

Senator Susan McDonald  
Chair  
Rural and Regional Affairs and Transport Legislation Committee  
Department of the Senate  
PO Box 6100  
Parliament House  
Canberra  
Australian Capital Territory, 2600

21<sup>st</sup> July 2021

Dear Senator McDonald

Re: Senate inquiry into General Aviation

Background

I am an approved Designated Aviation Medical Examiner (DAME) for the Civil Aviation Safety Authority since 2014. With specific training in Aviation Medicine, I am not a General Practitioner and do not hold any other specialist medical qualification. I am currently undertaking the Diploma of Aviation Medicine with the London College of Physicians (UK), accepted as the preeminent aviation medicine qualification in the Commonwealth and am enrolled in law at Charles Sturt University.

I have been a Committee Member for the Victorian Aerospace Medicine Society since 2019. I hold memberships with the Australasian Society of Aerospace Medicine and the Aerospace Medical Association (ASMA). Further, I have presented at international medical conferences and am published in international medical literature, with more publications pending.

The beginnings of my business commenced with visiting pilots and air traffic controllers at their home/place of work, while working out of the boot of my car, seeing approximately 20 pilots a year.

Since 2014, I have sought commercial premises at Moorabbin Airport, seeking clinical rooms in which to conduct the relevant medical assessments. As part of the search, aircraft parking for both “fly-in” customers and personal aircraft hangarage was sought.

During the original discussion Moorabbin Airport Corporation were unable to provide a suitable premise. In 2016 the opportunity was provided to take over from a retiring DAME, based out of Tristar Aviation, a flight school at Moorabbin Airport. Sage advice was provided that a DAME would be expected to consistently see 200-240 pilots a year but not to expect that figure to change as Dr Harris had been unable to grow past that point.

Without advertising, my business has grown and in 2018, CASA had me as one of the busiest DAMEs in Australia (CASA Presentation Australasian Society of Aerospace Medicine (ASAM) 2019 Annual Conference). Despite the Victorian COVID-19 lockdowns I continue to grow.

Services provided include:

- Aviation medical assessments for pilots and controllers
- On-site drug and alcohol testing as both pre-employment and post incident, as required under CASAs Drug and Alcohol Management Plans (DAMP)
- On-site pathology collection, audiology testing and ECG recordings for pilots and controllers
- Approved QANTAS Group pre-employment health assessments for flight and cabin crew

I also provides services to regional Victoria with regular travel to Echuca, Horsham, Latrobe Valley and Shepparton Airports. In addition, I have been approached by pilots at Lilydale, Mallacoota, Mangalore, Mildura, Point Cook, Sale and Warrnambool to commence visitations to these areas to provide aviation medicine services. It is anticipated, should international students return to Victoria, I will become the busiest DAME in Australia, twice the size of any other DAME in Australia.

Having undertaken medical assessments on more than 1500 individual pilots and controllers, mainly at Moorabbin Airport, I am recognised by many people as I walk around the airport. This provides a community atmosphere allowing me to communicate with pilots outside “the clinic” and many informal, safety relevant discussions are held around the airport on a regular basis, enhancing airport and aviation safety.

To continue to conduct the services provided, I require specialised premises that allow confidential discussions with pilots, supervised drug screening to occur, storage of high-fidelity medical equipment, confidential medical records and an aeroplane.

While I am very grateful for the current facilities within Tristar Aviation, which have been my base since 2016, the premises are not fit for purpose. Currently one room, approximately 2x3m is all that is afforded and supervised urine collections for both male and females are undertaken in communal toilets. This facility contains no space for a second DAME, a support nurse and/or receptionist. In addition, hangarage for my aeroplane is considered unnecessary and itinerant by nature, in the Moorabbin Airport Corporation (2021 Draft Preliminary Master Plan).

Since 2014 I have attempted multiple discussions with the Moorabbin Airport Corporation and Goodman Group for suitable premises. Two options have been requested:

- A self-contained unit designed for hangarage of one aeroplane with airside access plus clinic rooms, a private toilet and reception area, or
- A larger facility, again with dedicated clinic rooms/ office space but with hangar space that would allow me to vet and control sub-leasees of other aircraft. This would ensure high fidelity medical equipment and confidential medical files are suitability secured.

To date, Moorabbin Airport Corporation has resisted any attempts to facilitate such facilities. The Moorabbin Airport Corporation has made no attempt to understand the business of my business and has only been able to recommend inappropriate or off-airport facilities without aircraft hangarage. Further senior Moorabbin Airport Corporation staff have told my customers that I will never achieve the lease of a hangar at Moorabbin Airport.

### Moorabbin Airport

As discussed above, there has been pressure on Moorabbin Airport Corporation to provide more aviation space, parking and hangars at the airport. This pressure has been largely resisted and no investment in aviation space by Moorabbin Airport Corporation has been undertaken since privatisation has occurred.

That is not to say that no investment has occurred at Moorabbin Airport, as some businesses have been allowed to develop their own buildings. Further, as outlined in the 2004 Master Plan, one hangar has been constructed and one has been converted from non-aviation to aviation use. This is the total extent of aviation hangar construction since privatisation occurred at Moorabbin Airport.

Concurrently, a tenant of Moorabbin Airport Corporation went into administration and was liquidated. A sub-leasee was advised that there is no space for them at Moorabbin Airport and their tenancy was to be terminated in November 2021. With no viable option available, the tenant vacated Moorabbin Airport permanently.

I have a collection of names of aircraft owners seeking hangarage for their aircraft and the demand for aviation space, specifically hangar and aircraft parking at Moorabbin Airport is now at unprecedented levels.

### The Airports Act Cwth (1996) (The Act)

On reviewing The Act, I note the first Object of The Act includes Section 3(a): *"to promote the sound development of civil aviation in Australia"*.

Since privatisation, until 2029, when this proposed Master Plan is due to expire, Moorabbin Airport Corporation boasts \$800M invested into Moorabbin Airport, but only \$25M of this will be spent directly on aviation.

During the Second Reading of The Airports Bill, by the Honourable John Sharp, Minister for Transport and Regional Development assured the Australian people that *"The government is thus committed to putting into place an appropriate regulatory framework to protect the interests of current and future airport users and local communities"* and *"The government's aim is to ensure there is no abuse of the potential market power of airport operators"*.

As demonstrated Moorabbin Airport Corporation has done nothing to promote the development of aviation in Australia and the Governments agenda has been thwarted by Moorabbin Airport Corporation.

Moorabbin Airport Corporation is required under The Act to provide a Master Plan (Section 70(1)). Included as a purpose of the Master Plan is *"...to reduce potential conflicts between uses of the airport site..."*.

### The Moorabbin Airport Corporation Master Plan

I have read and reviewed the Moorabbin Airport Corporation Master Plans from 1999, 2004, 2010 and 2015 as way of background to this submission on the Draft 2021 Master Plan.

While nothing can be changed under these Master Plans, it is important to understand the track record that the Moorabbin Airport Corporation holds. Under these Master Plans the following aviation projects have been achieved:

- Runway 04/22 has been shortened
- Aviation hangar numbers have been reduced from 39 to 32
- Aviation leased land has decreased from 225,000m<sup>2</sup> to 163,000m<sup>2</sup> (though a possible further 29,000m<sup>2</sup> may come on line)
- A noise abatement sign (since gone) was placed near runway 17R
- The only major project funded by the Moorabbin Airport Corporation has been the refurbishment of the terminal building, that happens to include the Moorabbin Airport Corporation offices

Moorabbin Airport Corporation will espouse its investment in aviation by discussing runway lights and runway and taxiway resealing. Please note that this is not investment in the airport. This is routine repairs and maintenance, as required by any airport to maintain its certification with the Civil Aviation Safety Authority and compliance with the International Civil Aviation Organization.

It should be noted that under the 2015 Master Plan, the removal of seven hangars plus parking apron was presented as a coloured box on a map. No further details were given and the first real warnings of this occurring was when the airport provided an eviction notice to the tenants of seven hangars, which sent shockwaves around the airport.

Further, the removal of seven hangars and subsequent construction of new warehouses and a new road under the 2015 Master Plan warranted a Major Development Plan. The Department of Infrastructure, and your office has not been able to provide any evidence such a plan was provided.

On reviewing the 2021 Draft Preliminary Master Plan, a further coloured box on a map is the only indication in the reduction of aviation precinct, resulting in another approximately seven hangars being removed. With no replacement outlined for the seven previously removed hangars, Moorabbin Airport is now looking at the having had fourteen of thirty-nine hangars removed, with little or no replacement documented in the Master Plan.

Nothing in the 2021 Draft Preliminary Master Plan addresses:

- Expanding “non-flight training” aspects of general aviation
- That almost none of the previous proposed aviation projects have been undertaken
- How safety at the airport is being improved above the minimum
- How displaced aviation tenants will be managed
- How new aviation tenants will be accommodated

It should be noted that very little of the proposed aviation development from the 1999, 2004, 2010 and 2015 Master Plans has actually been conducted. These sections have largely been regurgitated from Master Plan to Master Plan.

### Corporate Responsibility

It is important to consider the broader picture of Moorabbin Airport Corporation, and its owner, The Goodman Group.

- The Goodman Group is a \$51 billion dollar, publicly listed (ASX), international company. It boasts, in its 2020 annual report, an operating profit of approximately \$1 billion.

The Goodman Group is a property developer, and Moorabbin Airport, approximately 20km from the Melbourne CBD, is prime land for redevelopment as anything other than an airport.

- The Moorabbin Airport Corporation and Goodman Group have made it clear that they have no interest in keeping Moorabbin Airport as an airport or supporting aviation, new aviation tenants or appropriately managing existing tenants. As an example, all aviation leases appear to have a redevelopment clause which outlines that, with six months notice, tenants can be evicted to make way for new development. This lack of security makes managing a business, from a long term perspective, unworkable.
- At the northwest aspect of runway 31L, south of Centre Dandenong Road, west of taxiway Golf and east of the DFO buildings is "Toxic Mountain", an area of approximately 14,000m<sup>2</sup>. This area contains PFAS contaminated soil, moved there from the airport environs approximately two years ago. The construction of Toxic Mountain appears to be a permanent structure. It would appear that the management and containment of this contaminated soil is contrary to the PFAS National Environment Management Plan. This has been referred to both the Environment Protection Authority Victoria and the Federal Department of Agriculture, Water and the Environment requesting an investigation.
- No Major Development Plan has been made public for the recent development on the western most aspect of the airport, resulting in the removal of hangars and airport apron.

These are just a handful of transgressions that Moorabbin Airport Corporation and Goodman Group have made at Moorabbin Airport.

I note rumours abound that Moorabbin Airport Corporation and Goodman Group are seeking an early renewal of the option on their lease.

### Conclusion

It is clear that Moorabbin Airport Corporation has failed and is failing to manage Moorabbin Airport appropriately and is therefore in breach of its obligations. Further, there has been no serious effort to assist, promote or develop general aviation. There is no space for existing aviation tenants to expand or for new tenants to enter the airport. Moorabbin Airport Corporation, and Goodman Group, have demonstrated that they are not responsible corporate citizens and have failed Moorabbin Airport and its citizens, by shrinking the aviation footprint, without due consideration to the Airports Act and by not investing in aviation.

My business, as an intricately commissioned aviation business, requires a fit for purpose medical centre with associated hangarage. This is clearly not catered for at Moorabbin Airport. Despite multiple attempts to consult with Moorabbin Airport Corporation, they have taken no steps to understand my business, identify its requirements or meet its needs. There is no capacity for new aviation tenants to move onto the airport.

Moorabbin Airport Corporation and Goodman Group have, as a wealthy corporate citizen, failed to appropriately manage the airport environment.

I request that the General Aviation Inquiry by the Rural and Regional Affairs and Transport Legislation Committee undertake the following:

- Commence an public inquiry into the management of Moorabbin Airport
- Commence an open investigation into the appropriateness of Moorabbin Airport Corporation and Goodman Group to continue to hold the licence for Moorabbin Airport

I would be happy to present to the Rural and Regional Affairs and Transport Legislation Committee into General Aviation, if you so required.

Senator Susan McDonald  
Chair  
Rural and Regional Affairs and Transport Legislation Committee  
Department of the Senate  
PO Box 6100  
Parliament House  
Canberra  
Australian Capital Territory, 2600

21<sup>st</sup> July 2021

Dear Senator McDonald

Re: Senate inquiry into General Aviation

I write as a Designated Aviation Medical Examiner (DAME) for the Civil Aviation Safety Authority (CASA) under the Civil Aviation Safety Regulations (Cth) (CASR) 67.045. I have worked in this capacity since 2014 and am on record as being one of the busiest DAMEs in the country, currently seeing between 300 and 400 applicants annually. I am also a private (non-commercial) pilot and an aeroplane owner.

In my role, I primarily see pilots (30% non-commercial, 70% commercial), but have occasionally seen cabin crew, aviation fire-fighters, parachute instructors and air traffic controllers. Once I have seen an applicant and submitted my findings, CASA will review the application and make a determination on whether the applicant is fit to hold a medical clearance.

As a comparison, when a Licenced Aircraft Maintenance Engineer (LAME) (a “motor mechanic” for aeroplanes), completes work on an aeroplane, they sign the relevant paperwork and the aircraft is available to fly. When I, as a DAME complete the relevant paperwork on a pilot, CASA then reviews my paperwork and, never having met the pilot, may overturn my recommendation, request the applicant provide more information or issue a medical clearance.

For clarity, my role has been extended by Instrument Number CASA 26/18, dated 3 April 2018 (The Instrument), whereby I have been delegated CASA’s powers and functions for Class 2 (non-commercial) medical applications under CASR 67.165, 67.175, 67.180 and 67.195.

This allows me to make all the relevant decisions, independent of CASA, with the exception that I cannot deny a medical clearance and if I believe that a pilot is unfit, I need to forward the application to CASA.

CASA does not trust DAME’s with this decision making process, as all certificates issued under The Instrument are reviewed. I have instances of my decisions being altered without my consent, for which I do not believe there is legislation providing CASA the ability to alter the decisions.

As a medical professional, it is the only area of medicine, that I am aware of, that a government regulator will review and over rule the decision of a clinician working alongside the applicant.

It is worth noting that most medical officers within CASA are not pilots and have little practical experience in aviation.

My issues with the Aviation Medicine section of CASA (AvMed) is the bureaucratic over-reach, with no consideration to cost, health risk and time of the applicant, for very little gain to the safety of air-navigation. Specialist opinion is disregarded by AvMed doctors underqualified in the relevant specialty, but “experts” in armchair bureaucracy.

I provide two examples:

#### Ms X

Ms X at the time (2019), was a 50yo fit and healthy female, who had held a Class 2 medical for a number of years. She is an accomplished helicopter and aeroplane pilot and had made the decision to obtain a Class 1 medical so that she could instruct. As a routine part of this examination, she was required to undertake an ECG. This was sent to an eminent aviation cardiologist who reviewed an anomaly and requested a clinical review with the patient.

Following some in depth investigations and review, the cardiologist provided the opinion:

*“This is an unusual finding.... but there is no evidence at this stage of any significant underlying cardiac disease. I do not believe that further investigation is indicated, and in my opinion, Miss X is fit for all activities, including flying”.*

The cardiologist made the recommendation for annual testing and cardiologist review.

CASA restricted both her Class 1 and 2 medical certificates, forbidding her to fly without a qualified pilot in the aircraft and shortened her medical certificates from two to one year. In the letter advising of this, CASA stated:

*“Assessment of your application and specialist reports indicates that you presently fail to meet the relevant medical standard and I am satisfied that this may pose a risk to the safety of air navigation due to the risk of subtle and overt incapacitation... Your finding of rate-related left bundle branch block carries adverse prognostic significance including elevated risk of cardiac events and death”.*

This decision appears to be based on one medical paper, which compares Ms X, a fit and healthy young female to a 58yo female and an 80yo male, both with significant heart disease.

CASA advised the removal of these restrictions would require angiography and electrophysiological studies. It is important to note that the AvMed doctor making this decision is not a cardiologist.

The risks from these investigations came with an approximate 1:10,000 risk of death and a 1:2,000 risk of stroke. The case was reviewed by a cardiologist who specialises in electrophysiology, who expressed that the extra testing was not warranted and the risks far



outweighed any potential benefits. It was only after very significant public pressure was applied by the original cardiologist, myself and the Aircraft Owners and Pilots Association of Australia (AOPA), that CASA relented, accepted a CT Scan and provided Ms X with an unrestricted, full length (two years) medical certificate. She is now too frightened to reapply for her Class 1 medical certificate and has given up on the prospect of instructing.

#### Mr Y

Mr Y was a 37yo male when he first approached me for assistance. I was not his first DAME and his first application had been refused. Following a short course of Zyban™ (bupropion) to assist with smoking cessation, Mr Y experienced an episode of psychosis. Not being involved at the time, I can't be sure of the exact details, but this disclosure and a history of drug experimentation 15-20 years earlier, appears to have triggered a cascade of events, eventually resulting in a hair drug test.

The hair drug test demonstrated the presence of methylamphetamine at 50pg/mg of hair. The report noted that the Level of Detection (LOD) was 50pg/mg of hair.

Interpretation of drug testing results are complicated and require a specialist training package from, and membership with, the Australasian Medical Review Officers Association (AMROA).

There is no Australian or international standard for hair testing results, however the Society of Hair Testing (SoHT) (an international organisation) describes that LOD is the sensitivity of the relevant laboratory to consistently test a specified amount of substance. In this case, the laboratory is able to consistently detect 50pg/mg of hair, ie for every mg of hair analysed, the laboratory can detect 0.00000005mg of methylamphetamine.

However, the SoHT reports cutoffs for single use of methylamphetamine is 02.**ng**/mg of hair (or 200**pg**/mg of hair).

Mr Y's hair test result demonstrated 50pg/mg of hair, at the lowermost level for laboratory detection, but four-fold lower than is internationally accepted as evidence of a single event of drug use. In addition, no metabolites were present. In his defence, Mr Y reports he is employed as a luxury yacht chef, that he is constantly exposed to amphetamines and other drugs in the course of his employment, but does not use any illicit substance.

The hair test for Mr Y should be reported by an AMROA member as a negative result, and CASA should have acted accordingly on that report.

Mr Y saw a psychiatrist who, recognising the result as negative, made no comment on the drug test at the time of writing a report to CASA.

CASA reviewed the drug test and the psychiatrist report and wrote to Mr Y refusing him a medical clearance.

In the letter, CASA wrote:

- "A hair test for drugs performed on 22 Aug 2018 showed a positive result for methamphetamine"

- “(Your psychiatrist) did not seem to be aware that you had a hair test that was positive to methamphetamine in the report dated 22/8/2019”
- “I have formed the view that you suffer from a problematic use of substances and have a significant psychiatric history, and that you therefore fail to meet the applicable Medical Standard. You are also an unreliable historian, having failed to disclose your medical history to CASA as well as your history of a positive hair drug test for methamphetamine to your psychiatrist”

As can be seen above, none of these assertions are correct. Based on these conclusions, Mr Y was declined a medical certificate and barred from reapplying for 12 months.

As discussed above, this all occurred prior to my involvement. He eventually approached me for assistance with a new application. At this time, I explained to CASA, in writing, my concerns with their decision and the rationale. I requested to be involved in any patient discussions held by AvMed medical staff and was declined.

Mr Y has spent the best part of \$20,000 trying to obtain and maintain a medical clearance, based on a CASA opinion that is inherently incorrect.

I could provide many more examples!

As a medical practitioner, I can accept that people make mistakes, but these cases are not mistakes, these are instances where AvMed doctors have brutalised individuals, for no particular gain, except the theoretical “safety of air navigation”, which on review, was never compromised.

As much as I, and many others, enjoy acting as a pilot, we are under no illusions of the potential of a catastrophic outcome. Aviation is an inherently risky pursuit, whether in a professional or hobby capacity, but CASA needs to accept that risk should be considered against the financial and emotional burden of the decisions that have been made. There also needs to be a willingness by CASA to accept their mistakes, and to make amends to the individuals wronged.

I would be happy to present to the Rural and Regional Affairs and Transport Legislation Committee into General Aviation, if you so required.