

The Secretary,
Senate Foreign Affairs, Defence and Trade Committee
PO BOX 6100
Parliament House
CANBERRA ACT 2600

27 October 2006

Dear Committee Members,

I write this submission as a member of the Consultative Forum, a Ministerial appointee to the Scientific Advisory Committee and an SAC appointee to the Dosimetry Sub-Committee of the health study into Australian Participants in the British Nuclear Tests. Sum time ago I wrote a Submission to the Clarke Review and still find it as valid today as it was back than.

Submission No. 2743

Review of Veterans' Entitlements
PO Box 9563
DEAKIN ACT 2600

“Their Service Our Heritage Continued Injustice”

Dear Sirs

I write this submission to the Veteran Entitlements' Review as the daughter of a war veteran and nuclear veteran. I am the Nurse Researcher for the Australian Ex-Services Atomic Survivors Association and its representative to the DVA consultative forum and the veterans representative on the scientific advisory committee.

PART I PERSONAL EXPERIENCE

I come from a long and proud line of Military men and women. It was the family business (as they said). My father was a career soldier, serving in Malaya but he was also a nuclear veteran (participant). When he was dying at the age of 48 (I was 16), after a 9 year downhill slide, he made me promise I would fight to correct the injustice befalling his mates. My father was an extremely fair and just man and had seen all three of his sons follow in his footprints into the military, his motto was you look after your mates and their families. (Similar to the ANZAC tradition his

grandfather had followed).

“The probability that we may fail in the struggle ought not defer us from the support of a cause we believe to be just”

Abraham Lincoln

Thus I began a lifetime of research and a battle many believe unwinnable. In my efforts to determine what my father had done and where he had been, we wrote to the Minister for National Resources and Energy shortly after Dad's death. The letter clearly states his name appeared on the Nominal Role of Nuclear Participants. Ten years later I was told he was never there. So you can imagine my dismay to find him recorded twice on the recently developed nominal role. Once as a civilian and once as ARMY.

Those records are also incorrect or my father was some one else. If my Dad was at Maralinga when the records show him there, I could not have been conceived. History will show a history of available documents and not those that for whatever reason are destroyed, altered or mislaid. We can only pass judgement on the information available at any given time.

Recently I discovered a hidden archive of documents about the British Nuclear Tests, their conduct in Australia, safety and health implications and policy of that era. Altogether there were over 3000 documents. As of today nine of these documents have been released (and that took action in Parliament). The Department of Defence reluctantly released these documents after a specific request by title and record number. We still do not have access to the remaining 2991 documents or many of the documents that they refer too. This is despite numerous court cases, a Royal Commission, a health study, the current health study and the passage of almost 50 years.

Mr Justice James McClelland opening address for hearings in London for the Royal Commission stated

“secrecy about nuclear weapons as a ‘convenient alibi’ for failure of disclosure”

Blakeway and Lloyd Roberts (pl)

He must have shared my concerns. Of the nine documents that have been released we have managed to dramatically speed up the refinement of the nuclear nominal role.

The statement that a “modified” dose record of Australian personnel was supplied to the royal Commission has been support. As well as the following points:

- Nuclear warheads were tested at Woomera
- State Premiers and even Prime Ministers were lied to or misled and given sanitised information
- Chemical and Biological agents were tested in Australia prior to Vietnam
- Numerous conflicting Dose Records exist
- Many records were deliberately destroyed

If we are ever to have a review of this event in history that will stand the test of time and the rigours of scientific scrutiny, thus providing closure for the participants. All relevant documents need to be released and publicly available. Not spread across the world in hidden libraries with restricted access and ridiculous costs involved to copy the information.

Currently the cost of a page to be copied at the National Archive is 50 cents. A search by ARPANSA for a radiation dose record is \$75 and can only be requested by the veteran. You have to pay to have service or medical records copied. All of these factors are prohibitive to the participants gaining any information in this area.

Also prohibitive is the Epidemiological Studies Act effectively prohibiting independent scientific research into this population.

The final method used to prevent access to information is that of “I have been unable to locate this file” or if the file is found the information is cut out, the file starts at page 160, the file is empty, the appendices are missing or white out and red ink occur on primary source documents. All of these situations should be regarded as breeches of the Archive Act and investigated.

It only took five hours for an investigator to contact me when I released “The Lighthouse documents” which the Archive did not have a copy of. However my request for access to R009/009 Atomic Test – Case Reports and Articles – Duty of Care to Soldiers from April this year still has not been reviewed, other than to tell me the document is publicly available but they can’t find it.

PART II ANOMALIES IN VETERANS ENTITLEMENT ACT

The primary anomaly in the Veterans Entitlement Act, as it pertains to participants of the British Nuclear Tests, is that this service is not included under the act.

There are many tacts to be taken arguing for its inclusion and so as not to limit the option for its inclusions I will review these separately.

(i) Was it hazardous service

The participants were exposed to many dangers (hazards). Radiation, chemicals (including berrilium, mercury, arsenic, dioxins and nerve agents), biological hazards (including the food), proximity of laterines to mess facilities. The risk of sabotage, psychological trauma and threats on secrecy grounds. They also suffered from boredom and separation from loved ones. Other hazards include UV radiation, smoking, alcohol dust inhalation, asbestos, workplace accidents in remote areas and at time insufficient access to medical treatment. All of these causative factors have well documented medical outcomes. They are not the accepted standard service

conditions.

(ii) Was it operational?

The British Nuclear Tests were conducted during “The Cold War” but also the Korean War. Australian troops had not long returned from World War II and BCOF duties. Vietnam and Malaya were on the horizon. “When is a war not a war”, when its a political statement and not gazetted by a Defence Minister.

Similar to a “War on Terrorism” when we are not at war with nations but individuals who threaten our freedom, just the same. The spread of communism throughout ASIA was the reason for the “COLD WAR”. It was a real threat and as with terrorist cells you never knew where the next attack could come from.

The British Nuclear Tests (experiments) were conducted under war conditions, a new act of parliament was drafted to cover this service.

The Defence (Special Undertakings) Act 1952 gazetted prohibited areas, indicated penalties for unlawful entry, outlined powers to arrest, jail sentences, increased penalties for failure to obey an order and sabotage.

The participants were also made to sign the “Secrets Act”, a document of non disclosure lasting for over 30 years.

These were not the standards applied in normal service times, they were those applied in war time. These men were told not even to tell their wives.

These were not exercises they were operations shrouded in more secrecy than Australia had ever known.

The AUSTRALIA DEFENCE FORCE PUBLICATION STAFF DUTIES SERIES clearly defines an OPERATION as:

operation (NATO)

A military action or the carrying out of a strategic, tactical, Service, training or administrative military mission; the process of carrying on combat, including movement, supply, attack, defence and manoeuvres needed to gain the objectives of any battle or campaign.

And an EXERCISE as

exercise (NATO)

A military manoeuvre or simulated wartime operation

involving planning, preparation and execution. It is carried out for the purpose of training and evaluation. It may be a combined, unified, joint or single Service exercise depending on participating organisations. An electronic jamming transmitter, normally designed for one-time and unattended operation, to be placed in the vicinity of the enemy's radio or radar receiving antenna(e) through clandestine, airdropped or other means.

Reference:

AUSTRALIAN DEFENCE FORCE PUBLICATION
STAFF DUTIES SERIES
ADFP 101
GLOSSARY

The British Nuclear Test were a series of operations run over almost a decade. They were codenamed operations.

“Operation service, for the most part, comprises service outside Australia in wartime or during declared warlike operations”

The book Veterans’ Entitlement Law continues stating operational service can be “service elsewhere in Australia where the veteran actually incurred danger from enemy action”.

This was clearly a threat throughout the “Cold War” and the Defence Special Undertakings Act 1952 also anticipated sabotage. Indeed there were incidence of sabotage during the tests.

Was it War-like Service?

The Veterans Entitlements law book states:

“Warlike service covers those military activities where the application of force is authorised to persue specific military objectives and there is an expectation of casualties. These operations can encompass but are not limited to

- A state of declared war
- Conventional combat operations against a armed adversary; and
- PEACE ENFORCEMENT operations which are military operations in support of diplomatic efforts to restore peace between belligerents who many not be consenting to intervention and may be engaged in combat activities”.

It continues “A member of the Defence Force is taken to have been rendering operational service during any period of warlike service. Warlike service is also considered to be qualifying service for the purpose of the service pension”.

On 20 September 1951 (prior to any tests) in a letter between Admiral Torlesse (Operational Commander, Hurricane to Admiral Brooking (Dr Penney's deputy)) the expectations of casualties is clearly outlined in points 7 – 10.

7. My second point concerns the position of a man who is injured during the operation or who subsequently falls ill from causes attribute to the operation.

8. As Naval Commander I must expect to have to order or approve the acceptance of some degree of risk. This is a customary service obligation but it is performed in the knowledge that the Admiralty accept liability for those killed or injured on duty.

9. I want to be quite certain that the same applied to all who take part in Operation "Hurricane", whether or not they are volunteers for any or all of their duty.

10. I believe that all Government servants are in fact entitled to compensation for injury on duty. But the particular points to be covered in "Hurricane" arise from the facts that:

(a) the ill effects may be long delayed

(b) illness unconnected with the operation might have caused the same symptoms

11. It is not suggested that any one who took part, and subsequently suffers from a disease which might be due to the operation, should automatically be compensated. I do feel however that some formula might be accepted by Ministries which would dispose any tribunal in favour of a claimant ex "Hurricane".

Admiral Torlesse concerns for his men were well founded and to date (to my knowledge) not a single claimant has been successful on the grounds of exposure to radiation.

The Radiological Safety Regulations Maralinga (RSRM/56(5)) also address these Issues

"Excessive exposure however may result in serious damage to the human body. The danger is particularly insidious because the effects are not immediately felt and damage may only become apparent after a period of years. Damage may arise not only from external exposure but from irradiation of internal organs as a result of ingestion, inhalation, injection into the bloodstream through cuts and abrasions, or even by absorption through an intact skin".

There is no denying that those who participated in the Nuclear tests where exposed to radiation.

The original act under which the Veterans' Entitlements Act 1986 was procured was the War Pensions Act 1914.

“Speaking on the 1914 War Pensions Bill, the Prime Minister, Mr Fischer, made it clear that the Bill was to be interpreted so that a member would be compensated for: ‘Anything that may happen to a man in the ordinary way of living in any capacity whatever while he is a soldier’, and also for a slight injury which subsequently developed into ‘an illness which could be traced to that injury’”

Hansard, Vol 75, 1130

This act was then reviewed and replaced with the Repatriation Act 1920.

“It represents the desire of the Australian people, through their National Parliament, to ensure that members of Australia’s gallant fighting forces who have become wounded or sick as a result of their service shall be properly cared for, and that they and their dependants, and the dependants of deceased members, shall be provided for by a war pensions and otherwise assisted in the economic struggle of life. The bearing of these forces in the field commands that admiration of the world, and too much cannot be done in the way of repatriation to recompense them for the sacrifices they have made in the sacred cause of liberty”

Veterans’ Entitlement Law, Page 3

This Act was replaced by the Veterans Entitlements Act 1986. Its purpose

“to consolidate, rationalise and simplify the entitlements available to members of the veteran community. It represents the most important and comprehensive overhaul of the repatriation system since its establishment over 60 years ago”

Hansard, HR Debates, 16 October 1985, 2178

What this also produced was a system that discriminates against nuclear participants. It also failed to recognise the sacrifice these people had made to defend Australia. It also lost the premise under which the original acts were classified.

So instead of showing Australia’s appreciation to these people they now find themselves sick with the ludicrous situation of having to provide documents to the government that the government maintain.

There is also the situation where someone has been a career servicemen and as such is covered by DVA for occupational etc periods but is covered by COMCARE for others. The person is not reviewed as a whole and so despite being Total and Permanently Incapacitated. Find both groups are saying they are only partial affected.

This situation has occurred with one of our widows. Her husband was in Hiroshima and was present for the seven atomic tests at Maralinga, spending almost two years there. He had several accepted conditions under DVA rulings but was just short on

obtaining an EDA. He also had a rare tumour that the RMA accept as being radiation induced (not covered by DVA).

Among the conditions accepted by DVA was a peptic ulcer. In his final reviews for EDA, this man was taken from a 25% disability – 0% disability because he no longer took ulcer medication. What the delegate (non-medically trained) failed to recognise was that the man had his stomach removed (Pyloroplasty and Vagotomy). This then lead to a Vitamin B12 deficiency and masked the fact he had a tumour. We then had to prove he had 150% disability without adding in a terminal tumour.

Last Monday his case was reviewed and this was achieved. He and his widow had been to hell and back (this is one case).

I would now like to point out some of the errors, etc uncovered through our research.

(i) parallel research programs ran with nuclear tests

- nerve gas in water supplies
- radiation in water supplies
- the illegal removal of body parts for STRONTIUM 90 measurements
- target response
- biological experiments
- The yields of most weapons have been understated
- Hydrogen bombs were tested
- There were at least four dirty bombs
- Aboriginals did die on the Maralinga range
- A sanitised document list was provided to the Royal Commission
- For a top secret operation record keeping was appalling
- Medical records have been deliberately removed
- Future generations will be affected by chromosomal aberrations
- Unauthorised incursions into ground zeros occurred
- Potable water on board the ships and at Maralinga concentrated radiation and exposed additional personnel
- Weather conditions were ignored
- Australia was prepared to sacrifice 1/3 of its Army to radiation experiments (Indoctrination) (1750) during the Lighthouse series.
- Freedom of Information only exists if you already know what is in the file
- The health physics advisor was not a qualified physicist or chemist but had an education equivalent to VCE
- Not all film badges were developed
 - 30% were defective
 - not worn during intertrials periods
- Retrospective orders were written e.g. ABO 125/1954
- If Medical Research Council recommendations (maximum dose level) were applied “they would, naturally, play for safety to such an extent that we might be quite unable to achieve the scientific purpose of the trial”. Don’t let safety or people’s lives get in the way of results. Is this not science gone mad.

- Geiger counter and other radiation detection equipment were common
- Radiation records were falsified
- Rabbits swallowed more radioactive dust than humans
- High exposure incidents/accidents occurred but those involved were not notified or medically followed up
- Diplomatic bags on commercial aircraft were used to return radio-active samples
- Nuclear Proliferation treaty was breached
- Australians were present at US tests
- The Director General of Medical Services Air Vice Marshal Daley never gave evidence to the Royal Commission
- Operation Hotbox exceeded all known safety levels and those levels had been concealed as were other high risk activity levels
- There has been a failure to adequately research compensation claims
- Royal Commission recommendations have basically been ignored
- Epidemiology Studies Act prevents research in this area
- There was and remains a generalised downgrading of dangers
- Radioactive waste was buried / dumped with little regard for future safety
- Scientists with questionable ethics were rewarded with “peerage” see Nuclear Knights
- The ATWSC failed in its duties, lied and manipulated information
- The list goes on.

“No conceivable injury to life, limb or property could emerge from the test that has been made at Woomera”

Robert Menzies 1953

Lest We Forget

“The price of liberty is eternal vigilance”

“They shall grow old as we that are left grow old. Age shall not weary them nor the years condemn. At the going down of the sun, and in the morning. We will remember them”.

I would now like to address the current reports on which the proposed bill is based. Others will comment on the rush to complete the reports due to political deadline and the resultant errors that have occurred due to this.

The purpose of this study as stated by Bruce Scott was **to determine whether there was an increase in the incidence of cancer and mortality.** The studies have answered this question but you will need to scourer the report to find this statement documented.

The simple answer is **YES.**

The Cancer rate has increased by 23% and the mortality from Cancer deaths 18%.

Thus the Findings of the Study should read:

The mortality due to cancer and cancer rates show a statistically significant elevation compared to the Australian general population, the cause of which remains unknown.

It is for this reason I **withdrew my support of the documents** at the final Scientific Advisory Meeting. This was after seven years of full and open cooperation with the Department of Veteran's Affairs. At this point I expressed my desire to write a Minority Report, as I believed the reports Main Findings had been written in a politically correct manner and not a scientifically base manner. I have also expressed the desire to write a Minority Report to the Minister and the Chair of the Scientific Advisory Committee. I have had no reply to this request.

Due to time constraints in writing this submission I am unable to write the Minority Report in time for submission. However, what can be said is that every alternate scenario expressed by Dr Gun can be disputed, by the scientific literature. A clear example is the statement that some particular excess cancers are the result of excess smoking;

. There is no evidence to support the statement that these servicemen smoked more than the general population, aborigines would not have smoked,

. There is no corresponding increase in airways disease (which you would expect if this were the case).

“no liability” clause.

The personnel involved in the nuclear tests were not there of their own free will and had no say in what occurred. So it begs belief that the Australian Government can now place a no liability clause over them accessing health treatment that has arisen directly as a result of their involvement with the tests.

Does this clause occur because Australia settled future claims with the UK government many years ago and now they don't want to be left with the tab.

I can see many analogies between the Australian Government's treatment of the nuclear test participants and James Hardie's treatment of former employees exposed to asbestos who then develop asbestos related diseases. The Government is quick to criticize James Hardie but not prepared to look in the mirror.

The participants in the tests, for the most part were government employees and the cancers and other illnesses they suffer are as a direct result of that employment. Many have waited for over fifty years to see justice served only to be disappointed in their elected representatives again. How can the Government now claim no liability? If the Government isn't liable then who is?

The study results are particular to this group of people. The study roll formed the basis for those included in the study, now the veterans are being asked to prove they were there. (is this not questioning the validity of the study roll and therefore the complete study) all these people should have to prove is that they are who they say they are.

TACTICS USED IN THE REPORTS

Assumptions were made when calculating probable dosage results. The dosimetry relies on numerous records to be correct in its assumptions. Dr Gun has taken those assumptions and made them fact. See media release University of Adelaide. The wording "no relationship could be found between overall cancer incidence or mortality and exposure to radiation." And "The increase in cancer rates do not appear to have been caused by exposure to radiation." Do not state that the dosage rates were assumptions and are therefore misleading.

It is clear Dr Gun's intent was to indicate there was no link, as seen in his media release below.

Nuclear test study rules out radiation link

Tuesday, 4 July 2006

A University of Adelaide study has found that cancer rates among Australian men involved in the 1950s British nuclear tests are 23% higher than the general population, but has shown no link between the increased cancer rates and exposure to radiation.

However, the study unearthed a probable asbestos-related cancer excess in navy personnel.

The study - [Mortality and Cancer Incidence in Australian Participants in the British Nuclear Tests in Australia](#) - was undertaken by the University of Adelaide in association with a panel of specialists in radiation physics. It took more than three years to complete and was released last week by the Federal Minister for Veterans' Affairs, [Bruce Billson](#). The study investigated the health effects on 11,000 men who took part in the British nuclear tests in Australia from 1952 to 1963.

Dr Richie Gun, from the [Discipline of Public Health](#) at the University of Adelaide, said that a link between the increases in cancer rates and exposure to radiation could not be established.

"However, there were 26 cases of mesothelioma, a cancer strongly associated with asbestos. Of these, 16 occurred in [Royal Australian Navy \(RAN\)](#) personnel, nearly three times the number expected. Higher than average rates of lung cancer - another asbestos-related cancer - was also greatest in RAN personnel. This strongly suggests a significant problem of asbestos exposure in RAN vessels, although the exposure did not necessarily occur during the nuclear tests.

"Overall, the cancer excess is very similar to the excess found in a similar study of [Korean War](#) veterans, who served in the armed forces at about the same period as the nuclear test participants, but where radiation was not an issue. This tends to confirm the study finding that the excess of cancers is unrelated to radiation exposure at the test sites."

"This is not surprising in view of the radiation exposures, which were less than is generally realised. Nearly 80% of participants received less than the annual background exposure experienced in the general population, and less than 5% received more than the annual occupational exposure limit. In particular, those who watched the explosions from viewing areas were too far away to receive any significant dose," Dr Gun said.

While the overall death rate of study participants was similar to that of the general population, death rates from cancer were significantly raised.

The documentation method in the main findings of reporting cancers as a percentage increase should have been followed through out the document however when you turn the page the method of reporting changes from a percentage to fold increases. This is confusing to those without a statistics

background and the results on the second page would have come under more scrutiny had they been reported in the same manner as the previous page.

The increase in Mesothelioma would have read 300% and the deaths from melanoma 200%, and cases of melanoma 66%.

Recent literature has linked Chronic Lymphatic Leukemia to exposure to radiation a point made in the SAC meetings but not reported in the study.

Documentation was made available to indicate the testing of nerve gas and radiation pills during the tests but again these alternate scenarios were not reported.

Radiation was also not studied in a symbiotic relationship, that is possible affecting health in combination with other factors but to admit this is a possibility again places the liability with the government.

The presence of the p53 gene was also discussed in sac meetings but was not mention in the report. The presence of this gene makes an individual more susceptible to the effects of radiation , even an x-ray can lead to cancer.

The wording RADIOGENIC CANCERS and the resultant increase in this grouping of cancers was removed from the report as it would have detracted from the argument that radiation didn't contribute to the excesses.

The statement that participants were exposed to a mean exposure of 2.8 mSv, only slightly above background radiation is also misleading as it **doesn't state this is in addition to background radiation**. It is also the mean across the whole study population not those who were known to have been exposed thus diluting the levels for these groups.

The other glaring hole in the study is in the Cancer incidence study, it covers a period of **twenty years** commencing **after the peak incidences of most of the cancers being studied**. The reason for this is that only electronic data bases were studied.

There are many other instances of disputable documentation in the reports.

Again time permitting I would be happy to provide a critique.

LEGISLATION

The main thrust of what I have been trying to say is that the Minister has seized on inaccurate information on which to base his decision, even though his submission to the Clarke Review doesn't support this view, and this has resulted

in a flawed act that doesn't provide the level of assistance commensurate with the actual results of the study. At a minimum the Clarke recommendations should be implemented.

As the proposed legislation stands those most affected are not covered at all, ie those who died early, their widows and dependent children. Many of the remaining people would be covered for Cancer treatment under the current VEA if they had operational service, and were over the age limit.

The proposal is a political decision to look good whilst providing the minimal assistance possible. ie .A doctor of your own choice if you happen to get cancer.

This was not the intent of the study groups involved. ...

From: Jack Lonergan [mailto:j.p.lonergan@bigpond.com]
Sent: Wednesday, October 04, 2006 9:20 PM
To: Philip Crouch
Cc: 'Ric Johnstone'; 'Ron Johnstone'; 'Alan Batchelor'; 'Ann Munslow-Davies'
Subject: Re: Atomic Veterans cancer rates

Phil

Thank you for your analysis.

You might have it right, but my analysis of the procedures that were followed in the studies and of the evidence presented led me to the opposite conclusion, namely that ionising radiation had very much to do with the excess cancers discovered.

I will complete this submission with an copy of Bruce Billson's submission to the Clarke review.

Yours Sincerely
Ann Munslow-Davies RN, B.App.Sci.



Bruce Billson MP

YOUR FEDERAL MEMBER FOR DUNKLEY



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Our Reference 16357/vs
 23 August 2002

The Hon. Danna Vale
 Minister for Veteran's Affairs
 MF 19
 Telelift 10-8
 Parliament House
 CANBERRA ACT 2600

Dear Minister *Danna*,

REVIEW OF VETERAN'S ENTITLEMENTS (CLARKE REVIEW)

Congratulations on your decision to investigate a review of this *Veterans' Entitlement Act 1986* and the establishment of the Clarke committee to carry out this task and to directly consult with veteran community.

I wholeheartedly support the concept of graduated benefits to our veterans that takes into account the harm and hostility to which they have been exposed and directed to engage, and any damage or impairment caused to individuals as a result of the service.

Of all the individual cases and VEA 'disappointments' I have canvassed on behalf of Dunkley constituents two distinct classes' of claims seem unfairly treated.

I write in support of operational service such as mine clearing and nuclear veterans' service, being declared Hazardous Service under the *Veteran's Entitlements Act 1986*.

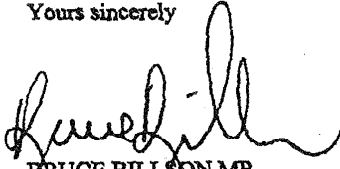
Nuclear veteran's service should be declared as Hazardous Service by the Review of Veterans' Entitlements (Clarke Review), as Australian Defence Force (ADF) personnel involved in the British atomic tests in Australia were placed in a life threatening environment. Only now are they and the community experiencing the true consequences of their service, in particular, the devastating impact of exposure on the health and wellbeing of our veterans.

A high proportion of our veterans involved in the atomic tests have experienced conditions attributed to their exposure to radiation, with many losing their lives.

Mine clearance deployments services should also be considered, as our ADF personnel carrying out this extremely perilous and life threatening exercise, faced extreme danger from an efficient, unforgiving and unseen enemy. The veterans including those involved in mine clearance operations after hostilities had ceased, still had to endure the very clear and present danger of enemy weapons deployment.

Veterans involved in British Atomic tests and mine clearance exercises deserve to be recognised as having carried out Hazardous Service. Although the battlefield may be less conventional the threat to life and the danger to which our veterans were exposed amount to an active deployment into harms way.

Yours sincerely



BRUCE BILLSON MP
Federal Member for Dunkley

Mr Bruce Billson MP
Member for Dunkley
PO Box 501
FRANKSTON VIC 3199

Dear Mr Billson

Thank you for your representation of 23 August 2002 on behalf of several constituents concerning issues for consideration by the Review of Veterans' Entitlements.

I respect your views on these matters and have passed your letter to the Review Committee for consideration.

Thank you for bringing the concerns of your constituents to my attention.

Yours sincerely

DANNA VALE MP