

CHAPTER 4

Personal accounts

4.1 The committee heard that firefighters are, upon recruitment, within the top 5–10 percent of the general population in terms of physical health and fitness. Yet, within a few years of employment, firefighters are between 2 and 5 times more likely to develop one of the cancers listed in the Bill than the general population.¹

4.2 Currently, as outlined earlier in this report, firefighters who develop cancer are required to prove—often through litigation—a causal link between the cancer and their work. The committee received extensive evidence about the hardship and stress this causes firefighters who are battling a serious disease. This Bill, the committee heard, would simply remove that hardship and stress and give firefighters a better chance at recovery.²

4.3 The committee received submissions and heard from a number of firefighters, and families of firefighters, whose lives have been changed by cancer. The committee again thanks them for taking the time to make submissions and give evidence. A few of their stories are outlined below.

Janet Reed

4.4 Janet Reed's husband, Robert James Reed, had been a firefighter for 14 years when he was diagnosed with kidney cancer in 2008. He died ten months later, leaving behind a wife, two children and many friends in the firefighting community.

4.5 As a firefighter, the committee heard that Robert Reed was always conscious of safety. He was nevertheless exposed, as all firefighters are, to toxins which were beyond his ability to control:

In Rob's everyday work where he looked after people in our communities as a fire fighter, performing road crash rescues, confined space rescues, dealing with hazardous material spills and other work he was regularly exposed to toxins and risk. He was a safe and conscientious worker and he wore protective clothing and used special safety equipment but it did not prevent him from being exposed to all sorts of toxins and some of that exposure was cumulative throughout his career.³

1 United Firefighters Union of Australia, *Submission 18*, p. 1; p. 21.

2 See United Firefighters Union of Australia, ACT Branch, *Submission 18*, p. 4.

3 Mrs Janet Reed, *Submission 20*, p. 1.

4.6 His widow, Janet Reed, told the committee of the difficult and stressful months of her husband's ultimately unsuccessful treatment:

The circumstances of Rob's treatment was extremely difficult emotionally and physically...In July Rob had routine testing 6 months after his surgery and a CT Scan revealed that the cancer had returned to his lymph nodes in his chest. Rob was hospitalised and had a biopsy which was complex procedure because his lung had to be collapsed to perform the biopsy, and the results confirmed that it was secondary cancer originating from the renal cell cancer. That diagnosis was dreadful and very stressful. Rob was then referred to an Oncologist and he commenced a course of chemotherapy treatment.⁴

4.7 Robert Reed's family remained hopeful for a positive outcome despite a series of hurdles and discouraging results:

Rob's health declined and the cancer spread to his brain. In September Rob had a course of radiotherapy treatment for 4 weeks to treat the cancer in his head and chest. I supported Rob through this terrible time and we were optimistic for a good outcome. Rob wanted to carry on as though it was "business as usual" to minimise the impact of his illness for everyone else.⁵

4.8 Shortly after this treatment, the family went on a short holiday to spend some quality time together. Within two weeks of the break Robert Reed was hospitalised with swelling on his brain. Janet Reed told the committee that her husband died three days later on 29 October 2009, their 21st wedding anniversary.

4.9 On 2 September 2011 Janet Reed attended one of the committee's hearings to tell the committee of the emotional and financial stress Robert Reed and his family had to undergo because Robert was forced to return to work for financial reasons:

I am here to ask you to carefully go through this presumption legislation and to consider it, because if this had been available to Rob and me when he had cancer it would have made our life easier. I am here for Rob. That is why I am here. And I believe that if Rob had not had to return to work after he had his operation—he had his kidney removed—after he thought that the cancer was all gone, I believe there would have been a lot less stress in our lives and maybe the lower stress would not have accelerated his cancer so quickly.⁶

4.10 Robert Reed and his family did not have ready access to compensation, and could not face having to go through lengthy and costly litigation to seek any sort of payment or support:

There was no compensation readily available to us and it was not something that we had strength to go and seek money for litigation of any kind when

4 Mrs Janet Reed, *Submission 20*, p. 2.

5 Mrs Janet Reed, *Submission 20*, p. 2.

6 Mrs Janet Reed, *Proof Committee Hansard*, p. 20.

we were going through such a hard time especially when his cancer came back six months after he was diagnosed. The last thing that any person needs to do in that situation is to worry about seeking compensation when you are already worrying about how you are going to get through the cancer. That is why I think it is important for me to be here today to let you know that just having cancer alone is a struggle and the financial part is a bigger struggle again that you do not have the strength to fight.⁷

4.11 The committee thanks Janet Reed for her evidence, and acknowledges how difficult it must have been for her to attend the public hearing.

Dean Symmans

4.12 The committee also took evidence from Mr Dean Symmans, a firefighter for 26 years. In April 2009 he was diagnosed with leukaemia, and has been undergoing treatment since that time. He is currently in remission, undergoing chemotherapy, monthly blood tests and bone marrow aspirate tests every three months.

4.13 He told the committee of his treatment:

Upon diagnosis I was given a 70 per cent survival. Treating doctors had less than two weeks to use chemotherapy drugs to place me into remission. Stationed in Albany 400km south of Perth, I was air lifted to Perth by Royal Flying Doctor to Sir Charles Gardner Hospital where chemotherapy and intravenous drugs were initiated.⁸

4.14 Being away from home for treatment meant that his family had to travel, at their own cost, to see him:

Over the next 6 months, I received 3 x monthly intravenous chemotherapy treatments in SCGH hospital. My wife and sons travelled regularly to visit me at my hospital bedside. This was obviously disruptive to family life, schooling and an expensive exercise. My wife had to reduce her hours of work and we relied heavily on friends to assist with childcare and transport.⁹

4.15 Mr Symmans had always been healthy, and had accrued many hours of unused sick leave during his time as a firefighter. He used over 1000 hours of sick leave during his treatment. He was told that, if he relapsed after treatment, he would need a stem cell transplant and more time off work.¹⁰

4.16 Having exhausted their resources, Dean Symmans and his family had to turn to his colleagues for help:

7 Mrs Janet Reed, *Proof Committee Hansard*, p. 20.

8 Mr Dean Symmans, *Submission 23*, p. 2.

9 Mr Dean Symmans, *Submission 23*, p. 2.

10 Mr Dean Symmans, *Submission 23*, p. 2.

During my illness with leukaemia fire fighters and my Union rallied to support my family with monetary assistance to help cover the costs with travel and other expenses. Fire fighters maintained my family car and house in my absence over the initial 12 months. Albany fire fighters also travelled 400kms to visit me in hospital. Perth fire fighters sat with me bedside whilst treatment was administered.¹¹

4.17 Today, like other cancer sufferers in remission, Mr Symmans now lives with the fear of a relapse:

My big fear was if I did not stay in remission—which I am at the moment, thankfully—I would need to have stem cell transplants. If that takes place it would further chew out sick leave and I would then have to fall onto a charity that the firefighters themselves have set up. It is a sick and death benefit fund. I was, as I said, trying to preserve what sick leave I had left so that I could battle through my treatment.¹²

4.18 He told the committee of the financial strain he and his wife faced during his illness, and the impact on their family and lifestyle:

In my case, being the main breadwinner, it was immense. During my illness my wife, who at that point was job sharing, had to cut back on those hours as well. I guess we were very grateful to her employer, who did the right thing and looked after her—offered her time off and supported her during my ordeal. I have the privilege here today to say how disappointed I was in the return-to-work system of my employer. All that was in place as far as return to work goes was an account-keeping process, which I probably come across as a little bit bitter with at the moment. All they wanted to know was how many hours I was working that day. The hours I did not work they were going to take off my remaining sick leave. That made me livid. I had worked for an organisation for such a long period of time and that was what they were offering me. I thought it was pretty ordinary.¹³

4.19 He added:

I went to the point of contacting my area manager and asking 'How the hell do you work this sort of thing?' It should not be pushed down to people in fire stations and their area managers to try to make the thing work. There should be something put in place. That, to me, is part of this process of getting presumptive legislation up so that I would not have to worry about how much sick leave I have and my family would be looked after.¹⁴

11 Mr Dean Symmans, *Submission 23*, p. 3.

12 Mr Dean Symmans, *Proof Committee Hansard*, p. 22.

13 Mr Dean Symmans, *Proof Committee Hansard*, p. 23.

14 Mr Dean Symmans, *Proof Committee Hansard*, p. 23.

4.20 Although Dean Symmans believes he was exposed to iridium radiation, he informed the committee that he did not think he could confidently identify a single incident which had caused his leukaemia:

In 1991, I believe, I was probably exposed to radiation caused by iridium. There are ongoing diesel fume concerns at fire stations and on the fire ground. The leukaemia I have is believed to be caused by an exposure to a chemical or radiation, and benzene gets the green light there. I guess there has been an accumulation of carcinogens over 24 years. The more I look into things, the more I find things. I have only just learnt from a fellow firefighter that the firefighting foam we have been using over the years can be a carcinogen. A lady who is doing research into leukaemia contacted me one time and told me that a chemical called 2-butoxyethanol, I think it is, was in AFFF foam. I'm not a scientist; I did my own home research come home. She indicated that there is a carcinogen in firefighting foam. I don't know how I can nail it down to one specific thing.¹⁵

Scott Morrison

4.21 Mr Scott Morrison is a leading firefighter with Melbourne's metropolitan fire brigade. He was diagnosed with non-Hodgkin's lymphoma in 2001:

My journey with cancer began 10 years ago. In August 2001 I was admitted into hospital as it was not known what was wrong with me. I was diagnosed with non-Hodgkin's lymphoma. I had large cell cancers which are considered aggressive. That was the start of a battle for my life that would span six years and is something I am still very vigilant and concerned about on a daily basis.¹⁶

4.22 On 11 September 2001 Scott Morrison began his chemotherapy treatment:

The date 11th September 2001 is a day of sadness and shock for firefighters as the New York Fire Department lost more than 300 firefighters in the terrorist attacks. For me that day also marked the first round of chemotherapy. I had six rounds of chemotherapy ending on the 24th December 2001. By that stage I had not even told my mother I had cancer as I thought the chemotherapy would be the end of it.¹⁷

4.23 Unfortunately, chemotherapy did not produce the results Mr Morrison had hoped for, and he had to undergo further rounds of the treatment. Due to ongoing chemotherapy and tests his veins collapsed and a fine tube had to be inserted into his body in order for the chemotherapy to continue:

Then I went back for more tests, and they showed that that had failed, so I had to have a stem cell transplant in February. In March 2002 I went through the procedure, and I was in hospital for eight days. I was returned

15 Mr Dean Symmans, *Proof Committee Hansard*, 2 September 2011, p. 24.

16 Mr Scott Morrison, *Submission 7*, p. 2.

17 Mr Scott Morrison, *Submission 7*, p. 2.

home for four days because those four days could have been my last four days, but then I went back to the hospital for six weeks—I was in isolation. I finally got through that, and I was sent back for more tests. They said, 'You've still got something there near your left kidney,' and I had to go through six weeks' radiation. In between that, I spoke to the doctor. He said, 'If this doesn't work you're going to palliative care.'¹⁸

4.24 Fortunately, Mr Morrison responded to treatment and in 2002 went into remission for five years. He was re-diagnosed with non-Hodgkin's lymphoma in 2007, which was successfully treated with radiation therapy. The committee was shocked to hear that he had to rely on the generosity of his colleagues who gave up their own leave entitlements to allow him to take the necessary time off work:

I was lucky because my wife had her own dancing school. She spent the whole time at the hospital when I was there. I had a few hours of sick leave, but I was off for nearly 18 months. When I did run out of sick leave I was lucky enough to have great work mates who put their annual leave up for me so I would not lose money. I cannot thank them enough.

...

They helped me get through everything. I love those guys. Ever since I went back to work I have said 'I owe you all that much.' I learnt to cook and from then on I have cooked lunches every day for the guys. Whatever I could do for them, if they need something, I would go in the car and do it for them. Still to this day I thank them for helping me survive what I went through.¹⁹

4.25 He told the committee of his emotional struggle to survive:

When I was extremely ill there were times when I thought I was dying. I felt that I was going to die. There were times when it was extremely painful and I hoped I would die. When I looked at my two sons and my wife I thought, 'I cannot die yet because I want to enjoy my life with them.'²⁰

Paul Henderson

4.26 Paul Henderson began his career as a firefighter in 1976, and has worked his way to becoming Senior Station Officer. He was diagnosed with testicular cancer in 2007. His treatment included surgery, radiation therapy and six courses of chemotherapy. He chose to speak to the committee with the full knowledge that he would not benefit from the proposed Bill:

18 Mr Scott Morrison, *Proof Committee Hansard*, p. 22.

19 Mr Scott Morrison, *Proof Committee Hansard*, p. 23.

20 Mr Scott Morrison, *Proof Committee Hansard*, p. 23.

I will not personally benefit from this Bill, and neither will my family. But I feel just as strongly about this as if it was going to cover me and my family.²¹

4.27 Mr Henderson's experience reminded the committee of the benefits, outlined earlier in this report, of health awareness and early detection:

I found the lump myself though self examination and mentioned it to my doctor at a health monitoring appointment that is standard practice for the fire brigade. I was being vigilant because I knew of other firefighter that had testicular cancer and knew the earlier it was diagnosed the better chance the person had. I was aware of the link between firefighting and testicular cancer. I understand that testicular cancer is more commonly a young man's disease, but I had known older firefighters to be diagnosed with it so I remained vigilant.²²

4.28 He related his experience with illness and accident insurance:

I started off with 1,900 hours of sick leave. I exhausted all that sick leave and ended up on a policy that I had when I joined the fire brigade for sick and accident insurance. I ended up on that for a further two months. When I was cleared to be operationally fit to resume duties and got back to the work the insurance company kindly notified me that they no longer wished to cover me and my policy was cancelled. I appealed and in the wisdom of sunlight they agreed to keep the policy running but refused to cover cancer. I did not get any discounts in the policy.²³

4.29 Mr Henderson reflected on whether it would be possible to reduce the risk posed to firefighters by controlling the materials used in manufacturing. He stated:

I think that what a lot of it comes down to is probably the expansion of globalism. We have ships with containers full of all sorts of goods going from one country to another. We have ships of convenience now, and no-one can systematically keep enough records to link all the dots to find a trend or a commonality in something that is being abused. I think we do have a system, but I think the system also has some holes in it that other people are using to drive their goods through. There is the fire load in this room—these tables and the formaldehyde in them, or what they use in the carpet. You have already had this discussion in Melbourne. From our point of view, we would like to see a system that is fail safe, accountable and credible.

...

21 Mr Paul Henderson, *Submission 4*, p. 2.

22 Mr Paul Henderson, *Submission 4*, p. 2.

23 Mr Paul Henderson, *Proof Committee Hansard*, p. 28.

I think it comes down to the lowest common denominator. We want products, and we want them as cheaply as we can get them. To get them cheaply, we have to manufacture them cheaply, and shortcuts are taken.²⁴

4.30 Paul Henderson's prognosis is, fortunately, good. Nonetheless, like other cancer sufferers, he lives with the spectre of cancer even when in remission:

When I did not have cancer I never walked around thinking, 'What's going to happen when I get cancer?' Now that I have had cancer and now that I am in remission, is that little monkey going to tap me on the back with 'Knock, knock.' 'Who's there?' 'It's cancer.' I live with that.²⁵

Ross Lindley

4.31 Ross Lindley joined Melbourne's Metropolitan Fire Brigade in 1984. He served as a firefighter for 26 years before being retired for medical reasons in 2010.

4.32 He was diagnosed with multiple myeloma in January 2009 after an MRI scan. He immediately underwent an aggressive chemotherapy regime and had a stem cell transplant. The treatment itself was so intensive that it necessitated 18 months of recovery.

4.33 Ross Lindley told the committee how daunting a task he faced when he considered seeking workers' compensation:

I actually applied. I was one of the firefighters that Craig Sidebottom spoke about. The wife and I went in. It is very frightening when they tell you this is what you have to prove, this is what you have got to do: you will take it to court; you will have to fight the insurer; if you lose you are going to have court costs; chances are you are going to lose it because you have to find this information, which is near impossible. So we let it slide. We thought it was just too hard—let's get better.²⁶

4.34 Having given up on pursuing compensation, he later sought to obtain records of chemicals he might have been exposed to during the course of his duties. He found that no records existed:

I rang the BA department to try to chase up these records and was informed that the records do not exist—after 24 hours they get thrown out...They were all gone. So there were no records of exposures of any kind. I then sent a letter to the metropolitan fire brigade requesting all the calls I had been to for my entire 26 years in the job and any exposures that I had been to and so forth and so forth—all the incidents and whatever. They sent a letter back saying, 'All we can give you is the reporting system. There are no records on exposures at all.' That was the brick wall I hit. You just

24 Mr Paul Henderson, *Proof Committee Hansard*, p. 28.

25 Mr Paul Henderson, *Proof Committee Hansard*, p. 26.

26 Mr Ross Lindley, *Proof Committee Hansard*, 2 September 2011, p. 27.

cannot prove which fire you went to that supposedly started this off. You have nothing to go with. With that we gave it up—we thought it was just going to be too hard. We can't prove a thing.²⁷

4.35 His words echoed previous evidence the committee had received concerning the difficulty firefighters faced when seeking to access records of exposure, records which, even when available, are unreliable and often inaccurate.

4.36 Mr Lindley used up his sick leave, and, like many others, turned to income protection:

That reduces your income down to 70 per cent, which you have to pay tax on as well. Then I returned to work on light duties because it was just too much of a financial struggle being on income protection and still having a mortgage and family commitments, medical expenses and so forth. On light duties I could only work two-day shifts, so I was taking the night shifts off as annual leave which I had accumulated while I was crook. Once all that went I then had to go out on a pension. I was not allowed to return to work as a firefighter and I took a pension and left. Financially it has been very hard. I have redrawn on my housing loan, I am paying off a tax debt that I have incurred from the income protection and at this stage I am not working. I am just plodding along trying to make ends meet.²⁸

Conclusion

4.37 The community holds a deep respect and gratitude for those who serve to protect and assist. If we are honest, however, along with this respect and gratitude comes a generous dose of expectation. We expect firefighters to come to our assistance when our homes, schools, hospitals and businesses are ablaze. We expect that a firefighter will enter a burning building when every human instinct tells us to leave. We expect they will search for those trapped inside and bring them out alive. We expect them to do what they can to minimise loss of life and damage to property. While everyone else is fleeing danger, it is the firefighter's duty to tackle it head-on, to enter an extreme and dangerous environment, armed with the best protective gear available.

4.38 It is a duty firefighters take seriously, aware of the inherent risks to their own health and safety. This awareness on their part does not mitigate the community's responsibility towards them.

4.39 The committee has carefully examined the large amount of evidence with which it has been presented. Study after study has pointed to a higher risk of cancer for firefighters than the general population. Science has confirmed what firefighters suspected for decades: that a disproportionate number of them in the prime of their lives are brought down with illnesses usually reserved for the old and the infirm.

27 Mr Ross Lindley, *Proof Committee Hansard*, 2 September 2011, p. 27.

28 Mr Ross Lindley, *Proof Committee Hansard*, 2 September 2011, p. 26.

4.40 The committee recognises that cancer is an illness that touches many fit, healthy people in the non-firefighter population as well. In many cases it is unpredictable and incomprehensible, due to genetics or factors we do not yet understand. But when the science tells us that a particular group of people who are routinely exposed through their service to the community to known carcinogens are at higher risk of developing certain types of cancer, then the response becomes clear.

4.41 The committee recognises that when a person spends their professional career inhaling and absorbing known—and probably some as yet unknown—carcinogens in the course of public service, it is the moral duty of the community to enable them to seek compensation should they fall ill as a consequence. For this reason the committee believes this Bill needs to be passed after being improved upon through incorporation of the committee's amendments.

4.42 The committee has conducted its analysis in the hope that similar legislation will be introduced across state jurisdictions in future as part of the harmonisation of workers' compensation laws. If this Bill is passed, the committee encourages state jurisdictions to engage in a dialogue which will eventually see a positive, and fair, outcome for firefighters across Australia.

Recommendation 4

4.43 The committee recommends that this Bill be passed subject to the foregoing recommendations.

Senator Gavin Marshall

Chair