

## **REPORT TO THE 30<sup>TH</sup> MAY 2009 MEETING OF THE DJINNANG ASSOCIATION ON THE EX OPERATORS AND TECHNICIANS HEALTH SURVEY**

At the 2008 meeting, Russ Walker provided a brief overview of the draft findings of the health survey which has been running since 2007. The initial findings suggested that there was a higher than normal incidence of health issues for ex operators and technicians than was experienced in the general population.

The meeting agreed that a more detailed study be undertaken and that Djinnang Association members be invited to contribute to the study by providing a history of the workplaces in which they had worked and accurate details of the medical conditions that they experience both during and after leaving the Service. The preference was for medically diagnosed illnesses rather than opinion.

The data was collected predominantly by email through Ernie Gimm who on-forwarded the material to Russ Walker for entry into the database. Privacy has been strictly controlled by the use of codes rather than names. Only Russ Walker has access to the database which contains the correlation between member's names and the details provided. Russ Walker and Ernie Gimm are joint Study Coordinators.

### **2008-09 Activities**

During 2008/2009 a database has been developed which contains details of the illnesses experienced by members included in the survey. The responses included some 50 illnesses which ranged from skin irritation to death. The predominant illnesses reported centred on skin problems. Basal cell carcinoma and squamous cell carcinoma were reported 21 times, with nine reports of malignant melanoma.

Hearing loss and tinnitus were also consistently reported with 12 incidents being notified. Eye problems were also frequent with eight incidents being reported. The saddest statistic was that of the 52 cases studied 29 had experienced a medically diagnosed cancer of one for or another. Of the 52 included in the survey 22 are now deceased. The majority of these were known personally by the report authors so the findings are validated in part by personal knowledge of each individual.

### **Study Findings**

The study established that the majority of those participating in the survey were employed in RAAF facilities during the early 1960s to the late 1980s. These facilities all had similar environments and used the same range of equipments and maintenance arrangements. Three responses were received by Navy personnel and these people were involved in similar environments to the RAAF personnel surveyed. They were also exposed to the same types of chemicals. Their illnesses were entirely consistent with the illnesses reported by RAAF personnel.

The equipment to which all respondents were exposed included Teletype models 14, 15, 28 and 35 including ASR sets. The security equipment included KW26, BID 610, KL 7 and KW 7. Teletype equipment was known to have start capacitors which were filled with Polychlorinated Byphenols (PCBs) as was the KW 26 equipment, particularly the large capacitors in the power supplies which leaked profusely.

All teletype equipment was cleaned by dunking in baths filled with TurcoSolv solvent. The formulation used in the early 1960s through possibly to the 1980s was a known carcinogenic. MSDS reports obtained for the 1960s formulation lists it as a toxic carcinogenic substance. The machines were dried in heated cabinets. A film of TurcoSolv remained on the machine parts. In operation, the machines became heated and then radiated TurcoSolv fumes which were circulated by the air-conditioning system. In most Commcens only a single system served both the operational and technical areas so all personnel were exposed to the fumes.

Smoking was not prohibited in Commcens or workshops in the era from 1940s to the late 1980s. Accordingly personnel working in those areas were exposed to a mix of harmful fumes including PCBs, TurcoSolv and cigarette smoke. There were other chemicals and solvents involved and these, added to the above cocktail, only increased the potential for harm to individuals working in the environment. An independent report by Dr John Pollak a Toxicologist of the University of Sydney confirmed that the fume mix was harmful.

The study shows that there is a higher incidence of skin, eye and hearing problems than exists in the general population. There is also above average incidence of gall bladder and kidney problems. The worst statistic is a far higher incidence of cancers of all form and death due to cancers.

To summarise, the study concludes that, far from being anecdotal, there is compelling evidence that those ex Service personnel working in areas where they were exposed to a mix of TurcoSolv, PCBs and cigarette smoke are highly likely to suffer from a disease as a result of a damaged immune system. The illnesses reported range from skin and eye irritations to life threatening skin disease to cancers of many forms. The severity of the illness differs from case to case but of the 52 cases recorded 22 are now dead.

### **The Way Ahead**

In addition to previous lapsed studies undertaken by other ex-Servicemen, two years have now been spent with this current study investigating whether the health of ex-Service RAAF personnel was deleteriously affected by their work environment. The authors of this report are convinced that there is prima facie case and evidence to substantiate that consequential health problem exist. The question is whether we have the collective resolve to take the matter further.

With agreement from the meeting we propose to raise this matter firstly with the RAAF. The RAAF has set-up a cell at Amberley to investigate claims from ex-Service personnel, predominantly as a result of the F111 De-seal/Re-seal health problems. However, the cell has a charter to investigate other matters as well. Our options will be reviewed after consultation with the RAAF at Amberley.

The endorsement of the meeting is now sought to take this matter further.

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