

TRANSCRIPT

ENVIRONMENT, NATURAL RESOURCES AND REGIONAL DEVELOPMENT COMMITTEE

Inquiry into the CFA training college at Fiskville

Melbourne — 23 November 2015

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Dr Michael Sargeant, private practitioner.

The CHAIR — Welcome and thank you, Dr Sargeant, for attending this afternoon. Our apologies for having to reschedule your time. We did finish early, but we told you a later time, so thank you for being here.

Dr SARGEANT — Thank you.

The CHAIR — I will just go through some of the formalities, and after that we will perhaps ask you to give a bit of information about yourself and then we will go into our questions. On behalf of the committee, welcome and thank you for attending today. As outlined in the guide provided to you by the secretariat, all evidence at this hearing is taken by the committee under the provisions of the Parliamentary Committees Act 2003 and other relevant legislation and attracts parliamentary privilege. Any comments you make outside the hearing are not covered by parliamentary privilege. It is an act of contempt of Parliament to give false or misleading evidence to the inquiry, and the committee may ask for further information based on what you tell us today. We are recording the proceedings of the hearing, and you will be given a proof to check for accuracy prior to it becoming publically available. To start with, Dr Sargeant, if you would not mind perhaps giving a little bit of a run down about yourself for the record and about your work with the CFA.

Dr SARGEANT — My name is Dr Michael Leonard Sargeant, I hold a bachelor of medicine and a bachelor of surgery degree. I have been in general medical practice for 44 years, and for the past 23 years I have been a senior partner at the St Kilda Road Medical Centre and a consulting arm of Public Health Management Pty Ltd. For approximately 20 years I have acted in the capacity of CFA medical officer and for the past 18 years as a brigade medical officer for the MFB. During that time I have also been the staff medical officer for the Victorian Institute of Forensic Medicine. I am a past Victoria Police medical officer and a past chair of the Victorian branch of the Australian and New Zealand Society of Occupational Medicine. Engagement with CFA, is that what you would like?

The CHAIR — Yes, thank you. Where are you based; where is your practice?

Dr SARGEANT — In St Kilda Road — 391 St Kilda Road.

The CHAIR — So you work for both the MFB and now the CFA?

Dr SARGEANT — I have a private practice consultancy and I am engaged by the CFA on an as needs basis. With the MFB we have a longstanding contract. The relationship with the CFA is a contractual one, which is generally renewed annually.

The CHAIR — What sort of work, then, would you do for the CFA? Would it be to do with workers compensation or medical examinations prior to commencing work?

Dr SARGEANT — Medicals prior to working, fitness for duty examinations, advice on various issues, but usually referred by the manager for occupational health and the CFA.

The CHAIR — So mainly to do with work-related injury?

Dr SARGEANT — Work-related, yes.

The CHAIR — At what point did you then become engaged with people such as the Lloyds?

Dr SARGEANT — I can go back further. In July 2012, following the release of the Joy report, I was asked to help design and implement a health surveillance program for those considered of high and medium risk in that report. That approach came from Angela Seach at CFA. The program was designed as a health surveillance program, and the components were agreed as a medical questionnaire, an examination, a number of blood tests and a lung function test. Issues with the participants were discussed with them to ensure appropriate monitoring was done with them and through their own GP. Offers of additional services were made at that time if they were not in a particular program with their general practitioner, such as a faecal occult blood test for screening for colon cancer. That was to be over a five-year duration.

Over time the numbers in that program expanded as the number of instructors were identified, and additionally some members requested that their families be added to the program because they lived on site. The program remains ongoing and today has approximately 250 participants. The program was not designed at that point to

be a longitudinal study of any particular condition, but it was a means of ensuring that all the people who were identified as being high risk had access to appropriate health services.

The CHAIR — So you oversee it? Do you monitor and collect all the data? Did you design the program as to what should be involved with it and what should be tested for?

Dr SARGEANT — Basically yes, in association with people from CFA in terms of what they want. The idea was — —

The CHAIR — In terms of the results, is it you who keeps all the results? One of the issues that have been raised, whether it is the Lloyds or other people who have attended, is that they are unable to have access to their results.

Dr SARGEANT — I had no problem. People had access to their results.

The CHAIR — It may not have been you.

Dr SARGEANT — I am just trying to inform you, though, that there are different stages of engagement that I have had in the process. The first process was a program associated with high-risk people associated with the Joy report.

The CHAIR — I understand that. You have said that, yes.

Dr SARGEANT — The next stage was I became aware in May or June 2013, around about that time, when the CFA informed me that the Fiskville dam had PFOS in it and that there were people who were thought to have eaten fish from the dam. At that stage I was asked whether I could be involved in a program for what was considered to be a very small number of people in relation to measurement of PFOS and measurement of blood tests for those people who may have been exposed to PFOS through the eating of fish. That program started. I attended Fiskville to perform medicals on 7 June — —

The CHAIR — Sorry, we do know about the number of health studies and so on. We just wanted to really talk to you about the situation with the Lloyds and some general questions in terms of the process.

Dr SARGEANT — That is fine. I was asked to see the Lloyd family, whom I am advised had provided a blood sample on 2 August. From memory, the request was made to me through Sherry Herman. The CFA made an appointment for me and then confirmed that I was available to meet the Lloyds on 2 September 2013 at their home in Ballan. I was happy to provide that. I attended the Lloyds' home on that day, and all their results were discussed. In terms of PFOS levels, I sat down and wrote down what their levels were, had a graphic to explain where their results sat in relation to community backgrounds, in relation to where studies had said where levels were and where there was a level that had been shown that potentially medical effects could come in.

The CHAIR — Where did that information come from, that you provided to them about the interpretation?

Dr SARGEANT — The interpretation of the result came from a literature search that I did and it came from a meeting that I had had with Dr Drew to discuss de-identified results when the results came in.

The CHAIR — But the Lloyds and others were not able to get the actual result — the actual medical information. You might have handwritten it or whatever, but not the actual formal paperwork — —

Dr SARGEANT — The actual pro forma back from the National Medical Institute, no, I did actually not give them that. I took from that, in front of them, the result and gave it to them. Why I did not do that was that the actual report from NMI was a very analytical — —

The CHAIR — But their lawyers asked for it and they could not get it. That was — —

Dr SARGEANT — The Lloyds had no problem. If they had asked for it, at the time of my visit, they could have had it. They did not ask me for that.

The CHAIR — They did not ask you for it, and that is the reason — —

Dr SARGEANT — They absolutely did not ask. That is the reason.

The CHAIR — Okay. So you would have been able to give it to them?

Dr SARGEANT — They did not ask me for that. I sat down and explained what was there. The report from NMI was cumbersome inasmuch as it had a lot of analytical data attached to the report, without — —

The CHAIR — I guess we just heard that there had been some health information, not just from them but from other people, that they have not received. So if they came to you, you would have given it to them?

Dr SARGEANT — I had no problems. If they want a report from me, they can have it.

Mr McCURDY — How long has it been since PFOS has come on your radar?

Dr SARGEANT — It came on in May-June when I was asked about the Fiskville dam.

Mr McCURDY — And prior to that, PFOS, to you, in human blood levels, is there — —

Dr SARGEANT — Other than we know it is in human blood vessels. Yes, I was aware, but it is not something that I would say that I had expertise in at that point in time.

Mr McCURDY — So when you are interpreting it for other people, what basis do you use to interpret that information?

Dr SARGEANT — I met with Professor Roger Drew, to explain, and I researched the literature to see what had been reported in relation to various levels of PFOS in blood.

Ms WARD — With the literature review that you did, how did you go about searching for this literature. What was the process that you undertook?

Dr SARGEANT — I looked on a medical search engine, basically, to find what I could get.

Ms WARD — Did you find consistent advice, because we found lots of different points of view on this — —

Dr SARGEANT — I would have to say there are inconsistencies; I do not think there is any doubt about that. I do not think anyone could be able to say that there are absolute levels, but what we can say is that there is a significant amount of epidemiological evidence there at the moment that everyone has a level of PFOS in their blood, and the level that is considered safe is relatively consistent.

In terms of an individual who may or may not have a biological abnormality from a particular level of PFOS, I do not think anyone can say that with consistency for any particular individual. All I can say is that in the people that I have been associated with and had the results back from, there is a very small number who are above the level that is considered background level from environmental exposure, and within that very small group, I think — I would have to go back and have a look to be absolutely certain — it is about five or six people in the whole range of people now, over 110 or 120 or so; I am not sure of the exact number — —

Ms WARD — You have done PFOS testing for 120 people?

Dr SARGEANT — The first group that went through were 21 through Fiskville — —

Ms WARD — Yes, they are the people that were living at Fiskville, some of whom were eating the fish — that is the 22?

Dr SARGEANT — That is the 21. Out of that group, there may have been four or five that had a level slightly above background levels, but in order of magnitude, well, well below what was considered a no-effect level.

Ms WARD — It is 0.01, I think, that has been identified as a background level, and you are talking about people having readings of about 0.4.

Dr SARGEANT — It depends on the units.

Ms WARD — Who were the other 80 or 78 people?

Dr SARGEANT — That was what I was trying to put in context earlier. I am just trying to get the date for you. In March this year I was asked about performing PFOS levels on a number of people at Fiskville because at this stage there was some query about PFOS being in a water tank at Fiskville. I said, 'Look, I really don't understand or know what it is or why somebody would have been exposed to that, but if you want to do PFOS levels', I was happy to do them. It was within that group and then a subsequent, more open, offer to people through CFA, that people who wanted PFOS levels done, if they were concerned, they were being done. In that group to date there are about 95 people. So what I am saying is that out of all of the people that I have had testing results on, there is a small number who are just above the background level of 0.1, depending on which units you use. The ones at the higher end of the level would be under 0.3, which is well below any known effect level.

Ms WARD — What do you consider to be an effect level?

Dr SARGEANT — The effect level, as is generally stated, is 2000 nanograms per millilitre. Again, it depends on the units given. Could I get the graphic that we use? Would that be of help?

Ms WARD — No, I have seen the graphic. I assume it is the one that Dr Drew used.

Dr SARGEANT — Yes.

Ms WARD — So you are in — —

Dr SARGEANT — Yes, and I was also reassured, I suppose, at a later date when the health department here in Victoria produced a guidance sheet for general practitioners they used the same levels that Dr Drew had drawn up as well.

The CHAIR — Can I just follow up? I have just been advised. When I asked you about the Lloyds not being able to get their results and you said, 'If they asked for it', as I understand it they did write to you on 2 May 2014 requesting a copy of their results, and they were not responded to.

Dr SARGEANT — I do not have any record of that at all, sorry.

The CHAIR — Okay, so do you keep the results or do they go to the — —

Dr SARGEANT — Had I received a request, I would happily acquiesce to it. I mean, these are people that I — —

The CHAIR — Was the contact made through you or through the CFA? I guess that is the question. In terms of the arrangement with the CFA, did you provide all the information to the CFA to then go to people, or did you do it directly?

Dr SARGEANT — No, I provided it directly. The CFA did not want anything to do with people's results, and I would not give them to the CFA, because they are medical records.

The CHAIR — Did you know what that was? I know there have been emails that we have seen from the CFA saying that they absolutely did not want to have in their possession any information about the results. Do you know what that was about? Was it an instruction not to give it to them, from them to you?

Dr SARGEANT — I know of no instruction of anyone trying to keep results from the Lloyd family.

The CHAIR — Or if the CFA did not want them — —

Dr SARGEANT — I would not give the CFA medical records. I think it is totally inappropriate — and they have not requested them from me.

The CHAIR — Okay. Because, as I have said, there were emails, and to make sense of them, we have to ask people about what they might mean.

Dr SARGEANT — All I can say is that, if there was supposedly a written request from the Lloyds, I do not have it and did not receive it. If I had a request from them, I had no problem giving it to them. I mean, this is a family that I visited twice over quite an extended period of time. I spent a significant amount of time with them, discussing results and saying to them that if they had any particular problems, could they please not hesitate to ring me. I gave them a letter for their general practitioner saying the same to the general practitioner, so any desire to — —

The CHAIR — Maybe we should pursue this further. If we find out anything else maybe we will converse with you, because there is a letter supposedly that went. They had to go to VCAT to try to get their results and they did not get them. It just — —

Dr SARGEANT — I am totally unaware. The only contact that I had after the second visit with the Lloyds was when Mrs Lloyd phoned me. I cannot give you an exact date that that was, but I think it was early this year. I know that I was on leave and it was a phone call that came through on my mobile phone and said could she get a copy of all reports. I said to her, ‘Look, I’ve actually given you copies of reports, but if there’s something else you want, please’ — I asked her to apply through CFA because CFA had engaged me. I said, ‘Could you let CFA know’. I did not have any problems supplying anything.

The CHAIR — Would it not make sense, then? They obviously did apply through the CFA and did not get onto you?

Dr SARGEANT — I cannot say whether they applied through CFA. All I am saying is that I do not have a record of — —

The CHAIR — And you asked them to apply through the CFA for any records?

Dr SARGEANT — Well, at that stage I was actually on leave. I did not have any way to record it and I thought, as the CFA had asked for them, that if the request came through, the request, I had presumed, would be put to me and I would forward copies of the results. But as I actually had in my notes that I had given copies of all results to them, I was not overly concerned because I thought, well, I had given them all to them. I did have a phone call after Mrs Lloyd’s phone call — I am not sure of the time between the two — from James Fox, saying that he had a request for copies of the results. I said, ‘Let me know where they’re to go to and I’ll happily send them, as long as I’ve got a consent and where to send them’. My one comment to him was, though, that if it was to go directly to the Lloyds, I thought it would be appropriate if a doctor could actually present it with the Lloyds so that there was an interpretation. I did not want them to be confused or upset or have any more anxiety than they had. As I said, they were people who I had spent a lot of time with and I understood their situation.

I had an email on 7 July this year from a Dr Simon Slota-Kan from the DHHS here saying that James Fox from CFA suggested he contact me because he was meeting with a family with some concerns at Fiskville. I said, ‘I have no problem. Give me a consent and I’ll send you the forms’. On 14 July — I did not have any further contact — I rang the number that I had for Dr Kan and got a voicemail message, left a message. On 21 July I had had no further contact. I sent an email asking for the consent.

The CHAIR — Just going back to the work that you do as a consultant, do you ever have any other clients other than the CFA and previously the MFB?

Dr SARGEANT — It is not previously; it is still currently the MFB.

The CHAIR — Is it just the two of them or do you work for others?

Dr SARGEANT — I consult for the Victorian Institute of Forensic Medicine. I have worked for the department of natural resources, corrections Victoria, Ambulance Victoria, amongst others.

The CHAIR — Okay, thank you.

Mr RICHARDSON — Thank you for coming in, Dr Sargeant. I have a question as to the ongoing health and monitoring of Victorian firefighters. Are you part of that ongoing work or monitoring of CFA career staff?

Dr SARGEANT — Career staff as in?

Mr RICHARDSON — So you fill that ongoing?

Dr SARGEANT — Yes, absolutely.

Mr RICHARDSON — What is the nature of that ongoing health monitoring? Is it holistic and that or is it focusing on PFOS? What is the nature of that?

Dr SARGEANT — No, it is not focused on PFOS. It is focusing on general health issues. People have a review of their health questionnaire. They have a medical examination, they have blood tests looking at a full blood examination, renal function, creatinine urea, electrolytes, liver function test, fasting lipids, fasting glucose, and they have a spirometry test as well as a urine test.

Mr RICHARDSON — So if those firefighters put in writing to you their request for that information, they will be able to access that information?

Dr SARGEANT — They will have no problem whatsoever in having access to their information. Everyone that I see gets a folder with a copy of their information in it, with a letter saying that if they have any further problems, please do not hesitate to contact me.

The CHAIR — Thank you, Dr Sargeant, for your time today.

Dr SARGEANT — Pleasure. Thank you.

Witness withdrew.