
The Parliament of the Commonwealth of Australia

Care of ADF Personnel Wounded and Injured on Operations

Inquiry of the Defence Sub-Committee

Joint Standing Committee on Foreign Affairs, Defence and Trade

June 2013
Canberra

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Foreword

Over the last 15 years, Australia's Defence Forces have been almost continuously involved in operations from Africa to the Solomon Islands, and everywhere in between. Unfortunately not all those that have deployed on operations have returned, and some that have returned, have done so with wounds and scars, not all of which are necessarily visible.

The Defence Sub-Committee welcomed the opportunity presented by this Inquiry to consider the treatment of personnel wounded and injured on operations, their repatriation to Australia, on-going care and return to work, or transition out of the Defence Force.

In our inquiry, we have examined the concerns of wounded and injured members themselves, identified opportunities to improve governmental services provided to them, and looked at some of the perceived or actual barriers preventing full access to support services. We delved deeply into the concerns related to post traumatic stress disorder (PTSD) and other mental health issues, and explored the importance of the involvement of, and support to, families in the recovery process of the wounded and injured.

With the recent increased awareness of the effects of depression, anxiety disorders, substance abuse and indeed PTSD, and issues surrounding suicide rates amongst current and former servicemen and women, the inquiry was particularly timely. Indeed, as can be seen from the evidence we received, there is a broad community concern at the effect that service, operational or otherwise, is having on members and their families.

Part of Australia's national identity is formed around the courage and sacrifice of our uniformed services, from the beaches of Gallipoli to the mountains and deserts of Afghanistan. The modern veteran has, in common with the shell-shocked or maimed Digger of World War I or the Vietnam veteran, the right to the best support and services that the country can provide. Since the First Gulf War, over 45,000 Australians have seen operational service and, even with the prospect of a

reduced tempo of operations, the support of this new cohort of veterans must develop on the lessons of the past and continue to be improved.

The Committee considers that, for the most part, the care provided to Australia's wounded and injured is world class, particularly in the immediate aftermath of a battlefield incident. The Departments of Defence and Veterans' Affairs have honoured their responsibilities to support the recovery and rehabilitation of these individuals and their families and, through various programs, continue to improve veteran support processes and coordination.


Unfortunately, some veterans still 'fall through the cracks'. This has to end.

We have developed a series of recommendations to ensure a comprehensive rehabilitation process for the physically wounded; that all forms of mental health issues in our service, ex-service and veteran communities are fully understood and supported; that the importance of families is fully recognised; and that communication and coordination between all agencies involved in the support of our veterans, government and non-government, is optimised.

In the course of the Inquiry, the Committee had the opportunity to travel to a number of cities and meet individuals and organisations supporting Australia's veterans - the Committee thanks them, and everyone else so involved, for their contribution. Importantly, the Committee were honoured to meet representatives of those who have put themselves in harm's way in defence of our nation's values, and who are carrying scars as a result - the Committee salutes each one.

I conclude by thanking members of the Defence Sub-Committee for their contribution to the inquiry. We were able to work in a true spirit of bi-partisanship, which is what the Parliamentary Committees do best. Finally, as always, I thank our servicemen and women for their dedicated contribution to the security of our nation.

Senator Mark Furner
Chair



Membership of the Committee

Chair

Senator Michael Forshaw (to 30/06/11)

Mr Michael Danby MP (from 1/07/11 to 15/05/13)

Hon Joel Fitzgibbon MP (from 15/05/13)

Deputy Chair Mrs Joanna Gash MP

Members

Senator Mark Bishop

Senator the Hon John Faulkner
(from 30/09/10 to 14/02/11)

Senator David Fawcett (from 1/07/11)

Senator the Hon Alan Ferguson
(to 30/06/11)

Senator Mark Furner

Senator Sarah Hanson-Young

Senator the Hon David Johnston

Senator Scott Ludlam

Senator the Hon Ian Macdonald

Senator Anne McEwen (from 1/07/11)

Senator Claire Moore

Senator Kerry O'Brien

(from 14/02/11 to 30/06/11)

Senator Stephen Parry (from 1/07/11)

Senator Marise Payne

Senator the Hon Ursula Stephens
(from 1/07/11)

Senator Russell Trood (to 30/06/11)

Hon Dick Adams MP (from 24/03/11)

Hon Julie Bishop MP

Ms Gai Brodtmann MP

Hon Anthony Byrne MP

(to 14/03/12; from 19/09/12)

Mr Nick Champion MP

Hon Laurie Ferguson MP

Mr Steve Georganas MP (to 24/03/11)

Mr Steve Gibbons MP (to 7/02/12)

Hon Alan Griffin MP

Hon Harry Jenkins MP (from 7/02/12)

Dr Dennis Jensen MP

Hon Richard Marles MP (from 14/05/13)

Hon Robert McClelland MP

(from 14/03/12 to 19/09/12)

Mrs Sophie Mirabella MP

Hon John Murphy MP

Mr Ken O'Dowd MP (from 25/10/10)

Ms Melissa Parke MP (to 5/02/13)

Mr Stuart Robert MP

Hon Philip Ruddock MP


Ms Janelle Saffin MP

Hon Bruce Scott MP

Hon Peter Slipper MP (from 1/11/12)

Hon Dr Sharman Stone MP (from 25/10/10)

Ms Maria Vamvakinou MP



Membership of the Defence Sub-Committee

Chair Senator Mark Furner

Deputy Chair Dr Dennis Jensen MP

Members Senator Mark Bishop
 Senator David Fawcett (from 1/07/11)
 Senator the Hon David Johnston
 Senator the Hon Ian Macdonald
 Senator Stephen Parry
 Senator Marise Payne

 Hon Dick Adams MP (from 24/03/11)
 Ms Gai Brodtmann MP
 Mr Nick Champion MP
 Hon Michael Danby MP (*ex officio*) (to
 14/05/13)

Hon Joel Fitzgibbon MP (*ex officio*)
Mrs Joanna Gash MP (*ex officio*)
Hon Alan Griffin MP
Mr Harry Jenkins MP (from 7/02/12)
Mrs Sophie Mirabella MP
Mr Ken O'Dowd MP (from 25/10/10)
Mr Stuart Robert MP
Hon Bruce Scott MP
Hon Peter Slipper MP (from 1/11/12)

Committee Secretariat

Secretary	Mr Jerome Brown
Defence Advisers	Wing Commander Karen Ashworth Commander James Crouch RAN
Research Officers	Mr James Bunce Mr Alexander Coward Mr James Vrachas
Administrative Officers	Ms Jessica Butler Mrs Sonya Gaspar Ms Lauren McDougall Ms Kane Moir



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.



List of abbreviations

A&D	Alcohol and Drug
A-SWIIP	Army - Support to Wounded, Injured and Ill Program
AAT	Administrative Appeals Tribunal
ACPMH	Australian Centre for Post-traumatic Mental Health
ADF	Australian Defence Force
AECC	Aeromedical Evacuation Control Centre
AFOF	Australian Forces Overseas Fund
AIRMSHL	Air Marshal
AME	Aeromedical evacuation
ANAO	Australian National Audit Office
ANU	Australian National University
APS	Australian Public Service
ASCN	Australasian Services Care Network
CAT	Combat-Application-Tourniquet
CBT	Cognitive behaviour therapy
CDF	Chief of the Defence Force
CDRE	Commodore

CISD	Critical Incident Stress Debriefing
COSR	Combat Operational Stress Reaction
CMVH	Centre for Military and Veterans' Health
CTFS	Continuous Full Time Service
DCO	Defence Community Organisation
DFA	Defence Families of Australia
DVA	Department of Veterans' Affairs
Defence	Department of Defence
DPSM	Defence Personnel Systems Modernisation
DSG	Defence Support Group
eHealth record	Personally Controlled Electronic Health Record
FTE	Full Time Equivalent
GARP	Guide to the Assessment of Rates of Veterans' Pensions
HQJOC	Headquarters Joint Operations Command
ID	Identification
IED	Improvised Explosive Device
ISAF	International Security Assistance Force
ITAA 1936	<i>Income Tax Assessment Act 1936</i>
KPI	Key Performance Indicators
Legacy	Legacy Australia Council
LTCOL	Lieutenant Colonel
MAJGEN	Major General
MEAO	Middle East Area of Operations
MEC	Medical employment classification

MECRB	Medical Employment Classification Review Board
MHCSU	Mental Health Clinical Service Unit
MHS	Medibank Health Solutions
MMU	Multinational Medical Unit
MOU	Memorandum of Understanding
MRCA	<i>Military Rehabilitation and Compensation Act 2004</i>
NATO	North Atlantic Treaty Organization
NOK	Next of Kin
NOTICAS	Notification of casualty
PACMAN	Pay and Conditions Manual
POPS	Post Operation Psychological Screen
RAAF	Royal Australian Air Force
RAP	Regimental Aid Post
RMA	Repatriation Medical Authority
RSL	Returned and Services League of Australia
RSL WA	Returned and Services League of Australia WA Branch
RSO&I	Reception Staging Onward Movement and Integration
PFA	Psychological First Aid
PTS	Post Trauma Syndrome
PTSD	Post-Traumatic Stress Disorder
PTRS	Austin Health's Psychological Trauma Recovery Service
RADM	Rear Admiral
RtAPS	Return to Australia Psychological Screen
SF	Special Forces

SGT	Sergeant
SMART	Stress Management and Resilience Training
SRC	Soldier Recovery Centre
SRCA	<i>Safety, Rehabilitation and Compensation Act 1988</i>
SWIIP	Support for Wounded, Injured or Ill Program
TLFS	Timor-Leste Family Study
TPH	Toowong Private Hospital
TRE	Trauma release exercises
TRiM	Trauma risk management
TRMHDs	Trauma-related Mental Health Disorders
US	United States
VAC	Veterans' Advisory Council
VEA	<i>Veterans' Entitlements Act 1986</i>
VHAC	Veteran' Health Advisory Council
VRB	Veterans' Review Board
VVAA	Vietnam Veterans' Association of Australia
VVCS	Veterans and Veterans' Families Counselling Service
VVFA	Vietnam Veterans' Federation of Australia
VVPPAA	Vietnam Veterans' Peacekeepers and Peacemakers Association of Australia



List of recommendations

3 Aeromedical Evacuation

Recommendation 1

The Committee recommends that the Department of Defence continue to make regular contributions to Fisher House as an ongoing measure of Australia's appreciation for the service provided to our wounded soldiers, until such time that Australian soldiers are no longer deployed to Afghanistan.

Recommendation 2

The Committee recommends that the Department of Defence and the Australian Taxation Office ensure that Australian Defence Force personnel medically evacuated to Australia retain tax free status for the notional length of their operational deployment, or the actual length of the deployment of their unit, per subsection 23AG(1) of the *Income Tax Assessment Act 1936*.

Recommendation 3

The Committee recommends that the Department of Defence ensure that Australian Defence Force personnel medically evacuated to Australia continue to accrue War Service Leave and allowances for the notional length of their operational deployment, or the actual length of the deployment of their unit.

Recommendation 4

The Committee recommends that the Department of Defence and the Australian Taxation Office assist Australian Defence Force personnel previously medically evacuated, and to whom Recommendations Two and Three would have applied, to make successful retrospective claims for reimbursement.

4 A Badge of Honour

Recommendation 5

The Committee recommends that the Department of Defence annually publish detailed written assessments of garrison health care contractor key performance indicator statistics. The Committee further recommends that the written assessments include the results of an ongoing survey of Australian Defence Force personnel regarding their experiences with the performance of garrison health care contractors.

Recommendation 6

The Committee recommends that the Department of Defence address the shortcomings in Reservist post-deployment support mechanisms identified in this Inquiry as a priority.

5 Mental Health Concerns

Recommendation 7

The Committee recommends that the Department of Veterans' Affairs accept complimentary therapies as legitimate treatment for psychological injuries if there is an evidence-based clinical reason to do so.

Recommendation 8

The Committee recommends that the Department of Defence publish periodic detailed written assessments on:

- The implementation of the recommendations of both the 2009 Review of Mental Health Care in the ADF and Transition through Discharge, and the 2010 ADF Mental Health Prevalence and Wellbeing Study;
- The Australian Defence Force mental health reform program; and
- What additional enhancements have been made to current programs, as indicated in the Defence White Paper.

Recommendation 9

The Committee recommends that the departments of Defence and Veterans' Affairs undertake a study into psychological support of partners and families of Australian Defence Force (ADF) members and ex-ADF members. The Committee further recommends that the study be

conducted with the objective of developing recommendations to overcome partners' and families' mental health issues that may be highlighted by the study.

The Committee further recommends that the Government implement, as a priority, the recommendations of *The Health and Wellbeing of Female Vietnam and Contemporary Veterans* report.

Recommendation 10

The Committee recommends that the effectiveness of psychological first aid be made a research priority by the Department of Defence, in consultation with the Department of Veterans' Affairs.

6 Falling Through the Cracks

Recommendation 11

The Committee recommends that the departments of Defence and Veterans' Affairs expedite the development of a unique service/veteran health identification number.

Recommendation 12

The Committee recommends that the Government conduct a cost-benefit study of a comprehensive uncontested veteran healthcare liability model and publish the results.

Recommendation 13

The Committee recommends that the departments of Defence and Veterans' Affairs coordinate to clarify the Australian Defence Force/Veteran service delivery models to reduce the complexity, overlaps and gaps in service identified in this report.

The Committee further recommends that it be provided with a progress report within six months, and a final implementation report within 12 months.

Recommendation 14

The Committee recommends that a wounded or injured soldier who wishes to remain in the Defence environment and applies for a position within the Australian Public Service, for which they have the required skills and competencies, be selected preferentially.

The Committee further recommends that the Government encourage private sector providers to take a similar approach to the preferential employment of wounded and injured soldiers.

Recommendation 15

The Committee recommends that the departments of Defence and Veterans' Affairs expedite the rectification of information technology connectivity issues.

The Committee further recommends that it be provided with a progress report within six months, and a final implementation report within 12 months.

Recommendation 16

The Committee recommends that:

- as an immediate priority, the national healthcare community include a military/ex-military checkbox as a standard feature on all medical forms; and
- the Government commission a longitudinal tracking system to identify the engagement of military/ex-military personnel with the healthcare system.

7 Return from Operations

Recommendation 17

The Committee recommends that the departments of Defence and Veterans' Affairs sponsor a program of research examining the development of post-deployment syndromes in the current veteran cohort, be it relating to mild traumatic brain injury or some other cause.

Recommendation 18

The Committee recommends that the Department of Defence review the adequacy and rigour of pre- and post- deployment health checks.

Recommendation 19

The Committee recommends that the Department of Defence provide all troops returning from operations, including non-warlike operations, targeted psychological first aid and post-deployment psycho-education which should include:

- Education on human responses to trauma;
- Identification of basic signs and symptoms of mental health conditions; and
- Advice on assistance options.

Recommendation 20

The Committee recommends that the departments of Defence and Veterans' Affairs conduct an assessment of suicide rates in the military/ex-military community as a priority.

Recommendation 21

The Committee recommends that the departments of Defence and Veterans' Affairs establish strategic research priorities to address suicide attributable to defence service.

Recommendation 22

The Committee recommends that the Department of Defence establish formal, Defence-wide pre- and post-deployment training for service families, and a periodic contact program for the families of deployed members.

8 Veterans Affairs

Recommendation 23

The Committee recommends that the Department of Veterans' Affairs:

- Review the Statements of Principles in conjunction with the Repatriation Medical Authority with a view to being less prescriptive and allowing greater flexibility to allow entitlements and compensation related to service to be accepted;
- Periodically publish reports measuring success in adhering to their client service model;

- Periodically publish claim processing times; and
- Periodically publish claim success rates.

Recommendation 24

The Committee recommends that the Department of Veterans' Affairs conduct a study, and publish the results, reflecting the issues raised in evidence during the Inquiry, concerning:

- Developing a standardised approach to recruitment, including the preferential recruitment of ex-service members as Case Managers; and
- Training and ongoing evaluation of Case Managers.

9 Veterans' Support Structures

Recommendation 25

The Committee recommends that the Government commission an independent assessment of the need for, and establish if warranted, an appropriate national/state-based veterans' organisation coordination body.