

REPATRIATION  
MEDICAL  
AUTHORITY

EIGHTH ANNUAL REPORT

2001/2002



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MEDICAL  
AUTHORITY**

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**2001/2002**

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## The Repatriation Medical Authority Membership



**Professor Beverley Raphael AM, MBBS Sydney 1957 - MD, FRANZCP, FACP, FRCPsych, FASSA**

**Professor Ken Donald MBBS QLD 1962 - PhD, FRCPA, MRCPATH, FRACMA, FRACS**

**Professor John Duggan AM, MBBS Sydney 1951 - MD, FRCP, FRACP, FQSA, FRACMA**

**Professor John Kearsley MBBS Sydney 1977 - PhD, FRACR, FRACP**

**Professor John Kaldor PhD**



The logo for the Repatriation Medical Authority (RMA) consists of the lowercase letters 'rma' in a white, bold, sans-serif font, centered within a solid black square.

## Repatriation

Medical Authority

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The Hon. Darna Vale MP  
Minister for Department of Veterans' Affairs  
Parliament House  
Canberra ACT 2600

Dear Minister,

The Repatriation Medical Authority submits its report for the year ended  
30 June 2002.

A handwritten signature in black ink, appearing to read 'K. Donald', written in a cursive style.

Professor K. Donald  
CHAIRMAN  
23<sup>rd</sup> August 2002



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# REPATRIATION MEDICAL AUTHORITY

## 2001-2002 ANNUAL REPORT

### 1. Executive Statement by the RMA Chairperson

The demand for investigations into existing and new Statements of Principles from veterans and veterans' organisations remained constant during this year. In addition, the Repatriation Medical Authority (RMA) initiated nine investigations of its own accord.

There were 28 investigations completed by the RMA in 2001/2002 which resulted in 27 Statements of Principles being determined while in one investigation the RMA issued a statement that it did not intend to make a Statement of Principles. There are 32 ongoing investigations which is the same number as last year. Outstanding investigations have remained at a consistent level during the past three years. Investigations are complex and require a total review of the published scientific literature. We now have Statements of Principles for 270 particular kinds of injury and disease, which cover approximately 90% of Disability Compensation Claims handled by the Department of Veterans' Affairs.

Following an investigation, which commenced in June 2000, the RMA decided that it does not propose to make a Statement of Principles concerning Multiple Chemical Sensitivity (MCS). The RMA formed the view that MCS is not a disease as defined in Section 5D of the Veterans Entitlement Act.

In October 2001, Dr Alex Bordujenko, Principal Medical Officer from the RMA Secretariat, and the Chairperson of the RMA, together with representatives from the Department of Veterans' Affairs and Veterans' Review Board, visited Australian members of the UN Forces in East Timor for three days.

The visit to East Timor enabled the RMA, among other findings, to gain an increased understanding of a number of the physical, social and psychological issues affecting defence personnel serving in the tropics on peace keeping duties.

The RMA Members together with Professors Barry Noller and Michael Moore formed an Expert Committee, which was appointed to examine the medical scientific evidence on the possible health effects on Australian defence force personnel from exposure to depleted uranium in the Balkans. The Expert Committee presented their report to the Minister for Veterans' Affairs in August 2001. The report recommended that a health study of Australian Balkan veterans was not required in relation to the use of depleted uranium in that conflict as no risk could be identified for Australian Forces.

Significant changes have occurred in the osteoarthritis Statements of Principles where loading weights have been substantially reduced in line with recent sound medical-scientific evidence.

The RMA continued to be represented on the Consultative Forum for the study of health outcomes of personnel involved in the F111 Fuel Tank Deseal/Reseal program as well as having observer status on the joint Defence /DVA Medical Advisory Panel which deals with health issues arising from deployments.

The RMA responded to a decision of the Specialist Medical Review Council concerning hypertension and death from hypertension by announcing its intention to carry out an investigation into hypertension.

The RMA continues to have telephone, written and face to face interaction with veterans and their representatives to inform these groups about the functioning of the Statements of Principles system.

## **2. Background**

The 1992 Auditor-General's report on the compensation provided to veterans and their dependants by the Department of Veterans' Affairs; the High Court case of Bushell; and the inquiry by the Senate Committee on Legal and Constitutional Affairs, all prompted a move towards a formal review of the compensation program. The Veterans' Compensation Review Committee, chaired by Professor Peter Baume, took evidence from the veteran community and issued its report, "A Fair Go", in March 1994.

The RMA arose from the recommendation of the Baume Committee that an expert medical committee be formed. It was considered that such a committee would assist in providing a more equitable and consistent system of determining claims for disability pensions for veterans and their dependants.

The Government announced the establishment of the RMA in the 1994/95 Federal Budget. The *VEA* was amended to reflect this on 30 June 1994.

## **3. Function**

The functions of the RMA are specified in section 196B of the *VEA*. The major function of the RMA is to determine Statements of Principles in respect of particular kinds of injury, disease or death, based on "sound medical-scientific evidence" for the purpose of applying the applicable standards of proof relating to veterans' matters; the "reasonable hypothesis" standard and the "reasonable satisfaction" (or "balance of probabilities") standard.

A Statement of Principles in respect of a particular kind of injury, disease or death which applies for the purposes of the "reasonable hypothesis" standard details the

factors that must as a minimum exist and which of those factors must be related to service rendered by a person, before it can be said that a reasonable hypothesis has been raised connecting an injury, disease or death of that kind with the circumstances of that service.

A Statement of Principles which applies for the purposes of the “reasonable satisfaction” standard sets out the factors that must exist, and which of those factors must be related to service rendered by a person before it can be said that, on the balance of probabilities, an injury, disease or death of that kind is connected with the circumstances of that service.

Given the nature of the above, it can be seen that the RMA is not concerned with individual claims or cases but with the task of developing Statements of Principles in order for the Repatriation Commission to assess claims for disability pension.

Another function of the RMA is to conduct investigations either on its own initiative or when it receives a request under section 196E of the *VEA* in respect of a particular kind of injury, disease or death. Investigations may lead to the determination of a new Statement of Principles, or an amendment of an existing Statement of Principles depending upon whether the RMA is of the view that there is sufficient sound medical-scientific evidence on which it can rely to make a new, or amend an existing, Statement of Principles.

A Statement of Principles is a disallowable instrument for the purposes of section 46A of the *Acts Interpretation Act 1901*.

Sound medical-scientific evidence is defined in section 5AB(2) of the *VEA* as follows:

Information about a particular kind of injury, disease or death is taken to be **sound medical-scientific evidence** if:

- (a) the information:
  - (i) is consistent with material relating to medical science that has been published in a medical or scientific publication and has been, in the opinion of the Repatriation Medical Authority, subjected to a peer review process; or
  - (ii) in accordance with generally accepted medical practice, would serve as the basis for the diagnosis and management of a medical condition; and
- (b) in the case of information about how that kind of injury, disease or death may be caused - meets the applicable criteria for assessing causation currently applied in the field of epidemiology.

## 4. Organisation

The membership of the RMA consists of a Chairperson and four other members who are all eminent medical or scientific experts. Members work on a part time basis and are appointed by the Minister for Veterans' Affairs. There is a legislative requirement for at least one member to have at least five years experience in the field of epidemiology. Members hold office for such period, not exceeding five years, as is specified in the instrument of appointment. They are eligible for reappointment. The current membership consists of Professors Donald (Chairperson), Raphael, Kearsley, Duggan and Kaldor. The current appointments for Professors Donald, Raphael, and Kearsley extend to 30 June 2004; Professor Kaldor to February 2003. Professor Duggan was re-appointed until 30 September 2002 at his request.

### **Brief Biographical Sketches of Members**

**Professor Ken Donald**, MBBS QLD 1962, PhD, FRCPA, MRCPath, FRACMA FRACS, who is currently the Head of Graduate School of Medicine, University of Queensland and formerly the Professor of Social & Preventive Medicine, and Head of Department of Social & Preventive Medicine, University of Queensland. Professor Donald was Chair of the Public Health and Research Development Committee of the National Health and Research Council and an Executive Member of the Council and past president of the Australian Cancer Society.

**Professor Beverley Raphael AM**, MBBS Sydney 1957, MD, FRANZCP, FACP, FRCPsych, FASSA, who is currently Director, Centre for Mental Health, NSW. Immediately prior to this appointment she was Professor and Head of Department of Psychiatry, University of Queensland. Professor Raphael is a well-known researcher, working especially in the field of Post Traumatic Stress Disorder. She has been President of RANZCP and member of many of their committees and the National Health and Medical Research Council.

**Professor John Duggan AM**, MBBS Sydney 1951, MD, FRCP, FRACP, FQSA, FRACMA, who was Staff Specialist, Royal Newcastle Hospital 1958-89 and Clinical Associate Professor, University of Newcastle. Professor Duggan has vast experience as a general physician, with specialisation in gastroenterology. He also has a special interest in epidemiology and the use of tests for diagnosis. Professor Duggan is Chairman of the Quality Assurance Committee of RACP and Editor of the Journal of Quality in Clinical Practice.

**Professor John Kearsley**, MBBS Sydney 1977, PhD, FRACR, FRACP, who is currently Director, Division of Cancer Services, Cancer Care Centre, St George Hospital, Sydney and (conjoint) Professor of Radiology Oncology, University of New South Wales. Professor Kearsley is a Member of the NSW Health Minister's Working Party on Radiation Oncology Services, Member of the Research and Ethics Committee SSAHS and reviewer of a range of publications including the Medical Journal of Australia, the Australian and New Zealand Journal of Medicine and British Journal of Cancer.

**Professor John Kaldor** PhD, is currently the Deputy Director and Head of the Epidemiology Unit of the National Centre in HIV Epidemiology and Clinical Research, University of New South Wales. Prior to this appointment Professor Kaldor worked as a researcher at the International Agency for Research on Cancer, Lyon, France. He was President of the Australasian Epidemiological Association (1996-2000), and has research interests in infectious disease, cancer and epidemiological methods.

### **RMA Secretariat**

The staff (see Appendix 1 - Organisational Structure) necessary to assist the RMA consists of persons appointed or employed under the *Public Service Act 1999* and made available to the RMA by the Secretary, DVA. At 30 June 2002, there were ten staff employed by the RMA. There are no Senior Executive Service positions in the RMA.

## **5. RMA Members' Remuneration**

Since June 1998, the Remuneration Tribunal has determined the remuneration for the Chairperson and members of the RMA.

## **6. Formal Meetings**

The RMA formally met on ten occasions. Details are as follows:

<b>Date</b>	<b>Location</b>
16/17 July 2001	Brisbane
30/31 July 2001	Brisbane
3/4 September 2001	Brisbane
24/25 September 2001	Brisbane
12/13 November 2001	Brisbane
10/11 December 2001	Brisbane
7/8 February 2002	Brisbane
25/26 March 2002	Brisbane
9/10 May 2002	Brisbane
17/18 June 2002	Brisbane

In accordance with the legislation, minutes were kept of the proceedings of each meeting.

## **7. Determination of Statements of Principles**

At the formal meetings the RMA determined a total of 95 Statements of Principles. Eight of these Statements were for new conditions representing an additional four

particular kinds of injury or disease. There were forty-one amendments to existing Statements of Principles. Forty-six redetermined Statements of Principles revoked previously determined Statements of Principles and amendments. (See Appendix 2)

Since its inception, the RMA has determined 1,098 Statements of Principles covering 270 particular kinds of injury or disease.

## **8. Formal Investigations**

Under s196E of the *Veterans' Entitlements Act 1986* the Repatriation Commission, an ex-service person or eligible dependant, or an ESO representing veterans or their dependants, may ask the Repatriation Medical Authority to carry out an investigation in respect of a particular kind of injury, disease or death, or to review the contents of a Statement of Principles.

The following investigations have been concluded in 2001-2002:

1. osteoarthritis;
2. motor neurone disease;
3. asthma;
4. carpal tunnel syndrome;
5. bronchiectasis;
6. chronic pancreatitis;
7. giant cell arteritis;
8. Meniere's disease; and
9. chronic lymphoid leukaemia;
10. acute lymphoid leukaemia;
11. congenital pes planus;
12. acquired pes planus;
13. chronic gastritis;
14. lumbar spondylosis;
15. otitis externa;
16. inflammatory periodontal disease;
17. multiple sclerosis;
18. adenocarcinoma of the kidney;
19. open-angle glaucoma;
20. Parkinson's disease;
21. secondary parkinsonism;
22. malignant neoplasm of the bone or articular cartilage;
23. cervical spondylosis; and
24. thoracic spondylosis.

These investigations resulted in the revocation of existing Statements of Principles and the determination of new Statements of Principles.

The investigation related to neuropathy [25] resulted in the determination of new Statements of Principles concerning peripheral neuropathy. The investigation related to mesangial IGA glomerulonephritis [26] resulted in the determination of new

Statements of Principles concerning mesangial IGA glomerulonephritis. The investigation related to malignant neoplasm of the anus [27] resulted in the determination of new Statements of Principles concerning malignant neoplasm of the anal canal.

The investigation relating to multiple chemical sensitivity [28] resulted in the RMA issuing a statement that it did not propose to make a Statement of Principles concerning multiple chemical sensitivity for the purposes of subsection 196B(2) or (3) of the Veterans' Entitlements Act 1986 (the Act), for the reason that the RMA formed the view that multiple chemical sensitivity is not a "disease" as defined in section 5D of the Act.

The following investigations previously notified have not been concluded as at 30 June 2002:

1. Gulf War syndrome [the RMA is awaiting the outcome of the departmental Health Study before concluding this investigation];
2. psoriasis;
3. atherosclerotic peripheral vascular disease;
4. osteoporosis;
5. malignant neoplasm of the brain;
6. malignant neoplasm of the colon;
7. carotid artery disease;
8. obesity;
9. macular degeneration.

The following investigations notified in the gazette during 2001/2002 have not been concluded as at 30 June 2001:

10. chronic sinusitis;
11. allergic rhinitis;
12. myeloma;
13. chronic fatigue syndrome;
14. atrial fibrillation;
15. gastro-oesophageal reflux disease;
16. diabetes mellitus;
17. ischaemic heart disease;
18. chronic myeloid leukaemia;
19. mitral valve prolapse;
20. malignant neoplasm of the oral cavity or hypopharynx;
21. malignant neoplasm of the salivary gland;
22. malignant neoplasm of the rectum;
23. aortic stenosis;
24. dental pulp disease(including pulpal abscess);
25. loss of teeth;
26. colorectal adenomatous polyp or familial adenomatous polyposis;
27. malignant neoplasm of the stomach;
28. hypertension;
29. non melanotic malignant neoplasm of the skin;

30. tinea;
31. melioidosis; and
32. subarachnoid haemorrhage.

*In summary, as at 30 June 2002, the RMA has completed 28 investigations for the 12 month period and has 32 ongoing investigations.*

## **9. Appeals to the Specialist Medical Review Council**

Under the legislation the Repatriation Commission, an ex-service person or an eligible dependant, or an organisation representing veterans, may ask the Specialist Medical Review Council (SMRC) to review:

- a Statement of Principles; or
- a decision of the Repatriation Medical Authority not to determine a Statement of Principles in respect of a particular kind of injury, disease or death; or
- a decision by the Repatriation Medical Authority under subsection 196C(4) of the Act not to carry out an investigation in respect of a particular kind of injury, disease or death.

In the period 1 July 2001 to 30 June 2002, the RMA received the following advice in relation to SMRC matters:

- In relation to Statements of Principles Instrument Nos.191 and 192 of 1996 concerning malignant neoplasm of the prostate, the SMRC declared, under subsection 196W (5) of the VEA, that it is of the view that the sound medical-scientific evidence available to the RMA is insufficient to justify any amendment to either of those Statements of Principles [decision gazetted 15 August 2001].

This decision was considered as part of a Federal Court case - Vietnam Veterans' Association of Australia New South Wales Branch Inc v Specialist Medical Review Council [2002] FCA 733 – Justice Moore (7 June 2002).

- The decision not to proceed with a previously advertised review relating to Statements of Principles Instrument Nos.80 and 81 of 1998 concerning ischaemic heart disease [decision gazetted 19 September 2001]
- The decision not to hold a review relating to Statements of Principles Instrument Nos.44 and 45 of 1999 concerning non-Hodgkin's lymphoma [decision gazetted 26 September 2001]
- The decision not to hold a previously advertised review relating to Statement of Principles Instrument No.245 of 1995 concerning motor neurone disease [decision gazetted 10 October 2001]

As reported previously, in January 2000, the SMRC advised the RMA that a request for review had been received in relation to Statement of Principles Instrument No.72 of 1999 concerning myeloma. Notification of this review appeared in the gazette of 17 October 2001.

In September 2001, the SMRC advised the RMA that a request for review had been received in relation to Statement of Principles Instrument No.53 of 1996, as amended by Statement of Principles Instrument No.7 of 1998 concerning malignant neoplasm of the small intestine. Notification of this review appeared in the gazette of 17 October 2001.

In the gazette of 19 August 2001, the SMRC notified a review in relation to Statements of Principles Instrument Nos.31 and 32 of 2001 concerning hypertension. In the gazette of 27 March 2002, the SMRC notified its decision in relation to this review:

“1. In relation to the Repatriation Medical Authority (RMA) Statement of Principles, Instrument No. 31 of 2001 concerning hypertension and death from hypertension (SoP 31 of 2001), made under subsection 196B(2) of the *Veterans' Entitlements Act 1986* (the Act), the Specialist Medical Review Council (the Council) declares, under subsection 196W(4) of the Act, that:

- (a) the Council is of the view that there is sound medical-scientific evidence to justify the amendment of SoP 31 of 2000 (*sic*) to include, as a factor, ‘occupational or work related stress consequent upon working in a high demand, low decision latitude or control job’; and
- (b) the Council remits the matter to the RMA for reconsideration and:
  - (i) directs that the RMA reconsider the three biological markers of stress in hypertension, being the interrelationship with the sympathetic nervous system, the brain transmitter studies, and the adrenaline hypothesis, all of which are more particularly described in paragraph 49 of the Council's Reasons for Decision (the Council's Reasons); and
  - (ii) recommends that the RMA have regard to:
    - the list of key references referred to by Professor Esler, set out in paragraphs 54 and 55 of the Council's Reasons;
    - the article by Drs Schnall, Pickering and Schwartz referred to by the applicant, set out in paragraph 56 of the Council's Reasons;
    - any further information which has become available to the RMA since the determination of SoP 31 of 2001; and
    - any further information which may become available to the RMA between the date of this Declaration and the completion by the RMA of its reconsideration.
- (c) the Council is of the view that there is insufficient sound medical-scientific evidence to justify any other amendment of SoP 31 of 2001.

2. In relation to the RMA Statement of Principles, Instrument No. 32 of 2001 concerning hypertension and death from hypertension (SoP 32 of 2001), made under subsection 196B(3) of the Act, the Council declares, under subsection 196W(4) of the Act, that

- (a) the Council is of the view that there is sound medical-scientific evidence to justify the amendment of SoP 32 of 2001 to include, as a factor, ‘occupational or work related stress consequent upon working in a high demand, low decision latitude or control job’; and
- (b) the Council remits the matter to the RMA for reconsideration and:

- (i) directs that the RMA reconsider the three biological markers of stress in hypertension, being the interrelationship with the sympathetic nervous system, the brain transmitter studies, and the adrenaline hypothesis, all of which are more particularly described in paragraph 49 of the Council's Reasons; and
- (ii) recommends that the RMA have regard to:
  - the list of key references referred to by Professor Esler, set out in paragraphs 54 and 55 of the Council's Reasons;
  - the article by Drs Schnall, Pickering and Schwartz referred to by the applicant, set out in paragraph 56 of the Council's Reasons;
  - any further information which has become available to the RMA since the determination of SoP 32 of 2001; and
  - any further information which may become available to the RMA between the date of this Declaration and the completion by the RMA of its reconsideration.
- (c) the Council is of the view that there is insufficient sound medical-scientific evidence to justify any other amendment of SoP 32 of 2001."

In response to this decision, the RMA notified an investigation in the gazette of 24 April 2002, *to review the contents of Statements of Principles concerning hypertension (Instrument Nos.31 and 32 of 2001), in terms of the declaration of the SMRC as it appeared in the Government Notices Gazette of 27 March 2002.*

## 10. Visit to East Timor

*In October 2001, Professor Donald, Chairperson of the RMA, and Dr Alex Bordujenko, Principal Medical Officer from the RMA Secretariat visited Australian members of the UN forces based in East Timor. Other visiting personnel included Repatriation Commissioner, Major General (Retd) Paul Stevens, Brigadier (Retd) Bill Rolfe, Principal Member, VRB and Mr Mark Johnson, Branch Head Compensation, Department of Veterans' Affairs.*

*At the time of the visit, there were 8000 UN forces in East Timor drawn from 15 countries which included 1500 defence personnel from Australia.*

*The purpose of the visit as was the case with the visit to Bouganville in 2000:*

- *To gain an understanding of the current practices of defence force personnel engaged in this peace monitoring mission and the risks and exposures these may entail. This understanding will expand the information, which may be considered in the development of Statements of Principles;*
- *To review issues that may alter the presentation and description of factors or the definitions currently used in Statements of Principles;*
- *To gain insights that may influence the advice of the RMA to the Medical Advisory Panel (MAP) and its working parties; and*
- *To demonstrate the RMAs continuing concern and interest to understand the experiences of military personnel and heighten knowledge and understanding of the RMA and its processes.*

*The RMA considered a report on the visit at its November 2001 meeting. The report concluded that the visit was a remarkably positive experience with particular mention of the co-operation received from defence personnel at all places visited. The RMA has commenced consideration regarding the description of factors and definitions in Statements of Principles including physical activities, stressor exposure descriptions and dehydration.*

## **11. RMA Website**

Established in April 2000, the RMA Website has continued to be refined to improve the range, accessibility and timeliness of services to clients and stakeholders.

The Website can be found at:

[www.rma.gov.au](http://www.rma.gov.au)

The Website continues to offer direct access to the Statements of Principles, RMA publications, and information on current investigations and reviews. By subscribing to the Website, notification concerning updates to the site is also provided. As at the end of this financial year 288 subscribers were receiving update information via the Internet.

The RMA views the Internet medium as a principal source of distributing Statements of Principles and related information for the future.

## **12. Liaison with Ex-service Organisations**

The RMA continued its policy of regular meetings with leading office bearers of major ex-service organisations during the year. These meetings enabled an exchange of information about current issues being dealt with by the RMA and address matters of interest which may be raised by ESO representatives.

Professor Donald addressed the national conference of the Returned and Services League of Australia in Melbourne; the annual meeting of Legacy National Pensions Committee in Canberra; a meeting of the Consultative Committee of the Korean Veterans Mortality Study in Canberra; the annual general meeting of The Australian Veterans And Defence Services Council in Sydney; and the national congress of the Vietnam Veterans Association of Australia in Albury.

The Registrar represented the RMA at the Qld State Congress of the Returned and Services League in Brisbane.

## **13. Support from the Department of Veterans' Affairs**

Although the RMA is separate and independent of the Department of Veterans' Affairs, the Department provided assistance and support to the RMA during the year.

As in previous years, the RMA consulted with the Department of Veterans' Affairs in order to ascertain what kinds of injury, disease or death were the most frequently claimed. The Qld State Office of the Department also assisted the RMA by providing Corporate Services support in the areas of Personnel and Payroll Services, Financial Services, Office Services and Information Technology Services.

## **14. Distribution of Statements of Principles**

There has been a gradual shift in emphasis on methods by which the RMA Secretariat distributes Statements of Principles. Since the introduction of the RMA Website, a growing number of individuals and/or organisations receive their information via this medium. There are now 288 persons who have registered through the site to receive advice of new or additional information as soon as it is featured on the site.

In addition, Statements of Principles continue to be made available in hard copy, on disk and by electronic means. This represents issuing to individuals and/or organisations 458 hard copies sent to 396 destinations, including one overseas, 19 disk copies and 26 electronic copies of Statements of Principles.

The RMA Secretariat distributes to ex-service organisations, individual ex-service persons and their representatives, DVA, Veterans' Review Board and the Administrative Appeals Tribunal. Statements of Principles are also issued to the Senate Standing Committee on Regulations and Ordinances and the Tabling Officers in both Houses of Federal Parliament.

## **15. Legal Issues**

*The RMA has noted several decisions that have considered Statements of Principles and may affect the execution of its functions by the RMA under the Act.*

*In VVAA New South Wales Branch Inc V Repatriation Commission and Specialist Medical Review Council (7 June 2002), a decision of Justice Moore of the Federal Court, his Honour found that the SMRC had jurisdiction to continue to review a Statement of Principles (MN of the prostate) which had been revoked by the RMA prior to the conclusion of a review of the Statement of Principles by the SMRC. The parties named in this proceeding have filed an appeal or cross appeal against the judgement.*

*In Kattenburg V Repatriation Commission (11 April 2002), Justice Emmett construed the phrase 'related to service' as it appears in Statements of Principles by reading into it the language of subsection 14 of s.196B (which is in the same terms). His Honour's decision concluded that it was not necessary for the factor to be wholly attributable to service, but merely to have been contributed to in a material degree by the service, or that it would not have occurred but for the rendering of the service.*

## 16. Financial Activity

A summary of cash expenditure incurred by the RMA in 2001/2002 with comparison to 2000/2001 is as follows:

	2001/2002	2000/2001
Salary & related expenses	\$989,872	\$952,005
Administrative expenses	\$236,572	\$217,798
Property operating expenses	\$125,906	\$105,482
<b>Total Expenditure</b>	<b>\$1,352,350</b>	<b>\$1,275,285</b>

Financial information prepared on an accrual basis is included in the Department of Veterans' Affairs Financial Statements.

## 17. Expert Committee to Examine Balkan Veteran Exposure to Depleted Uranium

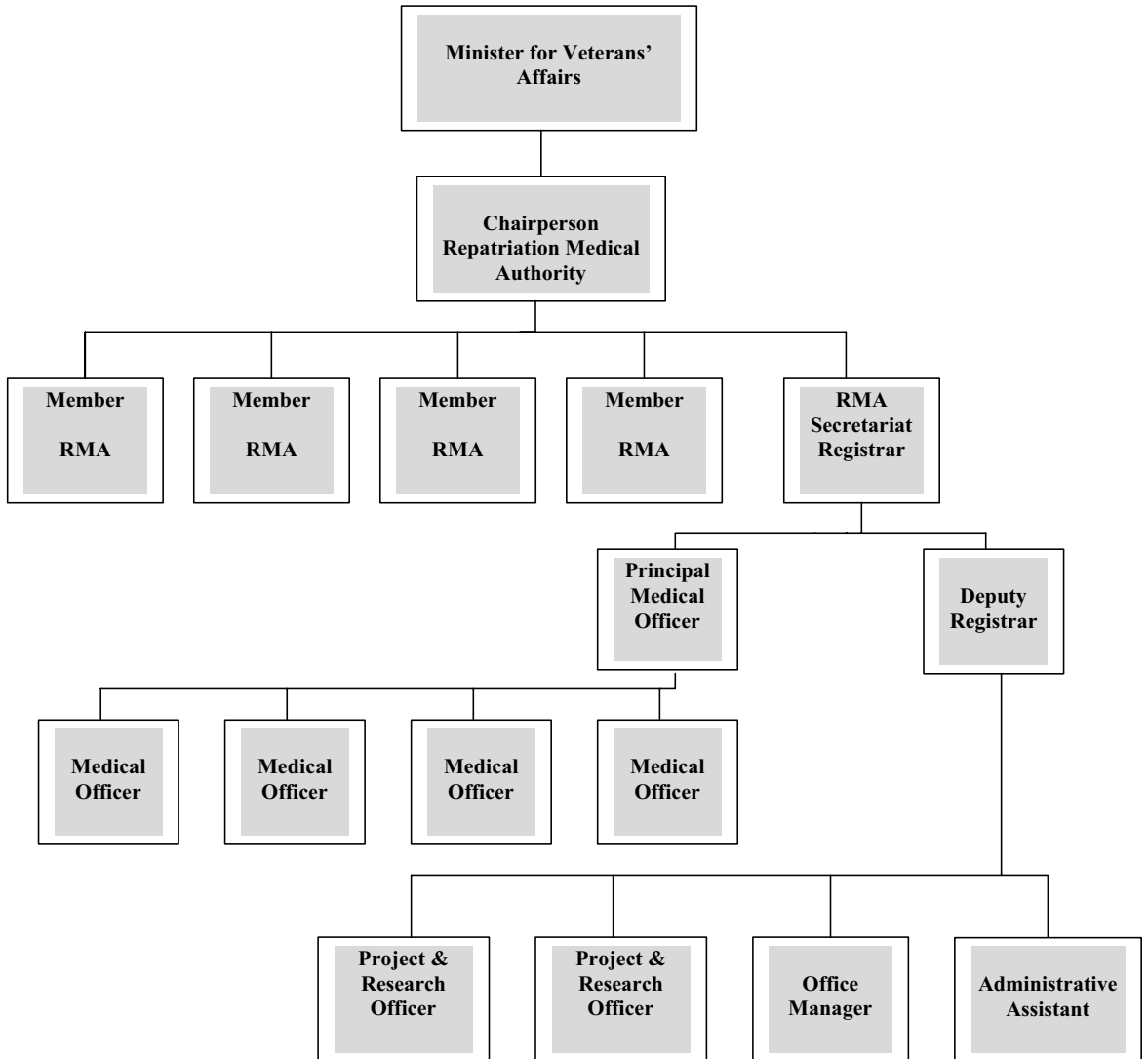
The RMA members were part of an Expert Committee, appointed on behalf of the Minister for Veterans' Affairs on the 19 February 2001. The role of this committee was to examine the medical-scientific evidence for health effects from possible exposure to depleted uranium by Australian Defence Force (ADF) personnel who have served in the Balkans with NATO forces. As mentioned by the RMA Chairman in his Executive Summary, the other members of the Expert Committee were *Professors Michael Moore and Barry Noller*.

The committee was required to report to the Minister in two stages:

- by 31 July 2001, on the review of scientific literature on the health effects of exposure to depleted uranium, and
- by 30 September 2001, on the results of the questionnaires and health screenings of ADF members who served in the Balkans, and on a follow-up regime.

The Committee presented their report to the Minister for Veterans' Affairs in August 2001. The Committee's recommendation, that a health study of Australian Balkan Veterans' was not required as no risk could be identified *for Australian Forces*, was accepted.

ORGANISATIONAL STRUCTURE



## STATEMENTS OF PRINCIPLES APPROVED 2001-2002

<b>2001 Instr.No.</b>	<b>Title</b>	<b>Gaz. Date</b>	<b>Other comments</b>
49 & 50/2001	malignant neoplasm of the lip epithelium	25/7/2001	<b>49/2001 amends 41/2001 50/2001 amends 42/2001</b>
51 & 52/2001	non melanotic malignant neoplasm of the skin	25/7/2001	<b>51/2001 amends 43/2001 52/2001 amends 44/2001</b>
53 & 54/2001	pterygium	25/7/2001	<b>53/2001 amends 45/2001 54/2001 amends 46/2001</b>
55 & 56/2001	solar keratosis (formerly chronic solar skin damage)	25/7/2001	<b>55/2001 amends 47/2001 56/2001 amends 48/2001</b>
57 & 58/2001	chronic pancreatitis	22/8/2001	<b>57/2001 revokes 47/1997 58/2001 revokes 48/1997</b>
59 & 60/2001	bronchiectasis	22/8/2001	<b>59/2001 revokes 35/1997 60/2001 revokes 36/1997</b>
61 & 62/2001	pes planus (formerly separate SOPs for acquired pes planus and chronic pes planus)	22/8/2001	<b>61/2001 revokes 302/1995 &amp; 304/1995; amended by 5/2002 62/2001 revokes 303/1995 &amp; 305/1995; amended by 6/2002</b>
63 & 64/2001	mesangial IgA glomerulonephritis	22/8/2001	<b>New Condition</b>
65 & 66/2001	motor neuron disease	19/9/2001	<b>65/2001 revokes 245/1995 66/2001 revokes 246/1995</b>
67 & 68/2001	chronic lymphoid leukaemia	19/9/2001	<b>67/2001 revokes 79/1995 68/2001 revokes 80/1995</b>
69 & 70/2001	open-angle glaucoma	19/9/2001	<b>69/2001 revokes 13/1999 70/2001 revokes 14/1999</b>
71 & 72/2001	giant cell arteritis	19/9/2001	<b>71/2001 revokes 85/1996 72/2001 revokes 86/1996</b>
73 & 74/2001	otitis externa	19/9/2001	<b>73/2001 revokes 292/1995; amended by 42/2002 74/2001 revokes 293/1995; amended by 43/2002</b>
75 & 76/2001	chronic gastritis	19/9/2001	<b>75/2001 revokes 60/1999 76/2001 revokes 61/1999</b>

<b>2001</b>			
<b>Instr.No.</b>	<b>Title</b>	<b>Gaz. Date</b>	<b>Other comments</b>
77 & 78/2001	Meniere's disease	19/9/2001	<b>77/2001</b> revokes <b>27/1997</b> <b>78/2001</b> revokes <b>28/1997</b>
79 & 80/2001	peripheral neuropathy	19/9/2001	<b>New condition</b>
81 & 82/2001	osteoarthritis	17/10/2001	<b>81/2001</b> revokes <b>41/1998;</b> <b>&amp; 19/1999</b> <b>82/2001</b> revokes <b>42/1998;</b> <b>&amp; 20/1999</b>
83 & 84/2001	acute lymphoid leukaemia	17/10/2001	<b>83/2001</b> revokes <b>77/1995</b> <b>84/2001</b> revokes <b>78/1995</b>
85 & 86/2001	asthma	28/11/2001	<b>85/2001</b> revokes <b>59/1996;</b> <b>&amp; 75/1997</b> <b>86/2001</b> revokes <b>60/1996;</b> <b>&amp; 76/1997</b>
87 & 88/2001	adenocarcinoma of the kidney	28/11/2001	<b>87/2001</b> revokes <b>107/1996</b> <b>88/2001</b> revokes <b>108/1996</b>
89 & 90/2001	carpal tunnel syndrome	28/11/2001	<b>89/2001</b> revokes <b>71/1997</b> <b>90/2001</b> revokes <b>72/1997</b>
91 & 92/2001	diabetes mellitus	28/11/2001	<b>91/2001</b> amends <b>82/1999</b> <b>92/2001</b> amends <b>83/1999</b>
<b>2002</b>			
<b>Instr.No.</b>	<b>Title</b>	<b>Gaz. Date</b>	<b>Other comments</b>
1 & 2/2002	periodontitis (formerly inflammatory periodontal disease)	16/1/2002	<b>1/2002</b> revokes <b>368/1995</b> <b>2/2002</b> revokes <b>369/1995</b>
3 & 4/2002	gingivitis	16/1/2002	<b>New Condition</b>
5 & 6/2002	pes planus	16/1/2002	<b>5/2002</b> amends <b>61/2001</b> <b>6/2002</b> amends <b>62/2001</b>
7 & 8/2002	tinea	16/1/2002	<b>7/2002</b> amends <b>27/1994</b> <b>8/2002</b> amends <b>28/1994</b>
9 & 10/2002	cholelithiasis	16/1/2002	<b>9/2002</b> amends <b>33/1994</b> <b>10/2002</b> amends <b>34/1994</b>
11/2002	trigeminal neuropathy	16/1/2002	<b>11/2002</b> amends <b>81/1995</b>
12 & 13/2002	congenital cataract	16/1/2002	<b>12/2002</b> amends <b>237/1995</b> <b>13/2002</b> amends <b>238/1995</b>
14 & 15/2002	melioidosis	16/1/2002	<b>14/2002</b> amends <b>344/1995</b> <b>15/2002</b> amends <b>345/1995</b>

<b>2002 Instr.No.</b>	<b>Title</b>	<b>Gaz. Date</b>	<b>Other comments</b>
16 & 17/2002	impotence	16/1/2002	<b>16/2002 amends 97/1996 17/2002 amends 98/1996</b>
18 & 19/2002	sudden unexplained death	16/1/2002	<b>18/2002 amends 99/1996 19/2002 amends 100/1996</b>
20 & 21/2002	malignant neoplasm of the pancreas	16/1/2002	<b>20/2002 amends 55/1997 21/2002 amends 56/1997</b>
22 & 23/2002	cardiomyopathy	16/1/2002	<b>22/2002 amends 19/1998 23/2002 amends 20/1998</b>
24 & 25/2002	renal artery atherosclerotic disease	16/1/2002	<b>24/2002 amends 39/1998 25/2002 amends 33/1999</b>
26 & 27/2002	non-aneurysmal aortic atherosclerotic disease	16/1/2002	<b>26/2002 amends 68/1998 27/2002 amends 69/1998</b>
28 & 29/2002	adhesive capsulitis of the shoulder	16/1/2002	<b>28/2002 amends 17/1999 29/2002 amends 18/1999</b>
30 & 31/2002	cerebrovascular accident	16/1/2002	<b>30/2002 amends 52/1999 31/2002 amends 53/1999</b>
32 & 33/2002	acquired cataract	16/1/2002	<b>32/2002 amends 37/2001 33/2002 amends 38/2001</b>
34 & 35/2002	malignant neoplasm of the anal canal	24/4/2002	<b>New Condition</b>
36 & 37/2002	Parkinson's disease	24/4/2002	<b>36/2002 revokes 68/1999 37/2002 revokes 69/1999</b>
38 & 39/2002	secondary parkinsonism	24/4/2002	<b>38/2002 revokes 70/1999 39/2002 revokes 71/1999</b>
40 & 41/2002	malignant neoplasm of the bone or articular cartilage	24/4/2002	<b>40/2002 revokes 235/1995 41/2002 revokes 236/1995</b>
42 & 43/2002	otitis externa	24/4/2002	<b>42/2002 amends 73/2001 43/2002 amends 74/2001</b>
44 & 45/2002	multiple sclerosis	4/6/2002	<b>44/2002 revokes 170/1995 45/2002 revokes 171/1995</b>
46 & 47/2002	lumbar spondylosis	4/6/2002	<b>46/2002 revokes 27/1999 47/2002 revokes 28/1999</b>
48 & 49/2002	thoracic spondylosis	4/6/2002	<b>48/2002 revokes 29/1999 49/2002 revokes 30/1999</b>
50 & 51/2002	cervical spondylosis	4/6/2002	<b>50/2002 revokes 31/1999 51/2002 revokes 32/1999</b>