

[Exposure to Carbon Tetra Chloride or Passive Smoke Inhalation](#)

To: All interested form Royal Australian Naval Personnel.

Subject: 1 **Carbon Tetrachloride usage in the RAN, particularly during tropical service such as FESR**

Subject: 2 **Passive smoke inhalation during such service.**

Having been a life-long non-smoker who now suffers from respiratory ailments, specifically some chronic airways limitation and asthma, which DVA have some difficulty in accepting a being related to the above irritants, I was interested to find out whether or not my own case was a mere aberration. What astounded me at the reunion with old shipmates at last year's Fleet Air Arm Golden Jubilee at Nowra was the sheer number of former Radio Mechanics in particular, as well as other aviation trades in general who now suffer chronic respiratory problems despite also having been non-smokers. (Smokers also, but these I discounted because DVA don't have quite the same problem in accepting Navy culpability in that the Service promoted the smoking cult almost as much as did the Marlboro Man).

The other stand-out factor I noted, both amongst smokers and non-smokers indiscriminately, seemed to be a plethora of cancers and other disorders of the liver, heart, kidneys and nervous system, etc., which I recognised from my own research and reading as being consistent with Carbon Tetrachloride (CTC) usage.

The primary routes of exposure to CTC include inhalation, skin absorption and accidental ingestion. Material may accumulate in the human body and cause progressive tissue damage. Chronic exposure may also cause visual blind spots, haze, narrowing of the visual field, red and white blood cells in the urine, depression, etc.

Inhaled fumes from CTC include toxic levels of Phosgene, (a World War 1 trench gas more irritant than Chlorine gas), hydrogen chloride, carbon monoxide and carbon dioxide, These FACTS are gleaned from Chem Watch Full report 1846 and Chem Watch Material Safety Data Sheet 1846. Refer <http://tafawn1/chemweb/MSDS.exe?cwno=1846>.

More recent research also suggests a linkage between CTC and Parkinson's Disease as well as with certain motor neurone diseases.

Also, during our stints of many months of tropical service in particular as well as in Australian waters, aboard warships of a generation designed with the North Atlantic experience in mind and therefore very deficient in ventilation, passive smoking in the workplace was much more than a 9 to 5, 40 hour, 5 day week problem, it was a fact of life endured by non-smokers for up to 24 hours a day, seven days per week. This is a fact of life that those of us who were non-smokers had to live with at the time yet now it has become an odd quirk of fate that the respiratory and cancer related claims of smokers are far likelier to find acceptance with DVA than those of non-smokers.

If you feel that you have one or more of the problems which I have listed and you genuinely feel it may be as a result of CTC exposure and/or passive smoking in the Navy, particularly if you have qualifying operational service I urge you to write to the Repatriation Medical Authority, GPO Box1014 Brisbane 4001. They are NOT the DVA; they are the people who draw up the Statements of Principle, which guide the DVA delegates. The RMA are intelligent, understanding people who welcome and value the input of veterans provided it is factual and sustainable.

On my return from the Nowra bash last November after talking to Bill Heard, I prepared a three foolscap page submission and arranged an appointment to discuss the matter with an RMA Doctor, This lady cheerfully rearranged her timetable, giving up most of her lunch hour as I was only in Brisbane for a few hours and had other business that day. She was friendly, interested in my submission and what I could tell her. Having explored the old frigate HMAS Diamantina at the Queensland Maritime Museum with her young sons on a couple of occasions, she was aware of the cramped accommodation and restricted working environment and could well relate to the obvious ventilation and comfort limitations of that era of British warship design in the tropics.

I also found her to be very knowledgeable regarding Carbon Tetra Chloride and it's toxicity but as most data available results from American research into it's effects on drycleaning workers and firefighters and as up till now Naval veterans have tended to look to other causes for their ailments (since we were always led to believe CTC

was safe because it was non-flammable and weren't issued with protective clothing to work with it), this lady and other RMA doctors were unaware of it's widespread use as a general solvent, degreaser and fore-runner of WD40 in electrical applications due to it's non-conductivity.

The RMA wrote to me in December to inform me that at their December meeting "the Chairman and Members considered the information contained in your letter at their meeting on 15 December 1998. Your submission will be included when reviewing and preparing future Statements of Principle.

Thank you for providing this information to the Authority."

So there you have it. I don't know why I haven't thought of this before but as so many in our Association have made me aware of the extent of their own concerns regarding these issues, why not help the RMA to explore the extent to which we have been affected? They cannot know if we don't tell them. Bill Heard (another former Birdie Radio Mechanic) and I have got the ball rolling with RMNA and Alex Shultz, my very cluey Advocate is battling hard to achieve a landmark breakthrough with DVA and/or VRB.

If you feel that you too have a genuine health concern relevant to these issues you can make the RMA aware of the extend of the problem by getting off the collective clackers POST HASTE and simply write to the RMA, GPO Box 1014 Brisbane j4001 (politely please, they're nice people and they'd like to help if they can).

I would suggest yo keep it simple and just state the following: -

1. Your Branch of Navy, years of Service and exposure to CTC and/or it's derivative gasses.
2. What relevant disabilities you feel this has caused you.
3. Whether or not you were ever issued with any health warnings or protective clothing. (If you were I'd be surprised.)
4. If you were a non-smoker please inform them. This may help them evaluate the extra risk of passive smoking aboard our inadequately ventilated ships of that era.
- 5.
6. For those without operational service, updating Statements of Principle may still provide a precedent to ComCare should you need to go that route?

Arthur Rowe ex REM(A)