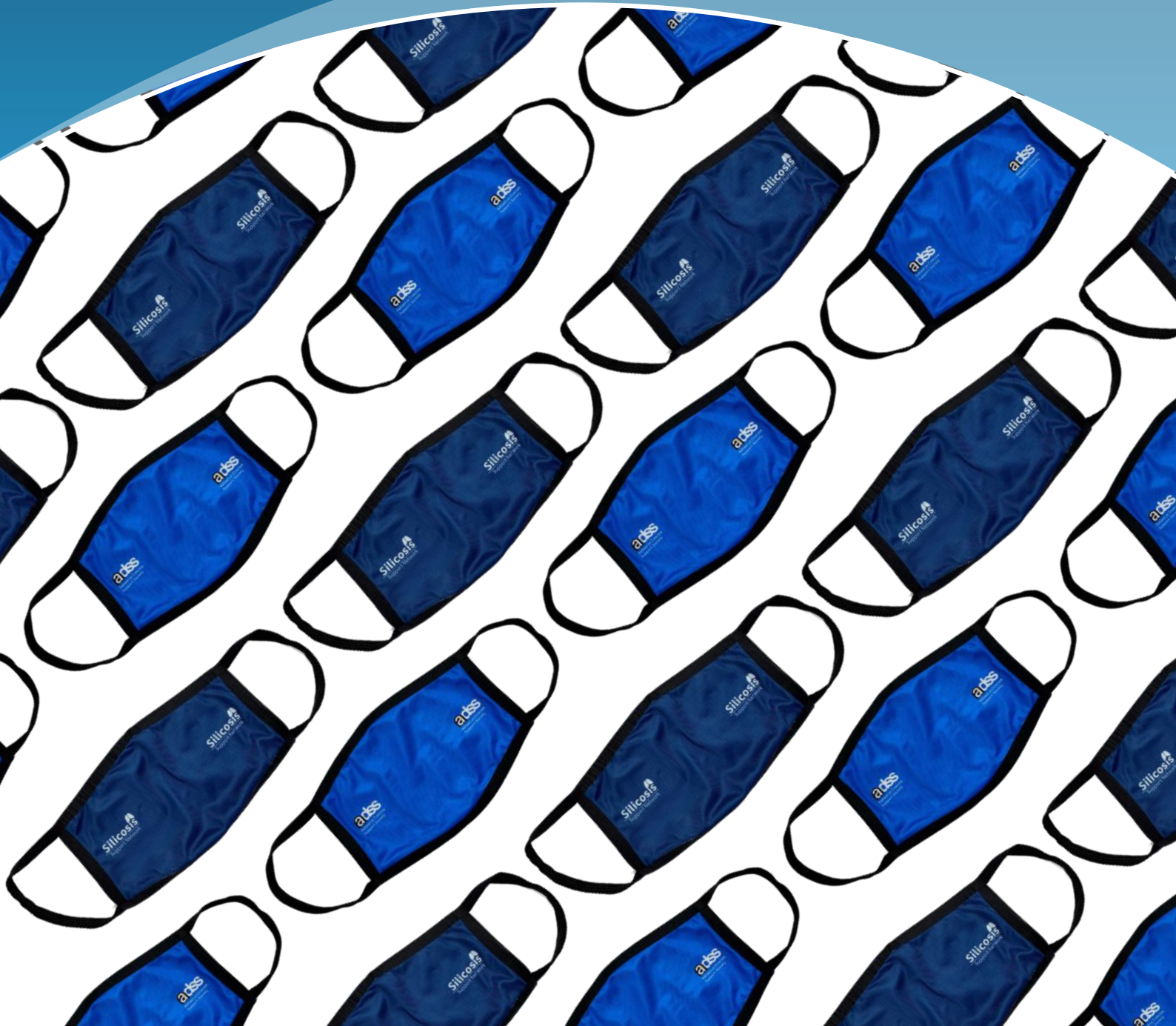


Spring 2020
NEWSLETTER

adss

Asbestos Disease
Support Society



Asbestos Disease Support Society / Silicosis Support Network

16 Campbell Street, Bowen Hills QLD 4006

PO Box 280, Spring Hill QLD 4004

Phone: 1800 776 412

Email: inquiries@adss.org.au / inquiries@silicosissupport.org.au

DO YOU KNOW
BEING AN

ADSS & SSN MEMBER

There is free assistance through the provision of:

Information on asbestos & silica related diseases

Support from our social worker

Clinical support from the registered nurse

Medical aids on loan

Community morning tea groups and support groups

Nutritional advice

Occupational therapy assessment

Quarterly Newsletter

**Legal consultation with our preferred lawyers experienced
in asbestos and silica compensation.**

**Call the Society if you would like to
discuss any of these services**

1800 776 412



In This Issue

In Loving Memory	4
General Managers Report – <i>Trevor Torrens</i>	5
Our Legal Advisor – <i>Thady Blundell</i>	9
Society Social Worker – <i>Judith Thomson</i>	10
Society Clinical Nurse – <i>Karen Selmon</i>	12
On the National Front	13
Around the World	18
Did you know?	19
Medical Articles	20
Media Articles	21

Asbestos Disease Support Society Limited Notice Of Annual General Meeting

DATE: Wednesday 21 October 2020
TIME: 10.00am to 10.45am (to be followed by light refreshments)
LOCATION: Brisbane City Hall (Brisbane Room)
RSVP: Due to COVID restrictions you must RSVP if you wish to attend by Wednesday 14 October 2020.

BUSINESS

1. Welcome
2. Attendance and Apologies
3. Minutes of Previous Meeting
4. Board Report
5. Financial Statement and Auditors Report
6. Appointment of Auditors
7. Confirmation of Director Appointments


PROXY FORMS

There are no special resolutions proposed. However, if you require a proxy form please contact the Society.

In Loving Memory

Conchitta Margaret Spring
Eleanor Marion Wharton
Geoffrey Somner Cornish
Alan Gordon Downie
Keith Lindsay Simpson
Nellie Clark
William (Bill) Gurnett
Catherine Mary Goodsall
Russell Roland
Samuel Wallace Larmor
John Windolf

Peter O'Brien
Colin Michael Stott
Ronald William Stewart
Barry Springfield Flint
Edward (Ted) Munro
Rose Maree Ferreira
Philip Jensen
Paul Gibson
Neil James Beaton
Roger Elworthy
Michael Hillman



Tenderly
May time heal your sorrow

Gently
May friends ease your pain

Softly
May peace replace heartaches

And may warmest memories remain

General Managers Report

TREVOR TORRENS



A warm welcome to the Spring edition of the Asbestos Disease Support Society Newsletter. I indicated in the Winter edition that it appeared we were emerging from the COVID restrictions. While Queensland has undoubtedly done well in relation to COVID, we have re-entered restrictions in a number of local Government authorities. Unfortunately, it is unlikely that our community morning tea program will recommence this year – but this is being monitored.

Also included with the newsletter is a small parcel containing a face mask, hand sanitiser and teabags (to have a “cuppa on us”). Thank you to the volunteers who assisted with the newsletter mail out and assembling the packs.

The Australian Institute of Health and Welfare has released the annual report Mesothelioma in Australia 2019. The report is a sad, but also timely reminder of the dangers of exposure to asbestos. Today’s mesothelioma diagnoses and death rates are largely a legacy of past workplace practices. However, there remains a danger that the home renovations of today could be foundations on which future unwanted diagnoses are built.

Some of the main findings of the report are:

- As at 1 April 2020, 659 cases of mesothelioma were diagnosed (this is likely to increase as further data is received)
- The median age at diagnosis was 75 year of age
- 724 people died in 2019 from mesothelioma (this is likely to increase as further data is received), a rate of 2.9 deaths per 100,000 population
- Between 1982 and 2019, the number of new cases of mesothelioma reported annually steadily increased—from 135 to 532 for males and from 22 to 127 for females
- To date, the highest overall number of cases (792) were those with a date of diagnosis in 2017
- Home renovations are the most significant ongoing risk factor for non-occupational asbestos exposure
- Between 1987 and 1991, 37% of people lived at least one year after their diagnosis, 10% lived at least 3 years after diagnosis, and 6% lived at least 5 years after diagnosis. After accounting for changes in the population’s age structure over time, these rates had increased to 55%, 17% and 10% respectively between 2012 and 2016.

(The full report can be found at: <https://www.aihw.gov.au/reports/cancer/mesothelioma-in-australia-2019/contents/summary>)

The AIHW report is a reminder of the deadly legacy of Australia’s past love of asbestos - and that we still need to be vigilant. It’s important that we understand asbestos is not just a workplace hazard – it can also be a hazard in the home.

A Media Statement on the report was released by the Society and is included later in the newsletter.

Occupational Lung Diseases: Lung Foundation Australia “Expert Working Group”

The Society is pleased to have been invited to the membership of the Lung Foundation Australia Occupational Lung Disease “Expert Working Group”. This 12 month Australian Government funded project aims to improve knowledge of occupational lung diseases (“OLD”), occupational hazards that affect the lungs and to promote safe workplaces.

Occupational lung diseases occur due to breathing in dust (such as asbestos/silica), gases and fumes in the work environment. They are an important and under-recognised cause of respiratory ill health in Australia. Significantly, these lung diseases are a preventable cause of much sickness, disability and death.

The Society’s role will be to provide a voice/perspective of the issues that confront OLD sufferers leading up to and following diagnosis and support mechanisms available. Both the Society and Lung Foundation Australia consider this to be an important element and priority in the development of OLD resources.

The Working Group is broadly multi-disciplinary and will consist of ten representatives from the following fields:

- Thoracic / Respiratory Medicine
- General Practice
- Allied Health
- Occupational Health
- Public Health / Health Protection
- Policy, Administration and Governance
- Regulatory Practice, including Standard Setting, Compliance and Enforcement
- Industry Practice

(Additional input may be sought from outside the Working Group as required).

Specifically, the project will deliver the following:

- **National Directory**
A national directory of relevant OLD support programs and services. The directory will provide connections for people at risk of and impacted by OLD.
- **Online “Your Lungs at Work” Lung Health Questionnaire**
Adapt the European Lung Foundation’s ‘Your Lungs at Work’ online lung health questionnaire for the Australian context to help employees identify risks to their lung health in the workplace, advice on how to protect their lungs and when to see a health professional.
- **Factsheets**
Digital factsheets with disease information, causal factors and preventative measures for conditions such as silicosis and mining-related disease.
- **Dedicated Webpage**
A dedicated section within the LFA website that acts as a hub for information and the developed resources relating to OLD, including the factsheets, online lung health questionnaire and national directory.
- **Campaign**
A national OLD campaign during National Safe Work Month to raise awareness of the risks to lung health in the workplace. The campaign will target employees and employers working in high risk environments via targeted digital and outdoor advertising strategies.
- **OLD Booklet**
A 25-30 page A5 booklet for people diagnosed with OLD, including information such as causes, signs and symptoms, diagnosis, management and support.

While the Society specifically concentrates its activities on asbestos and silica related diseases and issues (generally considered to be “traditional” dust diseases), OLD encompasses a wide spectrum of disorders. The project will look to provide resources and information on the broad range of OLDs. Additional examples of OLDs include:

- Coal workers’ pneumoconiosis (CWP) – pneumoconiosis caused by exposure to respirable coal dust.
- Chronic Obstructive Pulmonary Disease (COPD) - COPD can be caused by exposure to occupational or environmental pollutants.
- Aluminosis – pneumoconiosis caused by the presence of dust containing aluminium in the lung tissue.
- Asthma – a condition in which a person’s airways become inflamed, narrow and swell and produce extra mucus, which makes it difficult to breathe.
- Berylliosis (chronic beryllium disease) – pneumoconiosis caused by inhalation of dusts (or vapours) containing beryllium.
- Byssinosis – a respiratory disease caused by inhalation of cotton dust.
- Hard metal pneumoconiosis (hard metal lung disease or HMLD) – fibrotic pneumoconiosis caused by respirable dusts of hard metals such as tungsten, tungsten carbide and cobalt.
- Talcosis – pneumoconiosis caused by exposure to respirable talc dust.
- Hypersensitivity pneumonitis (Farmers Lung, Bagassosis disease, Bird Fanciers Lung)

Occupational lung diseases are an important public health issue and the Society is looking forward to collaborating with Lung Foundation Australia to develop relevant, consumer centred resources and information.

Silicosis Support Network Website Goes Live



Importantly, we have been assisted in the development of the site by those who have been diagnosed and affected by this disease to ensure that the information is valid and relevant.

The site can be found at: www.silicosissupport.org.au

Thank you to the Qld Government Department of Health for funding this project.

I am pleased to announce the launch of the Silicosis Support Network (SSN) website. The website is the only dedicated site in Australia that provides information and available support structures for people who have been diagnosed or affected by silicosis.

As I have written previously, the SSN is a function of the Society and operates on the same long-standing principles and services that has supported those suffering from asbestos related diseases.





Student Placement

A warm welcome to Lauren who has commenced her vocational placement with the Society as a third year Master of Social Work. This is the Society's second student placement and we are very keen to provide Lauren with a rewarding and informative engagement on the challenges and journeys of our members

(and their families and carers) who have been affected with an asbestos or silica related disease.

Charity of Choice: Greenslopes Private Hospital Redevelopment

A big thank you to the John Holland Greenslopes Private Hospital redevelopment worksite who have chosen the Asbestos Disease Support Society as their charity of choice during the life of the project. John Holland will match every dollar raised. The site is aiming to raise \$10,000.00 towards the purchase of 2 portable oxygen concentrators for use under the Society's "Medical Aid Loan Scheme".



(Pictured L- R: Scott Stokes (Site Manager), John Henderson (CFMEU Delegate), Trevor Torrens (ADSS GM), Phil Blair (Asbestos Awareness Training Coordinator) & John Resoort

Director Elections

The Society is governed by a Board of nine (9) directors elected by the membership. A Director's term of appointment is two (2) years with compulsory retirement of half the sitting Directors at every Annual General Meeting. A retired Director is eligible for re-election.

The Society recently called for nominations for five (5) Director positions for the Board. At the close of nominations on Friday 18 September 2020, seven (7) nominations were received.

In accordance with the Constitution, the Society is now required to hold a ballot of financial members entitled to

vote to elect the five (5) Directors. Information and ballot papers for the Director election has been forwarded. I would encourage you participate in this democratic process.

Ballot Paper

Asbestos Disease Support Society

Please tick no more than five (5) preferences

Patricia Ramsay

Nancy Notman

Leo Jensen

Sheila Hunter

Garry Rogers

Patricia Cini

Andrew Ramsay

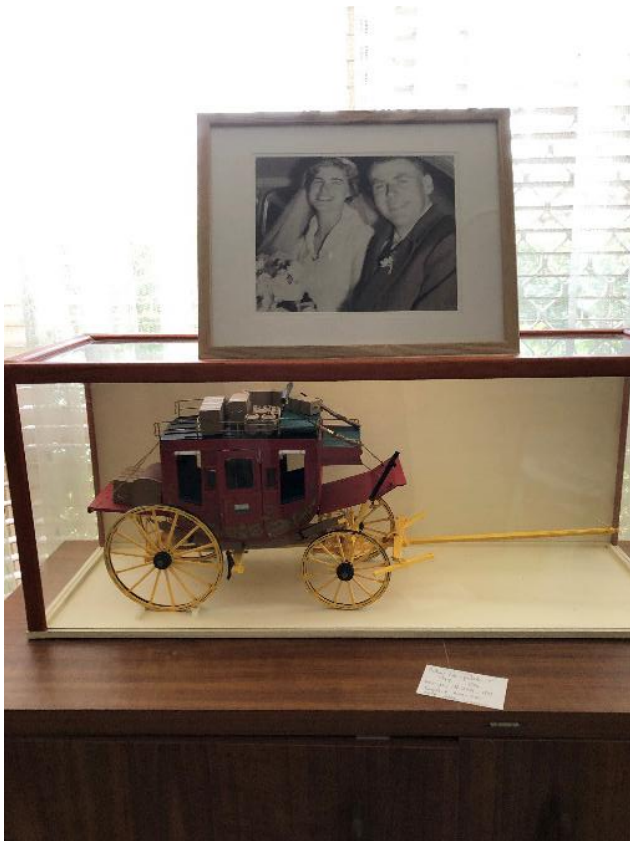
Annual General Meeting

The Society's Annual General meeting will be held on **Wednesday 21 October 2020 at Brisbane City Hall** (Brisbane Room), commencing at 10am. The notice of AGM is included in the newsletter. Due to COVID requirements, you must **RSVP by Wednesday 14 October** if attending.

Myfanwy (Fay) Moss Bequest

The Society has been the beneficiary of many donations in its 28 year history – for all of those who have donated to the Society – thank you. Every donation is received with gratitude for the benefit of those impacted by asbestos related diseases. We recently received a very generous bequest from Fay Moss who sadly passed away from mesothelioma in December 2019. Fay was exposed to asbestos laden clothing from her husband who worked with asbestos containing material. Fay’s diagnosis with mesothelioma is an all too familiar story of “second hand” exposure - workers returning home carry fibres on their hair, skin and clothes and indirectly exposing their families and others living with them. Despite the use of all forms of asbestos being banned in Australia from 2004, we are still experiencing the fall out of not only people who worked with asbestos containing products, but also those who were exposed as they went about their daily lives. The Society thanks Fay and her family.

Donation of Portable Oxygen Concentrator



In July, we received a phone call from an ADSS Member, who after reading our newsletters finally knew what needed to be done with a portable oxygen machine that had only been used a few times by her late husband, Ray.

Alaine Schmidt spoke about the need to ‘pay it forward’ and continue to support other members who are suffering from an Asbestos Related Disease.

Alaine has generously donated a portable oxygen concentrator to the Society to assist members who have breathing difficulties.

Alaine spoke about how they valued the freedom that a portable oxygen concentrator gave them in terms of being able to participate in everyday life activities such as leaving the house to attend family functions and attend doctor’s appointments.

It is the wish of Alaine, that the machine is able to assist as many members as possible to participate in activities of their choosing and improve quality of life.



To pay tribute to Ray, the Society has placed a plaque on this machine to honour his memory.

Trevor Torrens

General Manager

Psychological impact of asbestos and other dust diseases



THADY BLUNDELL – SOCIETY LEGAL ADVISER

When asbestos disease is being investigated and diagnosed, the focus is always on the physical consequences of the various asbestos diseases. The same applies to silicosis and other dust diseases.

Chest x-rays and CT scans are utilised to determine the nature and extent of asbestos scarring. Lung function testing is undertaken to see if the lungs' capacity has been reduced consistent with asbestos disease. Physical examination is performed to listen to the lungs to determine whether, for instance, there are the tell-tale "crackles" which are consistent with asbestosis, and other clinical signs consistent with asbestos disease.

When prognosis is considered, again, it is the physical signs that are examined.

All of the above though overlooks the often very substantial psychological impact that comes with a diagnosis of asbestos disease. The psychological impact though must be examined and understood to determine the full effect of an asbestos disease on an injured person, and so that they are compensated appropriately. This is even more important given the COVID-19 pandemic and resulting isolation and uncertainty.

Proper diagnosis and counselling and treatment of depression, anxiety, and adjustment disorder, and other psychological impacts of asbestos disease, can actually assist in the management of the

physical symptoms of asbestos disease because the psychological impact can exacerbate these physical symptoms.

It is often the case that those diagnosed with asbestos disease try to "get on with their lives" and not seek treatment for the psychological suffering that they are experiencing. In compensation claims it is becoming more and more relevant to obtain reports from counsellors, psychiatrists, and psychologists so that a proper picture of the consequence of asbestos disease can be provided to those determining the level of compensation such as Judges and workers' compensation bodies.

Again though, from a treatment perspective it is crucial that the psychological impact of asbestos disease be acknowledged, and help be sought by and provided to those suffering from asbestos disease. In fact, the Society's focus throughout its existence has been on supporting those with asbestos disease and family members, and that support in essence seeks to ease the burden on those with asbestos disease.

For help with any of the aspects of psychological impact of asbestos disease and other dust diseases, such as silicosis, contact the Society for support.

Thady

Vale Peter John Simpson "Simmo" **3/5/1963 – 24/9/2020**

"The Society would like to express its condolences on the passing of Peter Simpson, former State Secretary of the Electrical Trades Union (Qld & NT) who lost his long battle with melanoma. Peter was a good friend of the Society and had been touched by asbestos disease through friends and members and particularly his Uncle who passed away from mesothelioma after many years of installing asbestos containing PMG telecom pits. Peter was a warrior for the worker and a fighter for life. Our thoughts are with his wife Penny and family."





It takes a community.....

In the last newsletter, I offered a snapshot into the importance of Palliative Care. My wish is to create a deeper understanding of what this wonderful service has to offer our members and most importantly the benefits of earliest connection to this service. There is often confusion and fear with our members and the wider community about being involved with the Palliative Care Service and my goal is to reassure our members that the 'safest hands' are Palliative care ones.

I am always in awe of the courage and compassion that our members hold for each other while trying to navigate the complexity of chronic illness. I hear a lot of similar sentiments and concerns during my conversations with our members like, "What will I do if he's in pain"? or "I am afraid to leave him alone", and more frequently, "I feel so alone". My hope is that through support, information and connection our 'Carer' members come to realise that these concerns and worries that they are experiencing are very 'normal' when caring for a loved one with a life-limiting illness. Importantly, by connecting into the expert support that the Palliative Care service offers improves outcomes for everyone involved.

By encouraging, these open conversations, it may allay those fears and instead highlight, the benefits of early intervention with Palliative Care from the point of diagnosis for the patient and their carers. There is a mounting body of evidence that emphasises that those patients and their carers accessing community palliative care have better overall outcomes.

Families are accessing support earlier and staying with us longer
- Little Haven CPC, QLD

When a person is diagnosed with a terminal illness; their care mostly falls to their loved ones, often a partner or spouse. A caregiver, by definition, (under the Australian Government Carer Recognition Act 2010) is someone who gives care and support to a relative or friend who: has disability, has a mental health problem, has a medical problem (including an ongoing problem or an illness that will end in death).



That care can include but is not limited to:

- Helping someone to wash.
- Helping someone take medication.
- Helping with mouth care.
- Making an ill person's room comfortable.
- Moving someone in bed.
- Helping someone to stand and walk.
- Helping someone to use the toilet.
- Helping someone to relax, sharing special moments by simply being present.

According to Dr. Heather Richardson, "Carers are the people doing the majority of end- of life care and they have appallingly small amounts of training. Training them will give them the skills and confidence they need to deliver high quality care to their loved ones in the latter months of their lives" (PCV Conference, July 2016).

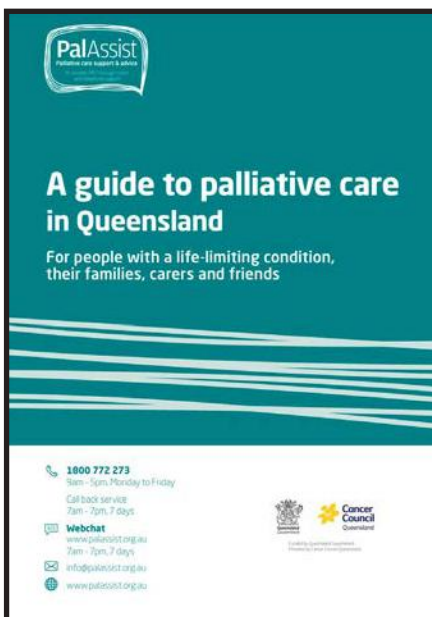
Within the community palliative care services our members, can receive that 'training' and education which empowers people to care for their loved ones in their own home and to have a quality life up until that the end comes, surrounded by loved ones, if that is their wish. Carers accessing this support will feel more confident when they understand that they have full back up 24 hours and 7 days a week, of the palliative care team, " It can be scary watching Tom in pain but it was so reassuring to know that I could pick up the phone and help was at hand, no matter how big or small, it was never a bother for them" (Mary, long term carer for her husband Tom, Mesothelioma).

An example from 'Little Haven Palliative Care', Gympie:

A patient in Glenwood on a Saturday afternoon with an IDC that has not drained in 24 hours receives an IDC change at home and the situation is resolved. A distraught carer on a Sunday morning who is struggling to manage wet beds requests an IDC inserted in Mum so she can continue to manage her at home as is the patients wish. Authorization obtained by phone call to GP, patient catheterized at home and the situation is managed.

For all our wonderful Caregiver members please know how important you are and a little reminder to keep doing what you're doing;

- ✓ Do support unconditionally
- ✓ Do practice self-care
- ✓ Don't hover – even though I know it's hard not to...
- ✓ Do reach out and lean on others
- ✓ Do be your loved one's eyes & ears
- ✓ Do encourage your loved one to seek palliative care early



Encourage Your Loved One to Seek Palliative Care

***Palliative Care**, sometimes known as supportive care, helps patients feel their best, physically and emotionally, during treatment. It's often misunderstood as care only given at the end of life, but palliative care is recommended at the start of treatment. Help your loved one connect with palliative care so they can manage their side effects.*

For more information visit www.palassist.org.au or call the society on **1800 776 412** for an information booklet.

As always you can also pick up the telephone for a confidential chat with a member of the support team,

Next newsletter.... An in-depth look at Community Palliative Care in practice and how it assists our members.

Warmest wishes as always and enjoy this lovely Spring weather,

Judith



THE COMMON GOOD
AN INITIATIVE OF THE PRINCE CHARLES HOSPITAL FOUNDATION

Prince Charles Hospital Silicosis Research Survey

The Silicosis Support Network (SSN) are proud to support the team at The Prince Charles Hospital (TPCH) in Brisbane, who are leading the way in finding treatments for Australian workers with Silicosis. The team, led by Professor Dan Chambers, are keen to hear from you about what you feel are the most important questions so they can ensure that the research they are doing meets the needs of workers.

"We need to know what matters most to patients affected by this deadly lung disease, and by prioritising their perspectives, questions and concerns, our research team aims to meet the needs of these workers and achieve better outcomes," said Prof. Chambers.

Please help us to help you. By completing this short survey, you are standing with us in the fight against Silicosis and giving us information that could be critical in the fight against this disease.

This research matters. Please head to <https://www.surveymonkey.com/r/H3BVH5C> to fill out the survey and help continue the fight.

Thank you for your participation.



DURVALUMAB WITH CHEMOTHERAPY AS A FIRST LINE TREATMENT IN ADVANCED PLEURAL MESOTHELIOMA (DREAM3R)

UPDATE

In our Winter 2020 newsletter we provided information about the DREAM3R clinical trial and we can now provide an update and explain the details of the clinical trial.

Durvalumab with chemotherapy as first line treatment in Advanced Pleural Mesothelioma (DREAM3R) is a Phase 3 randomised clinical trial. Durvalumab (Immunotherapy) is an antibody (a type of human protein) that works by blocking a body substance called Programmed Death-Ligand 1 (PD-L1). By blocking the PD-L1, this helps the body's immune system to attack cancer cells. Previous research has shown that Durvalumab can slow tumour growth and shrink some tumours. Combining Durvalumab with chemotherapy has previously shown to be active in advanced mesothelioma.

The purpose of this clinical trial is to see whether adding Durvalumab to standard chemotherapy will improve overall survival in patients with Malignant Pleural Mesothelioma.

This is a randomised phase 3 trial where two thirds of participants will receive Durvalumab and standard chemotherapy arm, with one third of participants to receive standard chemotherapy arm. Therefore participants will be randomly assigned to either arms. The different phases of clinical trials is explained below.

As with all clinical trials, there are inclusion and exclusion criteria. This clinical trial requires that the participant has not previously received chemotherapy, systemic anti cancer or immunotherapy treatment.

There will be 480 participants world wide with a proposed start date of 30 September 2020. The locations of the participating sites have not been released as yet.

You will need to consult your treating specialist to see if you are a candidate and whether you can participate in this trial.

CLINICAL TRIALS EXPLAINED

Since the beginning of this year, COVID 19 has been in the news daily, with comments about vaccines and references to clinical trials and the phases of clinical trials. Clinical trials are also often mentioned in the treatment of asbestos related diseases and Silicosis. Below is an explanation of the different phases of a clinical trial.

PHASE I

A Phase I clinical trial tests an experimental or a new intervention for the first time in a small group of people (usually 20-80) to evaluate safety and side effects and to find the correct drug dosage.

PHASE II

A Phase II clinical trial is conducted to study an intervention in a larger group of people (usually several hundred) to determine whether it works as intended and to further evaluate it's safety.

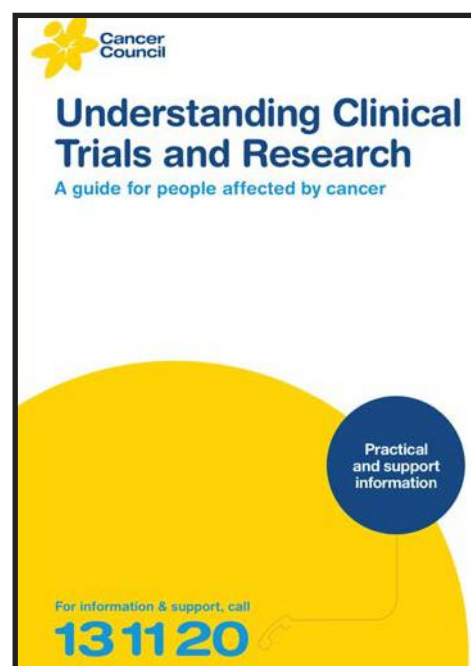
PHASE III

A Phase III clinical trial studies the efficacy of the intervention on a larger group of people (usually several hundred to several thousand) by comparing the intervention to other standard or experimental treatments. Phase III is also used to monitor adverse side effects and to collect information that will allow the treatment to be used safely.

PHASE IV

Phase IV studies are done after an intervention has been approved by the TGA (Therapeutic Goods Administration) and marketed. These studies monitor the effectiveness of the treatment in the general population and are used to collect information about any adverse side effects associated with widespread use over longer periods of time. This phase can also be used to investigate the potential use of the treatment in other conditions or in combination with other therapies.

If you would like to read further about clinical trials, go to cancercouncil.com.au where you can download a resource Understanding Clinical Trials and Research or call **13 11 20** for a free printed copy.



On the National Front

PERTH WOMAN GETS \$1 MILLION IN DAMAGES AFTER SUING JAMES HARDIE OVER ASBESTOS IN HER HOME

A Perth woman suffering from terminal cancer caused by her exposure to asbestos on a home building site has been awarded more than \$1 million in damages.

Christine Parkin, 63, was exposed in the 1970s and 80s while helping her father build an extension to their home using cement sheets made by James Hardie Industries.

Previously fit and healthy, she was diagnosed with mesothelioma last year after experiencing pain in her chest and fatigue.

Doctors estimate Ms Parkin, who is cared for her by sister and requires constant supervision, has just four months to live.

Her lawyers sought damages from James Hardie — now known as Amaca — in the West Australian Supreme Court.

Justice Rene Le Miere on Thursday awarded Ms Parkin just over \$1 million in damages, noting the significant deterioration in her quality of life arising from her illness.

“Ms Parkin has lost her life as it was,” Justice Le Miere said.

“She was fit and healthy, worked, socialised and travelled. Now she is in constant pain and fatigued.

“She spends most of her time resting at home and rarely leaves the house. All she can do is sit and watch TV and look at the view.

“Even watching TV is difficult because she cannot concentrate and becomes distracted thinking and worrying about her future.”

Prior to becoming sick, Ms Parkin had worked at a zoo, exercised daily and led a full life in every respect, the court was told.

Justice Le Miere awarded her compensation for past and future medical and treatment expenses, economic loss and general damages.

Amaca accepted liability for the damage suffered by Ms Parkin as a result of her illness.



The woman was awarded a payout after suing James Hardie over the asbestos in her home.

MAN WHO GREW UP IN MR FLUFFY HOUSE UNABLE TO CLAIM COMPENSATION AFTER DEVELOPING MESOTHELIOMA CANCER



The Wallner Family on holidays in the 1970s, around the time they began renovations on their home.

When James Wallner was a toddler, he and his brothers snuck into the garage of their Canberra home, and discovered a pile of fluffy building material laid out on a tarpaulin.

Before long, the four Wallner boys — aged from three to 10 — were engaged in a “snowball” fight, jumping about and leaping into the stuff.

Even 50 years on, James’ eldest brother Bruce still had vivid memories of the incident.

“It was a magnetic thing for young kids,” Bruce said.

“We made snowballs and had fights and threw it about the place until Mum roused on us and told us to get out of there.

“I remember the way it hung on your clothing after you’d been hit by a snowball or whatever.”

The year was 1970. They were just young kids having fun, with no idea the material they were playing in was insulation that builders were preparing to pump into their home undergoing renovation.

They also had no idea of its name — ‘Mr Fluffy’ loose-fill asbestos — or the tragic toll it would eventually take on their family.



When James Wallner was a boy, he unknowingly played in asbestos with his brothers.

The youngest of the boys, James, is now 54, and has been diagnosed with mesothelioma — an incurable form of cancer caused only by exposure to asbestos.

His symptoms had begun earlier this year, when pain in his ribs impeded his golf swing and gradually worsened over time.

After a battery of tests, doctors detected a build-up of two litres of fluid in his chest.

A biopsy confirmed the worst: malignant pleural mesothelioma.

“The stats don’t read very well — the median survival is eight to 12 months after diagnosis,” Mr Wallner said.

“I’m 54, so I’m hoping that’s in my favour.”

Asbestos dust ‘rained from the ceiling’

The fact that the former veterinary surgeon was 20 years younger than the average age of mesothelioma patient, sparked questions from his oncologist.

“His first question to me was, ‘Have you had exposure to asbestos?’ And I said I grew up in a Mr Fluffy home,” Mr Wallner said.

“He looked a little blank at that point, so it was pretty obvious I think to me.”

Mr Wallner said that, for decades, his family had put up with “dust” raining from the ceiling of their home in the Canberra suburb of Campbell, but thought little of it.

His mother even sealed up a kitchen ceiling vent with aluminium foil, to stop the material contaminating their food.

“I’d had 18 years of living in that house, with air vents, with cracks in cornices, and that loose fill asbestos was able to float down,” Mr Wallner said.

“So there was 18 years of exposure really.”



James Wallner’s childhood home in Campbell was insulated with asbestos.

While the Wallner family were unaware of the dangers lurking in their roof cavity, health experts had long been sounding the alarm to government.

The experts’ first warnings came in 1968 — two years before the Wallners installed their insulation — but it was not until 1979 that the product was banned in Australia on health advice.

The man behind the Mr Fluffy company, Dirk Jansen, had no record of which — or even how many — Canberra homes he had pumped asbestos into over an 11-year period.

So, in 1988 the Commonwealth commissioned a survey of all 60,000 homes then in the ACT, and found asbestos in the ceilings of more than 1,000.

It then financed a costly remediation program to remove the asbestos insulation — but refused to accept legal liability for the potentially lethal mess.

At the time, then-minister for territories, Gary Punch, said:

“In agreeing to provide the support (for a survey and the remediation of asbestos) the Government is not in any way accepting liability for the present situation.”

History would later prove that the clean-up program had been patchy at best — some homes were missed entirely.

In 2014 the ACT Government declared more than 1,000 homes were still contaminated, and would be bulldozed through a controversial buyback scheme, financed by a billion-dollar loan from the Commonwealth.



The Wallner home, while it was undergoing renovations in 1970

How risky was it really to live in a Mr Fluffy house?

In 2015, the ACT Government commissioned leading researchers from the Australian National University to trawl back through health records to put a figure on the likely number of mesothelioma cases associated with Mr Fluffy insulation.

They identified that of the 17,248 residents of Mr Fluffy homes between 1983 and 2013, seven had contracted mesothelioma.

All seven cases were men.

On the face of it, seven was a small number, particularly given the ACT Government’s urgent justifications for the costly and dislocating buyback scheme.

However, the research indicated that was still a 2.5 times higher incidence of mesothelioma than reported in the general population.

Mr Wallner’s diagnosis — and presumably, several more — came after the study period, so was not captured in those figures.



James Wallner has been diagnosed with Mesothelioma, of which the median survival is 8 to 12 months.

While the ACT Government committed \$1 billion to buy and bulldoze affected homes, it made no financial provision for those residents who actually contracted mesothelioma.

“The reason mesothelioma patients need compensation is that it’s a very expensive disease to have to treat,” Mr Wallner said.

“Some of the drug costs are prohibitive.”

Mr Wallner said he had undergone two rounds of chemotherapy, and his specialist said he may have to endure up to 10 courses in all.

He estimated he had spent about \$8,000 on treatment in the past three months and the costs were mounting by the day.

He said it had led to some difficult discussions around the kitchen table.

“I’ve sort of said to my wife, [the treatment] may not be a good investment,” he said.

“Do we sacrifice her financial future and retirement ... and the costs that come with trying to look after your kids, for treatments that may or may not extend your life?”



While the ACT Government committed \$1 billion to buy and bulldoze affected homes, it made no provision for residents who contracted mesothelioma.

‘Moral imperative’ for Government to establish compensation fund

Mr Wallner said his family had written to the ACT Chief Minister, calling on the Government to establish a compensation fund to support his and future Mr Fluffy mesothelioma cases.

“I have no access to workers’ compensation, because I was a three-year-old playing in it,” he said.

“I have no access to be able to sue, or take to court the company, or the manufacturer of that product.”

The Wallner family estimated that, based on the ANU research, about 1.16 new Mr Fluffy mesothelioma cases would emerge each year.

“It astounds me that somewhere in the process, they didn’t consider that there will be people like me that are actually going to die from the disease,” Mr Wallner said.

“If the ACT Government did establish such a scheme, it may be simpler for them.”



James Wallner and his wife Linda have had to make difficult plans for their future after his mesothelioma diagnosis.

Bruce Wallner said his brother’s case highlighted major deficiencies in how successive governments had dealt with the Mr Fluffy legacy.

He said the buyback scheme was about compensating for “bricks and mortar”, and the ACT Government’s Asbestos Taskforce did well to look after the welfare of residents forced out of their homes.

“There is a strange irony that nothing is being done for the people who are now living with the risk and the disease emerging right now,” Bruce said.

“I think there’s a very strong moral imperative to do right by your citizens.

“Being a toddler playing in a bunch of building materials that you never really realised was going to kill you, is a heavy price to pay.”



SDRC is investigating the potential asbestos found in Warwick's Australiana Park.

THE council investigation into material believed to be asbestos found in a popular Warwick public space is yet to yield definitive results.

Four to five pieces of the non-friable material, each about the size of half a credit card, were yesterday found in Australiana Park by a Warwick resident.

A Southern Downs Regional Council spokeswoman said the council was alerted via Facebook and had the potentially dangerous substances removed immediately.

“Council wishes to advise residents that the non-friable material suspected to be asbestos at Australiana Park has now been collected and removed by asbestos-trained regulatory services,” she said.

“All collected material was bonded and not-friable, and therefore if found to be asbestos is not considered to pose any significant risk to park users.

“Qualified and trained officers inspected the site yesterday, and again walked the whole site today to check for any additional pieces. Today’s site inspection did not result in officers finding any more pieces.”

SDRC was unable to confirm why or for how long the suspected asbestos may have been in the popular recreational area.

The material is currently undergoing laboratory analysis, with the results expected by the end of this week.

Areas of Australiana Park were cordoned off while the substance was being removed and will remain closed to the public until the analysis is finalised.



Areas of Australiana Park cordoned off due to asbestos scare. Picture: SDRC

Around the World

DEFENSE MINISTRY TO REMOVE ASBESTOS FROM ALL MILITARY STRUCTURES BY 2025



Gwangju Metropolitan Office of Education

The defense ministry said Monday it will eliminate asbestos from all military facilities by 2025 to ensure the health and safety of service members.

Around 11,600 military structures, including accommodations and sentry posts, were found to contain the carcinogenic material, according to an inspection last year.

Of them, 5,450 buildings linked directly to everyday lives, such as barracks and restaurants inside bases, will first be rid of asbestos by 2022, and the remainder, including warehouses and defunct posts, by 2025, according to the ministry.

This year, around 69.9 billion won (\$58.04 million) was earmarked for the project, and at least 60 billion won per year will be set aside until 2025, it added.

“We’ve been working to rid military installations of the substance. In order to expedite those projects, we set the target year this time based upon the inspection results,” a ministry official said.

The ministry holds education sessions involving those in charge of the asbestos-containing facilities about how to safely manage them before the complete removal of asbestos, he added.

Asbestos exposure can cause health problems, such as asthma and cancer. For health and safety reasons, South Korea has banned the use of asbestos, a once common substance for insulation, in new construction projects since the late 1990s, and has worked to remove asbestos from existing structures.

Did You Know?

TAX DEDUCTIBILITY FOR TESTING AND REMOVAL OF ASBESTOS FROM RENTAL PROPERTIES

If you are a landlord, testing and removal of asbestos from your rental property could be tax deductible.

TAX RULING TR2020/2: DEDUCTIONS FOR EXPENDITURE ON ENVIRONMENTAL PROTECTION ACTIONS* (FOR EXAMPLE – ASBESTOS)

(<https://www.ato.gov.au/law/view/document?DocID=TXR/TR20202/NAT/ATO/00001>)

If you have undertaken testing for asbestos (even if none was found), removed asbestos and/or reinstated property parts (for example, walls) that were removed due to asbestos, you may be able to claim a tax deduction on these costs.

This applies to **rental or commercial properties**, or your home **if it is also a place of business**.

Understanding what you can claim for:

1. Asbestos testing / environmental testing of a building you own (even if asbestos is not ultimately found), providing the building is a rental or commercial property.

If asbestos is suspected in the building and testing is required, the testing activity is considered to be integral to the undertaking of the environmental protection activity, even if asbestos is not found.

2. Asbestos removal by a licenced removalist.
3. Reinstatement of a part of the property after asbestos is removed.

Example (from the taxation ruling)

- Angela is a landlord for a house with a dilapidated shed in the backyard
- The shed is clad in asbestos cement sheeting that is damaged and could be potential harmful to her tenants
- An asbestos removal company safely demolishes and removes the shed for \$7,000
- The demolition and removal of the shed is an environmental protection activity as it was undertaken for the purpose of preventing asbestos pollution
- Angela can deduct \$7,000 through her tax return

What about owner-occupiers?

An owner-occupier **may** benefit from this ruling if they work from home or rent out a portion of their property. The home must be also considered a place of business. However, the ruling does not explicitly refer to this and you are advised to seek the advice of your tax agent. Ordinary deductibility and apportionment principles will apply depending on your circumstances.

The above information has been sourced from the by the Asbestos Safety and Eradication Agency website: (<https://www.asbestossafety.gov.au/what-we-do/news-and-announcements/tax-ruling-asbestos-removal-and-tax-deductions>)

Please note that this is general advice only. The above taxation ruling was finalised by the Australian Taxation Office in July 2020. Specific advice on individual cases as to whether they qualify to claim for a deduction. Please speak to a registered tax agent or the ATO for any further advice in this regard or to discuss your own personal circumstances.



DRY COUGH



A persistent dry cough is a cough where no phlegm or mucus is produced (known as non-productive) and is a common symptom that can vary in severity for those who have diagnosed with an asbestos or silica related disease, including mesothelioma, asbestosis and silicosis.

The exact cause of a dry cough is varied. In mesothelioma, the cause can be related to a pleural effusion (fluid in the lining of the lung). Also, some of nerves attached to the lining of the lung (pleura) can be damaged from tumors which can trigger coughing. In asbestosis, scarring in the lungs or fibrosis is usually the main cause for a dry cough. With silicosis, a dry cough may be caused by irritation of bronchial and tracheal nerves by silicotic nodules.

Coughing can also be a result of chemotherapy and radiation treatment. This is because these treatments can cause inflammation and scarring of the lung. This usually settles down after the treatment has finished.

PHYSICAL EFFECTS

A persistent cough can be particularly challenging when you are trying to cope with these diseases. Complications can include:

- Difficulty with day to day tasks, such as showering and dressing
- Tiredness and interrupted sleep
- Breathlessness
- Headaches
- Dry retching and vomiting.
- Dizziness
- Loss of bladder control

EMOTIONAL EFFECTS

Having a persistent dry cough can cause significant distress. It can make you more anxious and worry whether your condition may be worsening or the treatment is not working. It can also be embarrassing if you are in a public place, can cause anger and irritability, which is particularly common.

AVOIDING COUGHING TRIGGERS

Coughing can be caused by number of triggers which vary from person to person. These may include:

- Breathing cold, dry air
- Air pollution
- Perfumes and aerosols
- Inhaled irritants such as dust or smoke
- Exposure to tobacco smoke
- Excessive use of your voice
- A change in temperature.

Pay attention to what triggers your cough and try to avoid these situations. Some techniques to try are:

- Wear a scarf or mask over your mouth if going outside on a cold day
- Use alternative preparations such as roll on deodorants instead of aerosols
- Use scent free soap and washing powders
- Avoid smokey environments.

CONTROLLING COUGHING AND THROAT CLEARING

Repeated coughing and throat clearing can cause irritation and inflammation of the airways. Trying techniques that help to suppress the cough can sometimes reduce these symptoms. Take a few days to monitor how often you cough or clear your throat and how you are feeling just before you cough.

Once you are aware of how it feels just before you cough or clear your throat, try one of the following techniques:

- Take a sip of water, sniff then swallow
- Swallow.

Another technique to try to stop the cough reflex is to:

- Cough twice with your mouth open (you can still cover your mouth with a tissue or cough into your elbow), then swallow followed by gentle slow breathing and try to distract your focus away by counting the links in your watch or linking your fingers together and then unlinking them.

It may take a few attempts to work out which technique works for your, but the key is to persevere.

COUGH REMEDIES

Below are some cough remedies that may bring some relief:

- Menthol Drops or other cough drops
- Honey and lemon drink - squeeze the juice of half a lemon and pour into a cup, add a teaspoon of honey and add hot water.
- Warm drinks can be relaxing, particularly before bed
- Drinking herbal teas that may help with cough suppression such as ginger root, slippery elm bark, marshmallow root, thyme leaves and peppermint leaves.

- Using a humidifier
- Gargling warm water mixed with half a teaspoon of cooking salt.

There are medicines that can be prescribed for your cough such as simple linctus, painkillers, steroids, proton pump inhibitors and bronchodilator drugs. These medicines are not suitable for everyone so you will need to consult your GP or medical specialist.

There are a number of complementary therapies available that might help to manage symptoms. These include reflexology, acupuncture and aromatherapy. These therapies have yet to been shown in clinical trials to improve coughing. Despite this, some find them relaxing and helpful.

Sleeping at night can be difficult because of coughing. Sometimes the cough is worse in certain positions such as lying on a particular side or lying flat in bed. Try sleeping in different positions including propping up with pillows.

CONCLUSION

It can be very difficult to cope with an ongoing and persistent dry cough. It can make you feel anxious and low in mood and it can also be a constant reminder of your diagnosis. It is important that you speak with your GP or medical specialist who can help with managing these symptoms. If you are finding it difficult, you may benefit from counselling. You can talk your GP about what services are available and they may be able to refer you to a specific counselling service.

Media Article

J&J LOSES BID TO OVERTURN BABY POWDER VERDICT, BUT DAMAGES CUT TO \$2.12 BILLION



(Reuters) - A Missouri appeals court on Tuesday rejected Johnson & Johnson's bid to throw out a jury verdict in favor of women who blamed their ovarian cancer on its baby powder and other talc products, but reduced damages by more than half, to \$2.12 billion.

The Missouri Court of Appeals lowered the original \$4.69 billion verdict from July 2018 after dismissing claims by some of the 22 women and their families who had sued.

But it said the plaintiffs had proven that J&J and an affiliate concealed for decades that the talc products contained asbestos, "worked tirelessly" to ensure that testing protocols would not detect asbestos in all talc samples and published articles downplaying the safety hazards of talc.

"Plaintiffs proved with convincing clarity that defendants engaged in outrageous conduct because of an evil motive or reckless indifference," the court said. "There was significant reprehensibility in defendants' conduct." J&J said it will appeal to the Missouri Supreme Court.

"We continue to believe this was a fundamentally flawed trial, grounded in a faulty presentation of the facts," spokeswoman Kim Montagnino said. "We deeply sympathize with anyone suffering from cancer, which is why the facts are so important. We remain confident that our talc is safe, asbestos free, and does not cause cancer."

Tuesday's decision followed J&J's May 19 announcement that it would stop selling its Baby Powder talc in the United States and Canada.

The New Brunswick, New Jersey-based company faces more than 19,000 lawsuits claiming that its talc products cause cancer because of contamination from asbestos, a known carcinogen.

J&J's payout in Tuesday's decision includes \$500 million of compensatory damages and \$1.62 billion of punitive damages, down from a respective \$550 million and \$4.14 billion in the original verdict from a Missouri circuit court.

Mark Lanier, the lead lawyer for plaintiffs, called the decision "a clarion call for J&J to try and find a good way to resolve the cases for the people who have been hurt."

J&J has faced intense scrutiny of its baby powder's safety following a 2018 Reuters investigative report that found it knew for decades that asbestos lurked in its talc.

Internal company records, trial testimony and other

evidence show that from at least 1971 to the early 2000s, J&J's raw talc and finished powders sometimes tested positive for small amounts of asbestos. (<https://www.reuters.com/investigates/special-report/johnsonandjohnson-cancer/>)

J&J has been the target of a federal criminal probe on how forthright it has been about the safety of its talc products, as well as an investigation by 41 U.S. states of its baby powder sales.

The company has also faced an investigation by a congressional subcommittee on the health risks of asbestos in consumer products containing talc.

J&J on Tuesday declined further comment on these matters.

Johnson & Johnson's shares were down 39 cents at \$142.83 in late trading on the New York Stock Exchange. (Reporting by Jonathan Stempel in New York; Additional reporting by Lisa Girion in Los Angeles and Carl O'Donnell in New York; Editing by Franklin Paul, Bill Berkrot and Dan Grebler)

CFMEU LAUNCHES SILICA DUST TRAINING PROGRAM TO HELP STOP WORKERS DYING FROM SILICOSIS

A training program aiming to stop Queensland workers from contracting a potentially disease is starting as State Government starts blitz on unsafe workplaces.

*Courier Mail, Brisbane by Jackie Sinnerton
18 Sep 2020*

Training set for game-changer

QUEENSLAND workers dealing with potentially deadly silica dust will now have access to a game-changing training and safety program designed to minimise and manage the risk of exposure.

CFMEU state secretary Michael Ravbar yesterday launched Queensland's first fully accredited silica dust training program designed to protect workers from exposure.

WorkCover figures show one in five Queensland stonemasons has the lethal disease silicosis which can develop when silica dust enters the lungs - 186 have been diagnosed around the state with 26 having the most deadly form of progressive massive fibrosis.

Phil Beckett, who was in the benchtop business for 15 years, working with engineered products and now has silicosis has welcomed the arrival of the program.

"People have died or been left with serious illness, this has been much needed," he said.

Gold Coast man Anthony White died from silicosis in March last year.

The program, run by the CFMEU and registered training organisation Future Skills, will launch next month, with a special focus on workers in at-risk industries, including construction, and manufacturing where high silica content materials are used (such as stone bench tops).

"This is a critically important health and safety initiative that will save lives in the construction and related sectors," Mr Ravbar said.

"Silicosis is a sinister and stealthy disease - the asbestosis of the 21st century - that destroys lives and families, but most importantly it is preventable with the right regulation, safe work practices and training," Mr Ravbar said.

"This course will provide workers with the knowledge and skills to help prevent exposure and save lives." The silica dust training program delivers on a resolution passed by the CFMEU's previous Queensland and NT delegates convention and builds on years of the union campaigning for tighter regulation and controls.



The Queensland Times
by Emily Toxward
14th Sep 2020

THE State Government is blitzing every stone-cutting business in Queensland in a complete U-turn of its policing of the deadly silicosis disease.

Workplace Health and Safety Queensland (WHSQ) now plans to visit all 166 firms across the state after a Gold Coast Bulletin investigation exposed the shocking number of young men diagnosed with the secret dust killer.

Inspectors have so far issued 30 enforcement actions after visiting 14 stone-benchtop fabrication workplaces, one was so hazardous it was immediately shutdown. There are 44 sites to be inspected on the Gold Coast.

Penalties for businesses flouting improvement notices and failing to adequately protect fabricators from inhaling potentially fatal silica dust include on-the-spot fines of up to \$3600 or other enforcement action.

It is a massive change of tact from WHSQ which last month said it would re-audit only a sample of the stone-benchtop industry - eight months after it was asked to - after inquiries by the Bulletin.

Further Bulletin reports have revealed 179 Queensland stonecutters have silicosis; workers are scared to lose their jobs by speaking up as it is largely left to employers to ensure staff are screened; and an international supplier of toxic engineered stone also knew of the potential fatal risks it presented to stonecutters at least 17 years ago, but continued to sell it.

Construction, Forestry, Maritime, Mining and Energy Union boss Royce Kupsch said inspectors from the Office of Industrial Relations (OIR) told him the level of compliance "had been dreadful".

"I can't believe employers in the sector haven't woken up to what needs to be done in order to keep their workers safe from potentially fatal silica dust," he said.



Gold Coast stonemasons are not presenting for health checks fearing a silicosis diagnosis will deem them unemployable.

However, he felt there had been a policy decision by the State Government to "show leniency" to small businesses because of COVID-related financial concerns.

"We believe the OIR have given small business owners, with less than 19 staff, relief from the Compliance Monitoring and Enforcement Policy, this has been COVID-related," he said.

Mr Kupsch said proof of this was evident in the fact that only four workplaces had been given an on-the-spot fines, with 22 given improvement notices in which they had one-to-four days to fix a problem, depending on how hazardous noncompliance issues were.

"There should be zero tolerance," he said.

Mr Kupsch said workplaces that broke industrial relation laws should be given on-the-spot fines, not improvement notices. "There should be no second chances."

"This is the biggest talking point outside of asbestos and the message still hasn't sunk it."

"It has to be said that the OIR have done a very good job and have been very articulate in regard to health and safety regulations and given workplaces detailed advice and information on how to ensure the safe fabrication of engineered stone."

But a spokesman from the Office of Industrial Relations said there had been no change to

WHSQ policy.

“There has been no relaxation of monitoring or enforcement action and our inspectors continue to enforce our strict laws and regulations in the stone benchtop industry,” he said.

“During this COVID-19 pandemic, the OIR has continued to issue fines, improvement notices and infringement notices depending on the circumstances.”

NOTE: The physical nature of quartz in the product determines whether it is likely to present a chronic health problem. To be a hazard the material must enter the breathing zone as respirable particles.
Not likely due to physical form. Inhalation of dusts formed during handling, grinding or cutting may irritate the respiratory system, with symptoms including coughing, sneezing and breathing difficulties. To avoid generation of dusts wet cutting methods are recommended.
Not likely due to physical form. Ingestion of dusts formed during handling, cutting or grinding may irritate the gastric tract causing nausea and vomiting. To avoid generation of dusts wet cutting methods are recommended.
Not likely due to physical form. Skin contact with dusts or particles formed during handling, cutting or grinding may cause mechanical irritation. To avoid generation of dusts wet cutting methods are recommended.
Not likely due to physical form. Eye contact with dusts or particles formed during handling, cutting or grinding may cause mechanical irritation. To avoid generation of dusts wet cutting methods are recommended.
This product contains silicon dioxide (quartz). No exposure to free respirable silica is anticipated during normal use of this product. It should be noted, however, that free respirable silica has been listed as a suspected human carcinogen by the IARC. Inhalation of free respirable silica may cause silicosis or other serious delayed lung injury. Silica may be released by grinding, machining, or cutting this product. Use approved dust respirator when grinding, machining, or cutting. Wet-cutting methods will also help minimise the release of respirable silica.

A safety sheet from 2003 reveals importers of Caesarstone knew of the risks cutting the stone had on a person's health.

A spokesman from WHSQ said the Queensland Government's silica stone benchtop fabricator

compliance campaign started on August 3 and was scheduled to run until December.

“Follow-up visits of non-compliant workplaces to be completed by May next year,” he said.

“All 166 known Queensland stone-benchtop fabrication workplaces will be visited and assessed as part of the campaign. So far, 14 workplaces have been assessed with 30 enforcement actions taken.

“Five stone-benchtop fabricators in the Gold Coast region have been assessed, with three of them issued five improvement notices.

“This should serve as a reminder for all stone benchtop fabrication workplaces that the appropriate safety measures should be upheld at all times.

“Without the proper precautions, we know how deadly this material can be for workers. And stone benchtop fabricators have a duty of care to keep their employees safe.

“It is important they read, understand and follow the practical guidance on how to manage risks set out in the Managing respirable crystalline silica dust exposure in the stone benchtop industry Code of Practice 2019 (the Code).

“This includes work to fabricate, process, install, maintain or remove engineered and natural stone benchtops.”

• Understanding • Support • Education • Prevention • Collaboration • Advocacy •

What is the Silicosis Support Network?

The Silicosis Support Network was established in response to the increase in diagnosis of Silicosis, a preventable occupational lung disease. The Network is part of the Asbestos Disease Support Society which was established in 1992 to support sufferers of asbestos related diseases, their families and carers. The Society is a not-for-profit charity registered with the Australian Charities and Not-for-profits Commission (ACNC).

Silicosis is the oldest of the pneumoconioses (dust diseases) and was thought to be almost obsolete in Australia until very recently. It is now appearing in increasingly large numbers of young people – mostly men (as young as 21 years), who are early in their working careers and often have dependent families.

How can the Silicosis Support Network assist you?

We work alongside industry experts, Government departments, industry representatives, unions and other interested stakeholders to ensure the best outcomes for our members. This experience has helped us to identify that sufferers of Silicosis will benefit from our support and services.

The Silicosis Support Network aims to create a community where we all work together to offer support to sufferers of Silicosis including their partners, loved ones and families, this support includes but is not limited to:

- Individual and Group Support
- Information & Resources
- Services & Referrals

For more information about support and services and how to access them please visit our website at:

www.silicosissupport.org.au

Daniel's Story


Daniel is 32 years old and after 15 years doing a job that he loved, he was diagnosed with complicated Silicosis and will never work as a stonemason again.



"Being a stonemason, that was my life, being with the boys, working hard but having a laugh too, that was my world, my identity, but that's all gone now..."

Daniel's passion is to help others affected by silicosis. He wants people affected in anyway by silicosis to have access to the support and services they deserve. As a mentor with the Silicosis Support Network, Daniel shares his 'lived experience' to help us to offer exceptional supports and services. Daniel is looking forward to connecting with you, sharing his experiences and hearing about yours.

To read more about Daniel's story, please go to www.silicosissupport.org.au



Silicosis
Support Network



Silicosis
Support Network

The Silicosis Support Network is a registered business name of the Asbestos Disease Support Society Limited

16 Campbell Street Bowen Hills Qld 4006
PO Box 280, Spring Hill Qld 4004

1800 776 412
Inquiries@ssn.org.au
www.silicosissupport.org.au
Facebook: The Silicosis Support Network

ADSS is a not-for-profit charity registered with the ACNC.
We also have deductible gift recipient status whereby donations of \$2.00 or more are tax deductible.





Please contact the society on 1800 776 412 if you would like a copy of the Silicosis Support Network brochure or you can download from the SSN website:

www.silicosissupport.org.au/wp-content/uploads/2020/10/102758-ADSS-silicosis-8pgDL-group.pdf



MEDIA RELEASE

27 August 2020

ASBESTOS DISEASE STILL IMPACTS THE COMMUNITY

The Asbestos Disease Support Society is calling for greater awareness of the risks of exposure to asbestos. A report released by the Australian Institute of Health and Welfare highlights that asbestos related disease is still impacting the community. The report, Mesothelioma in Australia 2019, shows 659 Australians were diagnosed with the incurable mesothelioma, as at 1 April 2020.

ADSS General Manager, Trevor Torrens said the aftermath of asbestos is still being felt across the community, with 64 members of ADSS dying in 2019 because of exposure to asbestos decades before. “Just this year alone, more than 38 of our members have succumbed to an asbestos related disease, predominantly mesothelioma. All they did was turn up to work to earn a living or just went about their daily lives.” Mr Torrens said.

“Unfortunately, we are still seeing the fall out of people who worked with asbestos containing products like fibro, brake linings and lagging on pipes prior to the Australia-wide ban on products containing asbestos in 2003”

“We also have strong concerns about a new wave of exposure to home renovators. My message to DIY renovators is don’t take the risk – educate yourself on where asbestos may be lurking in your home and engage a professional to deal with it appropriately before you begin your work. You can’t undo the exposure”, Mr Torrens said.

About one third of homes built between 1945 and the late 1980’s are likely to contain some form of asbestos building product. If disturbed, without adequate precautions, the asbestos fibres are released into the atmosphere and inhaled.

While there is no cure for mesothelioma, Mr Torrens also welcomed the data that indicated an increase in survival rates for people diagnosed with mesothelioma, which may be attributed to earlier detection or improved treatment options.

Mesothelioma is an extremely painful malignancy of the outer lining of the lung or the abdominal cavity that forms as a result of exposure and inhalation of asbestos fibres. Asbestos fibres are around 200 times thinner than a human hair, can be invisible and be inhaled easily. They can become trapped deep in the lungs and cause damage over a long time. Past exposure to asbestos is the only known cause of mesothelioma. It can take many years for mesothelioma to develop after a person is exposed to asbestos – the latency period, which is commonly 30 to 40 years after exposure.

More information: Trevor Torrens (ADSS) M 0435 895 928

The Asbestos Disease Support Society is a registered charity. It was established in 1992 to support sufferers of asbestos related disease, their families and caregivers and promotes awareness about the risks of exposure to asbestos.

Home Improvement

Using the extra time at home to update the bathroom?



Don't disturb your neighbours by disturbing asbestos. You have a legal responsibility not to harm those around you.

Many people forget that asbestos is still present in millions of Australian homes and can be easily disturbed if you're renovating.

Bathrooms are a common location for hidden asbestos - especially older bathrooms that contain tiled walls or showers.

Be aware - take precautions and contact an asbestos professional for help and advice.

Using the extra time at home to update the kitchen?



If asbestos needs to be removed before you start work, use a licensed asbestos removalist. In some circumstances, the law requires it.

If you're renovating a kitchen that was built prior to 1990, make sure you get an asbestos check - it can hide in many locations in older kitchens, including walls, splash-backs, flooring and pipes.

Investigate before you renovate to keep yourself and your family safe!

Using the extra time at home to do some improvements?

If asbestos needs to be removed, use an asbestos professional.

In some circumstances the law requires it

Seek professional advice.



Asbestos lurks in more places than you'd think, like flooring, kitchens, bathrooms, as well as roofs, gutters, ceilings and walls.

Don't disturb your neighbours by disturbing asbestos. You have a legal responsibility not to harm those around you.

If asbestos needs to be removed before you start work, use a licensed asbestos removalist. In some circumstances the law requires it.

Be aware there is no known safe minimum level of exposure to asbestos fibres.

Using the extra time at home to do some improvements?



If you are unsure if something contains asbestos, do not disturb it, drill it, cut it or break it. Have it assessed by an asbestos assessor.

If asbestos needs to be removed before you start work, use a licensed asbestos removalist. In some circumstances the law requires it.

Be aware there is no known safe minimum level of exposure to asbestos fibres.

Safety Equipment

Working with asbestos?
PPE cannot guarantee your health or safety, but will help reduce your risk of exposure.

Don't risk it, call an asbestos professional.



There is no known safe level of exposure to asbestos. If asbestos needs to be removed before you start a renovation, use a licensed asbestos removalist.

The law may prevent you from removing asbestos yourself, and if you are allowed, you must follow strict safety precautions and use the right Personal Protective Equipment (PPE).

Remember, like plumbing and electrical work, asbestos removal – or renovations that might uncover asbestos - are jobs best left to the experts.

Using the extra time at home to do some improvements?

If asbestos needs to be removed, use an asbestos professional.



In some circumstances the law requires it

Seek professional advice.

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Remember, like plumbing and electrical work, asbestos removal – or renovations that might uncover asbestos - are jobs best left to the experts.

If you're not wearing all of this you shouldn't be handling asbestos.

Don't risk it, call an asbestos professional.



DISPOSABLE COVERALLS



SHOE COVERS



GLOVES



RESPIRATOR MASK



PROTECTIVE EYEWEAR

Asbestos is a known carcinogen and exposure to asbestos fibres can cause serious disease such as cancer.

PPE cannot guarantee your health or safety, but it will help reduce your risk of exposure. It must be selected, worn and removed correctly to be effective.

Call an asbestos professional before you start work – it's not worth the risk.

If you're not wearing all of this you shouldn't be handling asbestos.

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DISPOSABLE COVERALLS



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Support Those Who Support The Society



Thanks to QLD Health for providing funding to ADSS to help carry on our services.

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Aztech Services Australia Pty Ltd
Beta Sigma Phi - Bayside Chapter
Building Employees Redundancy Trust (BERT)
Construction Forestry Mining Energy Union (CFMEU) - Mining & Energy Division
Construction Income Protection Limited (CIPL)
Demolition & Asbestos Industry Association (QLD) Inc.
DOTS Allied Health Services Pty Ltd
Electrical Trades Union
Electro Group Training Group Limited
FreshAir East Coast
Future Skills

GBAR Group
Gumdale Demolition Pty Ltd
Hype Promotions
IRT Asbestos Management Pty Ltd
Keys Human Resources
Maritime Union of Australia (MUA)
North Australian Contracting
OccSafe Australia
Office of Industrial Relations
Plumbers Union QLD
Queensland Council of Unions
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