Australian Government
Department of Veterans' Affairs

The Committee Secretary
Joint Standing Committee on Foreign Affairs, Defence and Trade
Department of the House of Representatives
PO Box 6021
Parliament House
CANBERRA ACT 2600

Inquiry into RAAF F-111 Deseal-Reseal workers and their families

Submission by the Department of Veterans' Affairs

This submission from the Department of Veterans' Affairs is intended to be read in conjunction with the submission from the Department of Defence as both departments worked closely together on aspects of the creation of programs for former Deseal/Reseal workers.

The Department of Veterans' Affairs has substantial experience in administering veteran and military compensation schemes and is well placed to understand the unique employment circumstances that can arise due to Defence service.

Ed Killesteyn
Acting Secretary
Department of Veterans' Affairs

TABLE OF CONTENTS

ATTACHMENTS

PART 1. OVERVIEW

After the Board of Inquiry into Deseal/Reseal delivered its report, the Air Force and the Department of Defence publicly acknowledged that it had been a party to one of the most serious Occupational Health and Safety problems in its history. It was ready to respond immediately.

That response of Defence and Air Force focused on making sure that those who were possibly affected had access to a comprehensive scheme of health care. Answers to questions such as "Who was actually affected?" and "How much?" would have to wait for more detailed epidemiological work on which government could provide an evidence-based response. In the meantime those who needed treatment received it through the Interim Health Care Scheme (IHCS). This scheme provided medical checkups and sympathetic advice and treatment to F-111 aircraft maintenance personnel who may have suffered adverse health affects and allowed the *Study of Health Outcomes in Aircraft Maintenance Personnel* (SHOAMP) to investigate the extent of these health effects.

During this time, while policy responses were being developed, all Air Force workers who believed that they may have been affected were encouraged to access the Commonwealth's compensation schemes, the *Veterans' Entitlements Act 1986* (VEA) and *Safety, Rehabilitation and Compensation 1988* (SRCA). Civilian workers had access to the common law.

While the SHOAMP was investigating the nature of the health impact of DSRS work, F-111 aircraft maintenance personnel were encouraged to register for the IHCS and submit a claim for compensation. All those who needed health treatment through involvement with DSRS work were able to access the required treatment, even while they waited for the outcome of their compensation claim. This was a unique arrangement particularly created in response to the specific circumstances of this group of people. Care was taken to ensure information and assistance was given to all those who approached DVA.

There has been a tendency to emphasise the importance of the ex gratia lump sum payment scheme. While this scheme is an important element of the response, it is only one aspect of it. A concern for the health of those affected was and is central. The health care response became more targeted towards those that were most likely to be directly affected, while at the same time being progressively expanded as those people's health needs became clearer.

The financial aspects of the response (as they relate to DVA's responsibility) are summarised in the table below.

Element	Component	$m	$m
SHOAMP			5.3
Health Care	Interim Health Care Scheme; SHOAMP Heath Care Scheme; Better Health Program		1.9
Ex gratia Scheme			22.6
Compensation	Veterans' Entitlements Act	16.1	
	Safety Rehabilitation and Compensation Act	19.6	
	Specialist DSRS Compensation Team	2.4	38.1
Total			**67.9**

To date, the needs of the DSRS workers have been met by initiatives totalling more than $67 million dollars. The Department of Defence funded the SHOAMP, IHCS, and Ex gratia Scheme and funded the SHCS up to August 2007, after which DVA provided all funding.

This submission provides the Inquiry with information about the Department of Veterans' Affairs' role in the Government's response to the Deseal/Reseal issues.

PART 2. BACKGROUND

The Department of Veterans' Affairs (DVA) submission is intended to be read in conjunction with the submission from the Department of Defence.

The Government's approach to F-111 DSRS comprises two components:

- Policy development; and
- Program delivery.

As a general rule, the Department of Defence had prime carriage of policy development activities in relation to DSRS, while the Department of Veterans' Affairs had prime carriage of program delivery. Defence's role included funding a large number of the initiatives implemented by DVA. Graph 1 below shows a schematic version of the major policy and program initiatives.

This means that the Department of Veterans' Affairs has responsibility for the delivery aspects of:

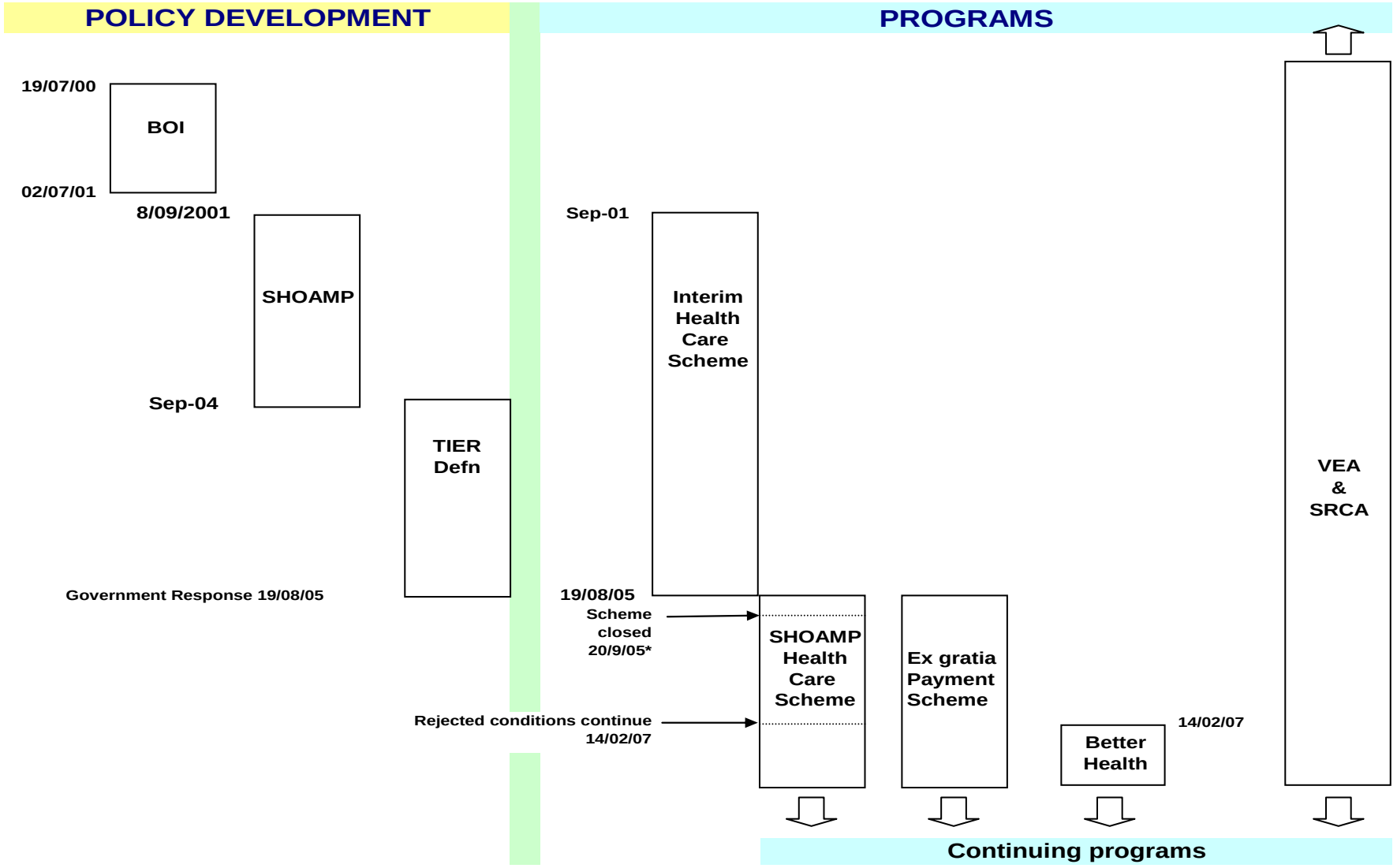
- the Interim Health Care Scheme;
- VEA and SRCA Compensation;
- the SHOAMP study;
- the SHOAMP Health Care Scheme;
- the Better Health Program; and
- the Ex gratia Lump Sum Payment Scheme.

This submission will not cover aspects of policy development that were the responsibility of the Department of Defence, including:

- the Defence Board of Inquiry (BOI) in response to concerns raised by F-111 DSRS workers; and
- the history and background of the four formal Deseal/Reseal (DSRS) programs, the nature of the work and the people involved; and
- technical issues relating to the Tier definition (ie eligibility for the ex gratia lump sum payment).

For detailed information regarding responsibilities of the Departments of Veterans' Affairs and Defence in relation to F-111 DSRS schemes, see Attachment H.

Graph 1: Schematic Representation of Government Response to DSRS



***Subject to new registrations from 19/8/05**

PART 3. ACTIONS ARISING FROM THE BOI

Following the release of the Air Force's BOI findings, an Interim Health Care Scheme (IHCS) was established as the immediate response to the inquiry's recommendation to provide medical checkups and sympathetic advice and treatment to DSRS workers who may have suffered adverse health affects and to allow for the *Study of Health Outcomes in Aircraft Maintenance Personnel* (SHOAMP) to investigate the extent of these health effects.

3.1. THE INTERIM HEALTH CARE SCHEME

In its report the BOI recommended:

"The Air Force should ensure that all personnel who may have been exposed to toxic chemicals, in any of the programs, are provided with medical checkups and sympathetic advice and treatment. This approach should be refined as the results of the DVA study become known" (recommendation 2.8).

Therefore, in September 2001, the Chief of Air Force (CAF) introduced a Health Care Scheme to provide "sympathetic advice and treatment" for personnel who were posted to the RAAF Base Amberley and whose health conditions were viewed as being "reasonably related" to DSRS activities. This Scheme was known as the IHCS and was administered by DVA on behalf of Air Force.

At that time there was not yet scientific evidence regarding the health effects of DSRS activities. This Scheme was an integral part of the arrangements put in place for those who were awaiting the outcome of the SHOAMP and the Government response to that Study.

At this time, a joint advisory committee comprising doctors from Defence and DVA, which included expertise in the areas of occupational health and environmental health in the Air Force, was established. The Doctors' Advisory Committee (DAC) was tasked with identifying a list of conditions for access to treatment under the IHCS. The DAC was frequently consulted in relation to the appropriateness of treatment for some conditions. 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.

Two groups of personnel were identified under the original IHCS – Group 1 and Group 2 participants, with the difference between the two groups being their levels of involvement in F-111 maintenance activities. Decisions on each individual's eligibility for participation in the Scheme were made by Air Force.

The eligibility criteria for the IHCS were:

- Group 1 participants include serving members, ex-serving members and civilians who were engaged in F-111 aircraft maintenance activities at RAAF Base Amberley, Queensland. They include personnel who worked on the four formal DSRS programs as well as those involved in general F-111 aircraft

maintenance work, such as Pick and Patch (a full list of eligibility requirements for Group 1 status is outlined in Attachment A); and

- Group 2 participants include other individuals possibly affected, for example, personnel not directly engaged in F-111 aircraft maintenance activities, but who had been employed at RAAF Base Amberley, or are the direct family members of Group 1 participants.

The criteria for IHCS eligibility were not related to the later criteria used in assessing eligibility for the ex gratia lump sum payments.

Entry into the IHCS was therefore subject to a number of conditions. These included:

- The level of participation in the DSRS programs which determined eligibility for either Group 1 or Group 2 status;
- Group 1 participants (currently serving/ex-ADF and civilians who were engaged in the DSRS programs) must have lodged a claim for compensation with either DVA, Comcare or WorkCover Queensland before they could access treatment through the IHCS; and
- Treatment was available to Group 1 participants for those conditions that were identified by the DAC as being reasonably associated with involvement in the DSRS programs.

During the period of the IHCS, an undertaking had been given by Government to those receiving treatment under these arrangements that such treatment would continue until "all avenues of appeal for their compensation claims were exhausted".

3.2. COMPENSATION ARRANGEMENTS

Another response to the BOI findings in September 2001, was the establishment of a Specialist DSRS Compensation Team based in Queensland which was responsible for processing compensation claims specifically relating to F-111 service. The need for such a specialist team was as a result of the conditions of entry for access into the IHCS. The lodgement of a compensation claim was primarily the entry point to enable the commencement of treatment under the IHCS for the claimed conditions. In particular, an individual must have lodged a claim for compensation under the *Veterans' Entitlements Act 1986 (*VEA), the *Safety and Rehabilitation and Compensation Act 1988* (SRCA) or the *Workers' Compensation and Rehabilitation Act 2003* where there was considered to be a reasonable association with F-111 activities, before their eligibility could be considered for entry into the Health scheme.

Existing compensation coverage was already available to members and former members of the Australian Defence Force where a link could be made between a claimant's condition and their service under the relevant legislation administered by DVA such as the VEA and the SRCA.

Compensation coverage was also available to contracted employees of third party aviation maintenance companies involved in DSRS activities through the State compensation scheme, WorkCover Queensland. To ensure the consistent treatment of all personnel involved in the DSRS programs, WorkCover Queensland adopted a similar approach to the Commonwealth when assessing a claimant's eligibility. For

instance, following the Government's announcement of its response to the SHOAMP in August 2005, DVA provided assistance to WorkCover Queensland when it received a claim, to explain whether or not that person would be considered eligible as a DSRS participant against the eligibility criteria contained in the Tier definitions at Attachment B.

Therefore, following the Air Force's BOI findings and during the course of the Health Study, all claims for compensation were extensively medically investigated to establish the diagnosis and any causal connection to F-111 activities. Where liability could be accepted under the existing legislation, action was taken to process the claim and provide the benefits which flowed from the decision, including medical treatment. A member who had been receiving medical treatment under the IHCS and who had liability accepted then became eligible to receive treatment under the relevant legislation and ceased to have any entitlement under the IHCS for that condition.

Claims that could not be accepted due to lack of supporting medical evidence (ie under SRCA) or failure to meet relevant Statements of Principles (VEA) were held in abeyance pending the outcome and Government's response to SHOAMP. This meant that people whose claims could not be accepted at an early stage retained any benefits flowing from the date of lodgement of the claim and also entitlement to ongoing medical treatment via the IHCS.

It should be noted that the DVA team was available to personally meet with individuals who had lodged claims for compensation under the VEA and/or SRCA relating to their DSRS service. Throughout the claim determination process, a case management approach was taken with each individual claim for compensation. In determining the outcome of each claim, reference was made not only to the individual's involvement with DSRS activities, but in the broader context of their overall work history. This meant that even if the claimant believed that the cause of their condition was their DSRS work, Departmental staff looked for any possible cause from other eligible Defence Service when assessing their claim.

3.3. HEALTH STUDY

3.3.1. BACKGROUND TO THE STUDY

The SHOAMP was commissioned on 8 September 2001 at the direction of the then Minister Assisting the Minister for Defence, the Hon Bruce Scott MP. The Study was in response to a BOI finding that, since 1977, some 400 ADF personnel and civilians had experienced adverse health effects while working on the F-111 DSRS maintenance programs.

The aims of the SHOAMP were:

- to assess whether there was an association between adverse health status and involvement in DSRS activities; and
- to compare the health of the DSRS personnel with appropriate comparison groups.

Based on the preliminary work of the BOI, numerous conditions were cause for concern, including mortality and cancer incidence, and neurological and neuropsychological outcomes such as memory loss, cognitive impairment, anxiety and depression.

The study was carried out by the University of Newcastle Research Associates Limited, with assistance from Health Services Australia, the Australian Institute for Health and Welfare, and the Queensland Medical Laboratories.

A Scientific Advisory Committee (SAC) comprising a panel of eminent specialists, was established to oversee the scientific aspects of the study and to act as arbiters on any issue of science that needed to be resolved. The study followed standard research protocols, which were assessed and approved by SAC and relevant ethics committees. A Consultative Forum was also established to provide a link between the SAC and interested parties, comprising representatives of key ex-service organisations and interested parties.

The cost of the Study was $5.3m (excluding indirect costs borne in the Department of Defence.)

3.3.2. RESULTS

The SHOAMP was a formal epidemiological study that examined the health of 659 personnel involved in the four formal DSRS programs against two comparison groups comprised of 600 technical personnel at RAAF Base Richmond serving between 1975 and 1999; and another 495 personnel, not involved in technical duties, posted at RAAF Base Amberley serving between 1975 and 1999.

The personnel selected to participate in the SHOAMP were initially identified by the BOI through Defence Force records. The identity of these individuals was determined from fuel tank repair records, Air Force posting and attachment records, and contractor staff records. Squadron photos were also used to identify people who were working on the programs. These individuals were then able to name co-workers who had not been identified by the previous means. DVA then established a database of these individuals.

The RAAF Base Richmond group included personnel involved in technical trades by who had not been involved in DSRS activities. The RAAF Base Amberley group included personnel working on base who were involved in non-technical activities.

The initial list of personnel supplied by the BOI was not exhaustive, and DVA undertook to develop a comprehensive list of DSRS workers. A wide advertising scheme was established to inform people who had worked on the programs about the possible health risks. A hotline was established, and advertising appeared in national daily newspapers as well as in internal Defence publications and circulars and on official web sites. Workers who had been in contact with DVA were asked to name anyone else they could remember who might have been involved in DSRS activities.

SHOAMP participants were asked to complete a mailed Postal Questionnaire and offered physical examinations and interviews at Health Services Australia centres.

The Study results showed that, on average, personnel involved in the four formal DSRS programs reported nearly twice the number of poor health symptoms compared to the comparison groups. While this can be an indicator of health, in epidemiological studies such as these, groups that are asked to self report and self nominate as part of an affected group often report higher symptoms than may be expected. This phenomenon is referred to as 'selection bias'. This is because people who are unwell tend to be involved rather than those who are well. There is also an element of focusing on the ill health and the suggestion of a possible cause (the DSRS work) and so more symptoms are recalled than otherwise might be the case.

The results of the study must be interpreted in light of unavoidable uncertainties such as uncertain sampling frames, potential selection bias, low participation rates and multiple comparisons.

While the concept of causation in relation to the findings was outside the scope of the health study, the DSRS group reported significantly poorer quality of life than both comparison groups. The results pointed to an association between F-111 DSRS involvement and depression, anxiety, subjective memory impairment and erectile dysfunction. There was also evidence, albeit less compelling, of an association between DSRS and dermatitis, obstructive lung disease and neuropsychological deficits.

The first four reports were released in 2003/04; the final volume was released in October 2004.

Additional studies have examined the mortality and cancer incidence of DSRS personnel as well as the toxicological effects of chemicals used in the DSRS programs. More information is provided at Attachment C.

The Mortality and Cancer Incidence Monitoring study was a follow up to the 2004 SHOAMP Mortality and Cancer Incidence Study Second Report. In summary, the results of the follow-up study reflect those found in the SHOAMP.

A toxicology study examined the toxicological effects of chemicals on mice, in particular SR-51. The study found that the toxicity profile of SR-51 is affected by increasing temperatures and also resulted in enlarged spleens in those mice exposed to a high dose of SR-51. Nevertheless, the results neither proved nor disproved that SR-51 exposure in mice affects memory, and showed no evidence that exposure to SR-51 damages DNA.

3.3.3. EXPECTATIONS OF THE DSRS GROUP FOLLOWING THE RELEASE OF THE SHOAMP

Expectations of the DSRS Support Group were high in anticipation of the Government's announcement in response to SHOAMP. Air Force had already admitted to deficiencies in work practices. The establishment of the BOI and the IHCS further led affected personnel to assume that ongoing health care and future compensation benefits would be available as a result of their service. The commissioning of the SHOAMP may have strengthened this assumption. It was also understood at the time of the release of the SHOAMP results that some members of the DSRS Support Group expected to receive a significant lump sum payment.

PART 4. RESPONSES TO SHOAMP

4.1. OVERVIEW

The Government's response to the Health Study acknowledged *a unique working environment* experienced by the core group involved in the four DSRS Programs. This environment was not replicated anywhere else in the Air Force.

After reviewing the results of the Health Study, Cabinet agreed on 13 December 2004 that an appropriate response to the SHOAMP report would be:

- to make ex gratia (non-legislated) lump sum payments to personnel involved to recognise their unique working environment and not as compensation for a particular illness;
- to maintain access to existing statutory compensation schemes to cover specific injuries and diseases; and
- to provide funding for a cancer and health care screening and disease-prevention program.

Details of the response, including financial arrangements, were to be settled by the Prime Minister, the Minister for Defence, Minister for Finance and Administration and the Minister for Veterans' Affairs'.

The Government decided that entitlement to the ex gratia lump sum payment would be determined separately from eligibility for the IHCS and SHOAMP Health Care Scheme (SHCS). The Group 1 Health Care Scheme definition was deliberately broad and inclusive to provide health care to all those who considered themselves potentially affected by F-111 aircraft maintenance activities pending the outcome of the SHOAMP and the Government response to that Study.

Following the outcome of the SHOAMP, a definition was needed to establish eligibility for the ex gratia payment. Defence advised on all technical aspects of the definitions while DVA provided assistance from a workers' compensation perspective. The working group also included members of the Doctors Advisory Committee. The definition of a DSRS Participant decided by Government is not the same as the definition of a Group 1 participant in the IHCS or the SHCS as noted previously.

On 19 August 2005, the Government announced details of its responses to the SHOAMP, in addition to the continuation of non-liability health treatment through what became known as the SHCS. This scheme replaced the IHCS but it was decided by the Government that there would be a transitional period to ensure that existing participants were not subject to any financial hardship or detrimental effect on their health which may have resulted from cessation of the IHCS. In particular, many of the medications paid for under the IHCS were long term or ongoing and the payment of these benefits continued.

In finalising the response to the SHOAMP, the Government decided that the:

- SHCS would only apply to those conditions or diseases that were shown to have been associated with DSRS activities unless treatment/medication for a non-SHOAMP related condition was already being paid for under the IHCS. In those cases coverage continues under SHCS, ie chronic infections, respiratory conditions and heart related conditions (see Attachment D); and
- Access to the SHCS would cease for an individual (including civilian workers) once liability for a condition has been accepted by the relevant statutory compensation authority or once all merit-based avenues of appeal had been exhausted (ie. the Administrative Appeals Tribunal but not the Federal Court).

On 14th February 2007, a Cancer and Health Care Screening and Disease Prevention Program, now known as the Better Health Program (BHP), was implemented. This Program provides screening for melanoma and colorectal cancer and promotes a healthy lifestyle by providing information through an individual's GP on health conditions including depression, anxiety, and erectile dysfunction. This program ensures that participants have continuity of care, with their GP able to recommend appropriate treatment if a positive screening occurs. It is administered separately from the SHCS.

In addition to the SHCS, the BHP and the ex gratia lump sum payment scheme, a further response to the SHOAMP was to extend the provision in the SRCA which allows for a more beneficial standard of proof. Under subsection 7(2) of the SRCA and subsection 31 of the Compensation (Commonwealth Government Employees) (C(CGE)) Act 1971 (SRCA's antecedent legislation), a claim must succeed unless the Commonwealth can prove there is no probable connection between a particular type of employment and the subsequent development of a particular medical condition. In order to access the beneficial provisions of ss 7(2) and ss 31 of the C(CGE) Act 1971, a claimant has to satisfy the Tiers One, Two or Three eligibility criteria of an F-111 DSRS participant and obtain a definitive diagnosis of a SHOAMP disease.

4.2. HEALTH PROGRAMS

4.2.1. SHOAMP HEALTH CARE SCHEME

As part of its response to the SHOAMP Report, the Government announced that the IHCS would close on 19 August 2005, subject to new registrations, and all participants of that Scheme would be transferred to the newly established SHOAMP Health Care Scheme (SHCS). This ongoing commitment to non-liability health care was made because the SHOAMP found some association between conditions that may have developed among those who had participated in one of the four formal DSRS programs.

These findings were used to establish the conditions that would be treated under the SHCS (see Attachment E).

All participants of the former IHCS were automatically transferred to the new SHCS and all treatment for claimed conditions that they received under the IHCS continued

under the SHCS. Under the SHCS, several changes were announced:

- all new registrations had to be submitted by 20 September 2005;
- new compensation claims had to be lodged by 20 September 2005; and
- based on the SHOAMP Report, several conditions were removed from the list of treated conditions as they were found not to be associated with involvement in the F-111 aircraft maintenance programs. These conditions include heart conditions, chronic respiratory conditions and chronic infections. However, former IHCS participants who had previously received treatment for heart conditions, respiratory conditions or chronic infections continued to receive treatment for these conditions under the SHCS. No new participants of the SHCS could receive treatment for these conditions. A list of the conditions that are currently covered under the SHCS are provided in Attachment E; and
- access to the SHCS would cease for an individual once liability for a condition has been accepted by the relevant statutory compensation authority or once all merit-based avenues of appeal had been exhausted (ie the Administrative Appeals Tribunal but not the Federal Court).

However, on 14 February 2007, the Government announced that existing eligible SHCS participants (who had registered and submitted claims before 20 September 2005) would have continued access to non-liability health treatment under this scheme even after all merit based avenues of appeal had been exhausted. Under these arrangements, health care would be provided by the Government on the basis that the provision of the treatment did not constitute any admission of liability.

4.2.1.1. Benefits under SHCS

Group 1 Participants

Group 1 participants who registered and submitted compensation claims before 20 September 2005 are eligible for:

- medical treatment (including medical consultations, pharmaceuticals, appliances) for conditions for which they have submitted a compensation claim;
- unlimited general counselling sessions through the Veterans and Veterans Families Counselling Service (VVCS) for issues and conditions associated with the DSRS programs;
- three genetic counselling sessions through VVCS to discuss the probability of developing or transmitting a disorder to offspring and the options open to them in order to prevent, avoid or ameliorate it;
- eligibility to attend VVCS-coordinated programs, including the Lifestyle Management Course and Heart Health;
- eligibility to participate in the BHP (a cancer screening and disease prevention program administered by DVA); and
- approved travel to medical consultations and VVCS counselling sessions.

Group 1 participants who registered but who had not submitted compensation claims before 20 September 2005 are eligible for:

- up to five general counselling sessions through VVCS;
- three genetic counselling sessions through VVCS;
- eligibility to attend VVCS-coordinated programs, including the Lifestyle Management Course and Heart Health; and
- eligibility to participate in the BHP (a cancer screening and disease prevention program administered by DVA).

Group 2 Participants

Group 2 participants who have registered before 20 September 2005 can receive:

- up to five general counselling sessions through VVCS; and
- three genetic counselling sessions through VVCS.

Serving Members

Generally, current serving members continue to receive treatment and counselling through the Air Force, however, occasionally the SHCS has paid for treatment for these personnel. This is not common practice and has only involved a handful of participants.

Attachment F outlines benefits and services available to SHCS participants and ex gratia lump sum recipients.

4.2.1.2. Rationale For 20 September 2005 Cut-Off date

The Government decided on the cut-off date of 20 September 2005 for the following reasons:

- since 2001, a significant campaign was undertaken by DVA and the Air Force to ensure people were notified of the SHCS. Extensive communication on the health care scheme was provided by DVA via more than 1300 letters to known F-111 DSRS participants as well as those who had demonstrated an interest in the F-111 issue. This mailout was supplemented by advertisements in Air Force newsletters. As such, it was considered that after four years of advertising the SHCS, all relevant personnel had been notified of the Scheme;
- in light of the fact that the SHCS had been designed to support participants whilst awaiting the outcome of their compensation claim and once all avenues of merit based appeal had been exhausted, it was envisaged that the SHCS would come to an end in June 2008; and
- a media release was issued in August 2005 to notify of these changes and letters were sent to current SHCS Group 1 participants advising them to submit compensation claims before 20 September 2005 if they wished to receive treatment through the SHCS.

It is important to note that the Group 1 and 2 participant definitions under the SHCS include self-nominated individuals. While there may be some overlap between the individuals in the SHCS groups and those deemed eligible as a DSRS participant

under the Tier definitions, Group 1 and 2 participant definitions under the SHCS bear no relation to the Tier definitions for eligibility for an ex gratia lump sum payment or Section 7(2) determination under SRCA.

4.2.1.3. Continuation of the SHCS

On 14 February 2007, the Government announced that existing Group 1 participants who submitted compensation claims before 20 September 2005 would be able to access the SHCS on a continuing and indefinite basis for the treatment of SHOAMP-associated conditions that had not been accepted for compensation (in addition to existing benefits). Subsequently, a participant would be able to access the SHCS for the treatment of undetermined or rejected conditions even if one or more other conditions had been accepted by statutory compensation schemes. This announcement did not affect Group 1 participants who had not lodged claims before 20 September 2005.

On 14th February 2007, it was also announced that eligibility for the BHP would include all Group 1 participants.

The reasoning behind the policy announcement was that it was anticipated that F-111 aircraft maintenance personnel's compensation claims may not be accepted by statutory compensation schemes because the personnel either:

- do not meet the definition of a DSRS participant; or
- the medical evidence submitted with their compensation claims does not show a connection between their service and the conditions claimed.

The new arrangements for the SHCS and BHP would ensure that F-111 aircraft maintenance personnel would continue to receive non-liability health care even after all merit-based avenues of appeal had been exhausted (refer to Attachment F).

4.2.1.4. SHOAMP Health Care Scheme Statistics

Participation

Under the SHCS there are 655 Group 1 participants and 503 Group 2 participants. Of the 655 Group 1 participants, 442 lodged claims for compensation before the 20 September 2005 cut-off date and remain eligible to claim treatment under the SHCS. The remaining 213 Group 1 participants did not lodge a claim prior to the closure of the SHCS and have limited access to the SHCS. Of these 213 participants, less than 10% have either a Gold Card or a White Card for conditions that can be treated by the SHCS.

Medical Treatment Costs

The total treatment costs since 2001 under both the IHCS and SHCS is around $1.8 million. These costs include health care, appliances, counselling and VVCS facilitated courses, (eg Lifestyle Management Courses and Heart Health Programs). The annual cost of treatment under the SHCS has significantly reduced since its peak in 2003-04.

Table 1: IHCS/SHCS Treatment 4/9/01 to 30/6/08

Period	Number of Payments	Total ($m)	%
2001-02	131	..	0.7
2002-03	685	0.2	8.9
2003-04	1,626	0.5	25.9
2004-05	1,416	0.4	21
2005-06	1,513	0.4	24.1
2006-07	876	0.2	12.6
2007-08	438	0.1	6.8
Total	6685	1.8	100

Table 2: Costs per participant in 2007

Cost Range	Participants	%
<$500	23	40
$500-$999	16	28
$1,000-$1,999	5	9
$2,000-$4,999	8	14
$5,000-9,999	3	5
>$10,000	2	4
Total	**57**	**100**

Conditions Requiring Treatment

Sixteen of the 57 participants who accessed treatment in 2007 received treatment for more than one condition. The SHCS funded treatment for 86 different conditions in 2007. Of these 86 different conditions, 40% related to hypertension, erectile dysfunction and reflux.

Table 3: Conditions treated in 2007

Condition	Number	%
Hypertension*	12	14
Erectile Dysfunction	11	13
Reflux*	11	13
Depression	10	12
Combination**	8	9
Eczema/Dermatitis	6	7
Cardiac	5	6
Mental Disorder	4	5
Malignant Neoplasm	3	3
Neurogenic Bladder	3	3
Anxiety	2	2
Irritable Bowel Disorder	2	2
Liver Disease	2	2
Obesity*	2	2
Bowel Polyps	1	1
Chronic Obstructive Pulmonary Disease	1	1
Parkinson's Disease	1	1
Peripheral Neuropathy	1	1
Teeth and Gum*	1	1
Total	**86**	**100**

* These conditions were not normally covered under the SHCS, but were approved on a case by case basis.

**Combination of conditions or not able to be attributed to a single condition.

Treatment Categories

Eighty one percent of conditions claimed during 2007 were for pharmaceuticals or GP/specialist visits only. Only 9% of conditions required multiple modes of treatment.

Table 4: Treatment paid under the SHCS in 2007

Treatment Category	Number	%
Pharmaceuticals only	63	73
Multiple modes	8	9
GP and/or specialist only	7	8
Screening	4	5
Appliances	1	1
Dietician	1	1
Specialist	1	1
Speech Therapy	1	1
Grand Total	**86**	**100**

4.2.1.5. SHCS Coverage

The scope of treatment under SHCS covers a range of conditions identified by the SHOAMP as reasonably related to participation in the DSRS programs. Additionally, the SHCS provides counselling and access to VVCS facilitated courses. As such, the range of services available through the SHCS focuses on a more thorough treatment process while other non-liability health care schemes administered by DVA only provide treatment for cancers (such as the Australian British Nuclear Test non-liability health treatment), PTSD, generalised anxiety disorder, depression and TB. In addition to receiving non-liability health treatment for a broad range of conditions under the SHCS, F-111 aircraft maintenance workers also have access to the BHP which provides specific cancer screening and disease prevention.

Furthermore, the range of aids and appliances available to eligible participants under the SHCS is more extensive in comparison to the provision of these through other DVA administered health schemes.

In light of this, the provision of treatment under the SHCS is significantly broad and inclusive and comparatively generous.

4.2.2. BETTER HEALTH PROGRAM

As part of its response to the findings of the SHOAMP Report, the Government announced the establishment of a Cancer and Health Screening and Disease Prevention Program for F-111 aircraft maintenance workers, which is now known as the Better Health Program (BHP). This program aims to monitor and screen F-111 aircraft maintenance workers for conditions possibly linked to their work in an effort to improve their health outcomes in the longer term.

The BHP was set up with the advice of an Expert Advisory Panel which included professionals in relevant fields. A cost effective GP-based model was developed

which enables participants to access all screening services through their GP who can also recommend appropriate treatment if a positive screening outcome occurs.

The BHP comprises:

- Cancer Screening – provides early detection for colorectal cancer and melanoma; and
- Health Information and Disease Prevention – promotes a healthy lifestyle by providing information on health conditions including erectile dysfunction, depression and anxiety.

The BHP does not cover the costs for any treatment that may be recommended as a result of BHP's processes. If a participant receives a positive result or diagnosis, they are advised to submit a compensation claim through the usual channels.

Table 5: BHP participation

Eligible Participants	Registered Participants	Registered participants who accessed BHP	Costs ($m)
978	452	141 (31%)	0.085

4.3. EX GRATIA LUMP SUM PAYMENT SCHEME

On 19 August 2005, the Minister for Defence, the Hon Robert Hill MP and Minister Assisting the Minister for Defence and Minister for Veterans' Affairs the Hon De-Anne Kelly MP, announced a $20.8 million lump sum payment package to personnel who participated in the four formal F-111 DSRS programs. Under the package, ex gratia lump sum payments of $40,000 (Tier One) or $10,000 (Tier Two) are paid to F-111 DSRS eligible personnel.

The ex gratia payment of $40,000 recognises the special nature of the circumstances experienced by the core group, including those who incinerated the by-products associated with the DSRS programs. The ex gratia payment of $10,000 recognises that those who worked inside the F-111 on one of the four formal programs for lesser periods of time, in specific DSRS hangars providing support to one of the four formal programs or who burned chemicals and solvents associated with one of the four formal programs also experienced conditions unique to their work environment.

It should be noted that these payments are in addition to a person's entitlement to claim compensation and the receipt of such a payment is not related to having an injury or disease. The lump sum is non-taxable and has no impact on existing Government benefits or potential common law claims.

In developing the ex gratia lump sum payment scheme with the Defence, DVA provided input in the areas of scheme design, implementation and delivery.

4.3.1. DEVELOPMENT OF TIER DEFINITIONS

A definition of a DSRS participant was established by a joint working group led by Defence with representation from Defence, Air Force and DVA. This definition is the basis for assessing an individual's eligibility to the ex gratia lump sum payment and/or a determination under the beneficial provisions of subsection 7(2) of the SRCA.

DVA provided expertise relating to Veterans' Affairs repatriation policy, how to structure a definition and the impact of the Tier definitions on other defence and ex-service groups to ensure, where possible, equity of outcomes.

4.3.2. DECISIONS ON QUANTUM OF PAYMENTS

DVA provided advice to Defence on previous lump sum payments, in particular, payments made to former Prisoners Of War (POWs) of Japan, Korea and Europe with the aim of suggesting that the consistency and equity of the Repatriation System be maintained.

In the situation of POW payments, an amount of $25,000 was made in relation to the hardship and suffering of those individuals. In 2007, payments were extended to former POWs of Europe, also of $25,000.

The ultimate decision in respect of payment amount and eligible personnel was made based on a recommendation by the Department of Defence and agreed by the then Prime Minister, Minister for Defence, Minister for Finance and Administration and the Minister for Veterans' Affairs. DVA's understanding is that the decision was made in the context of the funds made available by Government for the initiative.

The payments do not distinguish between military, public servants or civilian contractors but are in recognition of the unique working environment associated with the DSRS activities. They are in addition to the rights of individuals under the various State and Commonwealth workers' compensation schemes and the non-liability health treatment already being provided to a broad range of F-111 maintenance workers.

Table 6: Tier Structure for ex gratia lump sum payment

Tier	Amount
Tier 1	$40,000
Tier 2	$10,000
Tier 3	No lump sum; access to compensation under ss 7(2)only

4.3.3. EX GRATIA PAYMENT CLAIMS ADMINISTRATION

DVA administered the ex gratia lump sum payment scheme on behalf of the Department of Defence from the date of implementation up until 1 July 2007, after which time all funding for the scheme was provided by DVA. DVA is responsible for processing claims for the lump sum benefit, including the determination of eligibility whilst Defence provides the technical assistance to DVA in accessing and interpreting

Air Force records. This process of eligibility determination has been in operation since the scheme was implemented.

To assist in processing F-111 ex gratia lump sum payment claims, an F-111 Lump Sum Payment Team was established comprising Air Force Officers:

- well versed in researching service records;
- with extensive DSRS engineering backgrounds who provides technical advice on claims;
- with extensive personnel management experience who prepares recommendations for the Delegate based on the Air Force records and technical advice.

Along with a DVA Delegate who determines and authorises claims for payment.

In determining eligibility, the Team considers all available evidence. Evidence falls into three categories. They are:

- primary evidence – sourced from official Air Force (or other employer) records including Medical records, individual service and personnel records, the Airman's Trade Progress Sheet, Air Force Record of Training and Employment, and Defence pay records;
- secondary evidence – sourced from statements made to the Air Force Board of Inquiry or in support of an individual's compensation claim, or from the individual's application for inclusion in the Interim or SHOAMP Health Care Schemes; and
- tertiary evidence - usually in the form of a personal photographs, copies of their service records which may have been missing from their individual personnel records or a Statutory Declarations where the Declaration is supported by primary or secondary evidence.

The Air Force staff seconded to the Ex gratia Lump Sum Payment team assist in accessing and interpreting these records. The Airman's Trade Progress Sheet and the Air Force Record of Training and Employment records for individual claimants are known as Air Force technical records and contain information sourced from aircraft maintenance records in existence at the time that the relevant entries were made. While entries in these technical records document the involvement of individuals in relevant aircraft maintenance tasks, they are not in themselves aircraft maintenance records.

If a claimant is dissatisfied with the decision in relation to the ex gratia lump sum they have the option of requesting a review from the Commonwealth Ombudsman's office. DVA has liaised closely with the Ombudsman's office to ensure open access to documentation and information about the claims process. In the Commonwealth Ombudsman's annual report 2006/2007 there is a comment about the working relationship with DVA. The report states:

> "*The consultation between our offices and DVA about the scheme has generally functioned well. While the administration of the scheme presented certain challenges, the deseal/reseal issue serves as a good example of the*

effective way our office and DVA have been able to interact to obtain briefings, seek information about a case or have a decision reconsidered.

The report also comments on the high degree of complexity evident in deseal/reseal cases and goes on to say:

"*It is encouraging to note DVA's openness to different kinds of evidence when considering a claimant's eligibility and the lengths it went to in this case to reconsider the claim further.*"

4.3.3.1. Statutory Declarations

Statutory Declarations can be used as evidence for a claim if other documentation is unavailable. All available evidence is considered. When assessing a claim, the Delegate must firstly assess the evidence from all sources and must be reasonably sure that the evidence supports their declaration. In the absence of any primary or secondary evidence, a statutory declaration may be used. The use of Statutory Declarations in the case of DSRS claims reflects the practice more broadly within the Repatriation system. That is, when making a Statutory Declaration the claimant must include:

- full particulars and history of service;
- the type of documents that did exist and why/how they were lost;
- details of the event/injury that occurred; and
- names and addresses of witnesses who can corroborate the incident and how they know the claimant.

The decision to grant an entitlement to an ex gratia lump sum payment is made on the balance of probabilities. Therefore, where the information outlined in a Statutory Declaration conflicts with evidence from either a primary or secondary source, the Delegate will give less weight to the Statutory Declaration in reaching a decision. The fact that the Statutory Declaration is given less weight in these circumstances is not a reflection of the veracity of the participant's perception regarding the duties that he undertook. Rather, it is the only piece of evidence to support their ability to meet the definition against overwhelming contemporaneous evidence to the contrary.

Staff in the F-111 Lump Sum Payment Team who are involved in the processing of claims go to considerable lengths to support applications that lack all the necessary documentation. Where any of the evidence for service is misplaced or unavailable then the claimant can make a statutory declaration stating the full particulars and history of the service, what documents (if any) there were and how they were lost, and the names and addresses of any witnesses who can corroborate the service record. Where a statutory declaration corroborates a claim, it must provide details of how and why the person making the declaration is able to confirm the claimant's service. This process has resulted in a number of claims being settled in the claimant's favour.

Table 7: Ex Gratia Lump Sum Claims and Payments (As at 7 July 2008)

Type	2005/06	2006/07	2007/08	Total
Tier 1 ($40,000)				
- Claims accepted	496	54	4	**554**
- Expenditure ($m)	19.840	2.160	0.160	**22.160**
Tier 2 ($10,000)				
- Claims accepted	32	13	3	**48**
- Expenditure ($m)	0.320	0.130	0.030	**0.480**
Tier 3 (Able to apply under s7(2) of SRCA)				
- Claims accepted	36	86	2	**124**
Claims rejected	41	434	14	**489**
Decision pending			9	**9**
Total Claims	**605**	**587**	**32**	**1224**
Total Expenditure ($m)	**20.16**	**2.29**	**0.19**	**22.640**

4.4. COMPENSATION AVAILABLE TO PARTICIPANTS

DSRS participants are entitled to claim compensation under WorkCover Queensland, *Safety, Rehabilitation and Compensation Act 1988* (SRCA) and/or the *Veterans' Entitlements Act 1986* (VEA) depending on their individual circumstances. For military personnel, different dates and location of service link into one or both of the Acts.

The SRCA is the Commonwealth's workers' compensation legislation that applies to all employees of the Commonwealth. This includes members and former members of the Australian Defence Force (ADF), Reserves, Cadets and Cadet Instructors and certain other persons who hold honorary rank in the ADF as well as members of certain philanthropic organisations that provide services to the ADF.

The VEA provides compensation and rehabilitation to a veteran, member of the Forces, member of a Peacekeeping Force or Australian mariner for injuries or diseases caused or aggravated by war service or certain defence service on behalf of Australia occurring on or before 30 June 2004. It also provides compensation to eligible dependants if their death is related to service occurring on or before 30 June 2004.

Third party personnel who were involved in DSRS activities such as contracted employees of aircraft maintenance companies who consider that an injury or illness they have is related to this period of employment, can lodge a compensation claim with WorkCover Queensland.

When DVA determines a claim lodged by a member or former member of the ADF in relation to their alleged participation in DSRS work under the VEA or SRCA, the

claims assessor is obliged to consider all possible links to that claimant's general service work history. For instance, a member's or former member's individual service history may involve dual eligibility under both the VEA and SRCA. Depending on the specific legislation under which that individual lodges their claim, their entitlement to compensation may currently be considered in two ways:

- the first is under the specific DSRS provisions under subsection(ss) 7(2) of the SRCA; and
- the second is based on their general work history under the SRCA and/or VEA.

Note that the ss 7(2) provision only became effective following the release of the Government's response to the SHOAMP and approval by the MRCC of SHOAMP conditions for use under ss7(2) of the SRCA and ss31(1) of the C(CGE) 1971 Act.

The initial approach to claims on the establishment of the DSRS Compensation Team was to determine whether the conditions claimed could be linked to the individual's non-DSRS service and accepted under the SRCA and/or the VEA. Where this could be done, the claims were accepted under the relevant Act(s), ensuring that individuals received access to treatment and compensation entitlements as early as possible.

Conditions that could not be accepted under the general provisions were deferred pending firstly the results of the SHOAMP and then, when that report was released, the Government response to this study. This was designed to enable claimants to continue to access their treatment for their claimed conditions through the F-111 IHCS. If a negative decision had been made at this point, treatment would have ceased.

As at 1 July 2008, the Department had received compensation claims from a total of 626 individuals.

- 556 members lodged claims under SRCA for a total of 3769 conditions
- 512 members lodged claims under the VEA for a total of 3655 conditions.
- 442 of the 626 claimants have lodged claims for benefits under both Acts.

As at 1 July 2008 there are 2 outstanding VEA claim and 9 outstanding SRCA claims. New claims are still being received and all claims are being determined as quickly as possible.

It is notable that of the 554 Tier 1 ex gratia payment recipients, around 300 have never lodged claims for compensation under either the SRCA or the VEA. This statistic is consistent with the findings of SHOAMP which indicate that the core group of workers do not have a statistical elevation in diseases. It is also an expected result in light of the fact that the ex gratia lump sum payment is in recognition of the unique working conditions experienced by F-111 DSRS workers and does not require the recipient to be ill from that work.

4.4.1. COVERAGE UNDER THE SRCA

The SRCA provides the legislative framework for a workers' compensation scheme for employees of the Commonwealth and certain corporations, including members and former members of the ADF. Comcare is a Commonwealth statutory authority established under the SRCA to administer the scheme. However, it does not cover employees of third party aviation maintenance companies such as Hawker de Havilland or AWASCO who are only covered by WorkCover Queensland.

4.4.1.1. Compensation benefits under the SRCA

For defence-related claims under the SRCA, the Commonwealth is liable to pay compensation in respect of an injury suffered by a member or former member arising out of, or in the course of, relevant defence service, or in respect of a disease suffered by a member or former member that was contributed to in a significant degree by relevant defence service. The onus of proof rests with the member or former member to establish a probable (rather than simply a possible) connection between the injury and relevant defence service before a claim can be determined in the member's or former member's favour.

Once a connection to defence service has been established, compensation and other benefits may be payable under the SRCA, which include:

- weekly compensation payments for a compensable injury resulting in incapacity for work;
- lump sum payments of compensation for permanent impairment (PI) and non-economic loss suffered as a result of the compensable injury;
- compensation for the cost of any medical treatment, including surgical, pharmaceutical, etc, which is reasonably required as a result of the compensable injury;
- compensation for dependants of an employee whose death is a result of a compensable injury;
- payment for the costs incurred for the provision of normal household services which the employee is no longer able to undertake due to the compensable injury;
- payment for the cost of attendant care services to assist with personal hygiene, dressing, taking medications etc, if these services are reasonably required as a result of the compensable injury;
- financial assistance with essential home, workplace and motor vehicle modifications required as the result of a compensable injury; and
- medical, vocational and psychological rehabilitation which aims, where possible, to return the employee to suitable work as soon as practicable. Where this is not possible it aims to maximise the extent of his or her physical, social and mental health recovery.

Defence Determination 2000/1 provides additional compensation for members and former members of the ADF who suffer an injury that results in death or severe impairment and in respect of which compensation is payable under the SRCA.

4.4.1.2. Subsection 7(2) of the SRCA

Following the release of the SHOAMP, the Doctors Advisory Committee reconvened to examine the outcomes of the study and how they compared to those conditions covered by the IHCS. The Study did not support coverage for some conditions previously covered by the IHCS such as heart conditions, chronic respiratory conditions and chronic infections. Within the constraints of the SHOAMP, the Doctors Advisory Committee took the most generous view of whether there was a possible link to DSRS activities, whilst ensuring that all decisions were based on reasonable medical evidence.

International Classification of Disease system codes were added to the list of conditions to enable processing of compensation claims under the relevant legislation.

The Doctors Advisory Committee agreed on a list of conditions that could possibly be associated with activities undertaken as part of the four formal DSRS programs compared to those tasks undertaken by non-technical staff at RAAF Base Amberley.

As a result of this, the Military Rehabilitation and Compensation Commission (MRCC) approved the use of powers in ss7(2) of the SRCA, and its antecedent legislation ss 31 of the C(CGE) Act 1971, for the tiered groups of ADF members and former members who worked in the DSRS programs. The effect of this policy is that if a member or former member is diagnosed with a disease in the list endorsed by the MRCC, and that he or she belongs to at least the third tier of DSRS participants, DSRS participation will be deemed to have significantly contributed to the contraction of that disease. Once this is established, the member or former member is relieved from any onus to prove on the balance of probabilities that his or her DSRS participation significantly contributed to the contraction of the disease and liability will be accepted. Once liability is accepted, entitlement to PI, incapacity payments and rehabilitation must be established before compensation under the SRCA becomes payable to the member or former member in accordance with the applicable provisions of that Act.

4.4.2. COVERAGE UNDER THE VEA

The VEA provides health treatment and compensation benefits for those ADF personnel who have incurred injuries and diseases as a result of their participation in wars or conflicts, or warlike and non-warlike service. In certain circumstances, peacetime service between 7 December 1972 and 6 April 1994 may also be covered under the VEA.

All claims for compensation submitted to the Department of Veterans' Affairs, under the VEA, are examined and determined by a delegate of the Repatriation Commission. In determining whether or not a veteran or serving member's injury is caused by service, the delegate of the Repatriation Commission must have regard to the Statements of Principles (SoPs).

SoPs are legislative instruments issued by the Repatriation Medical Authority (RMA) and are binding on the Repatriation Commission and other decision-making bodies in determining VEA compensation claims. They set out the minimum factors that must

exist in order to establish a causal connection between particular diseases, injuries or death and service.

The RMA is an independent statutory authority, consisting of a panel of five practitioners who are eminent in fields of medical science. Its role is to determine what factors can be said to cause an injury, disease or death under the VEA, and what constitutes "sound medical-scientific evidence" of a relationship between eligible service and the development of a particular condition.

There are two SoPs for each condition. One SoP applies to those who have operational service and provides for determination of claims under the VEA based on a reasonable hypothesis. The other SoP applies to those who have other eligible service, such as DSRS activities, and provides for determination of claims based on the balance of probabilities. SoPs are registered with the Attorney General's Department and tabled in both Houses of Parliament.

When the RMA considers that there is sound medical-scientific evidence available for a particular injury or disease, it is then open to amend or make new SoPs relating to a medical condition. In making this determination, the RMA conducts extensive investigations of the medical literature and research available worldwide.

The RMA considered the SHOAMP report findings and, where evidence supported new SoPs or new factors within SoPs, they issued or changed the relevant SoPs. The RMA created a new SOP for Solvent Related Chronic Encephalopathy. Under this new SOP, in order to link an individual's condition to their eligible service, the factor that must as a minimum exist is "the inhaling, ingesting or having cutaneous contact with a specified volatile substance, in an unventilated and confined space, for a specified period of time". A specified volatile substance is classed as:

(a) toluene (methyl benzene);

(b) styrene;

(c) trichloroethylene;

(d) dichloromethane; or

(e) carbon disulphide.

There are only a few SoPs which contain factors relating to a chemical work environment. Accordingly most of the conditions which have been accepted under the VEA have been accepted because the Delegate has been able to establish a link between the conditions of the member's service and the claimed condition in accordance with the relevant SoPs such as orthopaedic conditions and smoking related conditions.

The conditions which have been accepted under the VEA related to the environmental circumstances of DSRS work are some skin conditions, minor eye irritations, some minor nasal irritations and some phobias such as claustrophobia and agoraphobia.

4.4.2.1. Benefits

Under the VEA, compensation is paid only as a fortnightly pension. VEA benefits are paid for life and, depending on the level of disability pension, may include access to the Gold Card for health care treatment. Offsetting provisions apply to VEA disability pensions where the same condition is accepted under both the VEA and the SRCA.

Other benefits payable under the VEA, include:

- War Widow's and orphan's pension;
- Health Treatment Cards for specific conditions or full treatment for all conditions;
- Commonwealth Seniors Health Card;
- Fringe benefits;
- aids and appliances;
- Counselling services;
- Educational benefits to children;
- Rent assistance;
- Income support payments to eligible veterans' and their dependants; and
- Various allowances such as Pharmaceutical allowance, Telephone allowance, Utilities allowance and Remote area allowance for income support recipients.

4.4.2.2. Entitlement to Dual Eligibility

Members of the ADF who have completed 3 years continuous full time service before 7 April 1994 have entitlement to claim compensation under both the VEA and the SRCA in respect of peacetime service that fell between 7 December 1972 and 6 April 1994. The standard of proof under both Acts is the civil standard.

Dual eligibility continues to apply for those who enlisted prior to 22 May 1986 (commencement of VEA) and who served in an unbroken period beyond 6 April 1994. Exceptions to the '3 year' rule apply to National Servicemen and those medically discharged. ADF members who enlisted on or after 7 April 1991 and who only have Peacetime Service are not able to claim under the VEA.

4.4.3. STATISTICS IN RELATION TO OUTCOMES UNDER BOTH THE SRCA AND VEA

Table 8: Compensation claims

Legislation	Total Claimants	Number of conditions claimed	At least 1 condition accepted due to DSRS	At least 1 condition accepted for other reasons
SRCA	556	3769	302	323
VEA	512	3655	110	318

The majority of claimants claimed more than one condition. Under the SRCA a high number were accepted as related to DSRS activities while under the VEA a greater number were accepted as related to other periods of service. Some people were not successful in any of their claims.

Table 9: Compensation payments (through Compensation DSRS Team)

VEA ($m)			SRCA ($m)			
Disability Pension[1]	**War Widows[2]**	**Medical expenses[3]**	**Permanent Impairment[4]**	**Incapacity[5]**	**Death Payments[6]**	**Medical expenses[7]**
7.9	0.7	7.5	7.5	6.6	2.4	3.1
	16.1			19.6		

[1] The total amount of disability pension as of 13 June 2008 paid to claimants as a result of claims lodged since the commencement of the Deseal Reseal Compensation Team. Conditions may not have been accepted as due to Deseal Reseal.
[2] The total of War Widows pension as of 13 June 2008 paid to the widows of claimants who were considered by the Deseal Reseal Compensation Team. Death may not have been accepted as due to Deseal Reseal.
[3] The total medical expenses paid to those who lodged a claim and were considered by the Deseal Reseal Compensation team. Some costs may be related to non-DSRS conditions.
[4] The total PI payments as of 1 July 2008 to Deseal Reseal applicants. Not all payments are in relation to conditions accepted as related to Deseal Reseal.
[5] Total Incapacity payments as of 1 July 2008 paid under SRCA to Deseal Reseal Claimants.
[6] Death payments as of 1 July 2008 made under SCRA to the widows of claimants who were considered by the Deseal Reseal Compensation Team.
[7] Medical expenses as of 1 July 2008 paid under SRCA. This includes costs of investigating claims where that cost was paid under SRCA (some costs paid under VEA).

Table 10: Compensation payments by Ex Gratia Lump Sum Tier category

Tier	VEA ($m)		SRCA ($m)		
	Disability Pension	War Widows	Permanent Impairment	Incapacity	Death Payments
1	3.6	0.03	3.6	3.8	0.4
2	0.1	0.0	0.3	0.4	0.0
3	0.7	0.0	0.9	0.2	0.0
	4.4		11.6		

Note that the payments in Table 10 are a subset of the total amount of payments made to claimants considered and processed by the DSRS team in Table 9.

This is because an individual who has lodged their compensation claim as being related to DSRS work would not necessarily be considered eligible as a DSRS participant under the Tier definitions. Their claim may have been accepted due to other periods of service.

This statistic further highlights the intrinsic difference between the nature of the ex gratia payment and compensation as they relate to DSRS work. That is, that the ex gratia payment is in recognition of the unique working environment associated with DSRS activities, whereas, compensation is commensurate with a specific illness or disease suffered as a result of DSRS or other military service.

Compensation Outcomes by Legislation

Table 11: SRCA Compensation Outcomes

Accepted due to DSRS			Accepted (but not DSRS)	Rejected	Claim withdrawn
Medical evidence	Under ss7(2)	Under ss31(1)			
24%	9%	1%	12%	50%	4%

Table 12: VEA Compensation Outcomes

Accepted (DSRS)	Accepted (not DSRS)	Rejected	Claims Withdrawn
4%	29%	63%	4%

The differences between table 11 and table 12 contrast the two pieces of legislation. The VEA is required to use Statements of Principles (SoP) which require a firm diagnosis of disease and then must relate that condition to factors within the SoP. Under the SRCA, while a diagnosis in accordance with ICD-10 is preferred for administrative purposes, it is not necessary to identify a disease with the label of a recognised medical condition.

PART 5. ISSUES

5.1. ELIGIBILITY DATE FOR DECEASED ESTATES

The Government decided to grant payments to the estate of an individual who died and would have otherwise satisfied the Tier 1 or Tier 2 definition of an F-111 DSRS participant.

It is usual for Government policies to put in place limitations on claims. Therefore, in order to provide the most generous date of effect, estates were paid where the DSRS participant died on or after 8 September 2001 on the basis that this was the first time that the ADF had publicly admitted possible liability.

In determining whether there should be any retrospectivity in regards to ex gratia payments, the previous whole-of-government approach to such issues was that there should be none. This was the case with the ex gratia payment to Australian former Prisoners of War of Japan and Korea. The payment was available to the estate of deceased former Prisoners of War where they had died within six months of the date of the Government announcement. While there is some concern expressed about the determination of the date of effect, there are a number of issues.

The Air Force made significant efforts to determine the number of deaths of DSRS participants since the introduction of the program in the 1970s. This was an issue raised in the context of the BOI as well as the research into the SHOAMP Report. It has not been possible to determine the exact number of the DSRS group who have since died. In addition, there is the difficulty and complexities of delivering the payment to the beneficiaries of an estate where the estate has been settled for up to 30 years.

The issue of an alternative date for eligibility to the ex gratia payment by a deceased estate has been raised on a number of occasions by the DSRS Support Group. In particular, reference has been made to the date of Air Force's commissioning of a BOI on 19 July 2000. The commissioning of the BOI was not an admission of liability. Rather, a BOI is sometimes necessary to provide an Investigating Officer with appropriate powers to interview witnesses, gather evidence, and make findings and recommendations.

Based on the date of death of those estates known to Air Force, a change of date will not enable any further claims to succeed.

5.2. USE OF SECTION 180A DETERMINATIONS UNDER THE VEA

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 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 (when the VEA was amended in 1994) 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.

The power given to the Commission allows it to grant entitlements to certain classes of veterans when it considers that such entitlements should exist, although this provision is not unfettered and is subject to certain pre-conditions contained in subsection 180A(1) of the VEA being met. When making any such determinations, ss 180A (2) and (3) limit the extent of the Commission's powers by imposing the same requirements that apply to the RMA. That is, the Commission must specify both 'the factors that must as a minimum exist' and 'which of those factors must be related to service'.

In the first instance, this provision can only be used where the RMA has declared that it does not propose to make or amend a SoP. In the case of the DSRS participants, this has not occurred. Nevertheless, if this preliminary criterion was met, the Commission must then determine the scope of any proposed determinations that can lawfully be made under ss 180A(2) and (3).

The requirements contained within ss.180A(5) and (6) make it clear that once a determination has been made, any relevant SoPs do not apply to the class of veteran covered by the s.180A determination. This effectively means that if any of the veterans within the potential class of veterans could be successful under one of the factors already listed by the RMA, then these veterans should be excluded from the class being considered under s 180A.

A 'factor' for these purposes needs to define the circumstances, fact or influence that produced a particular injury, disease or death. In articulating the factors that must as a minimum exist, it is not enough to list generic terms such as participation in DSRS work. Rather, a factor needs to define the element or component of that service in a quantifiable way. For example, 'exposure to herbicides in Vietnam' rather than 'service in Vietnam between 31 Jul 1962 and 11 Jan 1973'. This suggests that some credible basis to support the claim needs to exist. Consequently, in 1998, the Commission advised policy areas within the Department that it would only consider submissions supported by medical-scientific evidence as defined in the VEA.

The RMA examined the SHOAMP's findings and, where there was additional evidence that supported the Study's findings, they created and amended relevant SoPs (eg Solvent Related Chronic Encephalopathy).

The Repatriation Commission does not have any additional information before it that has not already been taken into account by the RMA.

Therefore, there is no additional information that would enable the Repatriation Commission to determine factors for s 180A determinations outside of those injuries/diseases that have already been addressed by the RMA.

5.3. TIME TAKEN TO DETERMINE COMPENSATION CLAIMS

The issue of delayed compensation claims has often been raised. When the Specialist DSRS Compensation Team was established in September 2001 it had already been announced that a Health Study would be undertaken to assess the effects of the DSRS chemicals on individuals. The decision was therefore taken to defer determination on those conditions which could not be accepted under the existing legislation pending the outcome of this Study.

Each condition claimed was fully investigated and a Delegate assessed the evidence. If a link could be established between the member's service and the claimed condition by way of SoPs (VEA claims) the condition was accepted and subsequently assessed for disability pension purposes. Where there was a favourable medical opinion establishing a link between the condition claimed under SRCA and the member's service the condition was accepted and entitlement to lump sum permanent impairment (PI) payment could be considered.

This approach allowed the members to access treatment for the accepted conditions as provided for by the relevant legislation. However if no link could be established a decision on the claim was deferred; this allowed the member to continue to access medical treatment and other benefits for these conditions through the IHCS pending the results of the Health Study.

The Government response to the Health Study provided the authority for the outstanding SRCA claims to be finally determined. The MRCC approved the use of powers contained in ss7(2) of the SRCA and s31 of the C(CGE) Act 1971 for a group of diseases identified by doctors in the Departments of Defence and Veterans' Affairs as showing a significant increase in presentation amongst the DSRS group. A list of these conditions is provided in Attachment E.

The purpose of ss7(2) of SRCA and s31 of the 1971 Act 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. The MRCC determined that those participants who met the criteria in the Tier Definitions would have the provisions of ss7(2) or 31 applied to their claims.

The outstanding SRCA claims were then determined with the conditions meeting the criteria in Attachment E being accepted for those claimants who met the Tier definitions. The remaining conditions for this group and all other claims were rejected when there was no medical link established.

As the Government response to the Health Study provided no further authority in relation to the VEA claims, action was also taken to determine these outstanding claims in accordance with the SoPs as required by the VEA.

In summary, the rejection of the DSRS claims did not commence until the Commission's direction following the Government response to the Health Study. Due to the large number of claims to be determined in line with the Government decision, combined with the ongoing investigation of both new liability and PI claims, the work had to be prioritised and managed progressively. A number of claimants are still

considering their options in regard to taking Common Law action and therefore have not proceeded with claims for PI payments.

5.4. ASSISTANCE TO DSRS SUPPORT GROUP

Throughout the various inquiries and studies on F-111 DSRS maintenance workers, both Defence and DVA have made considerable efforts to include and provide information to the DSRS Support Group.

DVA provided a staff member on a 'needs basis' to answer questions, and DVA staff members attended numerous DSRS Support Group meetings to provide assistance and to respond to the Group's inquiries and concerns. There has also been Departmental representation at several meetings with Members of Parliament and their constituents in addition to inter-Departmental meetings involving the DSRS Support Group.

Following the Government's response to the SHOAMP, DVA staff processing claims for compensation relating to DSRS work personally contacted unsuccessful claimants to discuss the outcome of their claims and to provide further assistance where necessary. This was prior to and in addition to the Department's protocol of advising a claimant of the outcome of their claim via correspondence. Furthermore, DVA staff made efforts to visit DSRS claimants who were known to be unwell and/or in hospital to discuss the outcome of their claim prior to mailing their decision letter.

ATTACHMENT A

ELIGIBILITY REQUIREMENTS FOR THE SHOAMP HEALTH CARE SCHEME

The following people who applied for the SHCS prior to 20 September 2005 have received eligibility for Group 1 and Group 2 status:

Group 1 status:

- Personnel involved in the F-111 Deseal/Reseal training conducted in Sacramento USA;
- Personnel, including supervisors, involved in the 1st and 2nd Deseal/Reseal Programs 1977-82 and 1991-93; the Spray Seal Program 1996-99 and the Wings Deseal/Reseal Program 1985-92;
- Personnel involved in the regular burning or disposal of Deseal/Reseal products including firefighters, boiler attendants, plant attendants and Department of Construction workers;
- Personnel who dismantled and/or disposed of the canvas from the Air Transportable Deseal/Reseal Hangar (the 'Rag Hangar');
- Personnel whose primary place of duty was within the Deseal/Reseal hangars;
- Fuel farm workers and personnel involved in the transport, delivery and handling of Deseal/Reseal products including SR51/51A. These workers and personnel must have regularly performed duties of supply and disposal of Deseal/Reseal products and must have had regular contact with contaminated fuel from the defuel process either at RAAF Base Amberley or No.7 Stores Depot;
- Personnel immersed in the settling pond at RAAF Base Amberley; and
- Work Experience students at Hawker de Havilland who worked inside the tanks.

Group 2 status:

- The immediate family members of Group 1 participants; and
- Service personnel and civilian employees employed on the Base during the F-111 Deseal/Reseal programs who are not covered by the Group 1 definition.

ATTACHMENT B

DEFINITION OF A DESEAL/RESEAL PARTICIPANT FOR THE PURPOSES OF THE LUMP SUM PAYMENT SCHEME

Tier 1 - $40,000

A person who meets any one of the following criteria will be eligible to receive a lump sum payment of $40,000:

1. A person who spent at least 30 cumulative working days on the Fuselage Deseal/Reseal or Respray Programs during the period 1977 – 1982, 1991 – 1993 and 1996 – 2000, whose duties involved working inside F-111 fuel tanks; or
2. A person who spent at least 30 cumulative working days on the Wing tank program during the period 1985 – 1992; or
3. A person who spent at least 60 cumulative working days carrying out Sealant Rework **(** Pick and Patch) during the period 1973 – 2000 while attached to an F-111 deseal/reseal section; or
4. Boiler and Plant Attendants whose usual place of duty was the Base Incinerator as an Incinerator operator and who spent at least 30 cumulative working days undertaking these duties during the period 1976 – 1986; or
5. A person who can demonstrate that they would have met one of the above criteria except for the fact that they:

    - had an immediate physical reaction; and
    - required medical treatment or intervention; and
    - were given a work restriction or medical fitness advice (PM 101) stating that they should not return to that working environment.

Tier 2 – $10,000

A person who meets any one of the following criteria will be eligible to receive a lump sum payment of $10,000:

1 A person who spent between 10 and 29 cumulative working days on the Fuselage Deseal/Reseal or Respray Programs during the period 1977 – 1982, 1991 – 1993 and 1996 – 2000, whose duties involved working inside F-111 fuel tanks; or

2 A person who spent between 10 and 29 cumulative working days on the Wing tank program during the period 1985 – 1992; or

3 A person who spent between 20 and 59 cumulative working days carrying out Sealant Rework (Pick and Patch) during the period 1973 – 2000 while attached to an F-111 deseal/reseal section; or

4 Boiler and Plant Attendants whose usual place of duty was the Base Incinerator as an Incinerator operator and who spent between 10 and 29 cumulative working days undertaking these duties during the period 1976 – 1986; or

5 Fire Fighters whose usual place of duty was a Unit at RAAF Base Amberley and who spent at least 60 cumulative working days actively involved in the burning of by-products from the F-111 DSRS process during the period 1976 – 1994; or

6 Personnel who were not involved in tank entry and whose usual place of duty was the Rag Hangar for 60 cumulative working days during the period Dec 1977 - Nov 1983; or

7 Personnel who were not involved in tank entry and whose usual place of duty was Hangar 255, 260, 277 or 278 for a continuous period of 60 cumulative working days during the period 1977 – 1982, 1991 – 1993 and 1996 – 2000; or

8 A person who can demonstrate that they would have met one of the above criteria except for the fact that they:

- had an immediate physical reaction; and
- required medical treatment or intervention; and
- were given a work restriction or medical fitness advice (PM 101) stating that they should not return to that working environment.

Note**:** Only one ex gratia payment may be made regardless of how many times a person may be eligible. Where a claimant is assessed as eligible for both payments, the higher amount will be paid.

Tier 3 - Definition of a DSRS participant for the purposes of ss7(2) of the SRCA

The following personnel should be considered for inclusion in any determination under s7(2) of the SRCA:

1 Personnel who worked on the Fuselage Deseal/Reseal or Respray Programs during the period 1977 – 1982, 1991 – 1993 and 1996 – 2000, whose duties involved working inside F-111 fuel tanks; or

2 Personnel who worked on the Wing tank program during the period 1985 – 1992; or

3 personnel carried out Sealant Rework (Pick and Patch) during the period 1973 – 2000 while attached to an F-111 deseal/reseal section; or

4 Boiler and Plant Attendants whose usual place of duty was the Base Incinerator as an Incinerator operator during the period 1976 – 1986; or

5 Fire Fighters whose usual place of duty was a Unit at RAAF Base Amberley and who were actively involved in the burning of by-products from the F-111 DSRS process during the period 1976 – 1994; or

6 Personnel who were not involved in tank entry and whose usual place of duty was the Rag Hangar during the period Dec 1977 – Nov 1983; or

7 Personnel who were not involved in tank entry and whose usual place of duty was Hangar 255, 260, 277 or 278 during the period 1977 – 1982, 1991 – 1993 and 1996 – 2000; or

8 Motor Transport Drivers involved in the first deseal/reseal program who came into contact with aviation fuel contaminated with deseal/reseal by-products during the period 1977-1982;or

9 Maintenance personnel on the air transportable (‘rag’) hangar who were involved in removing/replacing canvas or dismantling the Hangar during relevant periods in 1978, 1980 and 1984; or

10 Personnel employed in Engine Test Cell No 1 during the period 1976 – 1986; or

11 Personnel tasked with entering the Warrill Creek Settling Pond for the purpose of maintaining the physical barrier during the period 1977– 2000.

EXCLUSIONS

This definition should not include others indirectly involved in the DS/RS procedures such as:

- K Group and 7SD personnel; and
- Dept of Housing and Construction Staff; and
- ADG (or other personnel) who entered Warrill Creek for any other reason;
- Security Personnel; and
- Work Experience students.

Note:

- *Some personnel have been employed on more than one task giving them different levels of exposure. These personnel should be assessed for the highest level of exposure – for example a member employed on both the Wings Program and one or more of the fuselage programs be assessed for having worked in the fuselage programs.*

DETAILS OF EXPOSURE

DIRECT INVOLVEMENT

1 Personnel who worked inside body fuel tanks of the F-111 aircraft for extended periods of time for a cumulative period of not less than 30 working days, removing sealant and / or resealing the tanks. This category is exclusive to personnel employed in the F-111 Deseal/Reseal and Respray programs over the period 1977 to 1982, 1991 to 1993 and 1996 to 2000. The personnel involved include those involved in aircraft preparation, chemical deseal/water-pick, hand cleaning, barrier application, sealant application, plumbing in, air (dry) checks and fuel (wet) checks. This does not include Motor Transport Drivers who employed as Fuel Tank Drivers who may have been responsible for de-fueling F-111 aircraft prior to Deseal/Reseal activities being undertaken.

2 Personnel employed full time on the wing tank program actively removing and replacing sealant for a period of not less than 30 cumulative working days between 1985 and 1992.

3 Personnel working on sealant rework (pick and patch) inside fuselage fuel tanks of the F - 111 aircraft for a cumulative period of not less than 60 working days while attached to a Deseal/Reseal section of 501 WG, over the period 1973 to 2000, **plus** those six personnel posted to Sacramento who completed training in deseal/reseal procedures.

4 Personnel regularly disposing of Deseal/Reseal products by burning, in particular the Sealant Remover SR51 and SR51A, at the RAAF Base Amberley incinerator for a cumulative period of not less than 30 working days between 1976 and 1986.

INDIRECT INVOLVEMENT

1 Personnel who worked inside body fuel tanks of the F-111 aircraft for extended periods of time for a cumulative period of between 10 and 29 cumulative working days, removing sealant and / or resealing the tanks. This category is exclusive to personnel employed in the F-111 Deseal/Reseal and Respray programs over the period 1977 to 1982, 1991 to 1993 and 1996 to 2000. The personnel involved include those involved in aircraft preparation, chemical deseal/water-pick, hand cleaning, barrier application, sealant application, plumbing in, air (dry) checks and fuel (wet) checks. This does not include Motor Transport Drivers employed as Fuel Tank Drivers who may have been responsible for de-fueling F-111 aircraft prior to Deseal/Reseal activities being undertaken.

2 Personnel employed full time on the wing tank program actively removing and replacing sealant for a cumulative period of between 10 and 29 cumulative working days between 1985 and 1992.

3 Personnel working on sealant rework (pick and patch) inside fuselage fuel tanks of the F - 111 aircraft for a cumulative period of between 10 and 59 cumulative working days while attached to a Deseal Reseal section of 501 WG, over the period 1973 to 2000.

4 Personnel regularly disposing of Deseal/Reseal products by burning, in particular the Sealant Remover SR51 and SR51A, at the RAAF Base Amberley incinerator for a cumulative period of between 10 and 29 cumulative working days between 1976 and 1986.

5 Fire fighters permanently posted to a Unit at RAAF Base Amberley and who were actively involved in burning bi-products from the F-111 DS/RS process (including the Sealant Remover SR51 and SR51A) at the fire pits for training and/or disposal purposes, for a cumulative period of not less than 60 working days during the period 1976 to 1994.

6 Personnel indirectly involved in DS/RS, for whom their normal place of work was the DS/RS air transportable (‘rag hangar’) Hangar or Hangars 255, 260, 277 and 278 and who provided direct support to those staff entering F-111 fuel tanks for a period of 60 cumulative working days. This does not include those personnel who may have regularly visited these hangars in the course of their duty.

ATTACHMENT C

ADDITIONAL F-111 HEALTH STUDIES

Mortality and Cancer Incidence Monitoring in F-111 Deseal/Reseal Personnel

The *Mortality and Cancer Incidence Monitoring in F-111 Deseal/Reseal Personnel* is a longitudinal study examining the cancer incidence and mortality rates of the F-111 Deseal/Reseal cohort up to December 2004 against two appropriately matched comparison groups that served at RAAF Base Amberley and RAAF Base Richmond. This study was undertaken by the Australian Institute of Health and Welfare.

The results reflect those found in the Study of Health Outcomes in Aircraft Maintenance Personnel (SHOAMP) report, ie the cancer rate was found to be 41%-48% higher in the DSRS group compared to the comparison groups, however these elevations were of borderline statistical significance. The mortality rate in the DSRS group is similar, if not lower, than the rate in the comparison groups and the general population, possibly due to survivor bias as indicated previously in the SHOAMP.

A report will be published in the second half of 2008 outlining the results of the study.

Toxicological Effects of Chemicals used in the F-111 Deseal/Reseal Programs

A study was undertaken in 2001 by The University of Sydney to determine the toxicological effects of the chemicals used in the DSRS programs, in particular, whether the chemicals used in the DSRS programs were mutagenic (caused permanent DNA damage). The results from this study found that SR-51, one of the chemicals used in the DSRS programs, was cytotoxic (toxic to cells) at relatively low concentrations, but there was no evidence that it was mutagenic. The conclusion was that SR-51 is unlikely to be carcinogenic (causes cancer) via a mutagenic mechanism.

A follow-up study was undertaken in 2005 by The University of Sydney to examine the toxicological effect of SR-51 on memory loss in mice, effect of temperature changes on the toxicity profile of SR-51 and the genotoxic (DNA damage) potential of chemicals (eg SR-51). The results of the study found:

- The results neither proved nor disproved that SR-51 exposure in mice affects memory;
- Post-mortem examination found enlarged spleens in those mice exposed to a high dose of SR-51 for the memory test;
- SR-51 was shown to be affected by increasing temperature. This could potentially alter the toxicity profile of SR-51 if exposed via inhalation; and
- There was no evidence that exposure to SR-51 damages DNA, and confirms previous findings that SR-51 is unlikely to be carcinogenic via a direct genotoxic mechanism.

ATTACHMENT D

COMPARISON OF CONDITIONS UNDER IHCS AND SHCS

Eligibility	ADF & civilian personnel who have submitted compensation claims through the relevant authority have access to treatment and counselling
Conditions under IHCS	Conditions covered under the IHCS include: • Skin rashes and associated systemic conditions • Neurological conditions • Mental disorder • Personality change • Neoplasms • Haematological conditions • Liver disease • Gastrointestinal problems • Fatigue • Coronary heart disease, its precursors & sequelae • Chronic infections • Chronic respiratory conditions
19 August 2005 Eligibility for IHCS participants	IHCS was replaced with SHCS 1. All IHCS participants (automatically transferred to new SHCS)
Conditions under SHCS	• Skin rashes and associated systemic conditions • Neurological conditions • Mental disorders and personality changes • Malignant neoplasms and myeloproliferative disorders • Liver diseases • Gastrointestinal problems (lower) • Immunological disorders NB: Participants who received treatment through the IHCS for coronary heart disease, chronic respiratory and chronic infections, were able to continue receiving this treatment under the SHCS
Eligibility for new registrants	2. New registrations must be received and compensations claims lodged by 20 September 2005 to access treatment and counselling
Conditions under SHCS	No scope for treatment under SHCS for heart, chronic respiratory and infections for all new registrants of the SHCS

ATTACHMENT E

THE RANGE OF TREATMENT AND HEALTH BENEFITS PROVIDED UNDER THE SHCS

Treatment available under the SHCS include: medical treatment by a General Practitioner or specialist, hospital treatment, pharmaceuticals, Radiology, Physiotherapy, Occupational Therapy, Speech Therapy, Psychology, Psychiatry, Dietetics and household and respite services.

The table below indicates the conditions treated under the Scheme -

Category	**Condition**
Skin rashes and associated systemic conditions	Dysplastic naevus Eczema/dermatitis
Neurological conditions	Multiple sclerosis Parkinson's disease Peripheral neuropathy Spinal muscular atrophy Erectile dysfunction Cauda equine syndrome Neurogenic bladder Non-alcoholic toxic encephalopathy Acquired colour vision deficiency
Mental disorders and personality changes	Depression Sleep disorders with neurological basis Bi-polar affective disorder Vertigo Memory loss Anxiety Panic disorders Impaired cognition Alcohol and drug dependence
Malignant neoplasms and myeloproliferative disorders	All
Liver diseases	Liver disease (excluding diabetes) Pancreatic disease
Gastrointestinal problems	Irritable bowel disorder Ulcerative colitis/Crohn's disease Diverticulitis Bowel polyps
Immunological disorders	Mixed connective tissue disease Systemic lupus erythematosus Sarcoidosis

ATTACHMENT F

BENEFITS AND SERVICES AVAILABLE TO SHCS PARTICIPANTS AND EX GRATIA LUMP SUM RECIPIENTS

	Reimbursement for specified conditions through SHCS	VVCS general counselling	VVCS genetic counselling	VVCS programs, incl Lifestyle Management Course & Heart Health	Better Health Program	Ex gratia lump sum payment $40,000	Ex gratia lump sum payment $10,000	Recognition for working on the F-111 Deseal/Reseal Programs for compensation purposes
Group 1 SHCS (submitted claims before 20 Sept 2005)	✓	Unlimited	3 sessions	✓	✓			
Group 1 SHCS (did not submit claims before 20 Sept 2005)		5 sessions	3 sessions	✓	✓			
Group 2 SHCS		5 sessions	3 sessions					
Tier 1 ex gratia					✓	✓		
Tier 2 ex gratia					✓		✓	
Tier 3 ex gratia					✓			✓

Note: Group 1/Group 2 and ex gratia status are not mutually exclusive and personnel can be eligible under both SHCS and ex gratia schemes.

ATTACHMENT G

GLOSSARY OF TERMS

BHP	Better Health Program
BOI	Board of Inquiry
DSRS	Deseal/Reseal
DVA	Department of Veterans' Affairs
IHCS	Interim Health Care Scheme
RAAF	Royal Australian Air Force
SRCA	Safety, Rehabilitation and Compensation Act 1988
SHCS	SHOAMP Health Care Scheme
VEA	Veterans' Entitlement Act 1986
..	A small amount but not zero

ATTACHMENT H

RESPONSIBILITIES OF DEFENCE AND DVA

	ISSUE	**Department Responsible (Y/N)**		
		DVA	**JOINT**	**DEFENCE**
1(a)	Reasons for four formal Deseal/Reseal (DSRS) programs	N		Y
(b)	Nature of F-111 DSRS programs and processes	N		Y
(c)	Personnel involved	N		Y
(d)	Distinction between DSRS and 'Pick & Patch'	N		Y
2	Board of Inquiry (BOI)	N		Y
3	**Study of Health Outcomes of Aircraft Personnel (SHOAMP)**			
	- Funding of SHOAMP	N		Y
	- Administration of SHOAMP	Y		N
4	**Ex gratia scheme:**			
	- eligibility determinations:			
	(i) technical assessments	N		Y
	(ii) final decision based on technical assessment	Y		N
	- funding:			
	(1) From implementation up until 01/07/2007	N		Y
	(2) From 01/07/2007 onwards	Y		N
	- administration	Y		N
	- staffing ie. RAAF staff seconded to DVA	N		Y
	- payment amounts ie. $40,000&$10,000	N		Y
	- effective eligibility date for widows		Y	
	- evidentiary issues ie. RAAF maintenance records, employee training, pay records and alleged missing aircraft maintenance records (as raised by DSRS Support Group).	N		Y
	-reporting	Y		N
4(a)	**Tier Definitions:**			
	- Eligibility criteria	N		Y
	- inclusions/exclusions and rationale	N		Y
	- links to compensation	Y		N
	- consistency with Repatriation system	Y		N

	ISSUE	Department Responsible (Y/N)		
		DVA	JOINT	DEFENCE
4(b)	**Interim Health Care Scheme (IHCS):**			
	- eligibility	N		Y
	- administration	Y		N
	- conditions accepted & treatment	Y		N
	- funding	N		Y
	- reporting	N		Y
(c)	**SHOAMP Health Care Scheme (SHCS)**			
	- funding:			
	(1) From implementation up until August 2007	N		Y
	(2) From August 2007 onwards	Y		N
	- administration	Y		N
	- reporting	Y		N
(d)	**Better Health Program**			
	- funding	Y		N
	- administration	Y		N
(e)	**Compensable arrangements under VEA/SRCA:**			
	- eligibility	Y		N
	- administration	Y		N
	- expenditure	Y		N
(f)	**Section 7(2)SRCA determination:**			
	- list of conditions		Y	
	- administration	Y		N
	- expenditure	Y		N
	- progress	Y		N
5	**Miscellaneous Issues**			
	Communication with DSRS group		Y	
	Relationship between SHOAMP and TIER definition			Y