Agent Orange Down Under

Vietnam veterans from Australia who were exposed to the defoliant Agent Orange will now be compensated by their government for cancers associated with the exposure, but American veterans may have to wait until further evidence of a link is found.

In October, the Australian Veterans’ Affairs Minister Con Sciacca announced the policy change based on a report commissioned following release of a 1993 report by the U.S. National Academy of Sciences, *Vietnam Veterans and Agent Orange*, that linked Agent Orange to cancers such as Hodgkin’s disease, non-Hodgkin’s lymphoma, and soft tissue sarcoma, as well as the skin diseases chloracne and porphyria cutanea tarda. The Australian report, prepared by two Australian medical professors, also linked Agent Orange to leukemia and three respiratory cancers of the lung, larynx, and trachea.

Although it has not been determined how many Australian veterans will be eligible for compensation or how much money they may receive, Australian veterans groups have estimated that up to 90% of the 50,000 Australians who served in Vietnam were exposed to chemical herbicides used to defoliate the jungles of Vietnam. More than 11 million gallons of Agent Orange were sprayed on jungle and inadvertently on soldiers from 1962 to 1971.

The man who ordered much of the spraying, retired U.S. Admiral Elmo Zumwalt, former chief of U.S. naval forces in Vietnam, has called for the U.S. government to spend $50 million a year to study the effects of Agent Orange used in Vietnam. Zumwalt has stated that he would like to see studies focusing on the link between dioxin, the chemical in Agent Orange suspected of causing health effects, and cancer, birth defects, reproductive problems, and nervous system damage. Plans are underway for studies to be conducted in Vietnam by U.S. government health agencies, including the NIEHS, to examine such links.

In April, a team of scientists from universities and organizations around the world including the EPA, World Health Organization, International Agency for Research on Cancer, and the Municipal Institute for Medical Investigation in Spain will travel to Vietnam to join leading Vietnamese dioxin researchers in determining what type of studies should be conducted. The trip is funded by the NIEHS, which is under a congressional mandate to study the effects of Agent Orange. Zumwalt has previously traveled to Vietnam to secure permission from Vietnamese officials for epidemiological studies comparing individuals in villages that were sprayed with villages in unsprayed areas.

According to Christopher Portier, chief of the NIEHS Laboratory of Quantitative and Computational Biology and one of the trip’s organizers, the possible activities for the team include visits to hospitals to assess what types of records are kept that may be used in epidemiology studies, visits to provinces where heavy spraying occurred to examine what types of health problems are prevalent, and a two-to-three day workshop with Vietnamese medical and research personnel to discuss the problems and possibilities of conducting large-scale epidemiology studies on Agent Orange and other herbicides in Vietnam.

Currently, the U.S. government compensates veterans exposed to Agent Orange suffering from chloracne, certain soft tissue sarcomas, and non-Hodgkin’s lymphoma. Veteran’s and other activist groups hope that trips like the one scheduled for April will produce evidence to compel the government to include additional cancers and noncancer effects among those for which veterans may be paid.