

Sandy,

I wish to add to the info you have already seen in the recent hearings around the *Workers' Compensation and Rehabilitation Act 2003* (WCR Act) and in particular the terminal payout for latent onset injuries.

I know this response is late and submissions are closed, and it is long reponse as this issue is very personal to me. Please take the short time to read it, and if you see fit please feel free to share this document with who you wish to.

Please forward a copy of this to the minster who have proposed these changes.

Background.

I need to digress a little bit so you understand the passion behind this response.

I was born in 1967 in the state of Victoria, my family and their forebearers has always been community minded, I was brought up this way. The local fire station near to where I was born has a life member memorial and of the names listed over 60% are from my family, including my father and his brother.

I have held positions on the local show committee, the local hall and recreation grounds committee, been a scout leader of both youth and adults from the age of 16 to recently, spent 10 years with SLSQ – 7 of which as a patrol captain.

At the age of 11 I followed my family into the fire service first as a junior member of the Pakenham CFA, by December 1985 at the age of 15 my father signed a permission slip and I was turning out to fires. 16 days after my 16<sup>th</sup> birthday in February 1983 I spend weeks volunteering in suppressing the Ash Wednesday bush fires in my local area. Those fires took the life of a number of fire fighters, and many locals included school friends and members of their families, many more lost everything they owned.

It was in these weeks I was due to attend the final interview to begin an career as a tradesman with the navy.

I missed the interview and passed up on the opportunity for a second chance for the single reason I had decided on a career in the fire service.

Since that day to this day I have pursued that dream. I have been a volunteer firefighter with the CFA in Victoria, a career firefighter with the same organisation, worked within Fire safety in the Melbourne MFB

looking after areas such as the high rises in Toorak, worked as a consultant advising on high angle rescue to Victorian, NSW and Tasmanian fire services and SES. While in Victoria I worked in 3 most busy Road rescue station in the state attending over 700 road accidents involving persons trapped. When I moved to Queensland I began a Career with QFRS as an auxiliary fire fighter at Pomona, and at the same time running a private fire station as the shift OIC for Shell on the Surat Basin gas fields. It now at a stage that I will be forced to retire early.

One day early in 2019 I suffered a sudden back "injury" at work. This quickly moved to tests and a finding of Multiple Myeloma, a cancer of the bone marrow with no current cure. It is a terminal cancer. It will kill me. I started chemotherapy.

By the end of 2019 my back started to fail as the cancer weaken my bones. Multiple lumbar spine fractures gives me constant pain 24/7. In march 2020 I went through a bone marrow, also known as a stem cell, transplant. In basic terms I was given a fatal dose of chemotherapy and then the following day an infusion of new stem cells that reverses the chemotherapy and resets my bone marrow and immune systems. It is a horrible process, I would never wish this on to anyone. The fatigue was amazing – imagine staring at glass of water for 15 mins just to will the power to find the energy just to pick it up to take a single drink. All my hair fell out, yes all. I was deathly sick for days, and for close to 2 weeks could not eat a single thing due to the massive pain from mouth ulcers. I was in hospital for a month in Brisbane, only due to the very generous support of the leukaemia foundation was my wife accommodated in Brisbane near to me.

Since that date there has been many visits to hospital to deal with the ongoing issues of the transplant, including a very painful dose of shingles. Inside of all this my right diaphragm stopped working leaving me with a collapsed right lung.

Mental health assessments diagnosed me with adjustment disorder and depression.

With lots of work, due to being stuck between Victorian and Queensland presumptive firefighter cancer legislation falling in to crack between 2 states, Queensland Workcover found my cancer was caused by Firefighting with 70% blame on Victoria and 30% on Queensland, with Queensland accepting 100% liability.

The 2019 changes to *Workers' Compensation and Rehabilitation Act 2003* (WCR Act) and in particular the terminal payout for latent onset injuries was a very important way forward for me.

While the average payout as noted by the minister does not take into account that workcover takes out of the figure all wages paid and all medical fees that workcover had covered, in my case close to \$200,000 was paid back to workcover.

Workcover will only pay a wage for a period of 2 years after accepting a claim, with a reducing rate of payments, once the 2 year period is up then you are put on to a \$400 a week rate. In effect most, me included can not keep up with house payments, or rent, and provide food on the table at \$400 a week.

While the minister contends that the terminal illness payout is to provide "palliative care services", I disagree. I have paid medicare and health insurance for all of my life to cover these services, no different to any other person who is not covered by workcover requiring palliative care. This statement is just an excuse to reset the payments back to 2-3 years before death timeline.

I contend that I need to get to the time that I will need palliative care without losing my home and still be able to put food on the table.

I have provided to my community a lifetime of service – my diagnoses means I will not be able to enjoy a retirement and all those things that you plan to do once you stop working that will be available to anyone else. In straight terms I want to be able to enjoy what is left of my life while I can, without fear of losing my house, or adding even more stress on me and my family, before palliative care.

The retro concept of resetting the terminal payout even back to 3 years removes this.

Second many medical professionals struggle to identify many illnesses life expectancies pin them to a year, workcover in the past have played on that fact to try and limit the payouts – yes that happens. In my case figures show 50% of people diagnosed with myeloma will be dead within 5 years of diagnoses. The ones who survive to and are eligible for a transplant with have a life expectancy of 6 years on average.

The medical people can not tell which people will fall into these groups, until it is too late for the person to enjoy what is left of their life. They can tell us the cancer is terminal but not just when.

With increases in treatment options these averages can be pushed out further and further which puts someone like me in a difficult position, I

have been told by numerous medical professionals that is more than likely (ok more like impossible) that I will never work again – just how will I live to the “3 year from death” mark without losing everything I have worked for?

Gees it will be great as I lie in palliative care dieing, with no home living in public housing (well that is a joke as that would no happen) having spent my last years of my life looking at a bucket list I will never complete, knowing I have become a burden on my family.

I have taken the option to have an early terminal illness payout, this will cover off all my outstanding debits and have some money left over to make some memories for my family and to tick off a few bucket list items while my health holds out, it means that I ease some of the mental health issues by knowing I have set up my family the best I can before this cancer takes me away. In very simple terms it has meant the world to me.

Just what is my life worth? What is a lifetime of putting my life at risk for the stake of my community worth? \$750,000, or as in my and I think many others, after workcover takes there costs out, \$550,000. Seems to me not very much, but it is enough to make a little difference at a key time when I need it, not when my life has reached a stage of palliative care, and I have lost my house or can't cover rent and my final days are spent with this added stress.

Please don't allow these changes to happen, the 2019 changes where a massive change for good for people in my position, removing them will be a massive backwards step.

Trevor Lansdown

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