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ADMIRAL, U. S. NAVY (RET.)

July 10, 1995

The Honorable Jesse Brown
Secretary of Veterans' Affairs
810 Vermont Avenue, NW, #1000
Washington, DC 20420

Dear Mr. Secretary:

I attach extracts from the Vietnam Veterans Newsletter produced in Australia.

Note that our good allies have had the good judgement to approve for compensation bone cancers in their veterans exposed to Agent Orange listing them under the category of soft tissue sarcomas.

Sincerely,

E. R. Zumwalt, Jr.
Admiral, USN (Ret.)
Chairman, Agent Orange Coordinating Council

Enclosure

cc: Kelley Brix, M.D., M.P.H.
✓Agent Orange Coordinating Council

The VIETNAM VETERAN NEWSLETTER

THE OFFICIAL JOURNAL OF THE VIETNAM VETERANS
ASSOCIATION OF N.S.W. INC MARCH 1985



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SOPs with the exception of the leukaemia's have been issued. A interesting point was that before the RMA accepted the recommendations of the Smith and MacLennan report they were briefed on the exposure of Australian personal in Vietnam by officers of the Department of Veterans Affairs. The results of this briefing the RMA decided that exposure to herbicides occurred when:

- a) rendered more than thirty days service on land in Vietnam
- b) regularly eaten fish, fish products, crustaceans, shellfish, or meat from Vietnam.
- c) regularly eaten food cooked with water from Vietnam discoloured by sediment, or regularly drunk water from Vietnam discoloured by sediment; or
- d) regularly inhaled dust in a defoliated area in regularly inhaled herbicide fog in Vietnam; or
- e) sprayed or decanted herbicides in Vietnam as an occupational requirement.

The above criteria on exposure of herbicides is very similar to the VVAA position for many years and rejected by the DVA. The DVA rejected our arguments relating to exposure at the Administrative Appeals Tribunal on five occasions. Although our position is closer to the DVA we still differ on three important points. One: the exposure to insecticides may have a deleterious effect on health. Two: exposure to a number of chemicals may have a synergistic effect. There is good medical evidence emerging to support our argument. Thirdly; there is no safe dose of exposure to a cancer forming agent. This scientific principal is promulgated by most of the International Health Agencies.

If the veterans fulfils any of the criteria for exposure then they will have the following medical conditions are accepted as relating to exposure to Agent Orange:

CANCERS

- Soft Tissue Sarcoma (STS)
(see article on STS in this edition)
- Hodgkins Disease
- Larynx
- Trachea
- Bronchus
- Multiple Myeloma
- All Leukaemia's

OTHER MEDICAL CONDITIONS

- Porphyria Cutanea Tarda
- Chloracne

Any Vietnam veteran suffering from these illnesses or any widow of an Vietnam Veteran whose husband died from these illnesses should contact the Vietnam Veterans Association so a disability claim can be lodged.



REPATRIATION MEDICAL AUTHORITY (RMA)

The RMA was introduced into the determining system after the 1994 budget. The RMA defines the types of disabilities that can be war caused and sets the factual basis ie, the exposure to herbicides that is required before a cancer can be accepted. There are some real problems with RMA at present. They are:

1. It was expected that the RMA would have issued 200 SOPs within the first year of operation. The 200 would have been the most common illnesses that are claimed by veterans against the Department. Nearly 12 months have passed and so far there has been 80 issued. Some of 80 are SOPs amending SOPs already issued. If a SOP does not exist for an illness claim by a Veteran, the claim cannot proceed until one is issued. We predict that some veterans or widows of Veterans could be waiting up to two or three years for a decision for a common illness. If a veteran has claimed a

is a generic term for over twenty very rare cancers of the soft tissue. These cancers can be malignant or benign and can form in any part of the body. Any Veterans suffering from the types of cancer listed below should contact the NSW Branch of the VVAA so that the condition can be claimed.



TYPES OF SOFT TISSUE SARCOMAS

Malignant Tumors	Benign Tumors
Fibrosarcoma Dermatofibrosarcoma Myxoma Mesenchymoma Liposarcoma Leiomyosarcoma Rhabdomyosarcoma Synovial Sarcoma (malignant synovioma) Angiosarcoma Lymphangiosarcoma Kaposi's Sarcoma Hemangiopericytoma Granulation Cell Sarcoma Malignant Neurilemoma Malignant Schwannoma and Malignant Neuroepithelioma ✓ Osteogenic Sarcoma ✓ Chondrosarcoma Malignant Granular Cell Myoblastoma Alveolar Soft Parts Sarcoma (Malignant Organoid Granular Cell Myoblastoma)	Fibroma Keloid 1. Dupuytren's Contracture Planter Fibromatosis 2. Desmoid Tumor of the Abdominal wall Dermatofibrosarcoma Protuberans Nodular Myoma Mesenchymoma Granular Cell Myoblastoma Lipoma (Solitary and Multiple) Congenital Diffuse Lipomatosis Leiomyoma Dermatoleiomyoma Rhabdomyoma Granular Cell Myoblastoma Giant Cell Tumor of Tendon Sheath Synovial Xanthoma Hemangiopericytoma Neurofibroma Schwannoma (Neurilemoma or Perineural Fibroblastoma) Myositis Ossificans

Source: Cancer Medicine, second edition, J.F. Holland & E. Frei.
 Chapter XXXI, Soft Tissue Sarcomas, pages 2141- 2157.