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## EMBASSY OF AUSTRALIA WASHINGTON, D. C.

Ambassador Sir Nicholas Parkinson

May 9, 1980

Colonel George D. Lathrop Chief, Epidemiological Division School of Air Force Medicine Brooks Air Force Base TEXAS 78235

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## AUSTRALIAN INVESTIGATION INTO THE EFFECTS OF "AGENT ORANGE"

I would like to thank you personally, as well as on behalf of the Australian Government, for the assistance which you and your staff so willingly extended to Commissioner Medbury when he visited Washington recently.

Commissioner Medbury has now completed his report to the Australian authorities and the Australian Government has decided that it will conduct a major study in an attempt to achieve a satisfactory scientific resolution of the questions which have been raised concerning the effects of "agent orange" on servicemen. You may be interested in the nature and scope of this study and I am attaching a statement, made by our Minister for Veterans' Affairs to Parliament, which sets out these details.

Please do not hestitate to let me know if there are further ways in which this Embassy can assist your enquiries.

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## STATEMENT ON HERBICIDES AND CHEMICALS AND VIETNAM VETERANS

## MADE BY

THE MINISTER FOR VETERANS' AFFAIRS,

THE HON. A.E. ADERMANN, M.P.

IN THE HOUSE OF REPRESENTATIVES

31 MARCH 1980

Mr Speaker, during the last few months, there has been increasing concern by Hembers of this House, by the media and by individual veterans and their representative organisations that contact with herbicides and other chemicals in Vietnam may have had an impact on the health of veterans such as to cause long-term disabilities. There is also increasing concern that contact with these chemicals, sprayed for various reasons ranging from defoliation to disease control, may also have caused malformations in children born after the period of the veterans' service in Vietnam.

Mr Speaker, the Government has been acutely aware of that concern. Since the matter first came to notice we have moved without hesitation and with all speed to attempt to resolve the issues that have arisen.

In my statement to the House on 21 February of this year, I set out in very comprehensive terms the nature of the disabilities from which some veterans had reported they were suffering, the manner in which our generous Repatriation system - which has been developed, tried and proven over many years - was able to assist and, in addition, I mentioned the initiatives we had taken, without delay, in seeking to find a responsible resolution of the problems raised by the veterans.

One of the difficulties with which we are faced and which we share with the United States authorities, Mr Speaker, is to establish scientifically that the symptoms and medical problems being experienced by veterans and their families are due to exposure of the veteran to herbicides, of which Agent Orange is the most notorious, during the veterans' service in Vietnam.

I hasten to add, Mr Speaker, that insofar as the disabilities of the veteran himself are concerned, our Repatriation system does not require that cause be proven - it is enough that a relationship, a link, be found between his disability and his service for us to accept his disability as service-related and to admit the veteran to the pension and treatment benefits that would then flow.

But we cannot, even given the generosity of our Repatriation system, accept without question that exposure to herbicides in Vietnam must inevitably be the cause of the delayed long-term health problems which are the subject of current claims.

It was because of the real need to resolve this question of whether or not exposure to herbicides would result in health problems, that the Government acted immediately the possibility was brought to notice, in a positive way.

We arranged that a Repatriation Commissioner should visit the United States of America to study at first hand the various endeavours that are being made in that country to resolve like problems. Mr Speaker, the problems may be alike but the magnitudes differ enormously. We had about 41,000 servicemen in Vietnam, the United States had two and a half million; but that wide difference is no more than a statistical fact - our concern is as deep as we believe to be that of the United States authorities.

We also asked the scientific body most appropriate to the task, the Commonwealth Institute of Health (formerly known as the School of Public Health and Tropical Medicine) at the University of Sydney to inform the Government whether it was possible to establish, as a matter of scientific fact, whether exposure to herbicides in Vietnam could have an influence on the health of veterans or produce an unusual incidence of abnormalities at birth of veteran's children.

My statement to the House on 21 February set out the nature of the study suggested by the Institute and explained that its feasibility had to be tested, as the data necessary to guarantee a valid result are both comprehensive and could be difficult to obtain.

Mr Speaker, subject to the availability of certain data which appears at this stage to be forthcoming, the Government is now satisfied that this major study is not only feasible but essential if a satisfactory scientific resolution to the question is to be reached.

It may be helpful to the House, Mr Speaker, if I give some brief details of the nature and scope of the study that has been proposed a, the Commonwealth Institute of Health.

The basic design of the study will be a comparison of three groups of veterans. These are -

- Australian veterans who were in Vietnam and were exposed to herbicides and other chemicals of significance;
- . Australian veterans who were in Vietnam but were not judged to be exposed to herbicides but perhaps exposed to other environmental hazards; and
- A matched and comparable group of Australian veterans who did not go to Vietnam and have not been exposed to the herbicides and other chemicals used there.

These groups will be compared to see whether there are -

- Differences in the incidence of defined illnesses in the veterans themselves;
- 2. Differences in the incidence of certain genetic defects in their offspring compared with the control group; and
- 3. Differences in the incidence of birth defects in their offspring and the incidence of abortion in their wives.

This is known as a Cohort Study.

There are basic criteria that have to be met before the study is feasible such as:-

- information on the names and units of veterans and their geographical locations in time in Vietnam
- at least 90% and preferably more of those veterans must be able to be traced in Australia

- the usage of herbicides by geographical areas and time aust be established
- medical records before service and at enlistment, if any
- records of births and deaths in Australia, maintained by the State Registrars-General, and other records such as those of the Department of Social Security and of the Australian Bureau of Statistics.

The study would progress by means of an assessment of every veteran in the cohort and his children by means of interview by a specially trained team and, in addition, the assessment would utilize existing hospital records and records of mortality and morbidity.

Data would be collected on potential confounding variables such as smoking, occupational hazards and the use of drugs and medicines.

Any suggestions of positive findings which appeared would be studied in greater depth, involving comprehensive interviews by specially trained field workers.

The task of statistical collection, analysis and interpretation would be enormous, Mr Speaker. Some 60,000 veterans whose families would be expected to include approximately 100,000 children, will be interviewed and a questionnaire will have to be completed about each. We estimate that a full time specially trained work force would be engaged for about a year on this task.

We have decided to ask the Commonwealth Institute of Health to press on with the study as quickly as possible. Mr Speaker, I am aware that this decision will not be universally acclaimed. For instance, we know as a result of the visit of Mr Medbury, a member of the Repatriation Commission, that the United States of America is engaged in a very large research effort. There are two major epidemiological studies of veterans and several smaller studies of workers who have been exposed to components of Agent Orange under way in that country. There are also laboratory studies designed to establish whether any of the components of Agent Orange may produce genetic damage or induce alterations in males that may result in their fathering malformed offspring. It might be suggested that we await the result of such research work, rather than embark on our own.

Well, Mr Speaker, the Government does not accept that "sit back, wait and see" attitude! We are aware that even the initial, far from final results of these American surveys appear to be at least two years away, that even these major studies may not produce conclusive results and that, in the eyes of the Australian veteran community - by which we are prepared to be judged on our record - the United States studies of United States veterans may not be relevant to our Australian experience.

It has also been suggested, Mr Speaker, that we may be able to speed up the results and reduce the very heavy costs, by sample surveys of say 2,000 or 3,000 of the 41,000 veterans who were in Vietnam. My very best advice, Mr Speaker, is that there would be very real problems with the validity of any conclusion drawn from such a sample survey. The comparative rarity of occurrence of the diseases in the community as a whole is such that no less than the entire Vietnam veteran population, compared with a control group of similar composition that did not go to Vietnam, of about 20,000, must be covered by the survey.

Mr Speaker, I hope that every Vietnam veteran, irrespective of any doubt he may have about any possible effects of exposure to herbicides, will come forward at the appropriate time to participate in the survey.

A request has been made, Mr Speaker, that instead of this major of aniological study, a form of judicial inquiry be set up. It has been suggested that this inquiry should have, as a basic purposition, the presumption that a vast range of symptoms covering virtually all medical conditions are caused by exposure to herbicides in Vietnem. It is envisaged that, in this inquiry, this presumption should be rebutted by the Commonwealth. Mr Speaker, it cannot be proved that a causal relationship between each and every condition within that vast range does not exist proof of such negative association is not possible in the circumstances. In addition, the available scientific literature on which such an inquiry must largely depend, was studied as recently as 1977 by an agency of the World Health Organisation. It concluded that further studies including those of an epidemiological nature, such as will be done in Australia, were needed to resolve the question.

In considering the nature of this form of inquiry, the Government was not able to see how it would help resolve the most distressing of the problems faced by some Vietnam veterans. It would not assist, Mr Speaker, in assessing the medical condition of the members of the veterans' family, in establishing what treatment and disability pension payments would be appropriate, and in helping him to make decisions as to whether or not he and his wife should have more children. There would be nothing personal or immediately helpful to the veteran in such an inquiry.

For all these reasons, Mr Speaker, the Government has decided that the request for this form of inquiry must be refused.

In this rejection, Mr Speaker, and in the decision to press on with the major epidemiological study of which I first informed the House in February, the Government is most evidently not seeking to avoid any issue, but rather must be seen as intent on seeking answers to questions that so understandably are distressing to Australian veterans and their families. The expenditure on the survey will exceed two million dollars and it will extend, in its major phase, over some two years. However, it is expected to provide scientifically valid results that will give a basis for understanding which will be invaluable not only to enable the Government to move to whatever further measures are appropriate but as a significant contribution to medical scientific knowledge throughout the world. ../7

We believe it is likely to prove the only way that the Australian meterans of service in Vietnam can be given the assurance that they so understandably need.

To cohance world-wide as well as local acceptance of the study, it is intended that a small group of scientists, independent and with world-wide credibility as epidemiologists, be established to assess and endorse the methodology of the study and to comment on any alterations which may become necessary in the study during its course. I propose to announce the composition of that select group to the House as soon as practicable but, Mr Speaker, the continuing progress of the study will not be held up awaiting these appointments.

I continue to say, as I said when the first complaints were made, that those veterans who feel they have been affected by herbicides during their service in Vietnam should lodge a claim with my Department so that medical examinations can be carried out to establish a diagnosis and to make recommendations on whether any disabilities found could be linked with their service in Vietnam, to the independent authorities which make the determinations.

Mr Speaker, I have said on earlier occasions that the Government has acted with all speed and understanding in this matter. I have kept the House informed of developments as they have occurred. I am pleased, Mr Speaker, to inform Honourable Members now of this very significant further step that the Government has decided to take to resolve the uncertainties underlying the question of whether exposure to herbicides, during the Vietnam conflict, has had or may in future be likely to have, an impact on the health of Australian Vietnam veterans and their children.