

VIETNAM VETERAN
AGENT ORANGE HEALTH STUDY
P.O. Box # 1236
Eatontown, NJ 07724

DEAR BROTHERS, SISTERS, & FAMILY;

DUE TO THE RECENT OUTCOMES OF THE FEDERAL EXPOSURE STUDIES, OVER THE AGENT ORANGE ISSUE, I HAVE DEVELOPED A HEALTH STUDY OF THE VIETNAM VETERAN POPULATION, TO INCLUDE THE FAMILY MEMBERS.

VIETNAM VETERANS AND THEIR FAMILIES, THROUGHOUT THE COUNTRY, HAVE SUFFERED MANY DIFFERENT HEALTH PROBLEMS, SINCE THE VETERANS EXPOSURE TO AGENT ORANGE, MANY YEARS AGO.

IN THIS STUDY, I AM GOING TO TRY AND FIND OUT, HOW MANY VETERANS, ARE HAVING THE SAME HEALTH PROBLEMS. I AM ALSO GOING TO LOOK AT THE HEALTH PROBLEMS OF THE VETERANS FAMILY MEMBERS, AND COMPARE THEM ALSO.

I AM HERE TO HELP ALL VIETNAM VETERANS, AND THEIR FAMILIES. QUITE A BIT OF WORK HAS WENT INTO PUTTING TOGETHER THE ENCLOSED. I HAVE BEEN INVOLVED WITH THIS ISSUE FOR MANY YEARS, AND HAVE SEEN QUITE A BIT HAPPEN TO THE VIETNAM VETERAN, AND THEIR FAMILIES, AND THE FEDERAL GOVERNMENT, HAS SAT BACK AND DONE NOTHING POSITIVE TO HELP.

PLEASE TAKE A FEW MOMENTS OUT OF YOUR BUSY DAY, TO REVIEW THE ENCLOSED QUESTIONNAIRE, AND TO FILL IT OUT AS BEST YOU CAN. IF YOU NEED ANY ADDITIONAL FORMS, OR NEED HELP IN FILLING OUT THE ENCLOSED, PLEASE LET ME KNOW AT THE ADDRESS AND/OR TELEPHONE NUMBER LISTED ABOVE.

THE INFORMATION THAT YOU GIVE ME, WILL ONLY BE SEEN BY MYSELF, AND WILL BE HELD IN THE STRICTEST CONFIDENCE.

AT THE COMPLETION OF THE STUDY, THERE WILL BE NO NAMES, ADDRESSES, TELEPHONE NUMBERS, OR PERSONNEL INFORMATION RELEASED. THE ONLY THING THAT WILL BE RELEASED, WILL BE THE AMMOUNT OF DIFFERENT HEALTH PROBLEMS, AND WHAT THEY ARE.

THIS WILL BE A NATIONAL STUDY OPERATED OUT OF NEW JERSEY, AND IF SUCCESSFUL, I WILL BE PUTTING PRESSURE ON THE FEDERAL GOVERNMENT.

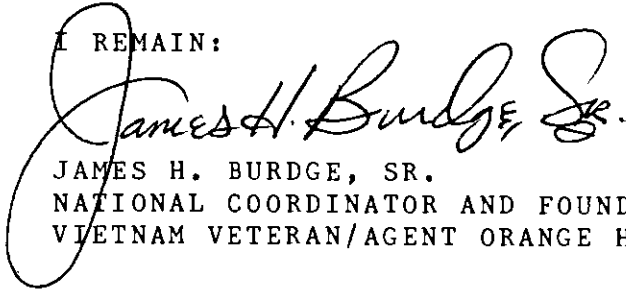
PLEASE FEEL FREE TO COPY THE BLANK FORM, AND PASS IT OUT TO OTHER VIETNAM VETERANS, AND THEIR FAMILIES, AS THE MORE PEOPLE WHO ARE INVOLVED IN THIS STUDY, THE MORE I CAN FIND OUT, AND DO FOR THE VIETNAM VETERAN, AND THEIR FAMILIES.

AFTER I REVIEW YOUR QUESTIONNAIRE, YOU MAY HAVE TO FURNISH SOME MEDICAL RECORDS, BUT THAT WILL BE LATER, AND THERE IS NO NEED TO WORRY ABOUT THAT RIGHT NOW. WHEN THAT TIME COMES, IF YOU NEED HELP IN GETTING THE MEDICAL RECORDS IN QUESTION, I WILL HELP YOU TO OBTAIN THEM.

THANK YOU FOR HELPING ME OUT, AND "WELCOME HOME".

WITH THE BEST INTEREST OF THE VIETNAM VETERAN, THEIR FAMILIES, AND THOSE WHO STILL FEEL THE EFFECTS OF EXPOSURE TO HERBICIDES IN MIND,

I REMAIN:

A handwritten signature in cursive script that reads "James H. Burdge, Sr.". The signature is written in black ink and is positioned to the right of the typed name below it.

JAMES H. BURDGE, SR.
NATIONAL COORDINATOR AND FOUNDER;
VIETNAM VETERAN/AGENT ORANGE HEALTH STUDY

CC/FILE
QUESTIONNAIRE ENCLOSED

VETERAN= V

VETERANS WIFE= VW

VETERANS SON= VS

VETERANS DAUGHTER= VD

VETERANS HUSBAND= VH

PSYCHOLOGICAL

- | | |
|--|---|
| <input type="checkbox"/> SUICIDE ATTEMPTS | <input type="checkbox"/> VIOLENT RAGES |
| <input type="checkbox"/> CONFUSION | <input type="checkbox"/> IRRITABILITY |
| <input type="checkbox"/> PHOBIAS | <input type="checkbox"/> SEXUAL DISFUNCTION |
| <input type="checkbox"/> INTROVERSION | <input type="checkbox"/> FLASHBACKS |
| <input type="checkbox"/> INABILITY TO CONCENTRATE | <input type="checkbox"/> NIGHT TERRORS |
| <input type="checkbox"/> LOSS OF SELF WORTH | <input type="checkbox"/> DRUG INVOLVEMENT |
| <input type="checkbox"/> CRYING JAGS | <input type="checkbox"/> NIGHT MARES |
| <input type="checkbox"/> TROUBLE WITH RELATIONSHIPS | <input type="checkbox"/> SEVERE HEADACHES |
| <input type="checkbox"/> ALCOHOL INVOLVEMENT | <input type="checkbox"/> INSOMNIA |
| <input type="checkbox"/> SUDDEN MEMORY LAPSES | <input type="checkbox"/> DEPRESSION |
| <input type="checkbox"/> PERSONALITY CHANGES | <input type="checkbox"/> FEAR OF CROWDS |
| <input type="checkbox"/> EMPLOYMENT DIFFICULTIES | <input type="checkbox"/> SHAKING |
| <input type="checkbox"/> NERVOUS BREAKDOWN | |
| <input type="checkbox"/> OTHER SYMPTOMS NOT LISTED ABOVE: (PLEASE EXPLAIN) | |

NERVOUS SYSTEM

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> HEADACHES | <input type="checkbox"/> NERVE DAMAGE |
| <input type="checkbox"/> BLURRED VISION | <input type="checkbox"/> TREMORS |
| <input type="checkbox"/> KNUBBNESS IN EXTREMETIES | <input type="checkbox"/> SHAKING |
| <input type="checkbox"/> HEARING IMPAIRMENTS | <input type="checkbox"/> DIZZINESS |
| <input type="checkbox"/> FATIGUE (GENERAL TIREDNESS) | |
| <input type="checkbox"/> OTHER SYMPTOMS NOT LISTED ABOVE: (PLEASE EXPLAIN) | |

GLANDS

_____	THYROID PROBLEMS	_____	LOSS OF HAIR
_____	THYMUS GLAND PROBLEMS	_____	SINUS PROBLEMS
_____	SECRETION PROBLEMS (SWEAT)	_____	LOSS OF TOE NAILS
_____	LOSS OF FINGER NAILS		
_____	OTHER SYMPTOMS NOT LISTED ABOVE: (PLEASE EXPLAIN)		

RESPIRATORY

_____	FREQUENT COLDS	_____	LUNG CANCER
_____	SHORTNESS OF BREATH	_____	ASTHMUA
_____	EXCESSIVE COUGHING	_____	PHEUMONIA
_____	HYPERVENTILATION	_____	EMPHYSEMA
_____	SINUS PROBLEMS	_____	MELEADOSIS
_____	OTHER SYMPTOMS NOT LISTED ABOVE: (PLEASE EXPLAIN)		

HEART

_____	HEART DISEASES	_____	ANGINA
_____	HIGH BLOOD PRESSURE	_____	PALPATATIONS
_____	SEVERE CHEST PAINS	_____	LOW BLOOD PRESSURE
_____	OTHER SYMPTOMS NOT LISTED ABOVE: (PLEASE EXPLAIN)		

VETERAN= V

VETERANS WIFE= VW

VETERANS SON= VS

VETERANS DAUGHTER= VD

VETERANS HUSBAND= VH

STOMACH

- | | | | |
|--------------------------|---|--------------------------|----------------|
| <input type="checkbox"/> | SEVERE STOMACH PAINS | <input type="checkbox"/> | NAUSEA |
| <input type="checkbox"/> | GASTROINTESTINAL ULCER | <input type="checkbox"/> | VOMITING |
| <input type="checkbox"/> | DIGESTIVE PROBLEMS | <input type="checkbox"/> | COLITUS |
| <input type="checkbox"/> | LOSS OF APPETITE | <input type="checkbox"/> | GASTRITUS |
| <input type="checkbox"/> | GAUL BLADDER PROBLEMS | <input type="checkbox"/> | STOMACH CANCER |
| <input type="checkbox"/> | INCREASED APPETITE | <input type="checkbox"/> | STOMACH VIRUS |
| <input type="checkbox"/> | INDIGESTION | | |
| <input type="checkbox"/> | OTHER SYMPTOMS NOT LISTED ABOVE: (PLEASE EXPLAIN) | | |

LIVER PROBLEMS

- | | | | |
|--------------------------|---|--------------------------|----------------|
| <input type="checkbox"/> | LIVER CANCER | <input type="checkbox"/> | HEPATITIS |
| <input type="checkbox"/> | SWOLLEN LIVER | <input type="checkbox"/> | TENDER LIVER |
| <input type="checkbox"/> | PORFURIA-CURTANIA-TARDA | <input type="checkbox"/> | INFECTED LIVER |
| <input type="checkbox"/> | OTHER SYMPTOMS NOT LISTED ABOVE: (PLEASE EXPLAIN) | | |

PANCREATIC PROBLEMS

- | | | | |
|--------------------------|---|--------------------------|-----------------------|
| <input type="checkbox"/> | PANCREATIC CANCER | <input type="checkbox"/> | PANCREASIS (INFECTED) |
| <input type="checkbox"/> | OTHER SYMPTOMS NOT LISTED ABOVE: (PLEASE EXPLAIN) | | |

KIDNEY PROBLEMS

- | | |
|--|---|
| <input type="checkbox"/> BROWN URINE | <input type="checkbox"/> CYSTITIS |
| <input type="checkbox"/> CANCER OF THE KIDNEY | <input type="checkbox"/> BLOODY URINE |
| <input type="checkbox"/> FREQUENT URINATION | <input type="checkbox"/> KIDNEY STONES |
| <input type="checkbox"/> URINARY TRACT INFECTIONS | <input type="checkbox"/> SWOLLEN KIDNEY |
| <input type="checkbox"/> OTHER SYMPTOMS NOT LISTED ABOVE: (PLEASE EXPLAIN) | |

INTESTINAL PROBLEMS

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> VIRUS AND INFLAMATION | <input type="checkbox"/> DIARRHEA |
| <input type="checkbox"/> INTESTINAL CANCER | <input type="checkbox"/> HEMMROHOIDS |
| <input type="checkbox"/> CONSTIPATION | |
| <input type="checkbox"/> OTHER SYMPTOMS NOT LISTED ABOVE: (PLEASE EXPLAIN) | |

REPRODUCTIVE SYSTEM = MALE

- | | |
|--|--|
| <input type="checkbox"/> GENETIC SPERM DAMAGE | <input type="checkbox"/> IMPOTENCE |
| <input type="checkbox"/> TESTICAL CANCER | <input type="checkbox"/> STERILITY |
| <input type="checkbox"/> LOSS OF SEX DRIVE | <input type="checkbox"/> LOSS OF SPERM COUNT |
| <input type="checkbox"/> CHANGES IN CHROMOSONES | |
| <input type="checkbox"/> OTHER SYMPTOMS NOT LISTED ABOVE: (PLEASE EXPLAIN) | |

VETERAN= V VETERANS WIFE= VW VETERANS SON= VS VETERANS DAUGHTER= VD
VETERANS HUSBAND= VH

REPRODUCTIVE SYSTEM = FEMALE

_____ SPONTANEOUS ABORTIONS _____ MISCARRIAGES
 _____ DIFFICULTY IN CONCIEVING _____ CHILD BORN WITH DEFECT
 _____ OTHER SYMPTOMS NOT LISTED ABOVE: (PLEASE EXPLAIN)

BONES AND MUSCLES

_____ KNUMBNESS IN EXTREMITIES _____ ARTHRITIS
 _____ RUPTURED DISC IN BACK _____ JOINT STIFFNESS
 _____ NERVE DAMAGE _____ WEAKNESS
 _____ JOINT PAIN _____ MUSCLE ACHES
 _____ BONE CANCER _____ JOINT SWELLING
 _____ JOINT KNUMBNESS _____ GOUT
 _____ LOSS OF STRENGTH _____ TINGLING FEET
 _____ OTHER SYMPTOMS NOT LISTED ABOVE: (PLEASE EXPLAIN)

SKIN PROBLEMS

_____ LOSS OF PIGMENTATION _____ CHLORACNE
 _____ BRUISING EASILY _____ MOLES
 _____ UNEXPLAINED SKIN RASH _____ PALENESS
 _____ FUNGUS INFECTIONS _____ SKIN CANCER
 _____ CROTCH ROT _____ CYSTS
 _____ CRACKED SKIN _____ TUMORS
 _____ SKIN PEELING _____ CHAPPED LIPS
 _____, SPOTTY PIGMENTATION _____ LIP CANCER
 _____ JAUNDICE (YELLOW SKIN) _____ PSORIASIS

VETERAN= V

VETERANS WIFE= VW

VETERANS SON= VS

VETERANS DAUGHTER= VD

VETERANS HUSBAND= VH

SKIN PROBLEMS, (cont)

_____ OTHER SYMPTOMS NOT LISTED ABOVE: (PLEASE EXPLAIN)

MISCELLANEOUS SYMPTOMS

- | | |
|--|-----------------------------|
| _____ DECREASED BLOOD COUNTS | _____ PHLEBITIS |
| _____ BLOOD CLOTS IN LUNGS AND OTHER BLOOD VESSELS | |
| _____ UNEXPLAINED WEIGHT LOSS | _____ BURSTITIS |
| _____ HIGH WHITE BLOOD CELLS | _____ LOW WHITE BLOOD CELLS |
| _____ HIGH RED BLOOD CELLS | _____ LOW RED BLOOD CELLS |
| _____ HIGH CHOLESTEROL | _____ RECTAL CANCER |
| _____ UNEXPLAINED HIGH FEVERS | _____ BLOOD DISORDERS |
| _____ SOFT-TISSUE-SARCOMA | _____ AIDS |
| _____ IMMUNE PROBLEMS | _____ RESTLESSNESS |
| _____ INTOLERANCE TO ALCOHOL | _____ BODY SWELLING |
| _____ CIRCULATORY PROBLEMS | _____ HYPERTENSION |
| _____ UNEXPLAINED WEIGHT GAIN | _____ MIGRAIN HEADACHES |
| _____ CANCER OF THE COLON | _____ LIGHTHEADEDNESS |
| _____ FREQUENT INFECTIONS | _____ INSOMNIA |
| _____ EXCESSIVE SWEATING | _____ MALARIA |
| _____ FORGETFULNESS | _____ BRAIN TUMORS |
| _____ SPASTIC COLON | _____ LEUKEMIA |
| _____ NON-HODGKINS-LYMPHOMA | _____ PROSTATE CANCER |
| _____ NASAL/PHARYNGEAL/ESOPHAGEAL CANCER | |
| _____ SUBCLINICAL HEPATOTOXIC EFFECTS | |
| _____ HEMATOPOIETIC DISEASES | _____ HODGKINS DISEASE |
| _____ DEVELOPMENTAL EFFECTS | _____ MULTIPLE MYELOMA |
| _____ NEUROLOGIC EFFECTS | _____ BRAIN CANCER |
| _____ CANCER OF THE HEPATOBILIARY TRACT | |
| _____ ALTERED LIPID METABOLISM | _____ PSYCHOSOCIAL EFFECTS |
| _____ UNEXPLAINED EARLY DEATH | |

THESE QUESTIONS ARE MOSTLY FOR THE VETERAN....

DID YOU SERVE IN VIETNAM WITH: (PLEASE CIRCLE)

I CORP II CORP III CORP IV CORP

DO YOU CURRENTLY HAVE A DISABILIEY RATING WITH
THE VETERANS ADMINISTRATION?

YES _____ NO _____

IF SO, WHAT PERSENT? _____ %

HAVE YOU EVER TAKEN AN AGENT ORANGE SCREENING, AT
THE VETERANS ADMINISTRATION?

YES _____ NO _____

IF SO, WHAT YEAR? _____

RESULTS OF THE SCREENING?

DO YOU BELEIVE THAT YOU, AS THE VETERAN, WERE EXPOSED
TO HERBICIDES, SUCH AS AGENT ORANGE, WHILE IN VIETNAM?

YES _____ NO _____

IF SO, WHAT YEAR DO YOU FEEL THAT YOU WERE EXPOSED?

_____ TO _____

IF YOU HAVE NEVER HAD AN AGENT ORANGE SCREENING AT
THE VETERANS ADMINISTRATION, WOULD YOU LIKE ONE?

YES _____ NO _____

DO YOU FEEL THAT YOUR HEALTH PROBLEMS, ARE A DIRECT
RESULT OF YOUR EXPOSURE TO AGENT ORANGE?

YES _____ NO _____

DO YOU FEEL THAT THE HEALTH PROBLEMS OF YOUR FAMILY
MEMBERS, ARE A RESULT OF YOUR EXPOSURE TO AGENT ORANGE?

YES _____ NO _____

ARE YOU RECEIVING ENOUGH INFORMATION FROM THE VETERANS
ADMINISTRATION, ON THE AGENT ORANGE ISSUE?

YES _____ NO _____

WHAT UNIT DID YOU SERVE WITH IN VIETNAM?

DATE AND LOCATION OF VIETNAM SERVICE?

WOULD YOU LIKE INFORMATION ON THE AGENT ORANGE
PRODUCT LIABILITY LITIGATION, (MDL-381), WHICH
IS THE LAW SUIT FILED AGAINST THE MAKERS OF
AGENT ORANGE?

YES _____ NO _____

DO YOU THINK THAT YOU WOULD BE ELIGABLE TO DRAW
ANY FUNDS FROM THE AGENT ORANGE LAWSUIT, (MDL-381)?

YES _____ NO _____

ARE YOU PERMINATILY DISABILIED?

YES _____ NO _____

DO YOU FEEL THAT YOU HAVE A SERVICE-CONNECTED
DISABILITY?

YES _____ NO _____ NOT SURE _____

WOULD YOU LIKE TO HAVE SOMEONE CONTACT YOU, TO FILE
A CLAIM FOR SERVICE-CONNECTION, IF YOU BELEIVE THAT
YOU HAVE A SERVICE-CONNECTED DISABILITY?

YES _____ NO _____

IF YOU HAVE ANY QUESTIONS TO ASK, ON THE AGENT ORANGE
ISSUE, PLEASE LIST IT BELOW. ALL QUESTIONS WILL BE
ANSWERED, IF THERE IS AN ANSWER TO BE GOTTON.

(PLEASE PRINT IN INK)

VIETNAM VETERAN
AGENT ORANGE HEALTH STUDY
P.O. Box # 1236
Eatontown, NJ 07724



America is #1
Thanks to our
Veterans



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Thanks to our
Veterans

James H. Budge, Sr.
National Coordinator & Founder

AUTHORIZATION TO RELEASE MEDICAL RECORDS

PLEASE RELEASE ANY AND ALL MEDICAL RECORDS ON THE VETERAN NAMED BELOW, FOR THE PURPOSE OF A NATIONAL HEALTH EFFECTS STUDY ON THE EXPOSURE TO AGENT ORANGE, AND THE UNWANTED BY-PRODUCT, DIOXIN. PLEASE SEND MEDICAL RECORDS TO THE ABOVE NAMED ORGANIZATION. IT IS UNDERSTOOD THAT THE VETERAN IS RESPONSIBLE FOR THE PAYMENT OF ANY FEES, TO HAVE COPIES RELEASED.

PLEASE PRINT

VETERAN NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: () _____

VETERANS SIGNATURE: _____
DATE: _____

DOCTOR/HOSPITAL NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: _____

PERSON RELEASING MEDICAL RECORDS:
(PLEASE PRINT NAME) _____
(SIGNATURE) _____
(DATE) _____

NOTE: PLEASE INCLUDE A COPY OF THIS FORM WITH THE REQUIRED MEDICAL RECORDS.

**VIETNAM VETERAN
AGENT ORANGE HEALTH STUDY
P.O. Box # 1236
Eatontown, NJ 07724**

DEAR VIETNAM VETERAN OR FAMILY MEMBER;

IF YOU WOULD LIKE TO BECOME INVOLVED WITH A HEALTH STUDY, ON THE VIETNAM VETERAN, AND HIS/HER FAMILY MEMBERS, WITH REGARDS TO THE HEALTH EFFECTS OF AGENT ORANGE EXPOSURE, PLEASE FILL OUT THE BOTTOM OF THIS FORM, AND SEND IT BACK TO ME, AT THE ADDRESS LISTED ABOVE.

ALL INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE.

ALSO, PLEASE LIST HOW MANY FORMS YOU WILL NEED. A FORM MUST BE FILLED OUT ON ALL FAMILY MEMBERS, SO WE CAN GET A TRUE IDEA, ON THE HEALTH PROBLEMS FACING THE VIETNAM VETERAN, AND THEIR FAMILIES.

THANKS FOR YOUR TIME, AND "WELCOME HOME".

(cut here)

VETERANS NAME : _____
VETERANS ADDRESS: _____
VETERANS CITY: _____
VETERANS STATE: _____
VETERANS ZIP CODE: _____
VETERANS HOME TELEPHONE NUMBER: () _____
VETERANS DATE OF BIRTH: _____
HOW MANY FORMS WILL YOU NEED: _____
DATE OF VETERANS SERVICE IN VIETNAM: _____
UNIT SERVED WITH IN VIETNAM: _____
VETERANS SOCIAL SECURITY NUMBER: _____

PLEASE FILL OUT AND RETURN TO:

VIETNAM VETERAN/AGENT ORANGE HEALTH STUDY
POST OFFICE BOX #1236,
EATONTOWN, NEW JERSEY,
07724

ATTENTION: JAMES H. BURDGE, SR.
NATIONAL COORDINATOR & FOUNDER