

**Vietnam Veterans' Children At Risk!
Study Reveals Illness, Deformity,
700 Unnecessary Deaths Through Accident and Suicide**

Media Release - 20 March 1998

The Vietnam Veterans' Association of Australia (VVAA) today announced that the recently completed Vietnam Veterans' Health Study shows clearly that their children are at risk, confirming what veterans have been saying for 20 years. Apart from greatly elevated rates of spina bifida, cancers and a range of other normally rare diseases, the study reveals that the number of deaths of Vietnam veterans' children from the combined causes of accident and suicide is 250% higher than for other young Australians.

"We are horrified," said Mr Clive Mitchell-Taylor, National President of the VVAA. "Australia has one of the highest youth suicide rates in the world, but this is worse than anything we could have imagined! The statisticians have told us that they would have expected about 440 of our children to have died from accidents or suicide, but the questionnaires completed by our Vietnam veterans reports over 700 more deaths from those two causes alone. How can anyone explain this, or the range of genetic illnesses and deformities?"

Mr Mitchell-Taylor acknowledged the role of Minister Bruce Scott and officers of Department of Veterans' Affairs in commissioning and conducting this study. He said the study would not have been possible without close co-operation and support. The magnitude of the results have surprised all concerned, even the veterans, who had anticipated most of the reported outcomes.

The Vietnam Veterans' Morbidity Study, completed by nearly 85% of all Vietnam veterans, shattered all Australian records for response to a Government survey. The VVAA was formed on the basis of concerns about the health of veterans and their children, and this comprehensive survey has been a goal for almost 20 years. The overwhelming response confirmed beyond doubt the Vietnam veterans' commitment to the study.

The responses themselves show beyond doubt that veterans, their spouses and their children suffer from a range of illness at rates undreamed of by other Australians. Examples include leukemia and prostate cancer (300% of the expected rate), cancer of the colon (350%) male breast cancer (2500%), ischaemic heart disease (200%), motor neurone disease (6000%). The reported incidence of spina bifida in children is more 1000% of the expected rate, cleft lip or palate over 400% higher and absent body parts 1000% higher. A high percentage of veterans' partners have sought treatment for stress, anxiety, depression or sleep disorders.

Mr Mitchell-Taylor said "The findings of the report are so significant that the Government must take action immediately. Australians cannot ignore this problem for another single day.

The Vietnam Veterans' Association of Australia was one of three ex-Service organisations represented on the Steering Committee of the Health Study. Although the Report states that there is a clear link between the findings and exposure to combat stress and chemicals, it falls far short of addressing these in its recommendations. The recommendations relate either to validating the self-reported rates of illness, or to existing regulations that recognise illnesses as being war-caused. The Veterans' Entitlement Act does not include any provision for the recognition of problems faced by children as a result of a parent's service.

"I can understand Cabinet reluctance to open up this door," stated Mr Mitchell-Taylor, "This was clearly demonstrated in 1996, when Government research failed to recognise a link between our service and elevated rates of Spina Bifida. I said at the time that the study was flawed, and it has been proven to be so."

"The VVAA bargain with the Government was simply this - conduct the study, and we will support it with every resource we have. If it proves that veterans and their children are not at risk, we will go away. If it proves that there are problems, you must address them."

"What do we do now? The VVAA asks that every Vietnam veteran commit to the validation of the data. Let's prove that the responses we gave were correct. Encourage the children, most of who are adults in their own right, to allow their medical records to be examined and confirmed. It can be done quickly, and it can be done in a way that will satisfy the Government. At the same time the VVAA undertakes to ensure that personal information is isolated from the Department of Veterans' Affairs, with validation being done through a third party. We will do everything in our power to get this done quickly and accurately. We seek the support of the entire veterans' community and the Australian public to ensure it takes place."

After consultation with DVA, the VVAA expects that initial validation of some of the rarer diseases of both veterans and children will take place within a matter of weeks. Mr Mitchell-Taylor asked veterans to remember, "We are jumping this final hurdle for our children. We are doing it for ourselves. We are establishing standards to ensure that the veterans and peace-keepers who follow us will not have to go through the same rejection and ridicule in seeking treatment or recognition of illnesses."

Media Contact: Clive Mitchell-Taylor

Questions and Answers from the Vietnam Veterans Association of Australia In Relation To the Vietnam Veterans' Health Study

Why are the children of Vietnam veterans dying at such a rate from suicide and accidents?

Firstly, let us make it clear that it is impossible to differentiate between the two causes of death. Many suicides are reported as accidents, some accidents as suicides. For practical purposes we have to address them together.

We can only speculate on the causes. Depression, anxiety, panic attacks and psychiatric disorders are common throughout the Vietnam veteran community, but we are at a loss to explain how this could be transferred so effectively to the second generation. Perhaps Australians have under-estimated the effect of living in such an environment.

There has always been a feeling in our community that exposure to chemicals can result in genetic changes, some of which result in mental illness and physical deformity. That has yet to be proved to the satisfaction of scientists, but we are working on it. This study itself will contribute.

Several studies have confirmed the high rate of suicide for Vietnam veterans. Teenaged children in particular, see friends of their parents choosing this option, and see it as an option which they can use themselves.

What we have to do is make sure that the children are aware of the risks of depression and low self-esteem, and are provided the opportunity to seek treatment and counselling.

What do Vietnam veterans want now?

What we want is immediate action in response to the study, and to the agreement entered into with the Government. This agreement was to conduct the study. If it proved that there was no basis for concern, the VVAA promised to walk away from the health issue. The Department agreed to act on the findings, but it is difficult to convince the Vietnam veteran community that 'validating the responses' is action enough.

If immediate action is not a part of the equation, then let's do the follow-up, confirm the figures, and then get on with recognition and treatment.

How do we repay parents and children for this suffering? That's something that we can work out with the Department.

What should the Government do about the Vietnam veterans' children?

The Government should fulfil its promise, and acknowledge responsibility. The next step is to institute health and education programs that can treat or perhaps prevent illnesses. Then let's look at assistance for disabled children - paying for treatment, medication, accommodation, building and vehicle modifications, respite programs for carers, and so on. Finally, let's help those who suffer from life-long illness, disability and disease, through no fault of their own, to live a decent life through the payment of pensions. Whatever we, as a Nation do for veterans and peacekeepers, we should be doing for all the other casualties of war.

If follow-up and validation is the only way to commence this process, then let it be swift and accurate. Let it be carried out by a third party to acknowledge the privacy concerns of many veterans. Let it be monitored by the veterans' community.

Why do Vietnam veterans suffer from these illnesses more than other Australians do?

This is the first Government publication to acknowledge the role of chemicals and other unknown agents in contributing to the ill health of Vietnam veterans. It confirms the statements the VVAA has been making for so long.

This is only made worse by the psychological stresses related to combat and living in a war zone where no place is truly safe. The Vietnam Veterans' Counselling Service was created as a result of pressure from the VVAA, and the consistent call on its services demonstrates the continuing need for those services.

The strong relationships in the report, between exposure times and the onset and rate of illness reinforce this chemical/ combat link. Vietnam service is injurious to your health!

The rates for some diseases are similar to the general population, or actually lower - how do you explain this?

Some of the results have surprised us. Particularly those in relation to divorce rates and alcohol consumption.

There are simple explanations for both. Because members of the VVAA consistently deal with those veterans who are not travelling very well, our perception has possibly been biased. The

divorce/separation figures support this premise, and we would expect those figures to be accurate.

Alcohol consumption in a report of this nature is also subject to a natural human bias - that is, only someone who drinks more than I do has a problem with alcohol! The increased rates for cirrhosis of the liver, which is confirmed by other studies, demonstrate that this bias exists.

Other figures are explained by the fact that only fit and healthy personnel were selected to go to Vietnam. Many congenital and common illnesses were the cause of individuals being rejected for service. You should also remember that the higher figures are also subject to this same initial distortion. The reported rate for diabetes is 200% of the general population, yet all those with diabetes were screened out of the services!

Finally, the VVAA undertaking was to address those issues that were identified as being of concern. We accept the lower figures for the most part, but would wish to follow up some specific areas in the future.

What has been the role of the VVAA in the delivery of this study?

The VVAA has been trying for many years to obtain a definitive measure of the health of Vietnam veterans and their families. This was seen as the only way to prove beyond doubt the truth of the anecdotal evidence that continued to mount.

After many years, an agreement was reached with then Minister for Veterans' Affairs, Con Sciacca, to conduct such a study. Before this, however, a nominal roll of veterans had to be compiled. The next step was to conduct a study of the mortality of Vietnam veterans since their return - the causes of death. The VVAA was represented on the Steering Committee of this study, and continues to work towards ensuring that positive health outcomes are produced from this report.

Minister Bruce Scott took up the responsibility for honouring his predecessor's commitment, and instituted the Steering Committee for the Vietnam Veterans' Health Study (often known as the Morbidity Study). The VVAA was represented on this committee, together with representatives from the RSL and the Australian Veterans and Defence Service Council (AVADSC), a peak body of the ex-service community.

The VVAA played a significant role in getting the study under way in a short period of time, recommending an initial data-gathering exercise in the form of a short questionnaire in order to identify areas of concern. The VVAA was concerned that a drawn-out process would alienate veterans who had already seen too much time elapse, despite the risk that a short study would require later validation.

The Association gave unequivocal support to the mail-out, encouraging members and non-members alike to contribute to the process.

Analysis of the results has been carried out by the Steering Committee, including the three ex-Service organisation representatives, epidemiologists, scientists and other specialists. The VVAA does not necessarily agree with all the conclusions drawn, but is satisfied that the process was both scientifically valid and reproducible.

The result has been that areas of concern have been identified beyond any doubt. Follow-up will be required, but this can now be focussed into tight areas of concern. The validation exercise

must be performed quickly and accurately, and isolated from the Department of Veterans Affairs in the same way that the original study was conducted by A.C. Neilson.

Will this end the isolation and rejection of Vietnam veterans, or simply make them more bitter?

Frankly, the purpose of the Study was to identify areas of greatest concern for veterans and their families, and doing something about it. It wasn't aimed at reinforcing the bad feelings that a number of veterans have.

The fact that there are so many areas of concern, and that the outcomes are so bad, means that organisations like the VVAA will have to work that much harder to make sure that the veterans and family members who need care are properly looked after.

We cannot do that by feeling sorry for ourselves. We cannot do it by having others feel sorry for us. We can only do it by rolling up our sleeves and working with the Departmental and Ministerial staff to make sure that this time we get it right!