



**Submission No 11**

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

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National President

**Organisation:** The Returned and Services League of Australia Ltd



**Returned & Services League of Australia**

**Inquiry into the Care of ADF Personnel Wounded and Injured on Operations  
August 2012**



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# THE RETURNED & SERVICES LEAGUE OF AUSTRALIA LIMITED

NATIONAL HEADQUARTERS

ABN 63 008 488 097

To:  
Committee Secretary  
Joint Standing Committee on Foreign Affairs, Defence and Trade  
Department of House of Representatives  
PO Box 6021  
Parliament House  
CANBERRA ACT 2600

7 August 2012

Dear Committee Secretary

**The Returned & Services League of Australia  
Inquiry into the Care of ADF Personnel Wounded and Injured on Operations  
August 2012**

The Returned & Services League of Australia would like to thank the Joint Standing Committee on Foreign Affairs, Defence and Trade for their invitation to respond to their Inquiry on the care of ADF personnel wounded and injured on operations.

The terms of reference canvassed five particular areas of interest:

- 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.

We invite careful consideration to this submission.

LEST WE FORGET

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## **Aim**

The aim of this submission is to record the views of the RSL National Veterans' Affairs and the RSL National Conditions of Service Committees and describe those areas which the Returned & Services League of Australia (RSL) considers should be reviewed as part of the enquiry. We have canvassed the opinions from our major States from which ADF are deployed overseas and return, requiring treatment as well as specialist practitioners who are in daily contact with our ADF and their families.

## **Submission**

The League believes that the overall treatment and support of ADF personnel wounded and injured on operations is managed well by the ADF. The number of systems already in place ensures the effective management of current serving members and their families. These include the:

- a. Casualty Administration and Support Framework that was implemented in 2010 to support wounded soldiers and their recovery process. However there is evidence that Casualty Administration Support Officers (CASO) assistance being provided by Reserve members is being reduced as a result of Defence Budget reduction and this assistance for medically separating ADF members will now be redirected to other agencies within Defence.;
- b. Support to Wounded, Injured and Ill Program (SWIIP) which ensures that all challenges faced by affected soldiers are addressed to ensure a smooth recovery; and
- c. Wounded, Injured and Ill Diggers Forum which allows these serving personnel to voice their concerns and to ensure that the Army stays focused on the needs of these personnel (families of these soldiers are also involved in these forums and are encouraged to express their issues and concerns).

There are several other support mechanisms in place for ADF personnel who are wounded or injured as a result of their service, mainly sporting programs to help promote recovery and as well as self-confidence. The families of wounded, injured or ill ADF personnel also have access to a wide range of support agencies including:

- a. the Defence Community Organisation (DCO) which provides an extensive range of services and support for ADF personnel and their families; and
- b. Defence Families of Australia (DFA) which is a ministerially appointed group which advises Government on the needs of ADF families and provides a forum for family members to express their issues and views.

In regards to management of personnel who cannot return to ADF service, our Branch in South Australia believes that the transition from the ADF to the wider community of ADF personnel, who, due to their medical condition cannot continue to serve, is also well handled by the ADF. There is also generally good support provided by the Department of Veterans Affairs (DVA) and other agencies to ensure that the management of these personnel is efficient and is handled with empathy.

However, the League submits that management of personnel who cannot return to ADF service is an area that should be enhanced and feels that this is where Ex-Service Organisations (ESOs) such as the RSL can play a pivotal role in ensuring that ongoing health care post-transition from the ADF is maintained.

In preparing this submission, the RSL National Office sought specific views from each State Branch.

South Australia's areas of concern in this regard are as follows:

- a. **Long-term care of seriously wounded personnel who require 24 hour care** These service personnel need accommodation that caters for their long term needs. This isn't being met with the placement of these personnel into either an aged care facility or a disabled group home. This is not appropriate;
- b. **Long term research into mental health.** This, as well as other health research, must be maintained at centres such as the CMVH;
- c. **Long term contact and support for the carers and families of seriously wounded soldiers** This needs to be developed and maintained;
- d. **Support services for ADF personnel who only present with health issues after they have left the ADF.** Recognition and development of additional services in this area is critical and currently lacking. Many, as has always been the case, will be captured by the general health system. However, this is not appropriate as mental health issues such as PTSD need specialist treatment. Some are not captured until their problems are well entrenched and their condition causes additional social and family problems. Some are never captured;
- e. **Supporting Reservists** Understanding of the issues confronted by Reservists who, after decompression, immediately return to civilian work and then tend to be forgotten by the ADF; and
- f. **Female veterans** Research and development of structures to ensure that female veterans have access to appropriate gender support is lacking.

Our Branch in Queensland has consulted with a number of RSL specialised practitioners in regards to the above Terms of Reference and has identified several issues that may impact on ADF members returning after operational duties, and voiced areas of concern which are as follows:

- a. **Psychological Injuries** It appears that there are many ADF members who are transitioning out of the ADF with psychological injuries that do not wish to advise or admit to Defence that they may be suffering a psychological injury as a result of their operational service in the ADF. Many ex service members are claiming for these psychological injuries post discharge;
- b. **Veterans and Veterans Families Counseling Service** There are some ADF members that use the Veterans and Veterans Families Counseling Service (VVCS) because they know that the ADF cannot obtain reports from VVCS;
- c. **Medical Employment Classification Review Boards (MECRB)** There are serious issues with the time taken by the ADF to arrange Medical Employment Classification Review Boards (MECRB) which is in the vicinity of 3-4 months;
- d. **MECRB Decision** DVA are not always advised of the results for the MECRB decision for the member to separate from the ADF and therefore their claims for compensation may not be finalised by the time the member separates from the ADF;
- e. **Defence Budget Reductions** As a result of the Defence Budget reductions this has impacted on Reservists training days in that Reserve Psychologist training days have been reduced and this has a direct impact on the psychological service being provided by ADF;
- f. **Medical Reports** Waiting for specialist medical reports can impact on the ADF transitional members;

- g. **VVCS and DCO Reports** There are reports from VVCS and the Defence Community Organisation (DCO) that members who are managing mental health, complex issues or serious medical conditions require greater support within the transition process with many families' initiated referrals due to financial crisis; and
- h. **Reservists on Separation from the ADF** Reservists employed by the ADF on Continuous Fulltime Training Service are separating from the ADF without their claims being completed.

In Victoria, the Victorian RSL Branch congratulated the ADF in regards to the Defence Rehabilitation Program (ADFRP) and in particular Army on its recent initiatives with regard to the treatment and rehabilitation of soldiers wounded or seriously injured on operations.

The RSL Victorian Branch could not help but be impressed at the life saving skills of our combat medics on the ground in Afghanistan. Their skills have ensured greater survivability odds for their colleagues. The Branch believed that the tried and true method of air medical evacuation to the nearest medical treatment centre in the theatre of operations has saved lives, and after stabilisation, evacuation to Germany worked very well.

Once back home, RSL Victoria believed that the Support for Wounded, Injured or Ill Program (SWIIP) was a very good model but it appeared that the partnership between the two main government organizations, Department of Defence (Defence) and the Department of Veterans' Affairs (DVA) who deliver the services have some way to go to making sure it is delivering best practice service. The Branch understands that Defence and DVA IT systems cannot communicate with each other. Communication is vital to having the two major service delivery organizations using the same "song sheet".

RSL Victoria has first-hand knowledge about how poor communications between the two major organizations dedicated to delivering treatment, rehabilitation and benefits to ADF members wounded or seriously injured on operations goes awry.

It is important to note that where possible repatriated ADF members wounded or seriously injured on operations should, where practicable, be treated and rehabilitated in proximity to their families. Family connection is a vital aspect of an ADF member's mental rehabilitation. RSL Victorian Branch believed more needs to be done by Defence in including family units from the very earliest opportunity, and if that means providing airfares for wives and children, arrangements should be made.

It is vital that if the member has a realistic view of wanting to remain in the ADF then a board of study should be convened to consider issues such as re-skilling of the member and re-assignment to another area of the ADF.

Our West Australia Branch has raised the following points of note:

Veterans may need assistance dealing with separation from the ADF, for at least the first six months, as many of them have only known service life and never lived outside the ADF in recent times.

- a. **DVA Case Managers** DVA has proven Case Managers, but at times the member feels more comfortable talking about their problems with a serving or ex-service member;
- b. **Increase in Mental Health Problems noted** There is evidence that there is an increase in mental health problems, resulting in more ADF personnel discharging with mental and other undiagnosed conditions;
- c. **Complex Service Claims prior to Separation from the Service** There is a problem with some members understanding all aspects of their Service Claims need to be recorded and documented prior to separation. Considerable support is required in this critical area of activity. This needs to be strongly enforced by ADF admin staff well before separation and not left to the individual to ensure it is done. CO's Hours which were formally part of this procedure should be encouraged;
- d. **Family Liaison** Families are to be made aware that the person who returns to them after deployment may not be the same person that joined the ADF. Family Liaison Officers need to be briefed on this requirement;
- e. **Point of Contact for Care** Post separation families need a point of contact, within the ADF, to seek information about care. Such a requirements needs across the board consistency by Liaison Officers;
- f. **Entitlements and Avenue of Appeals** Entitlements and avenue of appeals need to be explained. Formerly CO's Hours were helpful in this regard with individuals from ESO's (particularly the RSL) would address a large gathering of ADF Members and brief them on the system and compensation available to them. Suggest the RSL be nominated for this role through the advocacy programme; and
- g. It was noted that DVA was viewed by a lot of ADF members, as a hindrance to their claims being approved, and reluctant to discuss personal matters.

The RSL National Conditions of Service Committee have included several personal and subjective comments into this objective submission to bring about a human face to some of their issues.

Their understanding is from the perspective of the Royal Australian Regiment Association and from the Regiment itself, and would like to offer the following for consideration:

- a. Prior to the Military Rehabilitation and Compensation Act (MRCA) Review, the three Services were developing their own policies, with Army's being the most developed;
- b. It was comprehensive, personal, heavily focused on rehabilitation and overall, an excellent policy. Of course it was still being implemented when the MRCA Review recommended that the ADF should develop a single policy. It was understood that this is now being implemented and that it is being modelled on the Army policy. The only criticism they have of the policy is that it placed a great strain on the parent unit. They saw this at first hand with 1 RAR, and it was quickly obvious that the unit needed assistance to manage the sick and wounded effectively. They applaud the involvement of the unit for the sake of retaining unit identity by the casualties, but Infantry Battalions particularly, struggled with the workload;
- c. The other critical problem encountered was with the Tax status of casualties who were returned to Australia. Tax Ruling 23AD refers. This issue has been the separate and urgent subject of submissions from the League. It meant that ADF members evacuated after being wounded or sick lost their tax free status on being discharged from hospital. We believe that it should be retained while ever the member is undergoing out-patient treatment and /or

- rehabilitation and retain it for the notional length of the operational tour. We believe that there has been a ruling by the Tax Office in favour of a soldier to this effect; and
- d. It may be worth noting that the Royal Australian Regiment Association has established an "RAR Friend" program whereby soldiers who are discharged may request contact from an Association member in their local area, who will then assist with resettlement.

The Committee made a further general point for consideration. Where the matter of medical history files and their security and/or release comes up, I would suggest that they be released only to the member whilst he or she is alive and that their permission be required for dissemination within the medical fraternity. After a member's death, they should not be publicly released for a term of thirty years. This may avoid a repeat of recent events where files were released and the current anomaly they understood existed within the Archives Act.

The RSL National Office has regularly supported all men and women from the ADF through its RSL Australian Forces Overseas Fund (AFOF). AFOF now provides a package twice a year to every serving member of the Australian Defence Force servicing overseas. AFOF has identified a need to provide further positive support for ADF members. AFOF was delighted to be able to provide the RSL Support Pack to every ADF member seriously wounded on overseas service and who required treatment through the NATO medical facilities in Germany, and later long term hospitalisation back in Australia. The RSL has been particularly conscious of providing this Support Pack on behalf of the broader Australian community.

## **Conclusion**

The League believes that, whilst there have been significant improvements in the management of ADF personnel wounded and injured on operations, there were still many areas which were problematical and needed to be addressed.

The RSL welcomed this review as a means of generating open discussion about this important matter and for improving the understanding of the problems faced by our Service and Ex-Service veterans by Parliament, the ADF and the wider community. The League was familiar with the KPMG Department of Defence – Joint Health Command Support for Injured or Ill Project (SIIP) – Review of Current Practices December 2010 and recommends that the Joint Standing Committee review its recommendations.