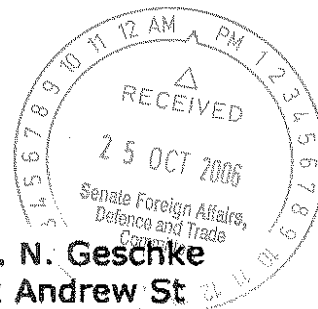


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The Secretary  
Standing Committee Foreign Affairs  
Defence and Trade  
The Senate  
Parliament House Canberra

**Inquiry Into provision of Australian Participants  
Nuclear Tests Treatment Bill**

Attached is my submission to your Committee. I apologise for its length of 5 pages and any looseness in expression but I have had only 3 days notice of the Inquiry. My main involvement was as Captain of an aircraft which flew through the Atomic cloud on Test Totem 1.

A handwritten signature in black ink, appearing to read "C. N. Geschke".

Charles Norman Geschke (Group Captain RTD)

C. N. Geschke  
42 Andrew St  
Oakleigh, 3166

The Secretary  
Senate Foreign Affairs Defence and  
Trade Legislation Committee  
Parliament House  
Canberra ACT 2600

Tel & Fax 03 9570 5903  
25 October 2006

Inquiry into Bills relating to Cancer Testing and  
Treatment for eligible Participants in  
British Nuclear Tests

### **Synopsis of submission**

**Despite flaws in the Royal Commission report and subsequent reports it has been established beyond reasonable doubt that servicemen and civilians were made to participate in hazardous actions, without adequate protection or briefings, resulting in death and serious illnesses to a large number. Although the bills under consideration will provide for future testing and treatment of cancers in the surviving participants they do not compensate for the losses and suffering of spouses and families of those who have not survived. My submission covers these issues and also questions the latest reports for its inadequacies in some areas which had they not occurred could have been more persuasive for the government to pay a compensation and at least partly rectify a serious injustice.**

My name is Charles Norman Geschke, a former officer of the RAAF who retired with the rank of Group Captain and was the Captain of Lincoln A73-26 which on the 16 October 1953 flew through the atomic cloud resulting from the Atomic test in Totem 1. At this time I was also the No 82 Bomber Wing Weapons officer and later the Staff Officer (Director) of RAAF Recruiting which is relevant to some statements made later in this submission.

I was a former Chairman of the Regular Defence Forces Welfare Association and have been concerned about the health of members of the Service who have suffered as a result of war operations and hazardous activities in a non warlike situation operation. I have given evidence to former inquiries and given assistance to widows who believed that their husbands had died as a result of involvement in the atomic trials. I might add that for some 13 years I was the Ombudsman for Victoria and gained, I believe, a fair view of the assessment of evidence and the determination of reasonable justice in many situations.

I should say that I am disappointed by what I see as many inaccuracies and the failure to pursue a number of issues which could be significant in the Study which has led to the Bills under consideration. There have been similar inadequacies in previous reports on the Atomic Tests in Australia

which I believe have led former governments coming to inappropriate conclusions and decisions, however except for a couple of issues, I will confine my comments to the most recent studies and relate these to the adequacy in terms of fair justice to the compass of the Bills under consideration.

I should also state that I am one of the fortunate servicemen who, though exposed to radiation, appear to have suffered no related effects. Unfortunately I cannot say the same about my crew of five, two of whom and probably three have died of cancer.

### **Inadequacy of Proposed Legislation**

My understanding of the Bill is that it will provide for the testing, diagnosis and treatment of cancer of persons who were involved in the nuclear tests. While this is commendable and long overdue ( Nearly half a century) It does not go far enough.

This is probably the last opportunity a government will have to give justice and compensation to those eligible participants and their spouses and children who have suffered because of cancers resulting from exposure to radiation during the nuclear tests. In hindsight it was criminally irresponsible to place members of the services and civilians in hazardous situations without adequate protective clothing. The hazards of radiation have been well known since the days of Madame Curie. Air Commodore Wilson in his statement to the Royal Commission emphasizes this,(1) and criticizes the RAAF for the failure to properly brief crews and provide facilities for radiation prevention. Many of those who have died or suffered would be alive now had they not been exposed to radiation in these tests. There is no doubt that their widows and children have also suffered; families losing the bread winner, children losing fathers and spouses losing not only the companionship but also the assistance in bringing up the children, let alone of watching their loved ones slowly dying with traumatic and painful cancer.

If there was ever a case for retrospective compensation because of unnecessary death and injury this surely is it. It is little different to the aircraft fitters exposed to toxic fumes when refurbishing or sealing the F111 fuel tanks. Servicemen and women did not enlist to be subject to nuclear radiation in a nonwarlike situation in peacetime. But they were directly exposed to it; whether by a knowing or unknowing government is not important. The fact is they were exposed and suffered and we the people of Australia should bear their cost of this tragic mistake by way of compensation.

### **The inadequacies of the study and report.**

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I understand that the Bill are a consequence of the findings of the recently completed study. It is obvious that a lot of work and investigation has gone into the preparation of the study and report and I do not want to deprecate these efforts. However as a participant I am a little closer to some facts than the study group.

The study has some inadequacies which can continue the injustices to some servicemen and civilians who suffered as a result of participating in the atomic tests.

In looking at the report section Mortality and Cancer Incidents part 4 page 39 states that out of "cohort" of 10983 persons studied 1946 were excluded because their date of birth was not known. It does not say whether these were service personnel or not. That is 17.7%. I can hardly accept it could relate to service personnel as their date of birth is quoted on almost every document in their service life. If the date of birth was significant it should have been followed up if was not those persons should have been included. The exclusion could have slanted the results of the study.

Table 10.6 page 95-- the preface states that due to privacy laws (or their current interpretation) individual matching of cancer patients was not possible so it is not known how many of these cases were aircrew.

This is ridiculous and an abuse of privacy legislation to not pursue this aspect for a government study. The investigators should have had powers to get this information. This limitation is also referred to in relation to the incidence of some cancers (Page xxiv) Aircrew flying through the cloud were ingesting the radiation through breathing the air, groundstaff received radiation through contact. I would suspect that there would be quite different cancers as a result of this difference. It would also seem that dosimeter readings, estimated from aircraft readings and inferred for aircrew could be misleadingly low. Squadron Leader Thomas (Scientific Adviser to Chief of Air Staff) in his evidence to Royal Commission alludes to this in his report (2) on the Totem tests. He also states "It is extraordinary to think that the aircraft were flown through the cloud without means of monitoring the level of radiation or protection for aircrew from inhalation of radioactive dust." and Aircrew operating from Richmond were not properly briefed about protection when flying through the cloud and instead of using full oxygen were using only metered partial oxygen and breathing contaminated air.

There were also deficiencies in other safety measures. The RAAF crews operating from Richmond which included my crew were also not properly briefed in respect of not eating flying rations after the aircraft first came in contact with the cloud or the measures to be taken in respect to our flying clothing after landing. Unwittingly, rations, though probably contaminated, were handled and eaten and our flying clothing was not decontaminated but was worn on the next flight.

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we did not carry dosimeters or badges to measure the actual radiation we had encountered notwithstanding that we had to track the nuclear cloud from inside it. I expect that the senate committee would probably be aware that the cloud being tracked is not visible to the naked eye like a normal cloud but its dimension and course and speed has to be measured by instruments which can only be done inside the cloud.

This is why my aircraft spent so much time in the cloud and during this time the crew were ingesting nuclear charged particles. After landing, some of the crew had an immediate shower but others with other tasks did not. We were later told it was essential to have a good shower as soon as possible. I mention these breaches as protective measures which should have been made were not included in the briefings and so aircrews were unnecessarily exposed to radiation. It is surprising that the study (Table 7-20 Dosimetry volume page 133) states that the time the aircraft was in the cloud was unavailable as full navigation charts and times were presented on debriefing from the flight and I believe made available to earlier inquiries.

The study makes much of the low doses experienced by the participants inferring that the radiation from the tests would not account for the higher incidence of cancers suffered by the participants. I understand that your committee will be receiving another submission which will counter the study statistics and show how the doses attributed are substantially understated. Currently expressed opinions are that there is really no safe level of radiation.

I would suggest that another weakness in the study is that it does not properly account for the higher incidence of cancers in the participants. Various possibilities are suggested but the fact remains that there is a significant higher mortality and incidence of cancer amongst the participants. The incidence of cancers is 23% higher than in the average population and the mortality is 18 % higher. I believe these figures understate the case. To relate this incidence to the general population is unreasonable despite the healthy man syndrome the study seems to rely on for the long term situation.

I have little doubt that the average serviceman is healthier than the average member of the population at large. I understand that an investigation of national service members found that those who did not go to Vietnam were 6% healthier than the average population. As Director of Recruiting for the RAAF I was responsible for the standard of the intake. There were considerable numbers who were excluded because of health and fitness and I personally monitored the exclusion rates and causes as have former recruiting officers. A matter which is often overlooked in the comparison of health with the general public is that in addition to servicemen being healthier on intake most servicemen have a regimen

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which require them to stay fit not only through activities but also the adequacy of their diet and the regular medical examinations and treatment. On this basis I believe the percentages of 18 and 23 understate the degree of higher incidence of cancers among participants.

For the study to draw conclusions that servicemen may be greater smokers than the average population and therefore at greater risk does not seem to be brought out by evidence. For a more reliable comparison the participant group should have been compared with a similar group in the services who did not take part in the atomic tests.

Because of the ingestion factor the study further weakness is that the two groups of aircrew and groundstaff should have been separated.

**There seems to be no scientifically substantiated reason other than radiation to cause the higher incidence of cancers.**

In the absence of another such cause I recommend that the Senate committee should conclude that the significant higher incidence of cancers in the participant group was as a direct result of unprotected exposure to radiation in its various forms during the tests and that this group were put into a hazardous situation which was outside the roles and tasks that could be reasonably expected of them in their obligations as servicemen.

As a consequence of this conclusion I would suggest that the committee could recommend that the Bills be amended to include that retrospective compensation be given to the spouses and other family members. I also suggest that a veterans gold card should be given to widows and appropriate dependants to help remedy the gross injustice that this group of participants have suffered.

It must be remembered that the injustice is not only of the participants who lost their lives but also their widows and children who had to grow up with the main breadwinner gone, no father to the children and no husband to give such an important companionship and love in raising a family. Such compensatory measures I have suggested will at least make some amends for sending Australian servicemen and civilians into a hazardous operation without protective clothing and adequate safety briefings and measures which had they been provided would have saved many from death and serious illnesses.

Charles Norman Geschke (Group Captain RTD ) 

(1) Evidence of Air Commodore Wilson Radiology Consultant to Royal Commission 1985 item 19 This state of affairs shows the need for a good more care being taken during flight and better facilities for dosimetry and decontamination

(2) Evidence of Squadron Leader Thomas Scientific advised to RAAF Chief of Air Staff. Statement to AVM Daly Director General of RAAF Medical Services