

11 July 2005

Secretary
Joint Committee on Public Accounts & Audit
Parliament House
CANBERRA ACT 2600

REVIEW OF AVIATION SECURITY IN AUSTRALIA (2005)

Please find attached a submission by Diabetes Australia to the above Review, addressing the Committee's terms of reference b) and f).

Should you have any queries about this submission, please contact Diabetes Australia's Manager National Advocacy, Mr Trevor Corbell, on 02 6232 3825 or at tcorbell@diabetesaustralia.com.au.

Yours sincerely,

Brian Conway
Executive Director

Patron - His Excellency Major General Michael Jeffery AC CVO MC (Retd)
Governor-General of the Commonwealth of Australia

REVIEW OF AVIATION SECURITY IN AUSTRALIA

*Update on progress since the Committee's Report 400:
Review of Aviation Security in Australia, June 2004*

SUBMISSION BY DIABETES AUSTRALIA, July 2005

In this submission, Diabetes Australia (DA) addresses two items in the Public Accounts and Audit Committee's terms of reference:

- b) compliance with Commonwealth security requirements by airport operators at major and regional airports; and*
- f) privacy implications of greater security measures*

in regard to people with diabetes moving through controlled areas in airports and travelling on commercial aircraft.

What is Diabetes Australia?

Diabetes Australia is a federation of twelve organisations: eight State and Territory member-based entities, two medical and diabetes educational professional groups, and two diabetes research bodies. It has an individual membership of about 165,000 people affected by diabetes, and another 1,400 members of the two professional groups.

DA also serves the needs of around 723,000 people with diabetes in Australia under its contractual obligations to the Australian Government to administer the National Diabetes Services Scheme (NDSS). Amongst other services offered, the NDSS provides subsidised syringes, needles, blood glucose test strips (used in small hand-held meters) and insulin pump consumables; all are needed in the self-management of diabetes.

The federation is supported by a national office located in Canberra. For more detail, see www.diabetesaustralia.com.au.

Needs of people with diabetes travelling on commercial aircraft

Insulin is necessary for the body's normal carbohydrate, protein and fat metabolism. The pancreas in people with Type 1 diabetes does not produce insulin, which is necessary to sustain life. In some people with Type 2 diabetes, the pancreas does not produce sufficient insulin or there exists a phenomenon where the body is 'insulin resistant' and not able to take up the insulin naturally produced. All therefore depend on the administration of insulin from external sources. At any given time, there is also a number of pregnant women who suffer from gestational diabetes, a transitory condition but which often requires the administration of insulin.

In total, there are currently about 724,000 people registered on the National Diabetes Services Scheme, diagnosed with diabetes. Of those, some 135,000 people with Type 1 diabetes need to inject insulin, on average, around four times each day. Another 79,000 people with Type 2 diabetes will be doing so 1-2 times each day. In daylight hours, these injections would normally occur just before meal-times. All, including those who do not need to inject insulin; ie, the majority of those with Type 2 diabetes (about 465,000), are required to check their blood glucose levels at least several times each day.

Insulin is administered hypodermically by needle and syringe or by insulin pump, a device which is connected to the person via a semi-permanently placed needle and cannula.

It is essential for people with diabetes who need to inject insulin to at all times carry needles and syringes, or insulin pens or pumps, and a supply of insulin.

It is also necessary for them to test their blood glucose levels at frequent intervals, particularly before each meal. This is done by a 'finger-prick' test using a lancet and blood glucose meter, in order to determine the dosage of insulin required and the volume of food able to be consumed. As such, these tests are a constant element in the self-management of diabetes.

All equipment must be in the personal custody of the person when travelling on commercial aircraft; carriage of insulin and test strips in the un-pressurised and un-controlled temperatures of an aircraft baggage hold can be deleterious to their efficacy.

Background to arrangements in force between November 2001 and March 2005

Following the events of 11 September 2001, and as a result of detailed consultations with DA in that same year, the Department of Transport & Regional Services (DOTARS) issued an information bulletin *Passengers with medical conditions (v.2)*, dated 30 November 2001. The bulletin was distributed to screening authorities, advising them of the protocols to be

observed in the security-processing of people with diabetes who need to carry in their cabin hand luggage items such as hypodermic needles, insulin pens and blood glucose testing lancets. Notwithstanding that syringes are generally regarded as being 'weapons' or 'prohibited items', the bulletin outlined the dispensations to be afforded people with diabetes who could legitimately identify themselves as such.

With few reported exceptions, the instructions in the bulletin appear to have been adhered to by screening authorities and their security personnel. By extension, through various Diabetes Australia information sources; eg, members' magazine, web-site, etc, people with diabetes moving through airports and travelling on commercial aircraft have also been made aware of their responsibilities.

Any problems identified since the bulletin was distributed would appear to have mostly occurred where 'over-zealous' security staff have chosen to interpret their own management's directives on what is acceptable when dealing with people with diabetes. Incidents have occurred where people with diabetes at airport security screening points have allegedly been harassed, openly singled out for processing and their right to reasonable privacy violated. Such incidents are clearly embarrassing for the individual concerned and have resulted in complaints being lodged with airport managements, airlines and DA.

However, it also needs to be said that such incidences brought to the notice of DA have been followed up promptly by contacted authorities and generally resolved to the relevant parties' satisfaction.

Situation since March 2005

Following the issue of the *Aviation Transport Security Regulations 2005*, DOTARS produced and distributed in March a public information pamphlet entitled *Important security tips for air travellers - Strengthening aviation security*. Some information contained in the pamphlet had the effect of apparently contradicting some requirements of the Regulations, and of overriding the arrangements negotiated by DA and DOTARS in 2001. As a result, there were again confused interpretations being made by security officers, in turn leading to concerns being expressed to DA by people with diabetes.

Under the heading *What if I need to carry a hypodermic needle?*, the pamphlet states: "*Members of the public who require these sorts of items, or their carer, must present a medical certificate and their medical instruments to the screening officer at the airport and the cabin crew onboard.*"

Read literally, the pamphlet appears to ignore the 2001 outcome of the negotiations between DA and DOTARS about acceptable standards for identifying the needs of passengers with diabetes, inasmuch as the holding of

a medical certificate for each and every time a person with diabetes was travelling now seemed obligatory.

That presented a much more stringent requirement than that agreed in 2001. Then, it was agreed that people carrying items such as hypodermic syringes would be able to establish their *bona fides* by clearly identifying and declaring such items at the airport screening point, and by having on their person an (Australian Government) National Diabetes Services Scheme (NDSS) registrant card. (A NDSS card entitles the bearer to be able to obtain items such as needles and other items at a subsidised cost.) Around 95% of all people with diabetes in Australia are registered on the NDSS.

The pamphlet also raised concerns that screening would be required both at the initial screening point and to cabin crew upon boarding the aircraft.

Agreed position between DOTARS and DA

DA met with DOTARS in April 2005, and the following arrangements were discussed and agreed:


- a NDSS card would continue to be accepted as primary proof of the need to carry diabetes-related equipment in cabin hand luggage.
- Photo ID, such as a driver's licence, might be used to further confirm identity. If the person with diabetes did not have an NDSS card, a suitable (standing) medical certificate or doctor's letter would be accepted;
- DOTARS would consult its Departmental medical personnel and the Australian Divisions of General Practice (ADGP) to obtain an indication of other people using syringes who might have been innocently caught up in the new regulations;
- DOTARS would produce a guidance bulletin for the use of airport and airline security staff, including a image of an NDSS card;
- the bulletin would be circulated to the relevant areas by DOTARS; and
- DA would disseminate the information to people with diabetes through its usual channels of communication; eg, members' magazine, web-site, etc.

As at mid-July, DOTARS is still working on the guidance bulletin, although various assurances have been given that the project will be completed 'soon'. While DA acknowledges the likely pressures on the Department in relation to a range of other current air travel security issues, it is anxious to see that the agreed arrangements between itself, on behalf of people with diabetes, and DOTARS are placed on a formal basis without further undue delay.

Summary of Diabetes Australia's position

1. Diabetes Australia supports the need for responsible identification at screening points of people with diabetes who need to carry a range of equipment related to their self-management of the condition.
2. Diabetes Australia however appeals for appropriate protocols for the security-processing of people with diabetes to be put in place and to be followed by relevant authorities' security personnel.
3. The instruction bulletin originally issued in 2001 for the security-processing of people with diabetes (and others who have a legitimate medical reason to carry hypodermic equipment), and as reconfirmed by agreement between Diabetes Australia and the Department of Transport & Regional Services in April 2005, should be accepted as adequate for identification purposes and for the authorisation of the personal carriage of items needed in the self-management of diabetes.
4. The Department of Transport & Regional Services needs to issue an amended bulletin to security authorities, based on the agreed protocols between itself and Diabetes Australia, without further delay.

Authorised by Brian Conway, Executive Director Diabetes Australia, 11 July 2005



Brian Conway