



**Submission No 55**

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

**Name: Mr Geoffrey Maher**

**To the Joint Standing Committee on Foreign Affairs, Defence and Trade  
Inquiry into RAAF F-111 Deseal-Reseal workers and their families**

[REDACTED]

Dear Committee

I am submitting as a member of the Deseal/Reseal Goop Troop Support Team.

I would like to impress on the members of the Joint Committee that I feel that my involvement with the desealing and resealing of F111's at Amberley has caused me too have medical problems that to my knowledge no other members of my family of origin have suffered (mother, father, 4 sisters and 2 brothers all still living).

My main concerns are the mental problems. These being Depression with a huge burden of Anxiety, memory problems that cause uncertainty and confusion and being very prone to panic attacks which often makes the task of daily living a lot harder than most people would endure.

I cannot cope with the demands of responsibility.

As a result of my final breakdown in the latter half of 2005 I was deemed by my psychiatrist and the medical advisor for my employer (Boeing Aust.) to be unsuitable to continue working.

Other health issues that I suffer with whether they have been accepted or not have an impact on my quality of life.

For example:

1) My finger nails have thinned to the point that I can bend them backwards, they have multiple ridges and some grow with splits going from the front of the nail towards the quik and although this does not sound all that much of a big deal, putting my hands into a pocket can and has caused the split nail too catch on the edge of the pocket and tear the nail back Very painful.

2) In my opinion I considered that I was experiencing more than normal problems with my teeth, gums and mouth area generally so I submitted a claim and was sent for an examination and I explained that I get blood blisters in my mouth (not from biting) just from eating a biscuit or a normal meal and that the skin inside my lower lip gets a rough texture and then peals off over a weekly period. He told me that this was not his area of practice and in his report suggested that I be further reviewed by a specialist in that field, I know this because I read the report months after DVA/MCRG had received it and I requested a copy. I still experience the symptoms without a diagnosis.

3) On the 1<sup>st</sup> Nov 2007 I attended the medical offices of MLCOA Qld for a review by Dr [REDACTED] (Psychiatrist).

On the 8 Nov 07 [REDACTED] submitted his report based on the interview he had with me.

[REDACTED] wrote, Please refer to the copy of the last page of his report where he states my impairment level as 40%. Between the 8-11-07 and 7-12-07 the MRCG representative handling my claim requested [REDACTED] to reduce his determination of my impairment to 20% which he did.

I would really like to know, if the clerical person from DVA/MRCG has more insight into my medical impairment than the highly trained professional, then why waste time and money attending these legal medico assessments which I was led to believe were legally binding.

The difference between a 20% and 40% dollar amount is substantial and has impacted on my life style given that I can no longer work to supplement an income and the fact that in 3.3 years my incapacity payment will cease and I and my family will be left too the mercy of Centrelink.

Because my incapacity payment is termed a "COMPENSATION" payment in the eyes of Centrelink my spouse cannot obtain a Carer payment for the full time care and responsibility of our 23 year old son who has Downs Syndrome. I have tried for the last 2 years to figure out how or why my incapacities should punish our son's disability and his mother's ability to get a payment towards his care.

The results of my incapacities has impacted on this family in many ways and I cannot describe all of these ways as some are very subtle whilst others are glaringly obvious such as my memory problems, confusion, mood swings and inability to multitask cause continued conflict and frustration for my spouse and son.

Other medical conditions that have been rejected are:

Memory loss

Osteopenia – bone density problems

Reynaud's like symptoms

Loss of Libido

My spouse [REDACTED] is now being treated by a psychiatrist for Reactive Depression as a direct consequence of my health issues.

We thank you for this opportunity to raise issues that other wise are not considered important.

Geoff Maher

Attached: Page 11 from [REDACTED]