



Submission No 27

**Inquiry into the Care of ADF Personnel Wounded and Injured
on Operations**

Organisation: Vietnam Veterans Association of Australia Inc.

SUBMISSION

To: Joint Standing Committee on Foreign Affairs, Defence and Trade

Inquiry into the Care of ADF Personnel Wounded and Injured on Operations

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National Secretary

Organisation: Vietnam Veterans Association of Australia Inc



Terms of Reference

The Joint Standing Committee on Foreign Affairs, Defence and Trade shall examine and report on the care of ADF personnel wounded and injured on operations, with particular reference to:

- (a) treatment of wounded and injured ADF personnel while in operational areas;
- (b) repatriation arrangements for wounded and injured personnel from operational areas to Australia;
- (c) care of wounded and injured personnel on return to Australia, including ongoing health, welfare, and rehabilitation support arrangements;
- (d) return to work arrangements and management for personnel who can return to ADF service; and
- (e) management of personnel who cannot return to ADF service including:
 - (i) the medically unfit for further service process;
 - (ii) transition from ADF managed health care and support to Department of Veterans' Affairs managed health care and support; and
 - (iii) ongoing health care and support post transition from the ADF.

(a) **treatment of wounded and injured ADF personnel while in operational areas;**

The history of the Vietnam War includes the extensive use of service hospitals in operational areas, supported by allied medical facilities and the extensive use of helicopter, or similar, transport for those injured in the field.

The V.V.A.A. would encourage the ADF to continue with these procedures and continue to maintain a high standard of military medical training and use of equipment to world best standards.

(b) **repatriation arrangements for wounded and injured personnel from operational areas to Australia;**

During the Vietnam war era the ADF developed and refined procedures for repatriating wounded and injured personnel from a war zone, These procedures proved to be successful and developed a high level of competence.

The V.V.A.A. would encourage the ADF to continue these practices, refined with the improvement of aircraft design and medical facilities to ensure the speedy and comfortable return to Australia for treatment and rehabilitation.

(c) **care of wounded and injured personnel on return to Australia, including ongoing health, welfare, and rehabilitation support arrangements;**

The lessons learnt and the procedures adopted in the care of wounded and injured service personnel up to the end of the Vietnam War era were specific and tailored to the need of service personnel, particularly with the availability of repatriation specify hospitals and convalescent facilities managed by the Repatriation Commission and Department of Veterans Affairs.

While the VVAA accept the fact that dedicated facilities on such a scale cannot be justified at this time we would encourage the ADF to contract for services to the high standard of care set by these facilities and where those

facilities are not available in the general community to develop specific centres of excellence to provide high standard and specific services.

(d) **return to work arrangements and management for personnel who can return to ADF service; and**

The history of the ADF over many years has shown that many personnel who have been wounded or injured may still be able to perform duties that support the more active personnel, such duties as clerical support, administration of stores, transport and movement control.

The VVAA would encourage the ADF to provide retraining and employment to maintain the military skills and knowledge that would otherwise be lost.

(e) **management of personnel who cannot return to ADF service including:**

The V.V.A.A. considers that a resource available to the ADF and in particular serving end ex service members is being underutilised.

For a number of years the Department of Veterans Affairs has financially supported ex service organisations under the Building Excellence in Support and Training (BEST) scheme and the training of volunteers under the Training and Information Program (TIP).

Current opinion with the Department of Veterans Affairs is that numbers of claims are decreasing, however it is the experience of the V.V.A.A. that requests for support and assistance are not decreasing and as the commitment to Afghanistan decreases the supported needed by personnel will increase at least for a period.

It is suggested that to allow the volunteer support base that is currently available at minimal cost to be eroded could be a costly error of judgement.

(i) the medically unfit for further service process;

The experience of welfare officers, pension officers and advocates within the VVAA who are supporting serving members and those recently discharged indicate a process that lowers the moral of those personnel affected in that they feel uncertain of their future prospects and have no control of their situation, this leads to stress and depression and in many cases leads to the need for mental health treatment that may not otherwise be required.

(ii) transition from ADF managed health care and support to Department of Veterans' Affairs managed health care and support; and

Again the experience of welfare officers, pension officers and advocates within the VVAA who are supporting serving members and those recently discharged indicate a process that lowers the moral of those personnel affected in that they feel they have no control of their situation and future prospects.

A constant complaint is in relation to the Military Rehabilitation and Compensation Act where a disability / injury can be accepted as service related however the assessment of other entitlements i.e. Treatment, rehabilitation and compensation are subject to a further level of assessment.

The MRCA procedures can be lengthy and stressful to the ex service personnel when compared with the Veterans Entitlement Act (VEA) where assessment is part of the acceptance process and handled in a much more timely manner.

(iii) ongoing health care and support post transition from the ADF.

The Department of Veterans Affairs procedures for dealing with ongoing health care and support is adequate however it is felt that a considerable degree of support and assistance is being sought from the ex-service community who are well placed to provide such support and can provide a buffer between the ex service personnel and the government bureaucracy that they are cautious of dealing with directly.