



## **Submission No 18**

**Inquiry into RAAF F-111 Deseal/Reseal Workers and their Families**

**Name: Mr David Grady**

David Anthony Grady



Defence Sub-Committee Secretariat  
PO Box 6021  
Parliament House  
Canberra ACT 2602

by e-mail: [jscfadt@aph.gov.au](mailto:jscfadt@aph.gov.au)

Dear Sir/Madam,

Re: **SUBMISSION FOR F-111 DESEAL/RESEAL PARLIAMENTARY INQUIRY**

**A) OVERVIEW**

1. My name is David Anthony Grady.
2. I was born on 19 July 1957.
3. I enlisted in the Royal Australian Air Force ("RAAF") on 13 April 1976 and was discharged on 12 April 1982 with the rank of Leading Aircraftman.
4. After my basic training, I trained as an Airframe Fitter and this became my mustering trade. I graduated as an Airframe Mechanical Fitter in August 1977.
5. Between 26 August 1977 and 20 January 1980 I was posted to 482 Squadron flight line aircraft rectification section (FLARS) at the Amberley Air Force Base, Queensland.
6. Between 6 February 1978 and 20 March 1978 I was attached to Number 3 Aircraft Depot (3AD) at the Amberley Air Force Base, Queensland.
7. My primary work as an Airframe Fitter was on F-111 aircraft. I completed a number of specialist training courses in respect of the servicing and ground handling of this aircraft.
8. During the period 26 August 1977 to 19 January 1980, I was engaged in work in the F-111 Deseal/Reseal Program ("the program"). The program involved the repair and maintenance of fuel tanks in F-111 aircraft. 482 Squadron (FLARS) mainly carried out unscheduled maintenance or 'running repairs' on F-111 aircraft so they could meet their flying obligations.
9. In particular, I was engaged in internal fuel tank maintenance and repair on an ad hoc basis as part of the program which was known as "Pick and Patch". This involved working within fuel tanks to remove and replace sealants. I spent between 700 to 1000 hours working in F-111 fuel tanks during my time at 482 Squadron (FLARS). This work involved exposure to remnants of aviation fuel and to chemicals used to remove sealants and to patch and replace sealants. The conditions within fuel tanks were extremely cramped. In carrying out this work we were constantly in physical contact with chemical compounds and breathing in fumes from the compounds. I

recall having to take off my shoes and socks and crawl through jet fuel to get to leaks. We had no protective clothing. The only gloves we had available to us were kitchen type rubber gloves. They would start to be eaten away after 30 seconds of contact with the chemicals. We also had heavy duty welding gloves available which were too unwieldy to use in this work.

10. Subsequent to my discharge from the RAAF, I studied at TAFE and University over a period of 10 years and obtained qualifications in surveying, civil engineering and Land Economy. I am a registered licensed surveyor. I set up a very successful business in civil engineering design, surveying and land economy. I had numerous contractual arrangements with Leighton Contractors. I was involved in the design and construction of the Optus Telecommunications Network.
11. During the late 1980s, I began suffering lung problems. I was told by my then treating doctors that it was a bad case of asthma. I was placed on asthma medication. It did not appear to assist me much and at times appeared to make me feel worse. At around this time I was feeling depressed and started suffering headaches. This continued although I did not seek treatment at the time as I thought this would pass.
12. Between 1995 and 1999, I became the director of my own company and an executive director of a national telecommunications design company, Gratin Asia Pacific Pty Limited. During the same period I began suffering additional health problems. These were mood swings, anxiety, a marked reaction to some foods, preservatives, all perfumes, solvents, cleaning products, paint, pollens, cigarette smoke and my depression and headaches became worse.
13. Because of my health, I resigned my position as executive director of Gratin Asia Pacific Pty Limited. I became very depressed. I hardly got out of bed for three months. I did not, however, seek any medical treatment for my condition. Because of my health, my business failed and I had no income. My family lost almost everything we owned, including our home.
14. In 2000, my health had improved sufficiently to allow me to return to work. I was employed as the manager of the national design office for Thiess Contractors. After 17 months, I had to resign because of ill health. My lung problems were becoming worse. In addition to a reoccurrence of the medical problems outlined in paragraph 12 of my submission, I was suffering from bowel problems, sleep deprivation and night sweats and eye problems.
15. I obtained employment as a contract administrator for Boeing Australia from August 2001 to 2002. Again, my health let me down and I resigned. I experienced the same problems outlined in the previous paragraphs of my submission.
16. I have since 2002, returned to work in more traditional surveying employment which I see myself as able to perform despite my health. In doing this, I have turned the clock back 15 years in my career and employment. I presently earn less than half of what I was earning ten years ago. I work around 3 days a week as I find this helps me contain my health problems.
17. I first became aware of a public controversy and possible connection between poor health and exposure to toxic chemical in the F-111 program in October 2003.
18. After I left the RAAF, I had little contact with ex-RAAF personnel and matters to do with my service. I was focussed on my own career, family and more recently with my

health concerns. A friend contacted me about attending a reunion at the RAAF Base Amberley for "black handers", meaning those who had worked on aircraft airframes, engines and the like in the RAAF. It was at this reunion that I heard discussion about a deseal/reseal enquiry, and that there were procedures for making a pension claim for those who had substantial health problems resulting from chemical exposure. I spoke to the Air Force Advocate who was at the reunion. He told me about how a pension claim could be made and I arranged to see him early the following week about making a claim. I think it was on the Tuesday following the reunion. At the same time I was told by people at the reunion that the Commonwealth, and in particular the Department of Veterans' Affairs, did not accept that there was any association between long term health problems and work in the program.

19. In October 2003 following advice from the Air Force Advocate, I lodged a claim against the Commonwealth for hypertension, respiratory problems, irritable bowel syndrome, headaches, insomnia and night sweats, fatigue, eye problems, mood swings and depression. The purpose of the claim was to establish an entitlement to compensation liability under the *Safety Rehabilitation and Compensation Act 1988* and for disability support pension under the *Veterans' Entitlement Act 1986*. At about the same time as my claim for compensation, following advice from the Air Force Advocate, I lodged an application to enrol in the F-111 Deseal/Reseal Health Care Scheme, which scheme I discovered, had then been set up to assist persons exposed to chemicals in the program with medical costs.
20. During my consultation with the Air Force advocate referred to in paragraph 17 of my submission, he asked me whether I had seen a lawyer. I told him I had not seen a lawyer and he said to me that was "very good". He related to me adverse outcomes people had suffered in financial terms by having engaged a lawyer and told me to wait the outcome of the Government's deseal/reseal enquiry and the investigation of my claim for compensation.
21. I did not understand that any claim I might wish to commence against the Commonwealth for damages could be prejudiced by my waiting the outcome of investigations being undertaken by the Commonwealth both generally into the Deseal/reseal program and my circumstances in particular.
22. The Department of Veterans' Affairs has sent me to various medical practitioners to be examined in relation to my claim for compensation. Copies of the medical reports obtained by the Department of Veterans' Affairs were not given to me. I contacted the Department in early October 2005 and I was provided with copies of the reports on 7 October 2005.
23. I became aware of the publication of a report, known as the Study of Health Outcomes in Aircraft Maintenance Personnel ("SHOAMP"), General Health and Medical Study, when I attended a meeting at the Amberley Air Force Base on 3 November 2004. The Chief of Air Force, Angus Houston, addressed the meeting and spoke about the findings of the report in relation to a connection between health problems and work in the program. I was made aware from his address that an association had been found between participation in the F-111 Deseal/Reseal Program and poor physical and mental quality of life, erectile dysfunction, depression, anxiety and subjective memory impairment. I was relieved to hear of this finding as I considered it would allow me to proceed further with my claim for compensation. It was the first official document I had been told about which proved in my mind that there was a connection between the health problems I was experiencing and my work in the program.

24. The Chief of Air Force asked at the meeting whether everyone had received a copy of the summary of the findings of the report which were stated to have been sent under cover of a letter from the Chief of Air Force dated 26 October 2004. I indicated that I had not received the summary.
25. I received the summary of the General Health and Medical Study Report and a copy of a covering letter from the Chief of Air Force dated 26 October 2004 and full copy of the General Health and Medical Study Report under cover of a letter from Squadron Leader JL Bowen, Acting Manager, Deseal/Rescal Interim Health Care Scheme dated 1 December 2004.
26. I understood that the Commonwealth was to make an offer of compensation to people working in the program and in the expectation of receiving such compensation, or at least waiting to see what was being offered, I did not seek any legal advice at such time.
27. In late August 2005, I received a letter from the Department of Veterans' Affairs stating that an amount of \$40,000 or \$10,000 would be offered by way of compensation. I thought this a slap in the face as many ex-service personnel had heard mentioned a figure of \$400,000, or some other substantial sum.
28. I therefore made arrangements to engage a solicitor and obtain legal advice as to my rights. On 15 September 2005, I instructed my solicitor to commence a claim against the Commonwealth and to do what was necessary to protect my rights. I thought at the time that the \$40,000 I would receive from the ex-gratia payment would at least go toward these legal expenses, hence I lodged my claim for the ex gratia payment late August 2005.
29. I supplied the Department of Veterans' Affairs all the information that was required of me for the Lump Sum Payment and I became increasingly anxious of the lack of communication from DVA regarding my application.
30. Both my wife, Amanda and I continued almost on a daily basis to try and resolve any issues that DVA had with my application for the Lump Sum Payment. Over 60 attempts had been made by us and my Solicitor to contact DVA regarding the outcome of my application between December 2005 and March 2006, all without success. I became increasingly distressed, drank too much alcohol and became more anxious and depressed as time went on. This led to a further, significant amount of financial and emotional stress that added to the burden of my ill health and lead me to drinking more which placed an enormous strain on my family relationships. DVA continually added to this by indicating I had fulfilled all that was necessary for the application for lump sum payment and then referring it to the Minister for final approval. This simply did not happen and the effect of the whole thing culminated in me suffering a major depressive episode, leading to not one, but two attempted suicides. I was very lucky to survive the second attempt and ended up in the New Farm Private Hospital for over a month.
31. My hospital stay may have finally provoked a response from DVA. On 13 September 2006 they sent some of their Queensland officials to the Hospital, while I was there recuperating, to actually *hand* serve me with an official 'letter of rejection' from my application for the Lump Sum Payment, sighting that I was not eligible under the criteria that was set for Tier 1, 2 or 3. This did not go down very well at all, as my wife broke down in tears beside me, I thought of all we had suffered over the years and this was just one more result of DVA's callous, inhuman, heartless and cruel treatment of us.

32. Apart from the obvious health problems I was having, as what I now look back on as possibly the darkest year of my life (2006), there was also a looming financial crisis about to surface due to me not working while I was receiving treatment in hospital and resulted in us having to sell our home. This is now the third time this has occurred since paragraph 11 of my submission, each time it has caused enormous financial and emotional stress to my family. Our house was sold in December 2006 at around \$60,000 less than initially appraised. We had to sell at this price otherwise the bank was going to foreclose on the Mortgage. Since the sale of the house we have been renting it back off the new owners at \$430 per week, by doing this it has provided some form of stability for our kids Simon (now 18) and Andrea (now 16). I did not want to pack up and leave the house during Simon's final year at school.
33. February of 2007 provided more disappointments and rejections from DVA arising out of my not being identified as eligible for the Tier 1, 2 or 3 ex-gratia lump sum payment. The Vietnam Veterans Federation offered to be my new advocate in relation to DVA's reconsideration of the determination (rejection) of my claim and I received written confirmation of this on 14 March 2007 from DVA. Unfortunately the VVF did not pass on my letter to them in support of my claim, which included Statutory declarations and a report from Dr. Axel Estensen, Consultant Psychiatrist, that indicated a causal link to my conditions and Reseal/Deseal involvement, before the extension of time that DVA had set ran out. I talked to DVA on 6/09/07 and explained that I had actually sent a reply prior to the final date and they said they had now received it and would write to me again and review their previous decision/rejection. Once again and true to form, DVA wrote to me, all but telling me I was a liar, had not been involved the deseal/reseal work and said it was my financial problems that first triggered by depression in 1994! 14 years after I *claimed* to have been exposed to chemicals! (refer to letter from DVA of 18 September 2007). As with the other letters from DVA, this also did not go down very well. At this point in time I was quite busy with work and was working 4 days a week, instead of my normal 3 days. This, together with the DVA rejections were starting to have a negative effect on my health again. Dr. Estensen then wrote a letter to my employer, Paul Midson of Goodwin Midson & Partners (attached) requesting that I return to 3 days per week due to my health concerns.

#### **B) TERMS OF REFERENCE**

I cannot comprehend why The Department of Veterans' Affairs and the previous Government has chosen to turn it's back myself and the many other of F111 deseal/reseal/tank entry RAAF workers that were employed at 482, 1 and 6 Squadrons at Amberley during the early stages of the reseal/deseal programs. Having regard to this and with the my overview of 1 through to 33 I now address the Terms of Reference as follows:

1. *The committee will investigate and review claims for compensation from former F-111 deseal/reseal workers including the Commonwealth's response to the health and support needs of former F-111 Deseal/Reseal workers and their families. The Committee should ascertain whether the response was adequate, whether it was consistent with the findings of the Study of Health Outcomes in Aircraft Maintenance Personnel (SHOAMP) and whether the overall administration and handling of the program was adequate.*

**Comments:** My claims for compensation as outlined in paragraph 19 of my submissions were all rejected except for my eye problems. My eye problems were accepted prior to the release of the SHOAMP study and were not deemed to be as a result of my work within the F-111 fuel tanks. I do not consider the Governments

response to be adequate or fair in my case as it did not address the fact that I had worked inside the F-111 Fuel Tanks for between 700 hours and 1,000 hours conducting 'pick and patch' repairs during my posting at Amberley. The Department of Veterans' Affairs simply rejected my claims for compensation based on my not meeting the criteria of either Tier 1, 2 or 3. In doing this the Government has mishandled the overall administration and it was not consistent with the findings of the Study of Health Outcomes in Aircraft Maintenance Personnel (SHOAMP). The SHOAMP report states "*It is recognised that some individuals may have spent more time working on Pick and Patch than on the formal DSRS programs.*" (SHOAMP Health Study 1.2.1.2 page 9). All this has placed an unnecessary financial and emotional burden on both myself and my family. I do not consider the previous Governments overall administration and treatment of us to be adequate or fair under the circumstances.

2. *The Inquiry will consider the adequacy and equity of the Health Care Scheme in meeting the health and support needs of participants and their families and whether this was consistent with the SHOAMP findings. Matters to be considered will include, but not be limited to:*
  - *The differences, and transitional arrangements, between the interim health scheme and the final Health Care Scheme;*
  - *The timing of cessation of access to the Health Care Scheme;*
  - *The range of treatment and health benefits provided under the Health Care Scheme;*
  - *Whether the current Health Care Scheme is consistent with the range of treatment and health benefits available to persons under other Health Care Schemes;*
  - *The adequacy of arrangements under the Health Care Scheme affected family members (including widows) or serving members; and*
  - *If the Health Care Scheme is not considered to be an adequate response to the health and support needs of participants and their families, consider and report on possible alternatives that are considered to be adequate in light of the findings of SHOAMP and other Health Care Schemes.*

**Comments:** As advised in paragraph 19 of my submission and at about the same time as my claim for compensation, following advice from the Air Force Advocate, I lodged an application to enroll in the F-111 Deseal/Reseal Health Care Scheme. Initially I understood the Scheme to provide all reasonable medical costs of former deseal/reseal workers. This proved not the case when I rang the scheme to ask them whether I could get a lump on my chest and inside my mouth checked out and removed. However, because I could not link the lumps directly with my involvement in deseal/reseal my request was denied. I was also having problems with payments from the Health Scheme for approved medical procedures such as a colonoscopy. I often found the biggest problem with the Health Care Scheme was the amount of red tape or the bureaucrats that actually run it. I found it a lot simpler to pay for treatment myself and claim this back on Medicare. I consider the Health Care Scheme not to be an adequate response to the health and support needs of participants and their families and believe a possible alternative would be to issue a Gold Card to the 'Group 1' participants of the Health Care Scheme as this is a far more recognised and accepted method of payment.

3. *The Inquiry will consider the adequacy and equity of the financial element of the Ex Gratia Scheme and whether it was consistent with (i) the findings of SHOAMP, (ii) the Health Care Scheme response (iii) the Tier definitions, and (iv) one off payments to other veteran groups. The Inquiry will consider, but not be limited to:*

- *Whether the lump sums available under the ex gratia scheme were appropriate;*
- *Whether the lump sums available were appropriate given the findings of the SHOAMP;*
- *Whether the lump sums, when considered along with the benefits available under the Health Care Scheme, were appropriate;*
- *Whether the lump sums available under the ex gratia scheme were appropriate, when considered along with the full range of benefits and compensation available under other Commonwealth or State statutory schemes;*
- *Whether the lump sums were consistent with the definitions of Tiers of participants;*
- *Whether the lump sums were consistent with other one-off payments made to veteran groups;*
- *When assessing the question of adequate remedies whether regard should be given to the establishment of a dedicated administrative assessment and settlement scheme, and*
- *If the lump sums available under the ex-gratia scheme are not considered to be financially adequate, discuss what compensatory payment would be appropriate in light of the SHOAMP findings, other one-off payments made to veteran groups, and the full range of benefits and compensation available under other Commonwealth and State statutory schemes or common law damages available under Australian law*

**Comments:** My comments on the ex gratia lump sum payment is summarised in paragraphs 29 to 33 of my submission. I definitely believe the adequacy, equity and the Tier definition used in the ex gratia lump sum payment is incorrect and were not appropriate for many of the 'pick and patch' workers like myself who spent in excess of the 60 cumulative days inside the fuel tanks required for the Tier 1 criteria payment of \$40,000. Despite submitting Statutory Declarations from my superiors at the time (attached) and a medical report showing a causal link to my current health problems and my involvement in the deseal/reseal program (attached), all my claims for compensation were rejected because I did not fit this criteria and both my family and I suffered enormously as a result of the arbitrary nature of the Governments criteria that was set. This is a wrong that needs to be addressed and set right as a matter of priority. All 'pick and patch' workers who were rejected because they were not part of a 'formal' deseal/reseal 'section' should be immediately given Tier 1 status. We not only performed the same job as those that were accepted as Tier 1, but we also had to additionally contend with aircraft fuel and other hardware components that were still inside the tanks at the time, making the job of desealing and resealing that more difficult and oppressive. I mentioned in paragraph 28 of my submission that I obtained legal advice as to my rights under common law damages available under Australian law. My rights were preserved when I lodged a common law claim against the Commonwealth for damages as a result of my involvement in the deseal/reseal program. My claim, which I feel is quite conservative to say the least is as follows:

- Pain and suffering and loss of amenities of life: not less than \$100,000
- Special Damages (including medical expenses): not less than \$ 38,000
- Gratuitous Care and Domestic Assistance: not less than \$166,400
- Past Economic Loss: not less than \$143,000
- Economic Impairment: not less than \$750,000
- **Total** \_\_\_\_\_ **not less than \$1,197,400**

This figure of almost \$1.2M should be used as a benchmark and indicates just how financially inadequate the Lump Sum payment of \$0.04M really is. It is about 30 times less than what it should be. I believe the establishment of a dedicated administrative assessment and settlement scheme should be a priority for this Government to address the financial issues of participants as a result of their involvement in the deseal/reseal programs and that the proposed scheme to deal with



matters in a timely manner and set timeframes for settlements. This would have the additional saving of Lawyer's fees and the associated costs of defending Court Actions.

4. *The Inquiry will consider whether the overall handling and administration of ex gratia and compensation claims was appropriate, timely and transparent for both participants and their families. The Inquiry will consider whether, but not be limited to:*
- *Cross agency cooperation was effective;*
  - *The documentation and records held by both Agencies as they relate to Deseal/Reseal activities was adequate;*
  - *The standard of evidence required to substantiate a claim was reasonable and, if not, whether alternative standards of proof may be used when making an eligibility determination;*
  - *There has been equitable treatment of service personnel, public servants, civilian employees and contractors involved in Deseal/Reseal activities;*
  - *Staffing resources were adequate to produce a timely result;*
  - *There were unreasonable delays in the process, taking into account the complex nature of issues; and*
  - *The overall handling and administration of ex gratia and compensation claims was appropriate and timely*

**Comments:** I do not consider that the overall handling and administration of the ex gratia and compensation claims were appropriate, timely or transparent for myself or for my family in our particular case. My background is explained in paragraphs 3 to 9 of my submission. These paragraphs clearly indicate the extent of my involvement in the deseal/reseal program and this is backed up by the Statutory Declarations by Kevin Riley OAM and Mervyn Dwyer, the two NCO's in charge at the time. The RAAF failed to keep accurate records of individual tank entries and records of aircraft EE500 maintenance documents. I believe the records held by both agencies as they relate to deseal/reseal activities were inadequate, this is highlighted by the fact that DVA accepted one claim on the basis of owning a Deseal/Reseal Stubbie Cooler (*Sharon Sinclair DVA at F-111 Deseal/Reseal Support Group Meeting 9 September 2007*). Yet those of us who presented DVA with dates and times backed up by Statutory Declarations from superiors were rejected. I do not believe that a stubbie cooler has a greater reliability for evidence of participation than a Statutory Declaration or Affidavit. In paragraphs 28 to 31 I explained the time it took to finally get an answer from DVA in regard to my application for the ex gratia payment, this was just over 1 year. Both agencies put my family and I through almost 13 months of hell. I almost died as a result of their inaction in providing me with a timely result, this is also true with my claims for compensation, I submitted my claims to DVA in October 2003 and they were finally rejected in September 2007, stating I was not eligible for Tier 1, 2 or 3 (paragraph 33 refers).

### **C) CONCLUSION**

Preparing this submission has been a difficult and upsetting process for me as I have had to revisit a lot of darker periods of my life. I firmly believe these depressing periods were a direct result of my involvement in the deseal/reseal programs and in particular to being exposed for long periods at a time to toxic chemicals whilst I worked in extremely cramped conditions inside F-111 fuel tanks as part of the reseal/deseal program. To date I have had no recognition from any Government or

Government Departments for the sacrifices that myself and indeed my family have had to suffer as a result of my exposure to these chemicals, nor have we received any acknowledgement from the Department of Veterans' Affairs for the distress and suffering that they made us undergo as a result of their delays and rejections.

I therefore invite the committee to carefully consider the matters I have raised in my submission and request that they make recommendations to the Government to at least:

C1) revisit the criteria that was set for eligibility for Tier 1 acceptance to include the 'piek and patch' workers like myself that carried out the deseal/reseal work within the flying squadrons;

C2) review claims made to and rejections by DVA in light of (C1);

C3) issue Gold Cards to those 'Group 1' participants in lieu of the Health Care Scheme;

C4) increase the ex gratia payment to more reflect the figures indicated in my response to (3) of the Terms of Reference;

C5) establishment a dedicated administrative assessment and settlement scheme to administer (C4);

C6) address outstanding common law claims, instead of constantly using delaying tactics which proves costly to both sides. Perhaps even encompass the claims into (C5) and set dates for settlement.

I now leave my submission with you, the Joint Standing Committee on Foreign Affairs, Defence and Trade and hope to God that you can make a difference to the dismal situation that my family and I discover ourselves as a result of my service to my Country, and to the unacceptable treatment of us by the former Government and the Department of Veterans' Affairs.

Yours faithfully,



**DAVID ANTHONY GRADY**  
Former RAAF F-111 deseal/reseal maintenance worker.

17 June 2008

M [REDACTED]

Enc: DVA rejection letter of 18 September 2007  
Statutory Declarations: Kevin Riley OAM and Mervyn Dwyer  
Medical Report: Dr. A Estensen MBBS, BSc (Hons), FRANZCP  
Dr. Estensen Letter to employer Goodwin Midson & Partners



Australian Government  
Department of Veterans' Affairs

Telephone: (07) 3223 8889  
Toll Free: 1300 550 461

File Reference: GRA0357-01

Military Compensation and  
Rehabilitation Service  
Department of Veterans' Affairs  
GPO Box 651  
Brisbane QLD 4001

Tuesday, 18 September 2007

✓  
[REDACTED]

Cc Mr John Penning  
C/- Vietnam Veterans' Federation  
Queensland Branch Inc.  
PO Box 2817  
NERANG BUSINESS CENTRE 4211

Dear Mr Grady

**SAFETY, REHABILITATION & COMPENSATION ACT 1988 (SRCA)**

I refer to your claim for compensation for depression and mood swings, respiratory problems, irritable bowel syndrome, bowel polyps, sleep problems, night sweats and fatigue.

On 20 August 2007 I reconsidered the determination dated 15 February 2007 and my "reviewable decision" affirmed that determination.

You have now submitted further evidence in the form of a submission, witness statements and a medical report from psychiatrist Doctor Axel Estensen dated 29 May 2007.

I note that Doctor Estensen is of the opinion that it is reasonable to attribute a causal relationship between your exposure to chemicals whilst repairing F111 fuel tanks and your current depressive illness. I note the following:

*"Depressive illnesses are often multi factorial in cause. Common risk factors for a depressive illness which could not have include: previous history of depressive illness and a family history. Based on discussions with yourself and your wife there is no evidence of significant marital or familial disharmony or excessive financial stressors. Similarly you*

*report a non-prejudicial childhood with the absence of abusive experiences which are also known at time to be associated with increased rates of depression.*

*In this setting it would be reasonable to make a causal link between your exposure to toxins during your work in repairing F111 fuel tanks. In particular I am aware of the findings of the study of health outcomes in aircraft maintenance personnel (SHOAMP) study. ...."*

I have reviewed Doctor Estensen's report and note that the doctor has based his opinion on your self reporting that you were exposed to chemicals as you spent 700 to 1000 hours inside fuel tanks. Doctor Estensen also refers to the study of health outcomes in aircraft maintenance personnel (SHOAMP). As you have not been identified as Tier 1, 2 or 3 and therefore classified as not involved in the Deseal/Reseal Programs, the SHOAMP study is not relevant to your case.

Doctor Estensen has made no mention of your work history where you were engaged in large joint ventures that resulted in financial problems that triggered your first depressive episode in 1994. This was approximately 14 years after you claim to have been exposed to chemicals when you worked as an Airframe Fitter from 1977 to 1980.

I have considered your submission and reviewed the medical opinion of Doctor Estensen, however I am not prepared to alter my "reviewable decision" dated 20 August, 2007.

As already advised, if you are dissatisfied with the decision, you may appeal to the Administrative Appeals Tribunal.

Yours sincerely



Susan Baynes  
Manager Reconsideration  
Delegate of the Military Rehabilitation and Compensation Commission

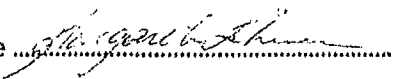
Kevin Patrick RILEY  
14 Skyroyal Terrace  
REEDY CREEK, QLD, 4227

TO WHOM IT MAY CONCERN

Reference: Mr David Grady  
Participation in the F111 Reseal / Deseal / Tank Entry Program

The purpose of this declaration is to provide supporting information for his request for payment of the F111 Deseal / Reseal Lump sum payment.

- I was posted on strength at 82 Wing / 482 Squadron as an Airframe fitter on F111 aircraft from June 1973 through to May 1979. During the period, 1977 to 1979, I worked very closely with Mr Grady as fellow tradesmen and then on my promotion, with him as a subordinate.
- During this period we were both employed conducting ongoing fuel leak repairs on the aircraft, necessitating continual tank entries. While records of individual tank entries were not kept during this period, I can confirm that Mr Grady would have spent in excess of the required 60 cumulative days employed inside the F111 fuel tanks conducting pick and patch repairs.

Declaration made before .....

at SOUTHPORT, on 16<sup>th</sup> day of December 2005.



.....  
  
Signed  
Kevin Patrick Riley OAM

Mervyn Noel Dwyer  
30 Gerhke Hill RD  
Summerholm, QLD, 4341.

TO WHOM IT MAY CONCERN

Reference: Mr David Grady  
Participation in the F111 Reseal / Deseal / Tank Entry Program

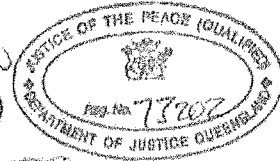
The purpose of this declaration is to provide supporting information for his request for payment of the F111 Deseal / Reseal Lump sum payment.

- I was posted on strength at 82 WG / 482 SQN as an Airframe fitter on F111 aircraft from Jun 1973 through to October 1981. During the period, 1977 to 1979, I worked very closely with Mr Grady as fellow tradesmen and then as his subordinate.
- During this period we were both employed conducting ongoing pick and patch fuel leak repairs on the aircraft, necessitating continual tank entries. While records of individual tank entries were not kept during this period except in the aircrafts EE500, I can confirm that Mr Grady would have spent in excess of the required 60 cumulative days employed inside the F111 fuel tanks conducting pick and patch repairs.

Declaration made before.....

At AMBERLEY, on 3<sup>rd</sup> day of February 2006.

S.P. (Puse)



.....  
Signed  
Mervyn Noel Dwyer.

**Dr Axel Estensen**

MBBS; BSc.(Hons); FRANZCP

New Farm Consulting Suites  
22 Sargent Street  
NEW FARM 4005

Telephone: (07) 3254 0639  
FAX: (07) 3254 0067  
Emergency Contact: (07) 3309 2355

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29<sup>th</sup> May 2007

[REDACTED]

Dear Mr Grady

Re: David Anthony Grady

Please find the following report in response to your correspondence dated the 25<sup>th</sup> April 2007.

**Question 1**

My first contact with you was in August 2006. At that stage you had been referred from the Redlands Hospital after having made a very serious attempt upon your life. You attempted to poison yourself with carbon monoxide and were lucky to have survived.

On assessment you had all the signs and symptoms of a severe Major Depressive Episode. These included depressed mood, depressive cognitions and a broad range of neurovegetative disturbances. You also displayed psycho motor retardation.

A co-morbid illness likely to be associated with you depressive illness was significant alcohol abuse and dependence.

While in hospital you were detoxified from alcohol and commenced on the antidepressant Venlafaxine XR. This medication in conjunction with the group therapy program based on Cognitive Behavioural Therapy lines had a beneficial effect on your mood. You were discharged on 20<sup>th</sup> September 2006 with a much improved mood.

**Question 2**

Currently your mood has been much improved since discharge; your dose of Efexor was increased from 300mg to 375mg and subsequently to 450mg. Due to your treatment resistant nature augmentation of this antidepressant affect was achieved through addition of the antidepressant Mirtazapine. To assist in the ongoing absence of alcohol you have

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been on Acamprosate 333mg, two tablets three times per day. You have achieved and maintained sobriety through out this period.

Despite assertive antidepressant therapy and a prolonged period of abstinence from alcohol you continued to have residual depressive symptoms with particularly impairment in the areas of attention and concentration and energy and motivation. I will discuss those symptoms in the context of Question 5 below.

### Question 3

Since discharge we have been meeting approximately on a monthly basis, more frequently in the immediate period after discharge.

Your current medications are:

Venlafaxine XR 150mg, three tablets per day  
Mirtazapine 30mg, one tablet at night  
Acamprosate 333mg, three tablets, three times per day

At our other appointments a general supportive psychotherapy approach is taken.

### Question 4

Your prognosis is a complex issue. Despite assertive and significant doses of antidepressant medication you continue to have residual symptoms of depression. There is also a likely complicating factor of difficulties with attention, concentration, energy and motivation relating to exposure to chemicals during your work in repairing F111 fuel tanks. I would anticipate that you would need antidepressant medication for the foreseeable future. More specific treatment for any deficits relating to your exposure to chemicals is uncertain as I am unaware of any specific treatments for this condition. The symptoms obviously interact in a negative fashion with your depressive illness and may be considered to be a perpetuating factor.

### Question 5

Depressive illnesses are often multi factorial in cause. Common risk factors for a depressive illness which you do not have include: a previous history of depressive illness and a family history. Based on discussions with yourself and your wife there is no evidence of significant marital or familial disharmony or excessive financial stressors. Similarly you report a non prejudicial childhood with the absence of abusive experiences which are also known at time to be associated with increased rates of depression.

In this setting it would be reasonable to make a causal link between your exposure to toxins during your work in repairing F111 fuel tanks. In particular I am aware of the findings of the study of health outcomes in aircraft maintenance personal (SHOAMP) study. In particular the chapter on mental health indicated that individuals who have

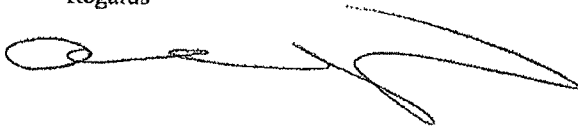


done work such as you were more prone to suffer from depressive and anxious illness. I also note in their summary findings that there was a dose relationship and my understanding is that you spent 700 to 1000 hours inside fuel tanks. This is an extremely high level, grater than most.

In summary it would be reasonable to attribute a causal relationship between your exposure and your current depressive illness.

I trust this addresses the questions raised in your correspondence.

Regards

A handwritten signature in black ink, appearing to read 'Axel Estensen', written in a cursive style.

Dr Axel Estensen  
Consultant Psychiatrist

**Dr Axel Estensen**  
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6<sup>th</sup> September 2007

Mr Paul Midson  
Goodwin Midson & Partners  
54 Silvan Road  
TOOWONG

Dear Mr Midson,

Re: David Grady – DOB: 19/07/1957

I am David's treating doctor. We met approximately a year ago in the context of him having a depressive illness. As I believe you are aware, during his service with the RAAF he was extensively exposed to solvents as is his role as a Maintenance Officer on FI-11's. These solvents have been shown to cause difficulties in a range of areas of physical health including mental health. They also seem to have caused issues with fatigue and stamina for many service personnel.

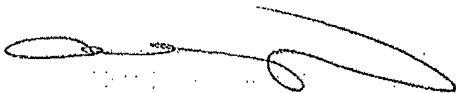
On discussion with David today, he has found the recent increases in his hours to four days per week somewhat difficult. Across time he has found that three days per week work provides the best balance. If he can do some of his work from home it eliminates travel time and he feels more rested and rejuvenated.

He reports no difficulties in maintaining his usual quality of work however the increased day of work has caused some fatigue.

I am highly supportive of his request to work three days per week and at times from home. I believe this will give him the best balance of continuing with work that he enjoys and maintaining his mental health.

With David's ongoing permission I would be happy to provide further information as required.

Regards



Dr Axel Estensen  
Consultant Psychiatrist