

Compensation and Rehabilitation for Veterans Productivity
Productivity Commissioner
GPO Box 1428
Canberra City ACT 2604

Dear Commissioners,

Thankyou for this opportunity to contribute to your inquiry. My name is William Gore and I am one of three trained pensions officers at our local RSL sub branch in Windsor NSW where we see in excess of one hundred clients per annum. I claim to have a working knowledge of the various legislation and its application and I write to draw attention to a deficiency in the Statements of Principle (SoP). The SoPs list factors that must exist before an injury or disease can be connected to a veterans service and they apply to claims lodged under the Veterans Entitlement Act (VEA) and the Military Rehabilitation and Compensation Act (MRCA). I also attempt to make a case to expand the remit of the Repatriation Medical Authority.

1. The servicing and maintenance of our war machines and supporting equipment is a necessary and constant operation, sometimes around the clock and, not infrequently, under less than ideal conditions. The work exposes uniformed trades personnel into contact with bi-product such as fume from paint, sealant, glue, chemical cleaner, coke and acid as well as smoke and fume from processes such as welding, soldering and forging, to name a few. Industry journals, news articles and studies promote findings that warn of these injurious processes and products but little of this is reflected as factors in Statements of Principle. For instance, welding operators have been found to have Hypertension and Haemochromatosis at higher percentages than the general population, but metal fumes are not listed as factors.
2. The RMA requires the rigour of scientific evidence before it can promulgate a factor, however, if the science is not available, what then ? The RMA cannot by law carry out its own research. This causes the Commonwealth not to recognise the impact of product and process on veterans health, making it negligent and failing in its responsibilities and not meeting the needs of veterans with VEA or MRCA coverage.
3. An example is a recent case involving a former aircraft technician with 20yrs RAAF service who sought to lodge a claim for Parkinson's Disease (PD). His work was in non-destructive inspection and he stated that he had daily exposure to Trichloroethylene (TCE) over many years.
4. SoP No 56 of 2016 does not list TCE as a factor in causing PD, however, having reasons to believe it should be listed, the sub branch proposed to RMA that the SoP be reviewed to include TCE as a factor. RMA responded that the Pub Med database did not provide the rigorous scientific evidence required to include TCE and therefore the proposal was rejected. The veteran is therefore denied the opportunity to test his claim with any prospect of success. His only recourse is the courts.
5. My own interrogation of the Pub Med and Med Line databases accords with the findings of the RMA with the following observations:
 - a. there was extensive peer reviewed literature published from various jurisdictions linking TCE to PD but none from Australia,
 - b. some research was extremely complicated with lab animals injected with TCE to induce Parkinsons, yet a scientific connection could not be found, and

- c. the World-wide use of this chemical in several large industries suggests that a positive finding will incur unbearable costs in many quarters.

6. Among the correspondence from the RMA was a statement that it was legislatively prohibited from conducting its own trials, and this will explain its reliance on discoveries being provided by overseas institutions. **This is not in the interests of Australian veterans.** Research/trials that veterans need may never eventuate, or instead, produce negative outcomes as is described in the following paragraph.

7. Insurance companies fund research that impacts on their business. Recently, in dealing with a melanoma claim, it was noted that a trial sponsored by an insurance company found that outdoor workers suffered less effects from the sun during the week than they did at weekends. Another study found that melanoma was the result of sun exposure as a child (therefore not working age) and was used by DVA on the death of a veteran to reverse liability for his previously accepted melanoma, thereby avoiding compensation payment to his widow(our client). Liability was reinstated on review, but confidence in DVA took a monumental hit and the outrage and stress this created among the veterans family is inexcusable.

8. Prior to the introduction of SoPs, a claim would often succeed on the creativity of a veterans doctor, and some doctors would have lots of veterans as patients, obviously. This was inequitable and claims could never be lodged with any confidence of the outcome. SoPs brought far more clarity and confidence to the system and remain today a vital resource for veterans and advocates. Its therefore imperative that they reflect accurately the full range of illnesses and diseases connected to service. This will not be done through reliance on foreign databases populated by questionable reports that favour vested interests.

9. To resolve the issues described in this submission, it is recommended that the Commonwealth take action to redress the deficiencies in Statements of Principles and include factors connecting disease to products/byproducts and process, where proven, as a priority. As an enabler, it is recommended that legislation be changed to allow the RMA to commission and fund research.

10. In conclusion, a record of the cases I exemplified in this submission are available with the concurrence of clients. I also want to acknowledge the DVA front desk staff and delegates who, notwithstanding our odd disagreement over many years, are always courteous, helpful and professional in what must be a very demanding environment. Lastly, I wish the Commission every success in this important work.

Regards,

William Gore
Sgt. RAAF Rtd.