

Specialist Medical Review Council

Declaration and Reasons for Decisions

Section 196W

Veterans' Entitlements Act 1986

Re: Statements of Principles Nos. 55 and 56 of 2014 in respect of Chronic Multisymptom Illness

Request for Review Declaration No. 33

APPENDICES

APPENDIX A: THE CONSTITUTED COUNCIL AND LEGISLATIVE FRAMEWORK OF THE REVIEW

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APPENDIX A: THE CONSTITUTED COUNCIL AND LEGISLATIVE FRAMEWORK OF THE REVIEW The Specialist Medical Review Council

- 419. The composition of each Review Council changes from review to review depending on the issues relevant to the particular Statement/s of Principles under review. When a review is undertaken, three to five Councillors selected by the Convener constitute the Council.
- 420. The Minister must appoint one of the Councillors to be the Convener. If the Council does not include the Convener, the Convener must appoint one of the Councillors selected for the review to preside at all meetings as Presiding Councillor.
- 421. Associate Professor David Newman was the Presiding Councillor for this review. He is Head, Aviation Medicine Unit, at the Monash Centre for Occupational & Environmental Health (MonCOEH). He is a Fellow of the Aerospace Medical Association, the Royal Aeronautical Society, the Australasian College of Aerospace Medicine, and the Australian Institute of Company Directors. He served as a medical officer in the Royal Australian Air Force between 1987 and 2000.

422. The other members of the Council were:

- Dr Bradley Ng is a psychiatrist and specialises in adult psychiatry, PTSD, personality disorders and depression.
- Professor Andrew Grulich, a medical epidemiologist and a Public Health
 Physician. He has worked in HIV research for more than twenty years. His two
 main research interests are first, the transmission and prevention of HIV
 infection, and second, the intersection between infection, altered immune
 function and cancer.
- Dr John Waterston, is visiting Neurologist, Neurology and Oto-neurology Units,
 Alfred Hospital and Adjunct Senior Lecturer, at Monash University Department of Medicine, Alfred Hospital.
- Professor Dino Pisaniello, who is with the School of Public Health at the
 University of Adelaide and is the Australian Secretary of the International
 Commission on Occupational Health. His expertise is in occupational and

environmental hygiene, chemical exposure assessment and the management of hazardous material incidents.

The Legislation

423. The legislative scheme for the making of Statements of Principles is set out in Parts XIA and XIB of the VEA. Statements of Principles operate as templates. They are determined by the RMA, and set out those criteria (conditions or exposures), known as factors, that must as a minimum exist before it can be said that an injury, disease or death can be connected with service, on either or both of the two statutory tests, the reasonable hypothesis test¹ and the balance of probabilities test.² Statements of Principles are ultimately applied by decision-makers in determining individual claims for benefits under the VEA and the Military Rehabilitation and Compensation Act 2004 (the MRCA).³

The reasonable hypothesis test is set out in section 196B(2) of the VEA which provides;
If the Authority is of the view that there is sound medical-scientific evidence that indicates that a particular kind of injury, disease or death can be related to:

- (a) operational service rendered by veterans; or
- (b) peacekeeping service rendered by members of Peacekeeping Forces; or
- (c) hazardous service rendered by members of the Forces; or
- (caa) British nuclear test defence service rendered by members of the Forces; or
- (ca) warlike or non-warlike service rendered by members;

the Authority must determine a Statement of Principles in respect of that kind of injury, disease or death setting out:

- (d) the factors that must as a minimum exist; and
- (e) 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.

- The balance of probabilities test is set out in section 196B(3) of the VEA which provides:
 - If the Authority is of the view that on the sound medical-scientific evidence available it is more probable than not that a particular kind of injury, disease or death can be related to:
 - (a) eligible war service (other than operational service) rendered by veterans; or
 - (b) defence service (other than hazardous service and British nuclear test defence service) rendered by members of the Forces; or
 - (ba) peacetime service rendered by members;

the Authority must determine a Statement of Principles in respect of that kind of injury, disease or death setting out:

- (c) the factors that must exist; and
- (d) 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.

See sections 120, 120A and 120B of the VEA and sections 335, 338 and 339 of the MRCA.

APPENDIX B:

B1: MATERIAL BEFORE THE RMA



CHRONIC MULTISYMPTOM ILLNESS

RMA ID Number	Reference List for #304/SMRC-01 as at 9 April 2014
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Appendix A

Information received in relation to investigation 304-04 concerning Gulf War syndrome (chronic multisymptom illness) as at 9 April 2014

1.	Submissions
1.1	23 February 1998
	(1412212R);
1.2	, 9 July 1999 (1412218R);
1.3	
	21 July 1999 (request for investigation)) (1412213R);
1.4	, 'Submission of the health concerns,
	exposures and supporting evidence linking veterans' chronic ill health with service in
1 -	the Persian Gulf', undated (May 2000?) (1412215R); 6 May 2000
1.5	(1412217R);
1.6	(141221711),
1.0	1 November 2000
	(1412216R);
1.7	RMA medical researcher report - January 2001 attendance at Gulf War illnesses
	conference - Washington DC - February 2001 (1410894R);
1.8	RMA medical researcher file note, May 2003 (1412214R);
1.9	RMA medical researcher briefing paper 'Investigation concerning "Gulf War
	syndrome"', 23 June 2003 (13105828R);
1.10	
	November 2008, request for an Investigation/Review of the decision not to make a
	Statement of Principles concerning Gulf War syndrome (includes details of original
	RMA decision 2003 and a recent US Department of Veterans Affairs Research Advisory Committee on Gulf War Veterans' Illnesses paper) (1412221R);
1.13	
1.1.	(1412225R);
1.12	
1.13	
1.14	
1.15	
	submission, received 29 May 2009. The submission provided an abstract of an
	article on multiple chemical sensitivity, a summary of a book authored by Pall (2007)
	which has a chapter on Gulf War syndrome (including a list of the 58 references
	cited in this chapter), and a new, soon-to-be-published review on multiple chemical
	sensitivity by the same author (1412224R). [The chapter on Gulf War syndrome was

obtained for further review, but the material on multiple chemical sensitivity was not obtained as it has only indirect relevance to this investigation.]

- submission citing Binns Report that there is sufficient evidence to determine Statements of Principles related to exposure to pyridostigmine bromide, the health effects of vaccines given to ADF members, and, particularly, the health effects of receiving multiple vaccines (1412226R).
- 1.17 , 23 June 2009, letter detailing exposure to multiple inoculations and pyridostigmine bromide tablets (one tablet three times a day for several days). Includes letter from GP, who has diagnosed him with an unexplained allergic type reaction, and a detailed chronological listing of his allergic episodes over the last 6 years (1412223R).
- **1.18** RMA medical researcher briefing paper 'Gulf War syndrome', June 2010 (13105908R);
- **1.19** 7 February 2012 (request for investigation) (1412219R);
- 1.20 3 May 2012 (request for an investigation concerning 'toxic effect of a specified substance ICD code T65.8, toxic substance concerned pyridostigmine bromide') (1412229R);
- 3 August 2012 letter seeking review of RMA decision of 15 June 2012 not to undertake an investigation concerning 'toxic effect of a specified substance ICD code T65.8, toxic substance concerned pyridostigmine bromide' (1412230R);
- 1.22 RMA medical researcher discussion paper 'Toxic effects of pyridostigmine bromide', June 2012 (1398457R);
- **1.23** , submission (email), 25 March 2013 (13631R)
- **1.24** , letter and submission, 3 April 2013 (13632R);
- **1.25** submission, 4 April 2013 (13634R);
- **1.26** submission, 5 April 2013 (13375R);
- **1.27** submission (email), 18 June 2013 (1351853R);
- **1.28** , submission (email), 20 July 2013 (1362111R);
- **1.29** RMA medical researcher powerpoint presentation 'Functional syndromes Nosology and definitions', October 2013 (13100104R);
- **1.30** RMA medical researcher discussion paper 'Disease classification and medically unexplained symptoms', December 2013 (1385274R);
- **1.31** RMA medical researcher discussion paper (excel spreadsheet) 'Categorisation and review of articles in the Binns Report', February 2014 (143750R);
- **1.32** RMA medical researcher discussion paper 'Comparison of SOPs and Proposed SOPs for functional disorders', March 2014 (147630R);
- **1.33** , submission (email), 13 March 2014 (148063R);
- **1.34** , submission, 7 April 2014 (149572R);

2. Other information

2.1 Repatriation Medical Authority, Statement re investigation into Gulf War syndrome, 18 August 2003 (13106214R).

- 2.2 Email correspondence , dated 16 & 17 July 2009, to especially a process and especially a process and especially and especially a process and especially a proc
- **2.4** Repatriation Medical Authority, Statement of Reasons re investigation into Gulf War syndrome, 18 June 2010 (13105889R).
- **2.5** Repatriation Medical Authority, Statement of Reasons regarding its decision not to carry out an investigation into 'Toxic effect of a specified substance (ICD code T65.8) pyridostigmine bromide, 15 June 2012 (143486R).

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