

President's Report – 1/2017

Potable Water Factor and Statements of Principle: A Long and Tedious Process

Those who have read *Out of Sight, Out of Mind, The RAN in Vietnam 1965-1972* will have noted chapter five, where I have explained the many problems involved. Simply put, the United States (US) authorities recognise at least 15 illnesses that scientific evidence suggests may be attributed to exposure to AO, whereas the Australian authorities currently recognise only seven. **(August 2014)**

On another matter, more concerned with the health and welfare of those with Vietnam service, I have, in conjunction with the National President of the Naval Association, Mr Russell Pettis, recently approached the Minister for Veterans Affairs regarding what we now colloquially term 'the potable water factor'. As members may remember, it has always been my intention to attempt to have several Statements of Principle (SOP) changed to reflect this factor. This of course is due to exposure to dioxins via drinking water while serving in HMA ships during the Vietnam era.

The United States National Academy of Science - Institute of Medicine (IOM), in their 2012 report of nearly 1,000 pages, states that there is 'Sufficient' or 'Limited or Suggestive' evidence that at least 18 diseases can now be attributed to exposure to dioxins during Vietnam service. Based on IOM reports dating back to 1994, and other medical/scientific research, it is my contention that the Repatriation Medical Authority (RMA) need to investigate further into those diseases of interest, which they have thus far not been made aware of, or will not currently concede to in favour of the veteran. To the best of my knowledge and belief, nothing has changed in this regard since April 2006.

This has involved a lot of time, effort, and research into the four diseases I have prioritised for investigation. Once I have assembled the information I have gathered into easily understandable form, it is my intention to have it vetted by a recognised medical professional who is far more used to the terminology and idiosyncrasies of medical science than me. On completion, and considering their recommendations, I will then submit each request to the RMA for further investigation and, hopefully, acceptance of the 'potable water factor' into the nominated SOP for that disease. **(October 2014)**

As part of an ongoing project into the effects of contaminated water to those of us with Vietnam service, it was queried, purely from a statistical perspective, how do we as a specific interest group compare with 'Joe average' when it comes to trends of life expectancy? When one looks at the Memorial Wall on our website, there are quite a few of our former shipmates on there in their early 50s and 60s. As a valid comparison - according to the Australian Bureau of Statistics (ABS) - *the life expectancy for men aged 65 in 2010, could expect to live another 19 years*. I guess the work that Steve Mika and Bruce Hathaway are currently undertaking will more accurately disseminate the most relevant variables.

Further to the contaminated water issue. Members will be aware that this Association - with the support of the Naval Association - is preparing material for submission to the Repatriation Medical Authority (RMA) for changes and/or variations to be made to at least four (4) Statements of Principles (SOP).

Foremost amongst these SOPs was Chronic Lymphoid Leukaemia (CLL) SOP 9 of 2005. This was changed on 14 March 2014 and contained seven factors, all of which were very relevant to service at sea in RAN ships during the Vietnam War, and included *consuming potable water supplied on that vessel – that had been contaminated by 2,3,7,8-terachlorodibenzo-para-dioxin (TCDD) –;*.

Unbeknown to me, on 22 August 2014, SOP 28 of 2014 was revoked and replaced by SOP 84 of 2014. I only found this out by chance when looking for something else.

On 14 November 2014, I have written to the RMA requesting an explanation. A copy of my letter accompanies this report. On 24 December, I received a reply, which states in part that: *The Authority also consulted widely with the major national Ex-service Organisations (ESOs) regarding the removal of factors which were previously present in SOPs 9 of 2005 as amended by 28 of 2014 and Instrument No. 10 of 2005, concerning CLL. The letter dated 15 April canvassed the views of ESOs concerning changes to the existing CLL SOP, including removal of factors and the SOP name change. No submissions were received from the ex-service community.*

The National President of the Naval Association of Australia, in an email dated 5 January 2015, has written the following in this regard. *'I must apologise for our oversight in not seeing these amendments early in 2014. This was during a*

time when our previous Pensions and Welfare coordinator was quite ill and he was not up to looking at such documents.' **(February 2015)**

On 10 March 2015, my submission on behalf of the association regarding possible amendments/review/updates to SOP 84/2014, Chronic Lymphocytic Leukaemia was sent to the Repatriation Medical Authority for their consideration.

Similarly, on 12 March, my submission on behalf of the association regarding possible amendments/review/updates to SOP65/2007, Parkinson's Disease & Parkinsonism was sent to the Repatriation Medical Authority for their consideration.

Both submissions have the support of the National Council of the Naval Association of Australia through their President, Mr Russell Pettis FAIM. His letter of support has followed these submissions, and the Minister has been informed of our continued pursuit of these matters.

The final two submissions will be forwarded at the proper time once I have cross-checked references and made sure we present the best case we can. The data mentioned above will go towards emphasising the importance we place on these requests for reviews of relevant Statements of Principles and the relationship these must have to the contaminated water factors.

The purpose behind referring to the data above with regards to Vietnam service is to emphasise the very important fact that many of our shipmates have passed away since our inception, **65** of them with Vietnam service - many of whom were about our vintage - some even younger.

When one adds up the ages of these men at passing and divides this by their number (**65**) one is left with an average age of almost **66**. Then, by taking into consideration where the Australian Institute of Health & Welfare (AIHW) - who base their figures on Australian Bureau of Statistics (ABS) data - states: '*Men aged 65 in 2010-2012 could expect to live another **19.1** years (an expected age at death of **84.1**) years*'. It can be readily assumed from this that service with the RAN - during the Vietnam War - must have had an adverse effect on the health and welfare of many of those who served, based upon this data. **(March 2015)**

Most members will understand the Association has made representations to the Repatriation Medical Authority (RMA) regarding four (4) Statements of

Principle (SOP) which we felt needed to be revised and updated to reflect the water contamination factor. Members will also have noted the responses received from the RMA regarding these submissions. These appear on our website www.hmassydney.com/ and will hopefully appear in hard copy in the soon to be published Grey Funnel Line (GFL).

Each submission was thoroughly researched, compiled in chronological order, vetted by several persons with scientific expertise and relevant knowledge, updated where necessary, and where the studies referred to could be located, (95%) these were then downloaded and included as an integral part of the submission. Nothing was left to chance.

Since then I have become aware, through a former shipmate of mine, of another disease/syndrome, namely Chronic Myeloid Leukaemia (CML). A recent large scale study of over 180,000 Vietnam Veterans, tends to suggest that CML, and death from CML, may be attributed to exposure to Agent Orange. The current SOP for Chronic Myeloid Leukaemia, No: 47 of 2014, makes no mention of Agent Orange exposure as one of the factors related to relevant service.

I guess what I'm trying to suggest to members here is - if you are diagnosed with an illness which you feel may be attributed to your service in Vietnamese waters - you owe it to yourself and your family to check to see whether it is one of the diseases DVA recognise may be attributed to Agent Orange exposure. If it isn't, then there is a fair chance it will be recognised in the United States. They currently have 15 SOP equivalents to our seven, so there is every chance that there will be studies galore out there which may help you progress a case - with the help of a good advocate - when making a claim with the DVA. **(April-May 2015)**

The National President of the Naval Association Russell Pettis, a classmate of mine from years past, has approached the Minister for Veterans Affairs via the Deputy Commissioner DVA Victoria, with regards to funding a study on water contamination, like that done recently regarding the CFA 'Fiskville' study into contaminated water and cancerous conditions arising from exposure to very similar variables. Alas, to no avail. Thanks must go Russell for at least trying.

For those amongst the membership with an eye for detail, they will have noted that in my most recent reports regarding Chronic Lymphocytic Leukaemia (CLL) that the SOP for this disease has been changed. SOP 28 of 2014 was put in place on 14 March 2014 and had amongst its seven factors *being on board a*

vessel and consuming potable water supplied on that vessel for a cumulative period of at least 30 days when the water supply has been produced by evaporative distillation of water that has been contaminated by 2,3,7,8 tetrachlorodibenzo-para-dioxin (TCDD), at least five years before the clinical onset of chronic lymphocytic leukaemia: or,

This was then revoked and replaced by SOP 84 of 2014 on 22 August 2014. The factors have been reduced to two with an emphasis in factor (a) ***being exposed to benzene:***

When one takes the time to examine the words contained in the title of the DVA sponsored study titled, *Examination of the Potential Exposure of RAN personnel to Polychlorinated Dibenzodioxins and Polychlorinated Dibenzofurans via Drinking Water* - and the factor referred to above - by breaking certain words down by syllable, one can readily define the combining word 'benzo' which, according to my copy of *Macquarie Australian National Dictionary*, it states: **benzo** – *a combining form meaning relating to or derived from benzene' or designating the presence of benzoic acid.* (p.108).

To my way of thinking, and I could always be wrong, if the above is correct, then exposure to TCDD contaminated water would still come under this SOP because TCDD is 'related to or derived from benzene.' Could I have comments from those better qualified than I on this line of argument please. **(May-June 2015)**

SOP 1/2016 Ischaemic Heart Disease (IHD)

Members are advised that the SOP for IHD has been revised. Contaminated potable water did not get mentioned. However, Factor 69 of the new SOP makes for interesting reading where it states: *inhaling, ingesting or having cutaneous contact with a chemical agent contaminated by 2, 3, 7, 8 tetrachlorodibenzo-para-dioxin (TCDD), for a cumulative period of at least 1000 hours within a consecutive period of ten years, before the clinical worsening of IHD, where the first exposure occurred at least five years before the clinical worsening of IHD, and where that exposure has ceased, the clinical worsening of IHD occurred within 25 years after cessation.*

In my view, the word ingests (or ingesting), meaning *to put or take into the body* would cover a multitude of related situations, including drinking contaminated water, eating food cooked in contaminated water, inhaling steam from showers, brushing one's teeth and other related activities. I also note with

some dismay that 1,000 hours - or more than 41 days - is now the magical figure for exposure, regardless of body size or overall physiology.

The same questions need to be asked, as have been asked many times before. What was the concentration of dioxin? How much dioxin did the service person consume? The 1,000-hour period gives absolutely no idea of the level of exposure, and therefore should not form part of the stipulation. The United States National Academy of Sciences - Institute of Medicine stance of no time limit when serving in Vietnam, and no specified level of exposure is warranted, because they realise that it is impossible to measure the level of exposure, and the time spent with any surety, unless it was zero. The only real stipulation by the US authorities is, that the illness or disease is rated - through medical evaluation - as being at least ten percent disabling. **(November 2015)**

Statement of Principles - Diabetes Mellitus No: 89 of 2011: (2014)

Members are advised that the SOP for Diabetes Mellitus has been amended. Contaminated potable water did not get mentioned. However Factor 6 (vii) of the amended SOP makes for interesting reading where it states: *(vii) inhaling, ingesting or having cutaneous contact with a chemical agent contaminated by 2,3,7,8-tetrachlorodibenzo-para-dioxin (TCDD), for a cumulative period of at least 500 hours, within a consecutive period of ten years before the clinical onset of diabetes mellitus, where the first exposure occurred at least five years before the clinical onset of diabetes mellitus, and where that exposure has ceased, the clinical onset of diabetes mellitus occurred with 25 years of cessation*

In my view, the word ingests (or ingesting) taken from the *Macquarie Dictionary*, means *to put in or take into the body*. This would cover several related situations such as eating food cooked in contaminated water, drinking contaminated water, inhaling steam condensed from contaminated water, and related activities of daily life at sea. I also note that 500 hours - or 20.83' days - is now the hypothetical figure for exposure - regardless of body size or overall physiology.

It has been demonstrated quite conclusively in the National Research Centre for Environmental Toxicology (NRCET) 2002 Study titled: *Examination of the Potential Exposure of RAN Personnel to Polychlorinated Dibenzodioxins and Polychlorinated Dibenzofurans via Drinking Water*, that the process used in ships for converting estuarine water - contaminated with defoliants - into

potable water, failed to rid this water of these substances. In fact, the process made the level of dioxins in the water much worse due to copper components - which were essential parts of the distillation units - being a known catalyst for dioxin formulation.

The same questions need to be asked yet again. What was the concentration of dioxin? How much dioxin did the service person consume? The 500-hour period gives absolutely no idea of the level of exposure, and therefore should not form part of the stipulation. The United States National Academy of Sciences - Institute of Medicine stance of no time limit when serving in Vietnam, and no specified level of exposure is warranted, because they realise that it is impossible to measure the level of exposure, and the time spent with any surety, unless it was zero. The only real stipulation by the U.S. authorities is, that the illness or disease is rated - through medical evaluation - as being at least ten per cent disabling. **(February-March 2016)**

National Academy of Sciences - Institute of Medicine - April 2016:

For the information of members, the National Academy of Sciences - Institute of Medicine in the United States - an Institute which has been in existence for over 150 years and has a world-wide reputation - has just released its tenth volume titled *Veterans and Agent Orange Update 2014* of some 1,083 pages. The *Update* is a comprehensive report that reviews and evaluates all evidence regarding statistical association between adverse health outcomes and human exposure to the herbicides used in Vietnam or their components. There does not appear to be a comparable publication available here in Australia or elsewhere in the English speaking world. Noted on page eight (8) of the *Update* is a comprehensive listing of *Scientifically Relevant Associations between Exposure to Herbicides and Specific Health Outcomes*. There are nineteen (19) *Health Outcomes* listed as having either *Sufficient Evidence of an Association* or *Limited or Suggestive Evidence of an Association*.

Parkinson's disease & Secondary Parkinsonism SOP 55 2016, April 2016:

As members may be aware a submission was recently put to the Repatriation Medical Authority (RMA) to include the potable water factor into any revisions made to the Statement of Principle (SOP) for Parkinson's disease. Needless to say the evidence submitted *did not support the inclusion of a factor in the terms you have requested*. However, the factor at subsection 9(1) (a) in the new SOP for Parkinson's disease reads: *inhaling, ingesting or having cutaneous contact*

with a pesticide from the specified list of pesticides, for a cumulative period of at least 1,000 hours, before the clinical onset of Parkinson's disease;

Included in the list of specified pesticides are (f) *the phenoxy acid herbicides 2,4dichlorophenoxyacetic acid (2,4-D) or 2,4,5-trichlorophenoxyacetic acid (2,4,5-T).*

As mentioned above, inhaling or ingesting would tend to cover a multitude of situations encountered in everyday life either at sea or ashore. 1,000 hours or 40.666 days is a time frame base upon what? There are no scientific parameters stated in the SOP, or indeed elsewhere, to justify or substantiate this requirement. **(April-May 2016)**

Following our AGM in July 2016, it was put to the membership that an online petition would be formulated. Therefore, it was back to me to make this happen. I will not go into the processes undertaken in detail, suffice to say I had to obtain permission from the publisher to use certain sections of my book and cope with a computer which had been infected with an ENC virus resulting in the loss of all my saved text and data. In the interim, I have, on my own volition, approached the Minister for Veterans Affairs, Dan Tehan, via the good offices of my local MHR, Alan Tudge. His response to my email letter is enclosed.

The online petition has been completed under the title *A Dangerous and Deadly Paradox*. There is a Prologue leading into the Main Text of this document. Put simply, if you have a copy of *Out of Sight, Out of Mind*, there is a marked similarity between both.

As comment, I have always maintained that if you undertake a project you do it to the best of your ability. Most, if not all that I have written is based on irrefutable information which, to date, has never been challenged. I hope some further good comes out of the online petition.

Kind regards

Dr John Carroll

7 April 2017



The Hon Dan Tehan MP

Minister for Veterans' Affairs
Minister for Defence Personnel
Minister Assisting the Prime Minister for Cyber Security
Minister Assisting the Prime Minister for the Centenary of ANZAC

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30 MAR 2017

MC17-000261

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Dear Dr Carroll

Thank you for your email of 18 January 2017 to the Minister for Human Services, the Hon Alan Tudge MP, about recognising the impacts of certain defoliants used in Vietnam on the health of Vietnam veterans. As this matter falls under my portfolio responsibilities, your correspondence has been referred to me for response.

The consideration of scientific evidence concerning the relationship between military service and different diseases and medical conditions for the purposes of the Australian Repatriation (Veterans' Affairs) system is the responsibility of a separate statutory body, the Repatriation Medical Authority (RMA). The RMA determines legislative documents, known as Statements of Principles (SOPs), for types of disease or injury which set out the factors which must as a minimum exist in order for the condition to be found to be related to military service, based on sound medical-scientific evidence. The SOPs are applied by Department of Veterans' Affairs (DVA) staff in deciding veterans' claims related to diagnosed diseases or disabilities.

Exposure to dioxin-contaminated herbicides such as Agent Orange has been recognised as a possible causative factor for a range of conditions since the RMA issued its first SOPs in 1995. Currently, exposure to these herbicides is the basis for factors in the SOPs for the following conditions:

- Parkinson's disease and parkinsonism;
- myeloma;
- Hodgkin's lymphoma;

- malignant neoplasm of the prostate;
- peripheral neuropathy;
- malignant neoplasm of the larynx;
- malignant neoplasm of the lung;
- soft tissue sarcoma;
- ischaemic heart disease;
- non-Hodgkin's lymphoma;
- diabetes mellitus;
- chloracne;
- aplastic anaemia; and
- porphyria cutanea tarda.

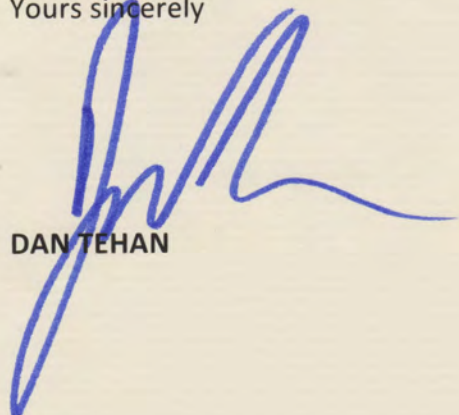
I should note that although these SOPs all include exposure to dioxin-contaminated herbicides as a factor that can be related to service, there are differences in the nature and quantity or duration of the exposure in order for herbicide exposure to be considered as having a causal role in the development of the various diseases and conditions. For example, certain SOPs require only that the veteran served on land or at sea in Vietnam for a given total period of time, while others specify a more substantial minimum period and are more specific as to the service the veteran must have undertaken and the nature of their exposure.

The RMA regularly reviews the SOPs to ensure that they remain up to date with the latest national and international medical-scientific knowledge. Veterans, members, their dependants and their representative organisations may request the RMA to review the contents of SOPs, and they have the opportunity to make written submissions to the RMA. More information can be found on the RMA's website at www.rma.gov.au.

It is also important to note that even in cases where no link can be found between certain diagnosed conditions and a veteran's service, medical treatment can be provided on a non-liability basis. The conditions covered by these provisions include all malignant cancers and certain mental health conditions such as post-traumatic stress disorder, and all Vietnam veterans have access to these treatment provisions. Further details on these provisions can be found at www.dva.gov.au/nlhc.

I hope this information reassures you that exposure to defoliants such as Agent Orange is adequately reflected in DVA's compensation and medical treatment arrangements. My office will be in touch with you in the near future about your request to meet with me.

Yours sincerely



DAN TEHAN