

SUBCON 2009

National Pension and Welfare Coordinator Report

I begin this report with progress on the Oberon Submarine Health Project Final Report.

Recommendation One:

The DVA to note the exposure profile in Tables 4 and 5 for consideration as to how it may assist in the compensation process for submariners

In addition to the exposure profile in tables 4 and 5 the full report can be accessed through the Consolidated Library of Information and Knowledge (CLIK), under the Compensation Claims processing system library (CCPS).

CLIK is available as a CD or on line through the DVA Web site www.dva.gov.au
Or ask your pension officer.

Complete:

Authority : DVA National Manager Compensation Business Line.

Recommendation Two:

Defence make available where possible, documents that have been identified as highly relevant to this project for review. Should this occur, a supplementary document, expanding on the findings of the current report, could then be provided.

Part 1

The first part of this recommendation requires the DOD (Navy) making available a responsible person to identify the “Highly relevant documents” and in turn make them available to the Repatriation Medical Authority (RMA)

The second part of the recommendation points to a supplementary document expanding on the findings.

Part 2

That supplementary document should be the catalyst for the RMA to identify a “factor” within the Statement of Principle for the condition claimed. This factor would relate to the exposure profile in the Hygiene report and link the condition to service.

Recommendation Three:

To expand on the findings of this study; a qualified and experienced biomechanist should categorise manual handling, awkward and repetitive tasks on board the Oberon submarine. The most significant of these should be simulated within one of the decommissioned Oberon boats, and biomechanical risk assessments undertaken to strengthen the level of evidence.

Lifting heavy weights, manual handling, awkward and repetitive tasks, are defined in each respective Statement of Principle (SOP) for the condition claimed. The question is the total amount lifted, and the number of repetitions.

Recommendation Four:

To expand on the findings of this study; tests of skin absorption and skin permeation of diesel could be undertaken and should be considered to add weight to the evidence of diesel exposure.

The exposure to diesel vapor and diesel exhaust particulate, are defined by the RMA as evidence of diesel exposure.

The question is to identify the level of exposure that must as a minimum exist , for a particular condition to be accepted as service related. The report concludes Diesel exhaust particulate exposure has been linked to cancer, and it is clear that submariners were exposed during snorting.

Recommendation five:

Consideration be given to the conduct of a health study of the submariner population to address ex-Oberon submariner concerns, and attempt to identify any adverse health outcomes associated with documented exposures. Specific areas of research could include a cancer incidence and mortality study and neurobehavioural testing, using a suite of sensitive indicators of neurological damage. The Defence Deployment Health Surveillance Program is a potential conduit for such a study.

The Defence Deployment Health Surveillance Program is a potential conduit for such a study. This is a DOD project to encompass all submariners both Oberon and Collins. It is unlikely the Repatriation Commission will sponsor it.

Recommendation six:

Systematic occupational hygiene studies, including biological monitoring of hydrocarbon uptake, could be carried out in Collins Class submarines.

A gap analysis of what relevant work has already been done and what could be done to expand current knowledge should be undertaken.

Action : Squadron Commander.

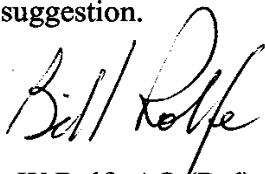
This is a copy of the letter I received from Brigadier Bill Rolfe:

I am pleased to advise that changes will be made to the Standard Commentary for lumbar spondylosis under Contention Information in CLIK. Amendments will be made to the section on Oberon class submarines. The changes will be as follows.

“Oberon class submarines

In February 2006 the Centre for Military and Veterans Health reported on the hazard profile for Australian Oberon class submarines. The *executive summary* contains the exposure profiles in tabular form. Also included in the report is a list of hazards identified in a literature review, results of focus group meetings, a discussion section and a conclusion section. In part, the report concluded: “Oberon submariners were significantly exposed to the more traditional types of workplace hazards such as noise, heat, musculoskeletal and psychological hazards. Whilst these types of hazards are not unique to the Oberon submarine, the context, of confined spaces and 24 hour exposures, in which the submariners were exposed was unique.”

It is expected that these changes will be effective in CLIK in April 2009. Thank you for your suggestion.



Brigadier W Rolfe AO (Rtd)
Commissioner

22 January 2009

Lumbar spondylosis - Standard commentary for heavy lifting component

Carrying or lifting loads while bearing weight
Lumbar intervertebral disc prolapse
Trauma for lumbar spondylosis
Military occupations with heavy lifting component
Military occupations with fumes and irritants component
Military occupations with heavy noise component

This part of the standard commentary has been amended to include;

Workplace hazards on Oberon class submarines

The ONSLOW Incident

From DGNHS - I have spoken to DVA re a single POC for any of the ONSLOW crew who might like to speak with DVA. Concerns over privacy issues indicate we should not give the crew list to DVA.

The POC at DVA is Roger Siversen (Executive Officer to the National Manager Veterans' Compensation and Military Rehabilitation and Compensation Service Delivery Division). His phone number is 03 9284 6503, or Roger.Siversen@dva.gov.au

Write to all the crew, advising of the services available from DVA and the POC, and that we would also use the submarine association to promulgate this advice.

R.M. Walker
CDRE, RAN
DGGHS/DGNHS

No sooner said than done, can we help find all the crew.

Max Question: : What about all the other submariners with similar problems who do they talk to?? I am told on first hand information Onslow was not the only submarine to experience this type of incident. Does going deep deep or bouncing off the bottom count !



Through the year via "In Depth" I have discussed subjects such as:

- Defence 1901
- Repatriation Act 1920
- Commonwealth Employees compensation Act 1930
amended in 1949 to include the ADF
- Commonwealth government employees Act 1971
- The Veterans Entitlement Act 1986
- The Safety rehabilitation and Compensation Act 1988 SRCA
- The Military Rehabilitation and Compensation Act 2004
MRCA

I have addressed

- VITA Veterans Indemnity training assurance for all pension officer who are trained through TIP
- Asbestos exposure evaluation and how to initiate the process.
- Treatment only for any malignant neoplasm for anyone with eligible service.
- What dates constitute Eligible Service
- What is the service pension
- What is the Pension Bonus Scheme
- The Military Rehabilitation and Compensation Group
- Duel eligibility and how you can claim for the same condition under two acts
- What is Warlike and Nonwarlike Service
- What is Peacekeeping and Hazardous Service
- What is Peacetime Service
- Introduction of same sex couples and the meaning within the Acts.

Pension Officers continue to do good work but should be aware of the requirements of VITA for indemnity insurance as I pointed out in "In Depth". National pays the annual fee for all states.

The need for volunteer Pension Officers is always ongoing and I would welcome anyone who feels they can make the time to join our ranks.



The Pension officer

Pension officers assist with making a claim for Rehabilitation and compensation, under various Acts. He/She assists with compiling the claim and ensuring where possible all the required documentation, including medical reports are available.

The onus of responsibility for the content of that claim remains with you, it is your claim.

The Welfare officer

The Welfare officer is more involved with the welfare of Aging veterans not disability pensions, and offers advice on such matters as respite care, aged pension entitlements, funeral benefits etc.

Where possible the two positions should be separated. The welfare of all aging submariners is with us right now, and a matter that must be taken seriously not confused with disability entitlements.



In conclusion I expect a busy year ahead as the electronic media enlighten many submariners and the general public to the prospect of benefits and compensation for service in HMA Submarines.

You are starting to wake up and listen, if a condition can be diagnosed and the cause linked to a period of eligible service – PUT IN A CLAIM

Dolphin 39
(Black is beautiful)

Max Hardy

National Pensions and Welfare Coordinator

22 May 2009