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About Agent Orange

Did you serve during the Vietnam Theater between 1962-1975 - Land, Sea or Air?

MOST LIKELY YOU WERE EXPOSED TO AGENT ORANGE

Even if you were not in the specific areas where it was recorded to have been sprayed with chemicals, there is a good chance you were exposed because of over-spraying, wind drifts, food and water contamination, besides the high incidence of unrecorded sprayings. Helicopter pilots have developed related fatal illnesses from having flown unknowingly through contaminated clouds and transporting the chemical containers. Men have died that were in non-combat positions, miles from the fighting and the jungle. Women who served as nurses, far from the front lines, have suffered the painful losses of miscarriages, stillbirths, and babies born with the severe birth defects, including Spina bifida.

There is no way to determine how many Vietnam Veterans, veterans serving in Korea in 1968-1969, and military civilian personnel have died without knowing the connection of their illnesses to Agent Orange and other related chemical compounds. The civilian medical world does not respond well to the relationship of Agent Orange and Veterans illnesses. There is a lack of communication from the Veterans Administration regarding their on-going studies and findings. Also, there are many variables involved as to the amount of chemicals sprayed, where spraying occurred, whom it was sprayed on, and the effects on humans.

Unfortunately, the numbers speak for themselves - over 2.5 MILLION troops were exposed during that time frame (1962-1975) and over a quarter million have already died from Agent Orange related diseases that we know of.

This information could assist in expanding your life span-

You need to take this information to your private health care provider and to your local VA Medical Center and tell them you want to be screened YEARLY for the cancers and conditions listed below. If something does develop, please register at the nearest VA Agent Orange Registry in your local VA Medical Center, so that you and your family can receive the services and benefits for which you may qualify.

The VA provides an annual Agent Orange and Persian Gulf Review brochure with the latest information on medical studies, legislation and services available through the VA in relation to illnesses, Agent Orange and other chemicals. Brochures are available at VA Medical Centers, Agent Orange/Persian Gulf Registry Departments, and by requesting to be added to the mailing list of Department of Veteran Affairs at (202)273-8580.

**Conditions Recognized as Service-Connected for Vietnam Veterans
Based on Exposure to Agent Orange and Other Herbicides, including veterans who
served
in Korea in 1968 and 1969**

Chloracne
Non-Hodgkin's lymphoma
Soft tissue sarcoma
Hodgkin's disease
Porphyria cutanea tarda
Multiple myeloma
Respiratory cancers (including lung, larynx, trachea, and bronchus)
Prostate cancer
Peripheral neuropathy (transient, acute or sub-acute)
Type II Diabetes
Chronic Lymphocytic Leukemia - CLL

Condition recognized in Post-War Children of Vietnam Veterans:

Spina Bifida

Pending Legislative Approval

Other Birth Defects in Post-War Children of Female Vietnam Veterans -

<http://www.vba.va.gov/bln/21/Topics/Women/Birth.htm> and

<http://www1.va.gov/agentorange/docs/AgentOrangeNuJuly03.pdf> -

For further information, contact your local **Veterans Affairs Medical Center** at 1-800-827-1000

Additional Resources:

Dept. of Veterans Affairs - 1-800-827-1000 / www.va.gov

VA Health Benefits Call Center - 1-877-222-8387 - ask for a patient advocate for assistance

Veterans Benefits Administration - www.vba.va.gov - 1-800-827-1000

U.S. Vietnam Veterans with Canadian Citizenship - Call Vermont VA Medical Center and Regional Offices
- 1-866-687-8387 / www.va.state.vt.us

Agent Orange Claims Office - www.va.gov/agentorange - 1-800-749-8387

NAS - National Academy of Sciences' Institute of Medicine Reports - www.nap.edu / 1-800-624-6242
Conducted extensive research regarding health effects of herbicide exposures (Agent Orange, etc)

Department of Veterans Affairs, Environmental Agents Service (for Agent Orange Review Brochures)
1-202-273-8580 or write to AO Review, VA Central Office, 810 Vermont Ave, NW, Washington, DC 20420

Long Beach, CA - VA Medical Center Agent Orange/Persian Gulf Registry -1-562-826-8000, ext 2862

VA Gulf War / Agent Orange Information Helpline - www.va.gov / 1-800-749-8387

National Veterans Legal Services Program - 1-202-265-8305 / www.nvlsp.org

Vietnam Veterans of America (VVA) - www.vva.org / 1-800-882-1316

Veterans Advisory Commission - www.va.gov

Vietnam Veterans Aid Foundation - renamed **National Veterans Foundation** - www.nvf.org / 1-888-777-4443

Vietnam Veterans' Children with Spina Bifida - 1-888-820-1756 or 1-800-827-1000 - www.va.gov

Spina Bifida Association of America - 1-800-621-3141 / www.sbaa.org

Birth Defect Research for Children - www.birthdefects.org - 1-407-895-0802

Betty Mekdeci - email: betty@birthdefects.org

Agent Orange Widows Awareness Coalition - www.aowac.org / 1-562-421-4640

P.O. Box 92131, Long Beach, CA 90809-2131

Agent Orange Related Illnesses

Descriptions of Conditions

Chloracne
Non-Hodgkin's Lymphoma
Soft tissue sarcoma
Hodgkin's disease
Porphyria cutanea tarda
Chronic Lymphocytic Leukemia - CLL

Multiple Myeloma
Respiratory cancers
Prostate cancer
Peripheral Neuropathy
Spina Bifida
Type II Diabetes

Chloracne

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

Time Requirement to be eligible for benefits: **Within one year of the last day the veteran served in Vietnam** (check VA's current status)

Non-Hodgkin's Lymphoma

What is Non-Hodgkin's Lymphoma?

Non-Hodgkin's lymphoma is cancer that starts in *lymphoid tissue* (also called lymphatic tissue). The lymphatic system is important for filtering germs and cancer cells as well as fluid from the extremities and internal organs. Other types of cancer, lung or colon cancers for example, can develop in other organs and spread to the lymphoid tissue. But these cancers that can spread to lymph nodes are not lymphomas. Lymphomas start in the lymphoid tissue and can spread to other organs.

There are two main types of lymphomas. *Hodgkin's lymphoma* or *Hodgkin's disease* is named after Dr. Thomas Hodgkin who first described it as a new disease in 1832. All other types of lymphoma are called non-Hodgkin's lymphomas (NHL).

Lymphoid tissue

Lymphoid tissue is formed by several types of immune system cells that work together to resist infections. Lymphoid tissue also reacts to transplanted tissues (such as blood transfusions or organ transplants) from other people and is involved in fighting some types of cancer.

Lymphoid tissue is found in many places throughout the body, including lymph nodes, the thymus (found behind the chest bone and in front of the heart), the spleen (on the left side of the abdomen next to the stomach), the tonsils and adenoids, in the bone marrow, and scattered within other systems such as the digestive system and respiratory system.

Organs that Contain Lymphoid Tissue

Lymph nodes are pea-sized organs located throughout the body and connected by a system of lymphatic vessels. These vessels are like veins, except that instead of carrying blood, they carry *lymph*, a clear fluid containing waste products and excess fluid from tissues, and immune system cells traveling to lymph nodes from other tissues. Lymph nodes increase in size when they fight an infection. Lymph nodes that grow in reaction to infection are called *reactive nodes* or *hyperplastic nodes* and are often tender to the touch. An enlarged lymph node is not usually serious. But a large lymph node is also the most common sign of lymphoma.

The *spleen* is found under the lower part of the rib cage, on the left side of the body. An average adult spleen weighs about 5 ounces. The spleen produces lymphocytes and other immune system cells to help fight infection. It stores healthy blood cells, and filters out damaged blood cells, bacteria, and cell waste.

The *thymus gland* is located in the front of the chest at the base of the neck. While a fetus is developing in the mother's uterus, the thymus plays a vital role in development and T lymphocytes. The thymus gland's size (about 1 ounce) and its purported size and function diminish over the first 20 years of life. Although its size and activity decline with age, the thymus continues to be active in immune system function throughout life.

Adenoids and *tonsils* are collections of lymphoid tissue located at the back of the throat. They produce antibodies against germs that are breathed in or swallowed. They are easy to see when they become enlarged during an infection or if they become cancerous.

The *bone marrow* (the soft inner part of bones) produces red blood cells, blood *platelets*, and white blood cells. Red blood cells carry oxygen from the lungs to the rest of the body. Platelets plug up small holes in blood vessels caused by cuts or scrapes. White blood cells' main job is fighting infections. The three main types of white blood cells are *granulocytes*, *monocytes*, and *lymphocytes*.

Classification of Non-Hodgkin's Lymphoma

The classification of non-Hodgkin's lymphoma seems quite confusing (even for many doctors) because there are so many types of non-Hodgkin's lymphoma and because several different systems of lymphoma classification are used. One commonly used lymphoma classification, called the *Working Formulation*, describes how the cancer cells look under the microscope (their size and shape) and their pattern of growth within the lymph node. Size is described as large or small and shape is described as cleaved (showing folds or indentations) or non-cleaved. Growth pattern may be follicular (arranged in clusters of cells) or diffuse (a scattered cell distribution). Not every lymphoma is described using all three features (size, shape, and pattern). For example, lymphomas might be described as follicular small-cleaved cell type, diffuse mixed (small and large) cell type, or small noncleaved cell type.

To simplify discussion of non-Hodgkin's lymphomas, several types are grouped together according to prognosis (outlook for recovery). The *Working Formulation* divides non-Hodgkin's lymphoma into low, intermediate, and high- grade categories. A newer system, called the REAL system (acronym of **R**evised **E**uropean **A**merican **L**ymphoma classification), divides NHL types according to clinical behavior into indolent, aggressive, and highly aggressive categories.

Indolent lymphomas tend to grow slowly. Even without any treatment, patients with low-grade lymphoma often live for many years without problems from their disease. For some of these patients, no treatment is recommended until symptoms develop. Aggressive and highly aggressive lymphomas grow more rapidly. Without treatment, these patients' lifespan is a matter of weeks or months. Fortunately, most aggressive and highly aggressive lymphomas respond well to chemotherapy and many can be cured.

Working Formulation

Low grade: Small lymphocyte and follicular small cleaved cell; follicular mixed (small cleaved and large cell)

Intermediate grade: Follicular, large cell; diffuse small cleaved cell; diffuse mixed (small and large cell); diffuse large cell

High grade: Immunoblastic; lymphoblastic; small noncleaved (Burkitt's and non-Burkitt's)

Miscellaneous types not specifically classified in Working Formulation: Cutaneous T-cell lymphoma; adult T-cell leukemia/lymphoma; diffuse intermediately differentiated lymphoma; malignant histiocytosis

REAL classification

Indolent: Small lymphocytic/prolymphocytic; lymphoplasmacytic, marginal zone; mycosis fungoides (cutaneous); follicular center cell; mantle cell

Aggressive: Diffuse large cell; peripheral T cell; anaplastic large cell

Highly aggressive: Lymphoblastic; Burkitt's and Burkitt's-like; adult T-cell leukemia/lymphoma

WHAT ARE THE KEY STATISTICS ABOUT NON-HODGKIN'S LYMPHOMA?

Over 56,800 Americans (32,600 men and 24,200 women) are expected to be diagnosed with non-Hodgkin's lymphoma in 1999. It is the fifth most common cancer in this country. The number of cases of non-Hodgkin's lymphoma diagnosed in the United States has increased by about 50% during the last 15 years. The increase is a new result of both better methods of detection and an actual increase in the number of new cases.

Although some types of non-Hodgkin's lymphoma are among the most common childhood cancers, over 95% of non-Hodgkin's lymphoma cases occur in adults. The average age at diagnoses is in the early 40s. The risk of developing non-Hodgkin's lymphoma increases throughout life, and the elderly have the highest risk.

Non-Hodgkin's lymphoma is more common in men than in women. Whites are affected more often than African Americans or Asian Americans.

Approximately 25,700 Americans (13,400 men and 12,300 women) will die of this cancer in 1999.

WHAT ARE THE RISK FACTORS FOR NON-HODGKIN'S LYMPHOMA?

A risk factor is anything that might increase a person's chance of getting cancer. Risk factors can be classified as either genetic (inherited), life-style related, or environmental. It is important to remember that most patients with non-Hodgkin's lymphoma have no known risk factors. Also, having one or more risk factors doesn't mean that a person will necessarily develop this cancer.

Genetic risk factors

Certain genetic diseases cause children to be born with an abnormal or deficient immune system. In addition to developing serious infections due to reduced immune defenses, they also have an increased risk of developing non-Hodgkin's lymphoma during childhood or as young adults. Although these congenital (present at birth) immune deficiency diseases can be passed on to children, non-Hodgkin's lymphoma survivors who do not have these inherited diseases do not pass an increased risk of cancer on to their children.

Lifestyle-related risk factors

Examples of lifestyle-related risk factors for some cancers include unprotected exposure to strong sunlight, a diet high in fat and low in fiber, and harmful habits such as smoking and excessive drinking of alcohol. Lifestyle-related factors such as these do not strongly affect a person's risk of developing NHL.

Environmental risk factors

Environmental risk factors are influences in our surroundings such as radiation, chemicals, and infections.

Radiation: Survivors of atomic bombs and nuclear reactor accidents have an increased risk of developing several types of cancer, including leukemia, thyroid cancer, and non-Hodgkin's lymphoma. Patients treated with radiation therapy for some other cancers have a slight risk of developing non-Hodgkin's lymphoma later in life. Patients treated with both radiation therapy and chemotherapy are more likely to develop secondary leukemias or non-Hodgkin's lymphomas.

Chemicals: Chemicals such as benzene and certain herbicides and insecticides (weed- and insect-killing substances) are associated with an increased risk of developing NHL. The ant epileptic drug Dilantin can cause no cancerous overgrowths of lymphoid tissue, but these growths usually shrink if the drug is stopped. Some patients treated with this drug may develop non-Hodgkin's lymphoma, but the risk is very small.

CAN NON-HODGKIN'S LYMPHOMA BE FOUND EARLY?

At this time, there are no special tests recommended for early detection of non-Hodgkin's lymphoma. The best strategy for early diagnosis is prompt attention to the signs and symptoms of this disease.

Signs and symptoms of non-Hodgkin's lymphoma Non-Hodgkin's lymphoma may cause many different signs and symptoms, depending on the location of the involvement.

Non-Hodgkin's lymphoma that involves easily seen or palpated (felt) lymph nodes close to the surface of the body (lymph nodes are on the sides of the neck, in the groin or underarm areas, above the collar bone, etc.) are usually noticed by the patient, a family member, or a health care professional.

When the lymphoid tissue inside the abdomen is involved, the abdomen can be swollen, sometimes so much it may resemble pregnancy in a woman. This may be due to large collections of fluid or a tumor. Sometimes the cancer damages the lining layer of the abdominal cavity and causes large amounts of fluid to build up. When lymphoma causes swelling of lymphoid tissue near the intestines, passage of feces through the compressed area may be blocked. The pressure or blockage can also cause discomfort or abdominal pain.

When lymphoma starts in the thymus, irritation or compression of the nearby trachea (windpipe) can cause coughing, shortness of breath, or even suffocation. The superior vena cava (SVC) is the large vein that carries blood from the head and arms back to the heart. It passes near the thymus and lymph nodes inside the chest. Growth of lymphoma may compress this vein. This causes swelling of the head and arms known as SVC

syndrome. This can also affect the brain and can be life-threatening. Patients of SVC syndrome need to be treated as soon as possible.

In addition to symptoms and signs resulting from local effects of cancer growth, non-Hodgkin's lymphoma can produce generalized symptoms such as unexplained weight loss, fever, profuse sweating (enough to soak clothing), particularly at night, or severe itchiness. Oncologists sometimes call these generalized effects B symptoms. The presence of B symptoms is associated with a poor prognosis and is related to an increased tumor burden (more cancer cells) in some patients.

The diagnosis of lymphoma may be delayed or difficult because enlarged lymph nodes due to infections are more common than NHL. Doctors often observe swollen nodes over a period of weeks to see if they change in size without or with antibiotic treatment. If growth of the node continues, either a small piece or, more commonly, the entire node should be removed for examination under the microscope (biopsy) and by other laboratory tests. An immediate biopsy may be needed if the size, texture, or location of the node or the presence of other symptoms strongly suggests cancer is present.

Information taken from:
[American Cancer Society](#)

Soft tissue sarcoma

A group of malignant tumors (cancer) that arise from the body tissues such as muscle, fat, blood and lymph vessels and connective tissues (not in hard tissue such as bone or cartilage). These cancers are in the soft tissue that occur within and between organs.

There is **no time requirement** to be filled in order to be eligible for benefits from the Veteran's Administration. Veterans who served in Vietnam qualify when they encounter this condition

Types of sarcoma could be any of the following conditions:

Adult Fibrosarcoma, Alveolar Soft Part, Angiosarcoma, Clear Cell Sarcoma of Aponeuroses, Clear Cell sarcoma of Tendons, Congenital Fibrosarcoma, Dermatofibrosarcoma Protuberans, Ectomesenchymoma, Epithelioid Malignant Leiomyosarcoma, Epithelioid Malignant Schwannoma, Epithelioid Sarcoma, Extraskelatal Ewing's Sarcoma, Hemangiosarcoma, infantile fibrosarcoma, leiomyosarcoma, liposarcoma, lymphangiosarcoma, malignant, giant cell tumor of the tendon sheath, malignant glandular schwannoma, Malignant globus tumor, malignant hemangiopericytoma, malignant schwannoma, rhabdomyoblastic, proliferating systemic, angliendotheliomatosis, rhabdomyosarcoma synovial sarcoma.

Hodgkin's disease

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

There is **no time requirement** to be filled in order to be eligible for benefits from the Veteran's Administration. Veterans who served in Vietnam qualify when they encounter this condition

Porphyria Cutanea Tarda

A disease characterized by liver dysfunction and light-sensitive lesions, with pigment changes in the skin.

Time requirement in order to be eligible to receive benefits: Must be reported within one year of the last day the veteran served in Vietnam. (check VA's current status)

Multiple Myeloma

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

There is **no time requirement** to be filled in order to be eligible for benefits from the Veteran's Administration. Veterans who served in Vietnam qualify when they encounter this condition

Respiratory Cancers

Cancers of the lung, larynx, trachea and bronchus

As of 2001, there is **no time requirement** to be filled in order to be eligible for benefits from the Veteran's Administration. Previously, conditions had to be reported to the Veteran's Administration within **30 years** of the last day the veteran served in Vietnam in order to be eligible for benefits:

Cancer of the Bronchus, Cancer of the Larynx, Lung Cancer, Cancer of the Trachea

Prostate Cancer

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

There is **no time requirement** to be filled in order to be eligible for benefits from the Veteran's Administration. Veterans who served in Vietnam qualify when they encounter this condition).

Peripheral Neuropathy

(transient acute or sub-acute)

A nervous system condition that causes numbness, tingling and muscle weakness. This condition affects only the peripheral nervous system, that is, only the nervous system outside the brain and spinal cord. Only the transient acute (short-term) and sub-acute form of this condition (not the chronic persistent form) has been associated with herbicide exposure.

Time Requirement to be eligible for benefits: Within months of exposure to Agent Orange in Veteran and cured within 2 years after symptoms first appear (Note: this time requirement is written so narrowly it appears

to be impossible for any Vietnam veteran to qualify). - (check VA's current status)

Type II Diabetes

Diabetes mellitus, often referred to as Type 2 Diabetes, is characterized by high blood sugar levels resulting from the body's inability to respond properly to the hormone insulin.

Chronic Lymphocytic Leukemia - CLL

A disease that progresses slowly with increasing production of excessive numbers of white blood cells.

Spina bifida (in the children of Vietnam Veterans)

A neural tube birth defect that results from the failure of the bony portion of the spine to close properly in the developing fetus during early pregnancy. (Spina bifida occulta is excluded.)

To receive benefits, the child must have been conceived after the veteran first arrived in Vietnam.

Vietnam Veterans' Children with Spina Bifida - 1-888-820-1756 or 1-800-827-1000 - www.va.gov

Spina Bifida Association of America - 1-800-621-3141 / www.sbaa.org

Birth Defect Research for Children - www.birthdefects.org - 1-407-895-0802