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Committee Secretary
Defence Sub-Committee
Joint Standing Committee on Foreign Affairs, Defence and Trade
Parliament House
CANBERRA ACT 2600

Dear Dr. Kerley,

INQUIRY INTO RAAF F-111 DESEAL-RESEAL WORKERS AND THEIR FAMILIES

On behalf of the Department of Defence and the Department of Veterans' Affairs, I enclose a Joint Supplementary Submission to the Inquiry into RAAF Deseal-Reseal .

Should you have any queries in relation to this matter, the point of contact at Air Force Headquarters is Group Captain Henrik Ehlers, who is contactable on (02) 626 55482.

Yours sincerely,

G.C. BROWN, AM
Air Vice-Marshal
Deputy Chief of Air Force

17 September 2008

Enclosure:
1. Joint Supplementary Submission by the Department of Defence and the Department of Veterans' Affairs to the Inquiry into RAAF F-111 Deseal/Reseal Workers and their Families.

Department of Defence and Department of Veterans' Affairs

Joint Supplementary Submission

to the

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

by the

Defence Sub-Committee

Joint Standing Committee on Foreign Affairs, Defence and Trade

16 September 2008

TABLE OF CONTENTS

1.0 OVERVIEW

1.0.1 The previous submissions to the Committee by both the Department of Defence and Department of Veterans' Affairs have reviewed what action has been taken to date to support personnel involved in F-111 fuel tank maintenance. This supplementary submission is intended to provide the committee with a range of options to consider for the future.

1.0.2 The Committee has now had the opportunity to hear from many of the people who have been adversely affected by their involvement with fuel tank maintenance on F-111 aircraft. It will be clear to the Committee that this is a deep and complex problem that will not be resolved by a single solution. Any attempt to provide an enhanced response to the needs of those affected must necessarily involve a range of different measures.

1.0.3 This supplementary submission examines four key areas: healthcare, statutory compensation for those who are ill, the ex gratia scheme and the potential for future health studies.

1.0.4 Noting the concern of the Committee with respect to the Study of Health Outcomes in Aircraft Maintenance Personnel (SHOAMP) this supplementary submission also provides additional explanation of the purpose, methodology, and results of the study. SHOAMP remains an extremely valuable source of information for assisting personnel whose health has been affected by their work on F-111 aircraft and for many it is the basis that provides access to statutory compensation. It will also be a key document for those pursuing common law claims.

1.1 Defence Opening Comments

1.1.1 As stated at the outset of this Inquiry, Defence is committed to helping the Committee find solutions that will assist those whose lives have been adversely affected by their involvement in F-111 fuel tank maintenance. That remains our focus. This Inquiry has provided a unique opportunity to help provide resolution for those affected.

1.1.2 Defence is determined that people who have been harmed by their military service should be looked after. Defence believes that the mechanisms for long term care and compensation exist and intends to work with DVA and other government agencies to see that this care and compensation is delivered. The solution to this problem will take time and money and expectations need to be realistic. However, Defence owes it to those who have served and their families to ensure they receive the care they need for their continued well being.

1.1.3 The previous response to SHOAMP focussed on the very poor working conditions of the personnel who were employed in the four formal Deseal/Reseal programs. The ex gratia scheme was a recognition of those working conditions. The focus on this group of workers was driven by the Board of Inquiry, which was concerned with the Deseal/Reseal programs and the SHOAMP which studied the health outcomes of this group.

1.1.4 The ex gratia scheme led to disillusionment and disappointment for many. The ex gratia scheme was designed to recognise adverse working conditions, not health outcomes. Consequently, while the scheme acknowledged the working conditions of the Deseal/Reseal workers it has led to payments being made to many people who were not sick and who, hopefully, will remain unaffected by their work on F-111 aircraft. At the same time, other personnel involved in F-111 fuel tank leak repair did not receive the ex gratia payment but have become seriously ill, possibly as a result of exposure to the same or similar chemicals involved in the Deseal/Reseal process.

1.1.5 The focus of potential solutions should be on providing health care to those who are sick and financial compensation to those whose lives have been adversely affected by their work in F-111 fuel tank leak repair. This supplementary submission concentrates on possible responses and solutions to provide additional support for the group of people affected by their service with F-111 fuel tank maintenance.

1.1.6 While DVA is the lead agency in relation to providing health care and compensation for those injured through their military service, Defence is the other major stakeholder and has a significant role to play. Identifying the parameters of the group that have been involved in the unique working environment of the F-111 fuel tank will require significant technical advice and support from Defence. This task is complicated by the absence, in many cases, of documentary records to prove which personnel were involved in fuel tank leak repair.

1.1.7 Defence will work to identify F-111 fuel tank maintenance workers that performed work similar to those in the formal Deseal/Reseal programs. Defence and DVA have jointly looked at options for expanding the group of people who can get access to health care and simplified access to financial compensation. Defence and DVA will work together closely to make sure that any enhanced response is targeted at those most in need.

1.1.8 While the focus should now be on health care and compensation, the Committee must also consider the previous ex gratia scheme, which has been the source of contention for so many. The Committee might consider whether there is any benefit in continuing to pursue this strategy. The Committee should also give consideration to removing at least one of the constraints of the previous ex gratia scheme. The criteria of the scheme prevented the spouses of personnel who had been involved in Deseal/Reseal and who had died prior to 8 September 2001 from making a claim. This condition should be subject to fresh consideration.

1.2 DVA Opening Comments

1.2.1 Responding to the health needs of those personnel who have been affected by their involvement with the F-111 Deseal/Reseal programs is of paramount importance to DVA. Many individuals have suffered the consequences of a job acknowledged as having potentially serious health outcomes.

1.2.2 The provision of appropriate support and redress to affected personnel is a complex issue. The circumstances of these individuals are further distinguished by a difficulty in the availability of detailed information and records and the technical aspect of the subject matter, in addition to the passage of time.

1.2.3 From the outset, DVA's role has been to administer the health care schemes, the ex gratia scheme and the provision of compensation and treatment under existing legislation, using the information available and applying it against the parameters provided by Government.

1.2.4 DVA is committed to continuing to support Defence and the Committee in finding viable solutions that ensure that those individuals who have suffered adverse health affects as a result of their involvement in the Deseal/Reseal programs receive effective, fair, and equitable redress and support. Our underlying concern, first and foremost, is for the health of those affected.

2.0 SHOAMP

2.0.1 At the previous public hearing in Canberra, it became clear that the Committee would be assisted by some additional explanation of the methodology and results of the SHOAMP. To that end, the Committee has requested that Professor John Attia and Dr Tony Brown attend the next public hearing in Canberra to give evidence as required.

2.0.2 Professor John Attia, MD, PhD, FRCPC, FRACP was a Chief Investigator for SHOAMP while a Senior Lecturer in Epidemiology at the University of Newcastle. At the time he was also Academic Consultant for the Hunter Area Health Service. He is currently Professor of General Medicine and Clinical Epidemiology, Centre for Clinical Epidemiology and Biostatistics, University of Newcastle; and Academic Director of General Medicine, John Hunter Hospital, Newcastle, NSW.

2.0.3 Dr Anthony (Tony) Brown, MB BS, MPH, FAFPHM, FAFOEM, was a Chief Investigator for SHOAMP. At the time he was also Director of Population Health for the Macquarie Area Health Service and Conjoint Associate Professor for Environmental and Occupational Health at the University of Newcastle. He is currently Manager of Population Health, Greater Western Area Health Service in Dubbo, NSW.

2.1 Purpose of SHOAMP

2.1.1 The SHOAMP was initiated at the direction of the then Minister Assisting the Minister for Defence, the Hon Bruce Scott MP in 2000.

2.1.2 The aims of the SHOAMP were to assess whether there was an association between adverse health status and involvement in Deseal/Reseal activities and to compare the health of the Deseal/Reseal personnel with appropriate comparison groups from RAAF Richmond and RAAF Amberley.

2.1.3 The study was carried out by the University of Newcastle Research Associates with assistance from Health Services Australia, the Australian Institute for Health and Welfare and the Qld Medical Laboratories. A Scientific Advisory Committee was established to oversee the study. The cost of the study was $6.5m.

2.1.4 The study results showed that, on average, personnel involved in the four formal Deseal/Reseal programs reported nearly twice the number of poor health symptoms compared to the comparison groups. The Deseal/Reseal group reported significantly poorer quality of life than both comparison groups. The results pointed

to an association between F-111 Deseal/Reseal involvement and depression, anxiety, subjective memory impairment and erectile dysfunction. There was also evidence of an association between Deseal/Reseal and dermatitis, obstructive lung disease and neuropsychological deficits.

2.2 Methodology for Test and Control Groups

2.2.1 The SHOAMP examined the health of 561 personnel involved in the Deseal/Reseal programs against two comparison groups. Only participants of the four formal Deseal/Reseal programs were examined in the target group as it was believed that personnel from a defined group with a higher level of participation would be more likely to show adverse health outcomes than a more generalised group. Additionally, those only involved in *Pick and Patch* and 501 wing were not included in the target group as it was difficult to define a common level of exposure amongst this group.

2.2.2 The comparison groups comprised of:

- 600 personnel at RAAF Richmond serving between 1975 and 1999. The personnel were recruited from technical trades but had not been involved in F-111 Deseal/Reseal activities. The purpose of this comparison group was to assess the effect of Deseal/Reseal -specific exposures over and above other exposures involved in the technical trades; and

- 495 personnel posted at RAAF Amberley serving between 1975 and 1999 who were recruited from non-technical trades. The purpose of this comparison group was to assess the effect of Deseal/Reseal -specific exposures, over and above any other local exposures at Amberley, experienced by personnel not involved in aircraft maintenance.

2.3 Explanation of Certain Results and Outcomes from SHOAMP

2.3.1 The subject group from SHOAMP was a relatively small group for an epidemiological health study. In a small group it is more difficult to rule out the possibility that a result has occurred by chance. The larger the group, the more confidence can be had in the result.

2.3.2 The finding of a 50% higher incidence rate of certain types of cancer in the subject group was **not** statistically significant, as this estimate was within the confidence limits and in a small group, such a result could have occurred by chance. If the study group had been larger, the types of conditions found were rarer, or the length of follow-up was longer, then the findings may have been statistically significant. By way of comparison, the 50% higher than expected cancer incidence translates to 9 more cases of cancer diagnosed amongst the exposed group over the 17 years of follow-up compared to what would be expected amongst the Australian population during that time period.

2.3.3 This result does however underline the importance of repeating the cancer incidence and mortality study at appropriate intervals in the future, especially as cancer becomes more common with age.

3.0 FUTURE OPTIONS FOR ENHANCED RESPONSE

3.0.1 An enhanced response by Government will require consideration of four elements: enhanced healthcare, widening eligibility criteria for the ex gratia scheme, widening eligibility to compensation, and future health studies. The first consideration is to identify the group that requires assistance.

3.1 Identifying parameters for the group(s) requiring assistance.

3.1.1 The unique working environment of those associated with the Desal/Reseal programs was recognised in the previous government response. Other personnel associated with F-111 fuel tank leak repair also worked in a unique environment that can be distinguished from other aircraft types. The number, shape and location of the fuel tanks on the F-111 combined with the problems of constant leaking required a degree of tank entry into tanks with fuel residue and use of solvents and sealant that was not shared by other aircraft types.

3.1.2 Outside of the four formal Deseal/Reseal programs there were two principal reasons why technical personnel were required to enter F-111 fuel tanks. The first was entry for the purpose of carrying out fuel tank leak repair, which was often completed on flight lines and in tanks with fuel residue. The second was entry for the purpose of carrying out 'scheduled maintenance', such as an F-111 S-16 Servicing (fuel tank examination), or access to facilitate modification or repair to fuel tank components or structure. These procedures involved the aircraft tanks being purged of all fuel, dried, and well ventilated before such maintenance was carried out. While it is inevitable that there may have been exceptions to this rule, it is probable that personnel involved in fuel tank leak repair were exposed to various chemicals to a greater extent than other fuel tank workers involved in scheduled maintenance.

3.1.3 With the exception of the formal Deseal/Reseal programs, fuel tank leak repairs were largely the responsibility of the Airframe Fitter (ATECH) mustering in accordance with the F-111 Technical Maintenance Plan (TMP). Between the introduction of the F-111 and the start of the first formal Deseal/Reseal program in 1977, Airframe Fitter (ATECH) personnel from Squadron and Wing level maintenance were entirely responsible for fuel tank leak repair work. This work was also required between major Deseal/Reseal works on each aircraft. Notwithstanding the lack of formal aircraft maintenance records in many cases, given the nature of their duties there should be an assumption that Airframe Fitter (ATECH) personnel from units involved in F-111 maintenance were involved in fuel tank leak repair, unless shown otherwise.

3.1.4 The previous Defence submission at paragraphs 36-49 identified the differences between Deseal/Reseal programs and *Pick and Patch* maintenance activities. However, there are also many similarities between the work performed by personnel on the second Deseal/Reseal program and ad hoc fuel tank leak repair, including the kinds of chemicals that were used. There are sufficient similarities between the nature of the work and the kinds of exposure to confidently assert that many personnel involved in F-111 fuel tank leak repair may suffer from the same elevated level of adverse health conditions as Deseal/Reseal workers.

3.1.5 The group of personnel who currently have simpler access to health care and compensation under the Safety Rehabilitation and Compensation Act (SRCA) are defined in Tier 3 of the previous ex gratia scheme. Whilst this group does not qualify for an ex gratia payment, they are more easily able to prove their work related illness. The current Tier 3 includes many groups that have a potential chemical exposure level similar to the group of F-111 fuel tank leak repair workers, such as personnel employed in the engine test cell, or personnel who entered the settling pond.

3.1.6 Accordingly, personnel who were involved in fuel tank leak repair should be placed in a similar position to Deseal/Reseal personnel in terms of access to health care and under subsection 7(2) of the SRCA which facilitates simpler access to compensation. Defence and DVA will work together to set parameters to identify personnel who were involved in fuel tank leak repair.

3.1.7 Outside of these groups, many other personnel were potentially exposed to some of the chemicals associated with Deseal/Reseal and fuel tank leak repair. These personnel were identified as Group 1 in the original Interim Health Care Scheme (IHCS), see attachment A to the original submission by DVA. Whilst there is no accepted medical evidence in relation to this broader group, until further studies are completed, this group could still be considered for non-liability health care.

3.2 Options for Enhanced Health Care

3.2.1 **Refinement of SRCA subsection 7(2) list of conditions**. A Doctors' Advisory Committee (DAC) was established to identify a list of conditions for access to treatment under the Interim Health Care Scheme (IHCS). It was the view of the DAC that a generous approach should be taken towards inclusion of conditions given the unknown nature of causation at that stage.

3.2.2 In response to the outcomes of the SHOAMP, the DAC refined the conditions that could be reasonably linked to participation in the Deseal/Reseal programs and developed the SRCA subsection 7(2) list of conditions. Chronic infections, respiratory conditions and heart related conditions, while included in the original list of conditions, were not included in the conditions to be treated under the SHCS list as they were found not to be linked to participation in the Deseal/Reseal programs.

3.2.3 However, if a participant previously received treatment for chronic infections, respiratory conditions or heart related conditions under the IHCS, they continued to receive treatment for these conditions under the SHCS.

3.2.4 Future options could include an expansion of the existing list of conditions to be treated if there was new epidemiological or scientific evidence that suggested that additional conditions were related to Deseal/Reseal activities. Additionally, an option would be to establish a medical panel comprising representatives from Defence and DVA, which would consult with the Repatriation Medical Authority where appropriate, to consider new conditions and to provide specialist advice in the event of appeals against clinical decisions.

3.2.5 **Removing the 20 September 2005 cut off date to SHCS**. The decision to apply the 20 September 2005 cut-off date for registrations for the SHCS and treatment

for conditions for which compensation claims had been lodged was made for the following reasons:

- Since 2001, the RAAF provided extensive communication on the IHCS and SHCS via letters to known F-111 DSRS participants as well as advertisements in RAAF newsletters. As such, it was considered that after four years of advertising the IHCS and SHCS, all relevant personnel had been notified of the Scheme.

- The decision to close registrations and lodge compensation claims by 20 September 2005 provided an end date for the Scheme as it was envisaged that the SHCS would come to an end in June 2008 once all merit-based avenues of appeal had ceased.

3.2.6 However, as some health conditions have a latency period before onset, removal of the cut-off date would enable a participant to receive treatment through the SHCS for the condition at the time that it becomes evident. An option to address this issue is for the SHCS to be amended to include the following:

- The 20 September 2005 cut-off date is removed and personnel who would be eligible for Group 1 or Group 2 access are able to register at any time. Additional personnel would include ex gratia recipients and other F-111 aircraft maintenance personnel (including fuel tank leak repairers) and family members who would meet the current criteria for access to the SHCS;
- Under the current policy, Group 1 participants can only receive treatment for conditions for which a related compensation claim has been lodged. Instead, eligible Group 1 participants could be made eligible to receive treatment for a condition within the scope of the Scheme without having to lodge a related compensation claim;
- The conditions treatable under the SCHS may be extended to include other physical and psychological conditions and symptoms reasonably attributed to chemical exposure(s) as agreed by the Medical Panel on a case by case basis.
- Group 2 participants could have access to ongoing general counselling sessions instead of the current entitlement of five sessions. Counselling would need to be related to involvement with the F-111 aircraft maintenance programs.
- Group 1 and Group 2 participants could have access to ongoing genetic counselling session instead of the current entitlement of three sessions.

3.2.7 The estimated total population is not expected to exceed 2300 personnel. However further work needs to be done on identifying this group.

3.2.8 Two cost options are provided depending on whether all eligible participants or only a percentage utilise the SHCS. It should be noted that there are potential flow-on costs to the Better Health Program (BHP), as eligibility for the BHP is open to SHCS Group 1 participants and ex gratia recipients. Consequently, opening SHCS registrations would impact on the number of personnel eligible for the BHP.

3.2.9 Cost option 1 – all participants utilise the SHCS and BHP. This option may affect 3278 potential Group 1 personnel and 503 existing Group 2 personnel. It is unclear how many new Group 2 registrations would be submitted. The estimated total

additional cost of implementing this option is $11.3m for the first year ($10.8m for treatment; $0.4m for administration) and $38m over four years. This figure is in addition to the current annual cost of treatment under the SHCS which is $105,000.

3.2.10 Cost option 2 – 61% of eligible participants utilise the SHCS and 15% utilise the BHP. This option may affect 2000 potential Group 1 personnel and 503 existing Group 2 personnel. It is unclear how many new Group 2 registrations would be submitted. The estimated total additional cost for implementing this option is $5.8m for the first year ($5.4m for treatment; $0.4m for administration) and $19.3m over four years. Again, this figure is in addition to the current annual SHCS costs of $105,000.

3.2.11 **Long Term Monitoring and Screening.** Due to the potential latency periods for some of the conditions related to work with F-111 fuel tanks, there may also be some benefit in a system of registration for exposed personnel.

3.2.12 Similar to the manner in which employees who have been potentially exposed to asbestos can have that exposure registered, personnel who have been involved in Deseal/Reseal or similar work on F-111 aircraft involving chemical exposure can have their involvement/participation registered.

3.2.13 As time passes, it becomes more difficult for personnel to obtain evidence and records in relation to their involvement in F-111 fuel tank maintenance. If personnel do develop relevant medical conditions in the future, a system of registration will facilitate easier access to medical care and compensation.

3.3 The Ex Gratia Scheme

3.3.1 The previous scheme of ex gratia payments was based on the acknowledgement of the very poor working conditions of those involved in the four formal Deseal/Reseal Programs rather than health status. The payment has been widely misinterpreted as compensation. The amount of the ex gratia payment would clearly be insufficient as compensation in relation to the degree of injury, illness and adverse effect that has been suffered by some personnel. In addition, the ex gratia payment was made to many personnel who were not, at that time, suffering any adverse health effects from their work with F-111 aircraft. This gave rise to a feeling of injustice, particularly on the part of personnel who had suffered medical conditions similar to those identified by SHOAMP.

3.3.2 In general, ex gratia arrangements are initiated within government in response to a need to assist a group of individuals who are without other legal, statutory or administrative redress. Generally speaking, individuals who are injured at work are able to seek redress through statutory or common law mechanisms. It was always intended that the primary means of compensating personnel who were injured or ill as a result of their work on F-111 fuel tanks would be under the existing statutory compensation schemes or at common law.

3.3.3 While certain assumptions can be made from the public submissions about the group most affected by lack of health care or financial restitution, more detail will be required to tailor any proposed assistance being recommended to the Committee. This detail can be provided by analysing the claims for the ex gratia payment that

have been rejected. This analysis is being undertaken by the joint DVA/Defence claims team, but was not available at the time this submission was being prepared.

3.3.4 One option for widening the eligibility criteria, which is strongly recommended, is to remove the restriction with respect to the estates of personnel who died before 8 September 2001. The Board of Inquiry Report was made public on 8 September 2001 and in the original criteria, this was selected as a cut off date in relation to making ex gratia payments to the estates of personnel who were deceased. Payments were payable to the estates of personnel who died between 8 September 2001 and the commencement of the ex gratia scheme. The 8 September 2001 criteria should be removed. The number of cases that this will affect is not yet known but is likely to be small.

3.3.5 A further option would be to expand Tier 1 and 2 definitions to allow a wider eligible group. One basis for expanded eligibility could be the unique working environment of personnel who were involved in F-111 fuel tank leak repair. As discussed above at paragraph 3.1, there is some basis for drawing a comparison between personnel who carried out ad hoc fuel tank leak repair and personnel involved in the second Deseal/Reseal program. However, while it is possible that some personnel involved in ad hoc fuel tank leak repair were exposed to chemicals to the same degree as personnel involved in Deseal/Reseal, the working conditions of Deseal/Reseal personnel were demonstrably worse.

3.3.6 This analysis exposes the difficulty of making ex gratia payments based upon the relative comparison of working conditions and highlights the inherent problems that were faced in creating the original criteria. It will be extremely difficult, or perhaps impossible, to define with the required precision the parameters of a group for an expanded ex gratia payment scheme.

3.3.7 It would defeat the purpose of the ex gratia scheme if new eligibility criteria were to be based upon health outcomes. There are existing statutory and common law mechanisms to compensate personnel who have been injured as a result of their work. Ex gratia payments are intended for use in situations where no such mechanisms are available.

3.3.8 It would be more productive to focus future efforts and spending upon those who have been involved in F-111 fuel tank leak repair work and who are ill.

3.4 Statutory Compensation: SRCA

3.4.1 Any expansion of the Tier definitions would provide the new group with simpler access to compensation under subsection 7(2) of the SRCA. The cost of expanding SRCA eligibility to this new group has been estimated at $44m over four years but this is indicative only and does not cover administrative costs.

3.4.2 The purpose of subsection 7(2) is to accept, unless it can be proven otherwise, that employment materially contributed to the *contraction* of a disease where, in comparison to other work areas, that employment clearly causes a greater incidence of a particular disease.

3.4.3 Any claimant can contend that there is evidence of a greater incidence of a disease in their employment than for other types of employment at the same workplace. However, before the requirements of subsection 7(2) can be satisfied, there is a need for expert epidemiological evidence that the incidence is "significantly greater".

3.4.4 Subsection 7(2) is an extension of the definition of 'disease' and therefore of 'injury' in section 5B. In deciding which diseases might be accepted under the provisions of subsection 7(2), the DVA/Defence Doctors' Advisory Committee identified and listed them using the International Statistical Classification of Diseases (ICD 10).

3.5 Statutory Compensation: VEA

3.5.1 One option would be to amend section 180A of the Veterans' Entitlements Act 1986 (VEA) to create an equivalent to subsection 7(2) of the Safety, Rehabilitation and Compensation Act SRCA. Currently, all participants in the Deseal/Reseal Program are covered by the SRCA and are able to claim compensation and treatment for a broad range of conditions under subsection 7(2) of the SRCA (and its predecessor subsection31(1)).

3.5.2 The use of section 180A of the VEA provides the Repatriation Commission (the Commission) with the discretion to issue overriding determinations that have the same effect as the Statements of Principles (SoP) regime. This provision allows the Commission to grant entitlements to certain classes of veterans when it considers that such entitlements should exist. However, the Second Reading Speech made it clear that the Commission's powers are intended to be used only in exceptional circumstances and not as a means to either usurp the Repatriation Medical Authority's (RMA's) function or as a further stage of appeal of the RMA's decision. This power has only been used on one occasion to make determinations in respect of herbicide exposure in Vietnam.

3.5.3 In that case, an epidemiological report commissioned by the Repatriation Commission found that there was evidence to support a link between exposure to herbicides and the development of leukaemia. At the time, there was not a sufficient body of medical-scientific evidence to allow the RMA to make or amend a SoP. The decision to make a section180A determination was a balance between the specific circumstances raised by the case being considered and the general policy position of giving primacy to the RMA's role in making SoPs.

3.5.4 In order to make a section 180A determination, the Commission must specify both 'the factors that must as a minimum exist' and 'which of those factors must be related to service'. A 'factor' needs to define the circumstances, fact or influence that produced a particular injury, disease or death. That is, it needs to look at actual causation rather than the circumstantial link between employment and health outcomes. To list generic terms such as Deseal/Reseal service is not sufficient. A factor needs to define the element or component of that service in a quantifiable way.

3.5.5 Making a subsection 180A determination would also provide a small group with peacetime only service a much more generous standard of proof than others in similar situations. It would effectively provide this group with easier access to VEA

benefits (including war widow's pension) than veterans who have operational service. While veterans with operational service are subject to the more generous "reasonable hypothesis" standard of proof, they are still subject to the SoP regime which requires that a factor in a SoP be met.

3.5.6 As Deseal/Reseal workers are already covered by the subsection 7(2) provisions this option is not favoured.

4.0 POTENTIAL FUTURE HEALTH STUDIES

4.0.1 Health studies are the most comprehensive method for determining a reasonable link between particular activities and health conditions. Nevertheless, health studies have limitations that need to be considered:

- Examining small groups of people, such as the F-111 cohort, make it more difficult to rule out the possibility that a result has occurred due to chance;

- The latency period for the onset of some conditions, such as cancers, require long-term monitoring before significant results are evident. It can take decades before a condition presents;

- Epidemiological health studies determine associations between exposures and disease amongst specific groups and cannot determine causality at an individual level;

- The voluntary nature of health studies may affect the number of personnel who participate in a study, thereby biasing the results; and

- To obtain meaningful results in a health study it is preferable to select a study group which has experienced a consistent and generally substantial level of exposure in order to determine if an effect exists. A study group which contains those with high and low levels of exposure, without accurate measurement of that exposure, can result in a study that has a bias towards the null. That is, the study may show no evidence of an effect when one does exist

4.1 Repeat of SHOAMP Cancer Incidence and Mortality Study

4.1.1 It would be advisable to continue to conduct Cancer Incidence and Mortality Studies. The first, second and third studies were statistically non-significant, possibly due to the very short period for some personnel between participation in the 4th Deseal/Reseal program and the commencement of the SHOAMP Study. It might be expected that with the additional elapsed time there may now be statistically significant findings.

4.1.2 Even if not statistically significant, the estimated degree of excess risk may be clearer, and the Confidence Intervals may be narrower, which may enable the Repatriation Medical Authority to review the relevant Statement of Principles. This would be the fourth study of this nature.

4.1.3 The Cancer Incidence and Mortality Study is a statistical exercise using existing records and checking them against the latest Australian Institute of Health

and Welfare (AIHW) death and cancer data. No clinical or other examinations would be required. The costs for this study would be low and it would be undertaken through DVA and AIHW.

4.1.4 Noting also that those involved in the Spray Seal program from 1996 to 2000 are still the youngest of those who have been involved in F-111 fuel tank maintenance (with some in their 30s) a further study would be feasible at an appropriate time.

4.2 Update of Coxon Study into Psychological Functioning of Partners and Spouses of Deseal/Reseal Personnel

4.2.1 One possible future medical study would be to review and update the Coxon Study, completed in October 2006, into Psychological Functioning in Partners and Spouses of Deseal/Reseal personnel. This study was commissioned by Chief of Air Force in February 2005. The original study was of limited size and limited application to the wider Deseal/Reseal spouse community.

4.2.2 An updated and expanded study could be undertaken, preferably by going out to tender with invited responses from the Australian Centre for Post traumatic Mental Health (ACPMH) and the Centre for Military and Veterans Health (CMVH). Input to the oversight committee from F-111 support groups would be essential.

4.2.3 Estimates of likely cost could be obtained based on other psychological screening studies that have been undertaken in relation to post deployment health studies and/or the psychological components of the original the SHOAMP.

4.3 Genetic Study - Exposure to Solvents and Fuels

4.3.1 There is potential for a study looking for markers of exposure and genetic indicators that confer additional susceptibility to some people from exposures to solvents and fuels. Such a project would have significant benefits for the protection of future workers in Defence and in the whole of Australian industry. Improved treatments are also a possibility, but unlikely at present. The time scale would be over two years. The study may be expensive and may require international evidence.

PART 5 COMMUNICATION PLAN

5.1.1 A major issue to emerge from the Government response to SHOAMP has been a lack of understanding of what has been provided and why. Any further aid must take this into account and plan to communicate effectively.

5.1.2 Following any Government decision, those tasked with providing additional assistance must communicate the details to all concerned. As the lead agency, DVA will have this responsibility but will seek help from Defence and the F-111 support groups.

5.1.3 Three suggested communication measures of benefit to all concerned are a website, a dedicated telephone help line and a panel of 'involved' people.

5.1.4 Use of the DVA and Support Group websites would assist with dissemination of accurate information. However, the internet is not the sole means of disseminating

information. For those who do not have access receiving information through mailouts will remain a necessity.

5.1.5 A dedicated help line is important for those who need a point of contact or who are seeking clarification on information received.

5.1.6 Finally, a means is needed to assess what information is required by those concerned, the best medium to disseminate that information and to receive feedback. A panel consisting of Support Group members, DVA and Defence personnel, together with members of the Deseal/Reseal Community is suggested.