



Contaminated air protection conference

J McAUSLAN

Jim McAuslan is General Secretary of the British Airline Pilots Association.

Address for correspondence: Mr J McAuslan, BALPA, 81 New Road, Harlington, Hayes, Middlesex UB3 5BG, United Kingdom.

An earlier version of this closing speech was presented at the British Airline Pilots Association Contaminated Air Protection Conference, held in London on 20–21 April 2005.

It has been a most momentous couple of days. Before I get to some personal reflections about some of the groundbreaking findings of this conference, I would like to thank a number of people.

First, I would like to thank our sponsors, Aviation Organophosphate Information Site, Pall and Sofrance, for their support. Second, I would like to thank all of the presenters, especially those who came from across the world at substantial personal cost to share their knowledge and experience. Third, I would like to thank Neil Stewart and Associates for organising the conference and for making the arrangements for these past two days. Fourth, I would like to thank Julian Soddy for chairing the conference so ably. Fifth, I would like to thank all of the various British Airline Pilots Association (BALPA) officers who gave so freely of their time and effort to get this conference going and to ensure its now obviously apparent success. Lastly, and perhaps most importantly, I would like to thank the many, many unnamed sufferers who have stepped forward to give us the evidence.

What have we learned?

I would like to share some final reflections with you in this last session of the conference.

This conference has been about something that has been under the radar in the aviation industry for a number of years: the problem of oil leaks in aircraft. Some sectors of the industry have suggested that there are occasional leaks but they are of low incidence and any exposure that arises is largely inconsequential. Other sectors of the industry have suggested otherwise: they suggest that oil leaks cannot be dismissed, and the health effects on crew and passengers from such leaks are serious and should not be swept under the carpet.

So, after two days of presentations and discussions, the questions that need to be asked are:

Is there a problem? The answer is quite clear — yes. Story after story, study after study, testimony after testimony from across the world and from other

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industries with similar exposures show that chemical exposures of the type experienced by workers in the aviation industry cause health problems. This workplace problem is resulting in chronic and acute illness among aircrew (both pilots and cabin crew). Indeed, there is also concern that passengers may be suffering from similar symptoms to those exhibited by aircrew (pregnant passengers are probably most at risk).

Is this problem occurring in the workplace, that is, on aircraft? Again, the answer is quite clear — yes. The environment where this is happening is the aircraft cabin. This, we conclude, is resulting in significant flight safety issues, in addition to unacceptable health implications for aircrew.

Can we measure what is happening? Again, the answer is quite clear — yes. Even though fume incidents are obviously being underreported, the number that have been reported is sufficiently serious to reinforce the view that they should not be dismissed.

Can we measure what effect this problem is having? Again, the answer is quite clear — yes.

Can it be put right? Again, the answer is quite clear — yes.

The way forward

This issue requires action on a number of fronts:

1. we need better designed aircraft, engines and auxiliary power units that don't leak;
2. we need aircraft environmental systems that do not rely on bleed air;
3. safer chemical products should be used in the aviation industry;
4. we need standard, open, non-retributive systems for the reporting of leaks;
5. organisations in this industry need to acknowledge that they have OHS responsibilities mandated by legislation, and that they need to develop and implement appropriate systems that

allow those responsibilities to be met (because their existing systems don't);

6. we need the reporting of fume incidents to be recorded and such records to be openly available;
7. we need risk assessments of exposures to be inclusive of workers and passengers, not exclusive;
8. we need better health systems that treat affected employees with sympathy and respect, not contempt;
9. we need better models to monitor, diagnose, treat, rehabilitate and compensate affected workers. We need this for the pilots and flight attendants who have already been affected and forced out of the industry — and have been in the wilderness ever since;
10. we need research into better engineering systems, less toxic chemicals and better diagnosis, treatment and risk assessments, and we need epidemiological surveys of employees in the industry (this research must be independently funded and objectively reported; at best, it must be free of bias from parties which have vested interests and which are so skilful at obscuring the issue);
11. where operational systems are inadequate, the regulators need to properly enforce the civil aviation legislation; and
12. the aviation industry needs to better comply with airworthiness standards for air quality, and stop this half-hearted interpretation of what they say.

Where do we go next?

I have a message from BALPA to those working in aviation: "You are not alone; flight safety can be compromised; make sure you report fume incidents; and flying is still safe."

I have a message from BALPA to those responsible for public health: "You have a real issue — for today's passengers, as well as those as yet unborn; and let's debate this issue together."

How can we make progress? In hosting this conference, BALPA's aim was to get everyone together in order to effectively exchange information. We need to keep loose coalitions going. I call on all delegates to sign a communiqué that allows us to table a consensus position to governments and industry so that we can better engage with them and get them involved in this issue. We need to work towards the common goal of researching and collecting the scientific and medical data relating to contaminated cabin air, and work with industry to identify solutions for this problem.

All of us need to be involved and, if I can paraphrase Moira Somers, all of us need to ask: am I going to make myself available, am I willing to do difficult and complex work, am I prepared to work outside my comfort area, and am I prepared to stay independent?

A number of issues have become apparent from this conference:

- there is a workplace problem resulting in short and long-term health effects among aircrew;
- this problem is occurring in the aircraft cabin environment, and is resulting in significant flight safety issues and unacceptable health problems in aircrew; and
- consideration should be given to passengers, who may also be suffering from similar symptoms to those exhibited by crew members.

We urgently call on governments, industry and regulators to work in partnership with cabin environment medical and analyst specialists and representatives from aircrew unions to analyse, quantify and remedy the cabin air quality problems that we have identified. We need to make sure that there is a better future for this industry — and its staff and customers.

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