent Orange. It can be found at:

http://www.publichealth.va.gov/exposures/agentorange/birth_defects.asp

Achondroplasia (produces a type of dwarfism)

Cleft palate and cleft lip

Congenital heart disease

Congenital talipes equinovarus (clubfoot)

Esophageal and intestinal atresia

Hallerman-Streiff syndrome (prematurity, small growth and other defects)

Hip dysplasia

Hirschprung's disease (congenital megacolon)

Hydrocephalus due to aqueductal stenosis

Hypospadias (abnormal opening in the urethra)

Imperforate anus

Neural tube defects

Poland syndrome (webbed fingers and other birth defects)

Pyoric stenosis

Syndactyly (fused digits)

Tracheoesophageal fistula

Undescended testicles

Williams syndrome (linked to thyroid activity, multiple defects)

NOTE: In December of 2003 these same service connections were extended to the children of veterans who served at the DMZ in Korea in 1968 and 1969.

For more information on benefits for children of female veterans exposed to Agent Orange go to the following website:

<http://www.vba.va.gov/bln/21/Milsvc/Docs/CWVVMoney4.doc>

2.4 Post Traumatic Stress Disorder, PTSD

PTSD is not caused or linked to Agent Orange. Estimates of PTSD for Vietnam veterans run as high as 30%. PTSD can have devastating affects on the veteran and the family. It may make convincing the veteran to attend or participate in rehab services very difficult.

Newer treatments for PTSD seem to work. They often involve medications. It can be a challenge for the veterans to take medications regularly. (See section 5.2 below for more on PTSD).

3.0 Special Benefits Consideration

To establish a service connected claim based on exposure to Agent Orange a veteran has to demonstrate being in country (Vietnam) for at least one day. The same is true of the DMZ in Korea.

3.1 The Veteran

Most of the items linked to Agent Orange exposure no longer have time windows for application for service connection. This was reaffirmed in 2004 by an Institute of Medicine's study on the cancers linked to Agent Orange. A person can apply for service connection for the remainder of their life. The exception would be peripheral neuropathy, which would have to show up within one year. However, if the veteran had diabetes that was service connected, the form of peripheral neuropathy connected to diabetes could be linked as a secondary effect of the diabetes.

One question some individuals have is: If some people would have developed diseases such as diabetes or prostate cancer anyways, why service connect them?

It is true that in a group of veterans statistically some would develop diabetes and prostate cancer. Research has shown that the rate was higher in Vietnam veterans or that exposure to certain chemical agents definitely can cause certain diseases.

Also, there is a chance that Agent Orange contributes to much more severe cases of the disease. This last point is not a proven scientific point, but a nasty possibility.

Editor's Note: A recent study by the Department of Defense suggested that the recurrence of prostate cancer is more likely for individuals exposed to Agent Orange. See Annex 1 for more information.

Claims for Agent Orange are handled just like other claims. The veteran needs a diagnosis and medical proof. They must also show that they were in Vietnam for one day (or meet the burden of proof for Navy veterans). If their DD 214 does not make this clear, or their unit was not assigned to Vietnam, then the veteran may need statements to show that they were in Vietnam.

3.1a Earlier Claims

A number of veterans applied for service connection, especially for type 2 diabetes prior to diabetes being recognized as linked to Agent Orange. Due to court decisions the VA must go back and recognize those (and other Agent Orange) claims from the initial filing.

This decision is a result of a 13 year long series of class action suits against the VA. The person listed in the suite was Beverly Nehmer, and the resulting action is known as "Nehmer". Under the Nehmer clause three principles came out:

1. A person could receive back pay to the original date of a claim
2. A person **could not receive** interest on the back pay
3. The estate of a person could receive benefits under this principle. This might include back pay and the right to benefits such as Dependency Indemnity Compensation

Editor's Note: A veteran might consider applying for service connection for certain conditions such as cancers that are not currently recognized as being presumptive with Agent Orange. The thought is that they might be service connected in the future.

3.1b The Need to Reopen Claims

The term 100% sounds final. A solution cannot be any more than 100% of some one thing. Often veterans do not understand that there are levels of 100% beyond the basic rating. They do not understand the need to reopen their claim and document additional disabilities.

What is the benefit in reopening claims?

First, it allows the possibility of special monthly compensation. This could mean additional dollars.

Second, when a claim involves vision it may trigger a benefit such as Auto Grant, or Special Housing Grant, which is a large lump sum payment towards an auto or housing modifications.

Third, if a veteran is not rated Permanent and Total it is important to work towards this rating, and to document potential conditions that could cause death. Payments from the VA to the spouse and family might hinge on dying of service connect cause or being rated Permanent and Total for a certain time period. Also, VA benefits such as CHAMPVA (healthcare for dependents) and dependent education benefits (Chapter 35) might be based on a Permanent and Total rating.

Finally, a rating that leans more heavily towards Agent Orange related items may have an effect on a military retirees rate of Combat Related Special Compensation, CRSC, (see below).

3.1c Concurrent Pay

Concurrent Pay has been undergoing evolution since 2003. The National Defense Act of 2008 called for some additional changes in CRSC (see below).

There currently are two types of Concurrent Pay:

Veterans who served 20 years in the military are eligible for Concurrent Receipt of their retirement pay in addition to their VA compensation if they fall into one of the following categories:

CRDP- Concurrent Retirement and Disability Payments, which is paid to individuals with 50% service connection or higher.

CRSC - Combat Related Special Compensation, which is paid for any battlefield related injury 10% or higher for which the veteran is receiving compensation. The veteran must apply for this through their branch of service.

The National Defense Act of 2008 included provisions for Chapter 61 retirees (those who were medically retired before 20 years) if there injuries were combat

related. It also called for adjustments for those veterans who were on Individual Unemployability dating back to January 2005.

All of this has become very complicated. CRDP is granted automatically to a retiree through joint cooperation by DoD and the VA. A veteran must apply for CRSC. To apply the veteran must fill out a **DD 2860**. An individual does not collect both CRDP and CRSC, they collect whichever is of greater value.

For more information on CRDP the veteran would contact Defense Finance and Accounting Service at: 1800 321 1080

Or write:

Defense Finance and Accounting Service
Cleveland Center
Retired Pay Department (FRCCBB)
PO BX 99191
Cleveland, OH 44199-1126

To apply for CRSC the DD 2860 (September 2009 is the latest version as we go to press) is submitted through their branch of service. They may also contact their service branch for more information on CRSC and eligibility. The DD 2860 has the correct services sites to submit the form.

It is not always easy to find an up to date DD 2860, many on the Internet are the older versions. Below is the official DoD forms website, and a current version is available:

<http://www.dtic.mil/whs/directives/infomgt/forms/ddforms2500-2999.htm>

Editor's Note: Below is information for major branches of service. It was correct at the time we went to press. Check the DD 2860 to make sure of the specific location of where you are to send the form. Also, check the links to see if anything has been updated.

ARMY:

U.S. Army Human Resources Command U.S.
ATTN: AHRC-DZB-CRSC
200 Stovall Street
Alexandria, VA 22332-0470

Toll-free: (866) 281-3254

Or visit: <https://www.hrc.army.mil/site/crsc/index.html>

NAVY AND MARINE CORPS:

Secretary of the Navy

Council of Review Boards

ATTN: Combat Related Special Compensation Branch

720 Kennon Street SE, Suite 309

Washington Navy Yard, DC 20374-5023

(Toll free 1-877-366-2772)

<http://www.donhq.navy.mil/corb/crscb/crscmainpage.htm>

AIR FORCE:

United States Air Force

Disability Division (CRSC)

HQ AFPC/DPPDC

550 C Street West, Suite 6

Randolph AFB, TX 78150-4708

1-800-525-0102 (this will be the general customer service number as of 1 Feb 2009).

<http://www.afpc.randolph.af.mil/library/combat.asp>

COAST GUARD:

Commander (adm-1-CRSC)

U.S. Coast Guard

Personnel Command

4200 Wilson Boulevard, Suite 1100

Arlington, VA 22203-1804

(Toll-free at 1-800-772-8724)

All CRSC payments are tax exempt. It is considered a disability type payment, not a retirement payment. This has large implications for tax purposes.

The definition of battlefield injuries falls into two categories. The first is direct injury, the type Purple Hearts are awarded for. The second is conditions or injuries linked to battlefield action. This would cover Agent Orange exposure.

Concurrent Pay for Spouses

Spouses of military retirees have three possible government retirement sources to consider:

Social Security

Survivor Benefits Plan, SBP

Dependency Indemnity and Compensation, DIC

SBP is an annuity that the veteran pays into so that the surviving spouse can receive a percentage of their military retirement pay.

For more information on SBP go to: <http://www.military.com/benefits/survivor-benefits/survivor-benefit-plan-explained>

DIC is paid by the VA. It is for the survivors of a service connected veteran if the death met one of the following conditions:

- Military service member who died while on active duty, OR
- Veteran whose death resulted from a service-related injury or disease, OR
- Veteran whose death resulted from a non service-related injury or disease, and who was receiving, or was entitled to receive, VA Compensation for service-connected disability that was rated as totally disabling
 - for at least 10 years immediately before death, OR
 - since the veteran's release from active duty and for at least five years immediately preceding death, OR
 - for at least one year before death if the veteran was a former prisoner of war who died after September 30, 1999.

For more information on DIC go to: <http://www.military.com/benefits/survivor-benefits/dependency-and-indemnity-compensation>

Please note that the rates given in this article are out of date, but the information is excellent. For up to date DIC rates go to:

<http://www.vba.va.gov/bln/21/rates/comp03.htm>

Originally there were monetary offsets for individuals who eligible for Social Security, SBP and DIC.

As of 2008 a widowed spouse or a military retiree was able to collect Social Security and the full amount of the Department of Defense's Survivor Benefit Plan, SBP. Many retirees have dropped SBP, it is important to check on open seasons for re-entry into the program and cost for buy backs.

The first SBP – DIC payment offset appeared in 2008 as part of the provisions in the National Defense Act. Congress acted again in 2009, increasing the amount of the offset and funding the payment until 2017. However, Congress did not do away with the offset (in the 2009 Congressional session). The sum of money the offset has been reduced by is relatively small.

There was the first step offset of 50 dollars monthly starting in October of 2008. There is a provision for a 10 dollar a month increase for the next 5. This was increased with a new payment schedule in 2009. It is recommended if you are eligible you check with DFAS on the most current information.

In a separate court action (resolved in 2009) surviving spouse who re-married after the age of 57 were able to collect both DIC and SBP. They would draw one based on the death of the first spouse, and the second based on the death of the second. It is a relatively small group of people affected by this, but those who supported this effort saw it as another step in doing away with the offset.

3.2 Spouse Benefits

For many years the public perception of the VA has been linked with the World War 2 or Korean War veteran. This perception is changing in large part due to the infusion of veterans from Operation Enduring Freedom and Operation Iraqi Freedom.

This is not meant to overlook the large number of Vietnam era veterans who make use of VA health care. The Vietnam era stretches over a large time frame. Veterans from that era include individuals served only one enlistment at the very end of the war all the way to individuals who were of the World War 2 era at the very end of their military careers when they served in Vietnam. This translates to a great diversity in the age of surviving spouses.

Agent Orange veterans may be as young as their late 50's. Today, there may be cases where the veteran was working only months before and was forced to quit due to health. Health care for the spouse may have been made available through the veteran's job. The spouse may be well below Medicare age and for the first time in decades find themselves with no health insurance.

NOTE: In the review of benefits below we are talking in terms of the veteran being 100% service connected and Permanent and Total as far as his or her disability. It could be due to Unemployability or Permanent and Total type rating that is clearly 100%.

3.2a Compensation

The spouse will receive no compensation as long as the veteran is alive. However, the veteran will draw compensation. When the veteran dies the spouse could be eligible for Dependency Indemnity Compensation. It is important that they understand the program. This program has Housebound and Aid and Attendance rates also, few spouses are even aware of these provisions.

3.2b Education

The granting of 100% service connection or death from a service connected cause can open a window of education benefits for the spouse. The loss of income from the veteran's job could make education a consideration.

Dependent's education is covered in what is referred to as Chapter 35. There is a new GI Bill that started in 2009 referred to as Chapter 33. Part of this may be transferable to family members. However, most Vietnam era veterans will not have served into the time frame where they are eligible for this consideration.

NOTE: Eligibility for education benefits is opened once for a ten year period*. If it opens upon granting of 100%, it does not reopen later if the veteran dies of a service connected cause later. If a veteran rated less than 100% dies of a service connected cause the education window will open for the first time for the spouse.

* Individuals may have heard of some spouses being eligible for up to 20 years to use education benefits. This is linked to a 2004 law change that addressed the spouses of servicemembers who died on active duty. The 20 year provision only covers this group of spouses.

An excellent pamphlet on Chapter 35 benefits is available at:

http://www.gibill.va.gov/pamphlets/Ch35/CH35_Pamphlet.pdf

We urge spouse to check with Regional Office so that they can clarify the details in their own specific case.

3.2c Preference Points

A spouse can apply through Regional Office to use the veteran's preference points in the event the veteran is no longer able to work due to a service connected disability rated at 100%. Again, if the spouse finds that they are back in the workforce, or the major breadwinner this could be an important consideration.

3.2d Health Care

The spouse may be eligible for CHAMPVA as a health care provider. This could be critical if there is no other health care in the family. CHAMPVA is now an extended benefit that can be used past Medicare age in the CHAMPVA for Life program.

The spouse of a military retiree is likely to be covered by the TRICARE health program and ineligible for CHAMPVA.

3.2e Other Benefits

With the granting of 100% service connection comes PX and Commissary privileges. There are other perks and privileges that are linked to being rated 100% service connected many have to do with use of Department of Defense facilities.

3.3 Children

Children of Vietnam veterans (and the DMZ in Korea) are going to find that they are in one of two categories:

The vast majority will receive benefits through their veteran parent. This includes additional compensation for a dependent, health care, and education benefits. For many this will end when they reach 18. For some it will continue through their post high school education years, and end when their education is completed. For a few who have severe disabilities before the age of 18, they may remain the dependent of the veteran for life, and collect Dependency Indemnity Compensation when the veteran dies.

The second group of children has health conditions that are linked to the veteran's exposure to Agent Orange (refer to section 2.2 and 2.3 above). These children are themselves service connected and have their own benefits. These benefits include:

3.3a Compensation

Compensation is not paid at the same rate as a veteran's compensation. A separate tiered scale is used. Application for benefits are made through Regional Office following the normal criteria for evidence.

3.3b Education

A child in this category will receive the same education benefits that a dependent child eligible for VA education benefits would receive.

3.3c Health Care

These children will be eligible for health care funded by the VA for life.

3.3d Special Considerations

Would a service connected child with spina bifida be eligible for Blind Rehab services from the VA?

This has not been tested – yet. It is my guess that they would be eligible for this service if they wished to pursue it. But, there is no precedence in such a case.

There is an excellent website covering this at:

<http://www.va.gov/HAC/forbeneficiaries/spina/spina.asp>

4.0 Agent Orange Details

4.1 Agent Orange Registry

Vietnam veterans and veterans from Korea who served in the DMZ area can be tested and placed on the Agent Orange Registry. What does this mean in practical terms?

The registry is a database used for health care comparisons. It is vital in research, but not in the individual's claim process. This might sound confusing, but here is a practical example:

Diabetes was shown to be service connected by doing a comparative study between veterans who served in Vietnam and those who did not, all having served in the same time frame. The VA can use the registry for statistical information for

Vietnam veterans. A veteran is doing a great service research wise by going through the registry process.

EDITOR'S NOTE: The findings of a Registry exam can be used in the claim process as evidence. This is information in the VA system and easy to access by VA Regional Office.

4.2 Agent Orange Lawsuit

A class action suit was filed in 1979 on behalf of Agent Orange exposed veterans against the chemical companies that had produced Agent Orange. The suit was settled in 1985 and paid approximately 180 million dollars to 50,000 veterans. Well over 2 million veterans were exposed to Agent Orange.

4.3 Agent Orange HOT LINE: 1 800 749 8387

The VA sends out a regular bulletin on Agent Orange. It is titled Agent Orange Review. A veteran can enroll for the bulletin by calling the hotline. The hot line will also answer questions and provide information.

The Agent Orange Review is available online at:

http://www.publichealth.va.gov/exposures/agentorange/newsletter_archive.asp

4.4 Agent Orange 2010 Updates

The year 2010 proved to be a very active one for Agent Orange concerns.

- Agent Orange used at Camp Detrick, Nov. 1962-1964.

This was revealed as the result of a VA compensation claim. DoD did list Camp Detrick for use of chemical compounds from 1961-63 in its report on herbicides used outside Vietnam (link provided earlier in the document). It did not specifically name Agent Orange (though it lists that multiple herbicides were used). They were used in greenhouses on that base.

- Navy Service off the Vietnam coast:

This issue took a dramatic turn in January 2010 when the VA started to build a database of ships that were considered "Brown Water." This means that these

vessels functioned in the harbors and rivers of Vietnam and that duty on these types of ships, or duty on a specific ship at a specific time is the equivalent of 24 consecutive hours in country. The list has been expanded as more information has come to light. A complete (as of the date of publication of this Primer) list of the vessels involved is included in Annex 2. It is important to note that this is a dynamic list that is potentially growing as more information is collected. So, if you are a veteran who believes you saw action in the harbor or river areas of Vietnam and your ship is not included, you should file and provide with your claim specific information about the vessel and where you were, and information on the dates involved.

This issue of the rest of the "Blue Water" Navy in the Gulf of Tonkin is in the process of being addressed. The Secretary of the Department of Veterans Affairs has asked that the Institute of Medicine research this issue and present its findings in the summer of 2011. If the findings are that all individuals serving in the Gulf were exposed to Agent Orange, there will no longer be a need for a database of ships. However, if the findings are some type of conditional relationship such as distance from shore or time serving in the Gulf, then there will still be this sort of cross matching between what ship the veteran served on and the time of service. In other words there will still be some type of database system versus anyone who served in the Navy (or Marines on ship) in theater. The report is expected in July of 2011.

- Four new conditions were moved to Presumption status in with Agent Orange in 2009, the last three were reviewed by Congress and approved in 2010, these included:

- AL Amyloidosis
 - B-Cell Leukemia
 - Ischemic Heart Disease
 - Parkinson's Disease

- Agent Orange use in Guam and Okinawa:

In July of 2009 the Board of Veterans Appeals denied a claim of presumptive service connection in Guam. This case received a great deal of attention on some of the websites on Agent Orange (independent websites, not the VA). The 2009 case was based on the premise that just being in Guam was enough to warrant Agent Orange exposure. This was not the premise of the two earlier, approved cases involving Guam and Okinawa, where veterans provided specific

details on their Agent Orange exposure leading the Board of Veterans Appeals to grant service connection.

Neither Okinawa nor Guam was included on the DoD list of Agent Orange use. The website below covers the two cases mentioned above and also covers a case in Thailand. DoD has already released that certain areas of Thailand were sprayed. However, this case hinged on an individual who worked on the equipment used to spray Agent Orange as his exposure.

To review these cases go to:

<http://www.2ndbattalion94thartillery.com/Chas/guambva.htm>

Agent Orange has long been rumored to have been used at Panama and Johnston Island. This has never officially been confirmed.

- In July of 2007 a report came from the Institute of Medicine of a possible link between Agent Orange exposure and high blood pressure. No further considerations have come out on this yet.

- Since 1998, a committee that reviews medical evidence produces an Agent Orange update every two years. The 2008 committee began work with a summer conference in San Antonio, and their report through the Institute of Medicine will appear in 2009. Past reports are available by doing a search for "Agent Orange" at the National Academies Press website:

<http://www.nap.edu/>

5.0 Other Details

5.1 Diabetes and Sight Loss

One of the earliest symptoms of diabetes can be blurred vision. This blurred vision can be caused by the lens of the eye swelling in response to high blood sugar. This is not permanent and goes away when blood sugar is in control.

Vision may be affected when a person is in very low blood sugar. The field of vision may actually narrow. Low blood sugar has other serious affects including influencing judgment. A person may not even realize they are in low blood sugar

and do nothing to correct it. Low blood sugar can lead to the loss of consciousness and even more serious complications.

But, these are not the long-term effects of diabetes on vision. The blood vessels in the back of the eye and in the kidneys are some of the very finest in the body. Blood vessels high in glucose content are rigid and over time tend to damage these blood vessels. They leak and cause fatty deposits on the Retina. These are referred to as cotton-wool spots (because of their appearance).

Blood vessels can actually start to break and cause bleeding into the eye. In most cases the intervention of choice to stop bleeding has been the use of a laser. Though the laser effectively stops bleeding portions of the retina are damaged and there is permanent vision loss.

The body in an attempt to adjust might promote the growth of new blood vessels. These tend to be frail and break easily creating additional bleeding. Many of the new treatments that involve injections and medication implants are to address the problem of new blood vessel growth and the additional problems they bring.

The best intervention the individual can do to save their eyesight is effective control of your blood sugar. This is done through diet, medications, stress reduction, and exercise.

Your doctor may want you to be doing regular finger sticks (using a glucometer). Large print or a talking glucometers are options for visually impaired individuals.

Progression of Medications

Individuals with diabetes usually have a medications treatment that follows something like this:

- Exercise and Meal Planning with the goal of possible weight loss
- Diabetes Pills
- Multiple Pills used together
- Insulin added to pill therapy
- Increased insulin dose and frequency if shots

NOTE: Diabetes is a cause of one type of Glaucoma. This type involves the growth of new blood vessel growth and may be referred to as neo-vascular. It is important to have this type defined if the veteran is going to reopen a claim based on glaucoma and diabetes service connection.

5.2 Reflections on PTSD

The National Comorbidity Survey Report (NCS) provided the following information about PTSD in the general adult population:

The estimated lifetime prevalence of PTSD among adult Americans is 7.8%, with women (10.4%) twice as likely as men (5%) to have PTSD at some point in their lives. This represents a small portion of those who have experienced at least one traumatic event; 60.7% of men and 51.2% of women reported at least one traumatic event. The most frequently experienced traumas were:

- Witnessing someone being badly injured or killed
- Being involved in a fire, flood, or natural disaster
- Being involved in a life-threatening accident
- Combat exposure

The majority of the people in the NCS experienced two or more types of trauma. More than 10% of men and 6% of women reported four or more types of trauma during their lifetimes.

The traumatic events most often associated with PTSD in men were rape, combat exposure, childhood neglect, and childhood physical abuse. For women, the most common events were rape, sexual molestation, physical attack, being threatened with a weapon, and childhood physical abuse.

However, none of these events invariably produced PTSD in those exposed to it, and a particular type of traumatic event did not necessarily affect different sectors of the population in the same way.

The NCS report concluded that "PTSD is a highly prevalent lifetime disorder that often persists for years. The qualifying events for PTSD are also common, with many respondents reporting the occurrence of quite a few such events during their lifetimes."

The National Vietnam Veterans Readjustment Survey (NVVRS) report provided the following information about PTSD among Vietnam War veterans:

The estimated lifetime prevalence of PTSD among American Vietnam theater veterans is 30.9% for men and 26.9% for women. An additional 22.5% of men and 21.2% of women have had partial PTSD at some point in their lives. Thus, more than half of all male Vietnam veterans and almost half of all female Vietnam

veterans-about 1,700,000 Vietnam veterans in all-have experienced "clinically serious stress reaction symptoms."

15.2% of all male Vietnam theater veterans (479,000 out of 3,140,000 men who served in Vietnam) and 8.1% of all female Vietnam theater veterans (610 out of 7,200 women who served in Vietnam) are currently diagnosed with PTSD.

("Currently" means 1986-88 when the survey was conducted.)

The NVVRS report also contains these figures on other problems of Vietnam veterans:

Forty percent of Vietnam theater veteran men have been divorced at least once (10% had two or more divorces), 14.1% report high levels of marital problems, and 23.1% have high levels of parenting problems.

Almost half of all male Vietnam theater veterans currently suffering from PTSD had been arrested or in jail at least once-34.2% more than once-and 11.5% had been convicted of a felony.

The estimated lifetime prevalence of alcohol abuse or dependence among male theater veterans is 39.2%, and the estimate for current alcohol abuse or dependence is 11.2%. The estimated lifetime prevalence of drug abuse or dependence among male theater veterans is 5.7%, and the estimate for current drug abuse or dependence is 1.8%.

For more information you can go to the following Website:

<http://www.ncptsd.va.gov/ncmain/index.jsp>

5.3 CFR Citation

The following is the section of the 38 CFR 3.309, *Disease subject to presumptive service connection* that covers Agent Orange exposure. At the time this went to press, 38 CFR had not been updated yet to reflect the new presumptive service connections from 2009. Those changes are addressed through memorandums from the Secretary of the Veterans Administration.

(e) *Disease associated with exposure to certain herbicide agents.* If a veteran was exposed to an herbicide agent during active military, naval, or air service, the following diseases shall be service-connected if the requirements of §3.307(a)(6) are met even though there is no record of such disease during service, provided further that the rebuttable presumption provisions of §3.307(d) are also satisfied.

Chloracne or other acneform disease consistent with chloracne
Type 2 diabetes (also known as Type II diabetes mellitus or adult-onset diabetes)
Hodgkin's disease
Multiple myeloma
Non-Hodgkin's lymphoma
Acute and subacute peripheral neuropathy
Porphyria cutanea tarda
Prostate cancer
Respiratory cancers (cancer of the lung, bronchus, larynx, or trachea)
Soft-tissue sarcoma (other than osteosarcoma, chondrosarcoma, Kaposi's sarcoma, or mesothelioma)

Note 1: The term *soft-tissue sarcoma* includes the following:

Adult fibrosarcoma
Dermatofibrosarcoma protuberans
Malignant fibrous histiocytoma
Liposarcoma
Leiomyosarcoma
Epithelioid leiomyosarcoma (malignant leiomyoblastoma)
Rhabdomyosarcoma
Ectomesenchymoma
Angiosarcoma (hemangiosarcoma and lymphangiosarcoma)
Proliferating (systemic) angioendotheliomatosis
Malignant glomus tumor
Malignant hemangiopericytoma
Synovial sarcoma (malignant synovioma)
Malignant giant cell tumor of tendon sheath
Malignant schwannoma, including malignant schwannoma with rhabdomyoblastic differentiation (malignant Triton tumor), glandular and epithelioid malignant schwannomas
Malignant mesenchymoma
Malignant granular cell tumor
Alveolar soft part sarcoma
Epithelioid sarcoma
Clear cell sarcoma of tendons and aponeuroses
Extraskeletal Ewing's sarcoma
Congenital and infantile fibrosarcoma
Malignant ganglioneuroma

Note 2: For purposes of this section, the term acute and subacute peripheral neuropathy means transient peripheral neuropathy that appears within weeks or months of exposure to an herbicide agent and resolves within two years of the date of onset.

5.4 Comments on Applying for Service Connection

There is now a clearly established precedent for applying for service connection for exposure to Agent Orange in Vietnam or Korea. However, it is clear that individuals have been exposed to Agent Orange at other locations throughout the world. How should a veteran approach those claims?

It seems clear that the burden of showing a logical exposure from the cases in Guam, Okinawa, and Thailand demonstrate that just being in country is not the key to winning the case. The individual has to show how their activity brought them in contact to areas where Agent Orange was used, or in contact with Agent Orange equipment used for spraying.

Consider this in writing your claim. If you worked on the flight line and the perimeter was cleared by Agent Orange use, you may have a possible claim. If you jogged on Guam, then you need to include where you jogged and how you now know it was in or near the area that Agent Orange was used to clear the flight line or fields. Being in Guam alone will not win your case.

Consider using statements of witnesses. There may be people from your unit that can corroborate that Agent Orange was used to clear the fields.

It is highly recommended that you submit copies of the existing Board of Veteran Appeals cases (see website below) as part of your evidence. Also, reading them, might provide you insight as to if you have a valid claim.

<http://www.2ndbattalion94thartillery.com/Chas/guambva.htm>

It is also highly recommended that you file, even if you feel your exposure was in areas such as Panama and Johnston Islands. These are locations that DoD has never indicated that Agent Orange was used. Under Nehmer, you would be establishing the date of your original claim.*

Finally, it is recommended that you seek the assistance of a service organization in filing. These cases are not likely to be settled at Regional Office. They may need to be appealed and move up the ladder. Representation is a good thing to have.

* If this matter is resolved by new Congressional legislation, such as the bills introduced by Congressman Filner (in 2008 and 2009 to expand areas considered exposed to Agent Orange), then Nehmer will not apply. The veteran will have to re-apply once the legislation is passed. Congressman Filner's original 2009 bill did include Johnston Islands exposure.

Annex 1: Prostate Cancer

Prostate cancer and the possible increase in the recurrence of prostate cancer is a serious concern for individuals exposed to Agent Orange. Below is a brief article that was found on the Internet that is in the public domain, it can be found at:

<http://www.renalandurologynews.com/PCa-Recurrence-Agent-Orange-Linked/article/35714/>

Agent Orange Raises Vietnam Vets' Risk of Recurrent Prostate Cancer

May 21 (HealthDay News) -- Exposure four decades ago to Agent Orange in the Vietnam War appears to boost veterans' risk for a recurrence of prostate cancer even after the organ is surgically removed, a new study shows.

And if the cancer does return, it tends to be more aggressive among veterans exposed to Agent Orange than in those not exposed to the chemical defoliant, the researchers found.

Black veterans are especially vulnerable to these tough-to-treat recurrences, the researchers said.

"This means that we need to make sure that these patients are not lost to follow-up, that their PSAs [prostate specific antigen levels] are checked regularly and that Vietnam veterans are screened aggressively for prostate cancer," said lead researcher Dr. Sagar Shah, a urology resident physician at the Medical College of Georgia. "The quicker that we catch [a recurrence], the more treatment options we have."

Shah's team was to present its findings Sunday at the annual meeting of the American Urological Association, in Anaheim, Calif.

Agent Orange was used to clear dense jungle cover during the Vietnam War. It contains dioxin, which, Shah said, "isn't really a tumor mutagen -- it doesn't *cause* cancer -- but it is a tumor-promoter. So, if the cancer is there, it makes it more prominent."

Exposure to dioxin and Agent Orange has long been linked to increased risks for a variety of malignancies, including leukemias, lymphomas, prostate cancer and lung tumors, according to Phil Kraft, program director for the National Veterans Services Fund, which lobbies on behalf of U.S. veterans.

"Agent Orange -- and its bad-guy ingredient, dioxin -- affects everyone who is exposed genetically," he said.

In the new study, Shah's team sought to determine if there were any differences in the rate or type of prostate cancer recurrences seen among a group of 1,653 black and white Vietnam veterans -- 199 of whom had been exposed to Agent Orange. All of the veterans were treated

after first being diagnosed with prostate cancer between 1990 and 2006. Their treatment included surgical removal of the prostate gland.

Examination of biopsy samples under a microscope showed no pathological differences between the tumors of men exposed to Agent Orange and those who were not exposed, Shah said.

Differences did emerge, however, when the researchers compared rates of "biochemical recurrence."

Biochemical recurrence means that blood levels of the marker prostate-specific antigen -- produced by prostate cancer cells -- rose sharply and steadily in the months after surgery. Doctors routinely test men for their blood levels of PSA to help spot prostate cancer.

In this study, the shorter the time it took for a man's PSA level to double, the more aggressive his cancer appeared to be, Shah explained.

Veterans exposed to Agent Orange "had a higher relative risk of having a biochemical recurrence" than unexposed veterans, Shah said.

The rate of post-surgical prostate cancer recurrence among white veterans rose by 42 percent if they had been exposed to Agent Orange, compared to non-exposed veterans, the researchers found. Black veterans exposed to the herbicide fared even less well, with a recurrence rate that was 75 percent higher than their non-exposed peers.

And when prostate cancer did recur among veterans exposed to Agent Orange, "it seemed that they had a much shorter PSA doubling time, a surrogate for aggressiveness," Shah said.

Among black men with a cancer recurrence, PSA levels doubled in just nine months for those exposed to Agent Orange, compared to 16 months for those unexposed to the toxin.

Why might black Vietnam veterans be most vulnerable? Numerous studies conducted among the general population have already suggested that genetics or other factors put black American men at higher prostate cancer risk compared to whites.

In addition, black troops serving in Vietnam "were also more likely to have higher levels of exposure than whites," Shah noted. "They were more likely to be ground troops and less likely to be officers away from Agent Orange exposure," he said.

What does it all mean in terms of veteran's health? "When you are counseling patients on their treatment options, this is something that you can make them aware of -- that this puts you at higher risk for a recurrence," Shah said.

Shah stressed that the study did *not* look at recurrence rates for prostate cancer patients treated with methods other than surgery -- for example, with radiation. "We just don't know about those outcomes," he said.

"However, if he has surgery, the patient and I need to be on the same page, and I need to say, 'You have to make sure that you come in for your regular PSA test,' " Shah said. "We really have to be aware of this."

Kraft agreed that veterans' health deserves closer scrutiny, and he said that the experiences of the men and women who served in Vietnam have much to teach today's physicians and policymakers.

"We are the guys who are learning the lessons," said Kraft, himself a Vietnam veteran. "We hope we're passing that knowledge on to the Persian Gulf, Iraqi Freedom and Afghanistan veterans."

SOURCES: Sagar Shah, M.D., urology resident, Medical College of Georgia, Augusta; Phil Kraft, program director, National Veterans Services Fund, Darien, Conn; May 20, 2007, presentation, American Urological Association annual meeting, Anaheim, Calif.

For more information on prostate cancer and Agent Orange, you can do a Google search using these terms:

Prostate Cancer, or
Prostate Cancer and Agent Orange, or
Recurrence of Prostate Cancer and Agent Orange

Annex 2: Navy Ships Considered Brown Water

Navy and Coast Guard Ships Associated with Service in Vietnam and Exposure to Herbicide Agents

Updated January 6, 2011

This ships list is intended to provide VA regional offices with a resource for determining whether a particular US Navy or Coast Guard Veteran of the Vietnam era is eligible for the presumption of Agent Orange herbicide exposure based on operations of the Veteran's ship.

According to 38 CFR § 3.307(a)(6)(iii), the presumption of herbicide exposure requires that the Veteran's service involved "duty or visitation in the Republic of Vietnam." For those Veterans who served aboard ships operating primarily or temporarily on the inland waterways of Vietnam, their service involved "duty" in Vietnam. In such cases, the evidence must show that the ship was on the inland waterways and the Veteran was aboard at that time. For those Veterans who served aboard ships that docked and the

Veteran went ashore or served aboard ships that did not dock but the Veteran went ashore, their service involved "visitation" in Vietnam. In cases involving docking, the evidence must show that the Veteran was aboard at the time of docking and the Veteran must provide a statement of personally going ashore. In cases where shore docking did not occur, the evidence must show that the ship operated in Vietnam's close coastal waters for extended periods, that members of the crew went ashore, or that smaller vessels from the ship went ashore regularly with supplies or personnel. In these cases, the Veteran must also provide a statement of personally going ashore.

This list includes three categories of ships:

- Ships operating primarily or exclusively on Vietnam's inland waterways
- Ships operating temporarily on Vietnam's inland waterways or docking to the shore
- Ships operating on Vietnam's close coastal waters for extended periods with evidence that crew members went ashore or that smaller vessels from the ship went ashore regularly with supplies or personnel

This list is not complete. Therefore, the presumption of herbicide exposure should not be denied solely because the Veteran's ship is not on this list. Additionally, when regional office personnel obtain evidence showing that a ship fits into any of these categories. The evidence should be forwarded to the Compensation and Pension Service Agent Orange Mailbox [VAVBAWAS/CO/211/AGENTORANGE] so that the ship can be added to the listing.

Ships operating primarily or exclusively on Vietnam's inland waterways

All vessels referred to in military records as part of the "Mobile Riverine Force"

All vessels with the designation LCM [Landing Craft, Mechanized]

All vessels with the designation LCVP [Landing Craft Vehicle, Personnel]

All vessels with the designation LST [Landing Ship, Tank]

All vessels with the designation PBR [Patrol Boat River]

All vessels with the designation PCF [Patrol Craft, Fast or Swift Boat]

All U.S. Coast Guard Cutters with hull designation WPB [Patrol Boat], WHEC [High Endurance Cutter], WLB [Buoy Tender] and WAK [Cargo Vessel] during their Vietnam tours

All vessels of Inshore Fire Support [IPS] Division 93, including:

USS Carronade (IFS 1)

USS Clarion River (LSMR 409) [Landing Ship, Medium, Rocket]

USS Francis River (LSMR. 525)

USS White River (LSMR 536)

All vessels with hull designation PG [Patrol Gunboat], including:

USS Asheville IPG-84)

USS Gallop (PG-85)

USS Antelope (PG-86)

USS Ready (PG-87)

USS Crockett (PG-88)

USS Marathon (PG-89)

USS Canon (PG-90)

USS Mark (AKL-12) [Light Cargo Ship]

USS Brule (AKL-28)

USS Cohoes (AN-78) [net laying ship]

USS Patapsco (AOG-1) [Gasoline Tanker]

USS Elkhorn (AOG-7)

USS Genesee (AOG-8)

USS Kishwaukee (AOG-9)

USS Tombigbee (AOG-11)

USS Noxubee (AOG-56)

USS Montrose (APA-212) [Attack Transport]

USS Okanogan (APA-220)
USS Bexar (APA-237)
USS Benewah (APB-35) [Self-Propelled Barracks Ship]
USS Colleton (APB-36)
USS Mercer (APB-39)
USS Nueces (APB-40)
Barracks Barge (APL-26) [Sleeping Quarters]
Barracks Barge (APL-30)
USS Tutuila (ARG-4) [Repair Ship]
USS Satyr (ARL-23) [Repair Ship]
USS Sphinx (ARL-24)
USS Askari (ARL-3D)
USS Indra. (ARL-37)
USS Krishna (ARL-38)
USS Belle Grove (LSD-2) [Landing Ship Dock]
USS Comstock (LSD-19)
USS Tortuga (LSD-26)
Floating Base Platform (YRBM-17) [Repair, Berthing, and Messing Barge]
Floating Base Platform (YRBM-I8)
Floating Base Platform (YRBM-20)
USN Harbor Tug 84 (YTB-84)
USN Harbor Tug 85 (YTB-85)
USN Winnemucca (YTB- 785)

Ships operating temporarily on Vietnam's inland waterways or docking to shore

USS Card (ACV -11) [Escort Aircraft Carrier] mined, sunk and salvaged in Saigon River Harbor during May 1964
USS Kula Gulf (CVE-108) [Small Aircraft Carrier: used as helicopter and troop transport] docked at Cam Ranh Bay November 13-16, 1965
USS Pictor (AF-54) [Stores Ship] delivered supplies to Dong Ha on Cue. Viet River during September 1967 and docked to the pier at Da Nang during 1969
USS Niagara Falls (AFS-3) [Combat Stores Ship] unloaded supplies on Saigon River and Cam Ranh Bay, April 22-25, 1968
USS Maury (AGS-16) [Mapping Survey Ship] conducted surveys of Mekong River Delta and other coastal areas and rivers from November 1965 through 1969

USS Tanner (AGS-15) conducted surveys of Mekong River Delta and other coastal areas and rivers from October 1966 through 1968

USS Serrano (AGS-24) conducted mapping surveys of Mekong River Delta and other coastal and river areas from 1966 through 1969

USS Merrick (AKA-97) [Attack Cargo Ship] operated on Mekong River Delta and Saigon River during 1966 and docked at Da Nang during September 1968

USS Ponchatoula (AO-148) [Oiler] operated on Mekong River Delta during July 1971

USS Kansas City (AOR-3) [Replenishment Oiler] docked at Da Nang on August 6 and 19, 1971

USS Henrico (AP A-45) [Amphibious Attack Transport] operated on Hue River during March 1965 and conducted numerous troop landing through March 1967

USS Montrose (APA-212) operated on Song Hue River during December 1965, operated on Long Tau River during March 1967, and operated on Cua Viet River and at Dong Ha during May 1967

USS Talladega (APA-208) operated on Saigon River during October 1967

USS Grasp (ARS-24) [Salvage Ship] conducted salvaging operations on Song Cua Dia River and other inland waters from February through April 1969

USS Bolster (ARS-38) crew operated on land to extract USS Clark County (LST-601) from beach after grounding at Duo Pho from November 18 to December 1, 1967

USS Reclaimer (ARS-42) operated in Saigon Harbor to salvage USS Card (ACV-11) from sinking in Saigon River during May 1964 and in Rung Sat Special Zone of Mekong River Delta salvaging ships during early 1966

USS Tillamook (ATA-192) [Auxiliary Ocean Tug] operated on Long Tau branch of Saigon River during January 1966

USS Mahopac (ATA-196) operated on Mekong River from October 30-November 3, 1966

USS Tawakoni (ATF-11) [Fleet Ocean Tug] operated in Saigon Harbor to salvage USS Card (ACV - 11) from sinking in Saigon River during May 1964

USS Canberra (CAG-2) [Guided Missile Cruiser] operated on Saigon River from March 31 through April 1, 1966, on Cua Viet River during December 15, 1966, and on Mekong Delta Ham Luong River during January 15, 1967

USS Providence (CLG-6) [Light Guided Missile Cruiser] operated on Saigon River three days during January 1964 and on Cua Viet River during August 1972

USS Conway (DD-507) [Destroyer] operated on Saigon River during early August 1966
USS Sproston (DD-577) operated on Mekong River Delta and Ganh Rai Bay during January 1966
USS Braille (DD-630) docked to pier at Da Nang on November 27, 1966
USS Ingersoll (DD-652) operated on Saigon River October 24-25, 1965
USS Black (DD-666) operated on Saigon River July 13-19, 1966
USS Picking (DD-685) operated on Saigon River during November 16, 1965
USS Ault (DD-689) operated on Mekong River Delta and Soirap River during May 26, 1967
USS Ingraham (DD-694) operated 10 miles up Saigon River on November 12, 1965
USS Hamner (DD-718) operated on Song Lon Tao and Long Song Tao Rivers, August 15-September 1, 1966
USS Epperson (DD-719) docked to Da Nang Pier on October 4, 1970
USS Walke (DD-723) operated on Mekong River Delta at Vung Ganh Rei September 2, 1969
USS Mansfield (DD-728) operated on Saigon River August 8-19, 1967 and December 21-24, 1968
USS Lyman K. Swenson (DD-729) traveled up Saigon River for a four-day visit to Saigon during May 1964
USS Southerland (DD-743) operated on Song Nga Bay and Saigon River during July 1966
USS Taussig (DD-746) operated on Soirap River in Mekong River Delta during June 15-26, 1966
USS Loftberg (DD-752) operated on Song Nha Be River during February 18-21 and April 14-15, 1969 and on Song Cua Dai River during April 10-12, 1969
USS Strong (DD-758) operated in Mekong River Delta and Rung Sat Special Zone during April 1968
USS John W. Thomason (DD-760) operated on Nga Be River during 1969
USS Buck (DD-761) operated on Mekong River Delta and Saigon River during October 1966

USS Rowan (DD-782) operated on Song Tra Khuc River during June 1965
USS Preston (DD-795) operated on Mekong River Delta, Ganh Rai Bay, and Saigon River during September 28 -29 and December 27 -29, 1965
USS Chevalier (DD-805) operated on Saigon River during June 15-21, 1966 and on Vung Ganh Rai area of Mekong River Delta during January 25, 1968
USS Higbee (DD-806) operated on Vung Ganh Rai area of Mekong River Delta during March 1-12, 1969
USS Dennis J Buckley (DD-808) operated on Mekong River Delta Saigon River, and Ganh Rai Bay from December 19,1966 to January 16, 1967
USS Holder (DD-819) operated on Vung Ganh Rai and Saigon River during August 5, 1966
USS Basilone (DD-824) operated on Saigon River, May 24-25, 1966
USS Fisk (DD-842) operated on Mekong River, June 16-21, 1966
USS Warrington (DD-843) operated on Mekong River Delta Rung Sat Special Zone, North of Vung Ganh Rai Bay during March 1967
USS Richard E. Kraus (DD-849) operated on coastal inlet north of Da Nang during June 2-5, 1966, protecting Marines holding a bridge
USS Leonard F. Mason (DD-852) operated on Vung Ganh Rai Bay and channels during August 1969
USS Brownson (DD-868) operated on Song Nha Be and Ganh Rai Bay areas of Mekong River Delta during February 1967
USS Damato (DD-871) operated on Saigon River during December 12-13, 1967
USS Perkins (DD-877) operated on Saigon River during June 1969
USS Leary (DD-879) operated on Baie de Ganh Rai of the Mekong River Delta on October 9, 1967
USS Dyess (DD-880) operated on Saigon River and Rung Sat Special Zone from June 19-July 1, 1966
USS Newman K. Kelly (DD-883) operated on Mekong River Delta and Saigon River November 23-28, 1966

USS Orleck (DD-886) operated on Mekong River Delta during July 1969
USS Mullinnix (DD-944) operated on Vung Ganh Rai and Saigon River during August 5-6, 1966
USS Henry B. Wilson (DDG-7) [Guided Missile Destroyer] docked at Da Nang pier on April 2~ 1967
USS Joseph Strauss (DDG-16) operated on Mekong River Delta March 4, 1966 and Ganh Rai Bay during November 7 and December 7, 1968
USS Waddell (DDG-24) operated on Cua Viet River during March 1967
USS Davidson (DE-1 040) [Destroyer Escort] operated on Vung Ganh Rai and Rung Sat Special Zone of Mekong River Delta from September 16 to October 5, 1967
USS Lang (DE-1060) docked to pier #4 in Da Nang Harbor for 38 minutes on January 5, 1972
USS Newell (DER.-322) [Destroyer Escort Radar] docked at port of Nha Trang during December 22-24, 1965
USS Mahan (DLG-11) [Guided Missile Frigate] operated on Saigon River October 24. 28, 1964
USS Duluth (LPD-6) [Amphibious Transport Dock] docked to pier at Da Nang during March and October 1971
USS Dubuque (LPD-8) docked at Da Nang on March 15, 1970
USS Boxer (LPH-4) [Amphibious Assault Ship] docked to pier at Cam Ranh Bay on September 9, 1965
USS Catamount (LSD-17) [Landing Ship Dock] operated on Song Nab Be River during April 1969
USS Conflict (MSO-426) [Minesweeper] operated on Saigon River April 1, 1966 and Song Huong River (Perfume River) May 14, 1966
USS Fortify (MSO-446) travelled up the Saigon River to Saigon September 19-22, 1964
USS Inflict (MSO-456) travelled up the Saigon River to Saigon September 19-22. 1964
USS Loyalty (MSO-457) travelled up the Saigon River to Saigon September 19-22, 1964
USS Geiger (T-AP-197) (Military Transport) docked at Qui Nhon November 23-26, 1965

Ships operating on Vietnam's close coastal waters for extended periods with evidence that crew members went ashore or that smaller vessels went ashore regularly with supplies or personnel

USS Mars (AFS-1) [Combat Stores Ship] conducted numerous on shore supply replenishments at Da Nang, Cam Ranh Bay, Vung Tau, and An Thoi from July 1965 to November 1972 with evidence of crewmembers going ashore

USS Estes (AGC-12) [Amphibious Assault Command Ship] conducted troop and supply beach landings during March and July-August 1965, at Chu Lai, Da Nang, and Qui Nhon

USS Vega (AP-59) [Stores Ship] conducted resupply operations in the Mekong River Delta area on September 13, 1966; on-loaded supplies at An Thoi Vung Tau, Cam Ranh Bay and Da Nang during June 1969; and delivered supplies to Da Nang, Cam Ranh Bay, Con Son, An Thoi, and Hon Choi during November-December 1970

USS Repose (AH-16) [Hospital Ship] operated continuously on close coastal waters from 1966-1970, with the likelihood that crewmembers went ashore on liberty leave

USS Sanctuary (AH-I7) operated continuously on close coastal waters from 1967-1970, with the likelihood that crewmembers went ashore on liberty leave

USS Mathews (AKA-96) [Attack Cargo Ship] on-loaded supplies at Da Nang and delivered them up the Cua Viet River to Dong Ha with "mike boats" from August through December 1967

USS Skagit (AKA-105) conducted troop and cargo beach "mike boat" landings at Da Nang, Chu Lai, and Quang Ngai from November 1965 to November 1967

USS Union (AKA/LKA-106) [Attack/Amphibious Cargo Ship] anchored in mouth of the Hue River while conducting operations during April 1965 and conducted troop and cargo "mike boat" beach landings at Da Nang and Cam Ranh Bay from 1965 to 1969

USS Tulare (AKA/LKA-112) conducted troop and cargo "mike boat" beach landings at Da Nang, Chu Lai, Com Ranh Bay, and Vung Tau from 1966 to 1972

USS George Clymer (APA-27) [Amphibious Attack Transport] conducted troop and supply "mike boat" beach landings during July 1965, and March-July 1966, at Da Nang and Chu Lai

USS Bayfield (APA-33) conducted troop on loading and "mike boat" landings at Da Nang, Chu Lai, Baie de My Han, and Cua Viet River from July through October 1965 and February through May 1967

USS Hector (AR-7) [Repair Ship] anchored in Vung Tau Harbor repairing other vessels from July 20 to August 16, 1970, with deck logs stating that crew members went ashore on liberty leave

USS Currituck (A V-7) [Sea Plane Tender] travelled up Saigon River to Saigon during early 1964; operated in Mekong River Delta during June 1965; anchored at Cam Ranh Bay for month long periods during 1966 and 1967 to repair and tend to Navy sea planes. with the likelihood that crewmembers went ashore on liberty leave

USS Pine Island (AV-12) anchored at Da Nang during August 1964, and Cam Ranh Bay for month long periods during 1965 and 1966, to repair and tend to Navy sea planes, with the likelihood that crewmembers went ashore on liberty leave

USS Salisbury Sound (AV-13) travelled up Saigon River to Saigon during June 1964, and anchored at Cam Ranh Bay for month long periods during 1966, to repair and tend to Navy sea planes, with the likelihood that crewmembers went ashore on liberty leave

USS Chicago (CG-11) [Guided Missile Cruiser] while anchored in Da Nang Harbor on May 22, 1969, deck logs show a utility boat went ashore for one hour with eight crewmembers aboard

USS Wiltsie (DD-716) [Destroyer] while anchored off the coast, two officers and five sailors went ashore by helicopter for one night during September 1970

USS Blue (DD-744) anchored in Da Nang Harbor on April 21, 1968, with crewmembers going ashore for picnic

USS Myles C. Fox (DD-829) anchored off Qui Nhon and Nha Trang with crewmembers going ashore during February 5-20, 1967

USS Cleveland (LPD-7) [Amphibious Transport Dock] operated on Cua Viet River and at Dong Ha, as well as Hue River, with "mike boats" from November 1967 through 1968 and on the Saigon River during September 1969

USS Carter Hall (LSD-3) [Landing Ship Dock] conducted troop-landing operations with "mike boats" at Da Nang, Dong Ha on Cua Viet River, and Nha Be on Saigon River, as well as three-month duty as "boat repair ship" at Da Nang, from July 1965 to August 1968

USS Whetstone (LSD-27) on-loaded and delivered troops to Da Nang, Hue, Phu Bai, Dong Ha with beach landings and "mike boats" and served as long term "boat havens" for repairs of smaller vessels at Da Nang and Qui Nhon during 1965, 1966, 1968, and 1969

USS Epping Forest (MCS-7) [Mine Countermeasure Support Ship] conducted mine sweep of Cua Viet River using smaller vessels from main ship during May 1968

Updated January 6, 2011

Annex 3: Agent Orange in Thailand Update

The following came from a Compensation and Pension update. Veterans who served in Thailand and believe they were exposed under the circumstances described below should consider applying for service connection (provided they have been diagnosed with one of the presumptive conditions linked to Agent Orange).

Herbicide related claims from Veterans with Thailand service

After reviewing documents related to herbicide use in Vietnam and Thailand, C&P Service has determined that there was significant use of herbicides on the fenced in perimeters of military bases in Thailand intended to eliminate vegetation and ground cover for base security purposes. Evidence of this can be found in a declassified Vietnam era Department of Defense (DoD) document titled *Project CHECO Southeast Asia Report: Base Defense in Thailand*. Therefore, when herbicide related claims from Veterans with Thailand service are received, RO personnel should now evaluate the treatment and personnel records to determine whether the Veteran's service activities involved duty on or near the perimeter of the military base where the Veteran was stationed.

DoD has provided information that commercial herbicides, rather than tactical herbicides, were used within the confines of Thailand bases to control weeds. These commercial herbicides have been, and continue to be, used on all military bases worldwide. They do not fall under the VA regulations governing exposure to tactical herbicides such as Agent Orange. However, there is some evidence that the herbicides used on the Thailand base perimeters may have been either tactical, procured from Vietnam, or a commercial variant of much greater strength and with characteristics of tactical herbicides.

Therefore, C&P Service has determined that a special consideration of herbicide exposure on a facts found or direct basis should be extended to those Veterans whose duties placed them on or near the perimeters of Thailand military bases. This allows for presumptive service connection of the diseases associated with herbicide exposure. The majority of troops in Thailand during the Vietnam era were stationed at the Royal Thai Air Force Bases of U-Tapao, Ubon, Nakhon Phanom, Udorn, Takhli, Korat, and Don Muang. If a US Air Force Veteran served on one of these air bases as a security policeman, security patrol dog handler, member of a security police squadron, or otherwise served near the air base perimeter, as shown by MOS (military occupational specialty), performance evaluations, or other credible evidence, then herbicide exposure should be acknowledged on a facts found or direct basis. However, this applies only during the Vietnam era, from February 28, 1961 to May 7, 1975.

Along with air bases, there were some small Army installations established in Thailand during this period, which may also have used perimeter herbicides in the same manner as the air bases. Therefore, if a US Army Veteran claims a disability based on herbicide exposure and the Veteran was a member of a military police (MP) unit or was assigned an MP MOS and *states that his duty placed him at or near the base perimeter*, then herbicide

exposure on a facts found or direct basis should be acknowledged for this Veteran. The difference in approach for US Army Veterans is based on the fact that some MPs had criminal investigation duties rather than base security duties. Therefore, the Veteran's lay statement is required to establish security duty on the base perimeter. This also applies to US Army personnel who served on air bases in Thailand. During the early years of the war in Vietnam, before Air Force security units were fully established on air bases in Thailand, US Army personnel may have provided perimeter security. In such cases, if the Veteran provides a lay statement that he was involved with perimeter security duty *and there is additional credible evidence supporting this statement*, then herbicide exposure on a facts found or direct basis can be acknowledged for this Veteran.

Evaluation and adjudication of the cases described above can now be conducted by RO personnel without input from the C&P Service Agent Orange Mailbox. These instructions replace those provided in the August 2009 C&P service Bulletin. In summary, no herbicide related claim from a Thailand Veteran should be sent to the C&P Service Agent Orange Mailbox. If evidence shows that the Veteran performed duties along the military base perimeter, ROs should acknowledge herbicide exposure on a facts found or direct basis. If the available evidence does not show service along the base perimeter and does not otherwise indicate exposure to tactical herbicides, place the *memorandum for the record* from M21-1MR IV.ii.2.C.10.q in the claims file and send a request for information to JSRRC.

Annex 4: Agent Orange and Korea

Editor's Note: Individuals who have applied in the past and been turned down for Agent Orange exposure in Korea due to the fact they served after July 1969 (and before August 1971) should consider reapplying on the basis of Nehmer.

The following is a VA press release from January of 2011

VA Publishes Final Regulation to Aid Veterans Exposed to Agent Orange in Korea

Will Provide Easier Path to Health Care and Benefits

WASHINGTON – Veterans exposed to herbicides while serving along the demilitarized zone (DMZ) in Korea will have an easier path to access quality health care and benefits under a Department of Veterans Affairs (VA) final regulation that will expand the dates when illnesses caused by herbicide exposure can be presumed to be related to Agent Orange.

“VA’s primary mission is to be an advocate for Veterans,” said Secretary of Veterans Affairs Eric K. Shinseki “With this new regulation VA has cleared a path for more Veterans who served in the demilitarized zone in Korea to receive access to our quality health care and disability benefits for exposure to Agent Orange.”

Under the final regulation published today in the *Federal Register*, VA will presume herbicide exposure for any Veteran who served between April 1, 1968, and Aug. 31, 1971, in a unit determined by VA and the Department of Defense (DoD) to have operated in an area in or near the Korean DMZ in which herbicides were applied.

Previously, VA recognized that Agent Orange exposure could only be conceded to Veterans who served in certain units along the Korean DMZ between April 1968 and July 1969.

In practical terms, eligible Veterans who have specific illnesses VA presumes to be associated with herbicide exposure do not have to prove an association between their illness and their military service. This “presumption” simplifies and speeds up the application process for benefits and ensures that Veterans receive the benefits they deserve.

Click on these links to learn about [Veterans' diseases associated with Agent Orange exposure](http://www.publichealth.va.gov/exposures/agentorange/diseases.asp) at <http://www.publichealth.va.gov/exposures/agentorange/diseases.asp> and [birth defects in children of Vietnam-era Veterans](http://www.publichealth.va.gov/exposures/agentorange/birth_defects.asp) at http://www.publichealth.va.gov/exposures/agentorange/birth_defects.asp.

VA encourages Veterans with covered service in Korea who have medical conditions that may be related to Agent Orange to submit their applications for access to VA health care and compensation as soon as possible so the agency can begin processing their claims.

Individuals can go to website <http://www.vba.va.gov/bln/21/AO/claimherbicide.htm> to get a more complete understanding of how to file a claim for presumptive conditions related to herbicide exposure, as well as what evidence is needed by VA to make a decision about disability compensation or survivors benefits.

Additional information about Agent Orange and VA’s services for Veterans exposed to the chemical is available at www.publichealth.va.gov/exposures/agentorange.

Units in Korea Exposed to Agent Orange

It has been clear for a number of years that Agent Orange had been used at the DMZ in Korea. Below is a list of units that were stationed at the DMZ. However, the burden of proof is one 24 hour period in the area, so not being assigned to one of these units does not mean that a veteran is disqualified from applying for service connection based on Agent Orange exposure if they were at the DMZ.

Source: <http://www.rokdrop.com>

The four combat brigades of the 2nd Infantry Division, including the following units:

- 1-38 Infantry
- 2-38 Infantry
- 1-23 Infantry
- 2-23 Infantry
- 3-23 Infantry
- 3-32 Infantry
- 109th Infantry
- 209th Infantry
- 1-72 Armor
- 2-72 Armor
- 4-7th Cavalry

Also, the 3rd Brigade of the 7th Infantry Division, including the following units:

- 1-17th Infantry
- 2-17th Infantry
- 1-73 Armor
- 2-10th Cavalry