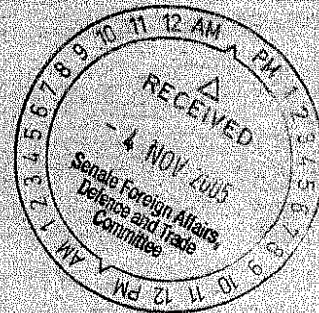




Government Response  
to the  
Senate Foreign Affairs, Defence and Trade  
References Committee

*'Taking Stock: Current health preparation  
arrangements for the deployment of  
Australian Defence Forces Overseas'*



**GOVERNMENT RESPONSE TO THE SENATE FOREIGN AFFAIRS, DEFENCE AND  
TRADE REFERENCES COMMITTEE**

**TAKING STOCK**

**CURRENT HEALTH PREPARATION ARRANGEMENTS FOR THE DEPLOYMENT  
OF AUSTRALIAN DEFENCE FORCES OVERSEAS**

**Recommendation 1**

*The Committee recommends that the current restricted use of presumptive policy and the concentration on medical scientific research continue.*

**Government Response**

**Agreed.** Australian Defence Force (ADF) health policies and directives will continue to be based on extensive research and input from Defence Health Service Consultative Groups. These groups consist mainly of Reserve specialist health practitioners, a significant proportion of whom are pre-eminent in their chosen field. In addition, ADF centres of excellence in research maintain links throughout the world to similar research organisations, ensuring that policies developed in these specialist areas are world's best practice.

The recent establishment of the Centre for Military and Veterans' Health as a joint venture with Department of Veterans' Affairs (DVA), the University of Queensland, the University of Adelaide and the Charles Darwin University will enhance access to cutting edge research to support the development of health policy. DVA and Defence will also continue to work with the Australian Centre for Posttraumatic Mental Health to ensure that their policies and practices reflect current international thinking, particularly in regard to the considerable body of medico-scientific evidence relating to mental health issues.

DVA has recently reviewed the framework within which it conducts its own research. Greater priority will be given to applied research, to ensure that research outcomes have more direct and immediate effect in improving health care service provision, and programs of compensation and other support. In addition, DVA has recently begun negotiations with similar agencies in Canada, the United Kingdom, the United States of America and New Zealand with a view to increasing the level of international cooperation on research.

**Recommendation 2**

*The Committee recommends that this type of data collection become an integral part of ADF and DVA assessment of deployed personnel, so that basic information is available for researchers on health status at return from deployment.*

**Government Response**

**Agreed.** Defence is currently recording deployment health and exposure data to establish a database on the health status of ADF members post-deployment. The ADF has developed the 'Post-Deployment Health Screen' for all areas of operation in the last two years, including East Timor, the Solomon Islands and the Middle East Area of Operation. This screen is specific to the particular country's known environmental and occupational exposures at the time. Subject to

appropriate ethics and privacy considerations, Defence, DVA and sponsored researchers will be able to access de-identified data for health research purposes. Where data on actual or possible exposure or risk is available in an individual's health or service record, this will be taken into consideration in the determination of future compensation claims. Defence is also developing the Occupational Health Assessment so that appropriate data on occupational exposures in the workplace can be identified, collected and analysed to facilitate the identification and minimisation of health risks. Periodic Health Assessment data is also being analysed to assist with the identification and management of work place-related hazards.

### **Recommendation 3**

*The Committee recommends that DVA and Defence ensure veterans are kept up to date about research on key issues and how these may have led to amendments in previous SOPs.*

#### **Government Response**

**Agreed.** DVA consults with ex-service organisations (ESOs) on a wide range of policy and procedural issues, including research and health studies, through a number of forums. For example, the Operational Working Party (OWP), comprises of representatives from all major ESOs and is designed to provide two-way feedback on issues relating to claims and appeals processing, including amendments to SOPs. The OWP assists in resolving issues of concern to ESOs and allows them to be informed on current issues that will affect veterans.

Similarly, consultative forums provide a further opportunity for feedback to the veteran community, allowing the ex-service community to participate and contribute to discussions on new and key issues and providing feedback on the actions and directions taken by the DVA. Additionally, the DVA website lists health studies in progress as well as providing access to the published reports of completed studies.

Defence, in consultation with DVA, will ensure that veterans are kept up to date about key research issues.

### **Recommendation 4**

*The Committee recommends that:*

*In respect of recent deployments, the ADF ensure that a report on all likely exposures, records of potentially traumatising events, and statements as to injury and illness be available for all personnel. Updates should also be provided; and*

*In respect of earlier deployments, DVA continue with its practice of reconstruction of evidence, ensuring that all appropriate methodologies are utilised including those from new research.*

#### **Government Response**

**Agreed with qualification.** It should be acknowledged that, in an operational environment, the collection of such data would never be perfect. That said, improvements could and are being made. For example, Defence is considering the possible implementation of the Defence Injury Prevention Program in the deployed environment. This would allow the collection of additional information on injuries as they occur during operations. There is also the possibility of increasing the ADF's environmental and occupational surveillance capabilities to gather more

accurate data on the environmental and occupational exposures that ADF members may experience while on deployment.

Defence requires ADF members returning from deployments to complete a 'Post Deployment Health Screen' which is used to record each individual's potential environmental and occupational exposures whilst deployed. This health screen also records any illnesses suffered during the deployment, including diagnosis, and checks the member's health since returning to Australia. Copies of the Health Screen are retained in the member's Unit Medical Record, Central Medical Record, and are also forwarded to the Directorate of Preventive Health Operational Health Surveillance section for data input and analysis.

DVA continues to attempt to reconstruct evidence of previous exposures. In particular, a major reconstruction of dose of the Australian participants in British nuclear tests in Australia will be released in the next few months.

### **Recommendation 5**

*The Committee recommends that:*

*With respect to future deployments, a protocol be established to ensure complete and accurate copies of medical records are provided; and*

*With respect to relevant past deployments, DVA establish the location of medical data and records and identify the most effective way of obtaining copies of these.*

### **Government Response**

**Agreed.** While every effort is made to do this, not every deployment includes sufficient ADF health personnel to ensure that this can be achieved. For deployments, such as Operations MAZURKA, PALADIN and POMELO, the size of the ADF contribution, and the presence of adequate health care already in the area of operations does not justify the inclusion of ADF health personnel. This reduces significantly the possibility of complete and accurate medical records being maintained.

Current health support plans direct that ADF members are to ensure that they obtain a copy of all treatment records completed by non-ADF medical providers for return to Australian and filing on individual medical records.

DVA and Defence are undertaking a joint records review to develop a comprehensive strategy for effective record management across both agencies. The outcomes of this review may go some way to addressing the issues underpinning this recommendation. Defence is also undertaking a Tri Service Health Records Review which is considering the management, access, storage and disposal of Defence health records for both current and discharged ADF members.

DVA will continue to work with Defence to ensure continued maintenance of accurate medical records to assist with the claims process and to streamline access to those records.

## Recommendation 6

*The Committee recommends that the ADF and DVA work together to ensure that all relevant information, including that on illness, research and the impact of legislative change, is provided in a straightforward style and a user-friendly format. In particular, information provided on RMA Statements of Principle (SOPs) should use everyday terminology and provide links to specific SOPs.*

### Government Response

**Agreed.** Much has been done already and this remains a priority for both agencies, and with the Repatriation Medical Authority (RMA). Several recent initiatives demonstrate both agencies' commitment to ensuring a greater understanding of legislative changes, research findings and any consequential action to be taken. For example:

- A commentary was published with the recommendations contained in the report of the *Australian Gulf War Veterans' Health Study 2003*;
- simple English explanations of the contents of several key volumes of the reports relating to the Study of Health Outcomes in Aircraft Maintenance Personnel (the F-111 deseal/reseal study) have been published;
- information prepared in relation to the introduction of the *Military Rehabilitation and Compensation Act 2004*; and
- DVA development of an online research register that will complement the research information already provided on its main web-site.

To assist in interpreting each SOP, DVA produces a commentary and a diagnostic protocol that assists claims assessors in ruling on claims for injury or disease. This additional information is also published in the Consolidated Library of Information and Knowledge which is available through the DVA website and which is also distributed to ex-service organisations twice yearly.

Further, the RMA has recently included on its website "A SOP Common Name Index" which identifies the disorders described in the SOPs by more common language terminology. This should be of assistance to claimants in identifying which SOP is applicable to their claim.

The RMA has also taken steps to ensure that the ADF is directly consulted during the development or amendment of SOPs and to familiarise its members with current operational issues. These initiatives will assist in ensuring, over time, that the wording of the SOPs reflects the modern operational environment.

The RMA noted the Report's comment at paragraph 3.56 about the USA VA model of listing compensable disorders by conflict. However, it suggests that, in the current Australian military compensation model, such an approach might actually be more confusing. There is also an issue of law as the SOP system depends on "causal agents" and specifically not "class of veteran".

### **Recommendation 7**

*The Committee recommends that the Links Program continue in order to ensure effective rationalisation of service provision and co-ordination of medical research by the ADF and DVA.*

#### **Government Response**

**Agreed.** Both Defence and DVA are committed to maintaining the Links Program. The Defence/DVA Links Project Review Board will continue to provide the main means to coordinate and rationalise services across and within agencies. The Medical Advisory Panel – supported by its Health and Research Working group, and the Mental Health Focus Working Group – will also continue to advise the Board and agency Ministers in regard to health issues facing the ADF and related research.

### **Recommendation 8**

*The Committee recommends that detailed briefings on health issues be provided as much as possible in advance of deployment and that this information also be available in written format, for use on deployment and also for files. Updates must be communicated as soon as possible and centrally stored on computer based information systems as accessed by the ex service community.*

#### **Government Response**

**Agreed.** Defence already provides pre- and post-deployment health briefings, pre-deployment pamphlets and post-deployment wallet cards. The briefings cover the health risks associated with a deployment, the pre- and post-deployment medical requirements such as immunisations and protective measures that can eliminate or minimise risk. Each ADF member receives a pre-deployment health brief and a copy of the pamphlet prior to deployment. Each ADF member will also receive a post-deployment health briefing and a wallet card outlining the health risks associated with the deployment either prior to returning to Australia or immediately upon their return. The briefing also reinforces the necessity of completing all eradication medication on leaving the area of operation, and serves to ensure the member knows where and how to access assistance from health personnel on return to Australia.

This information is also available through the internal Defence website and is archived for future use and reference. Limited information is also publicly available via the Defence internet site.

### **Recommendation 9**

*The Committee recommends that a more effective electronic system of current health status be developed, allowing health service personnel to determine needs quickly pre-deployment and also providing opportunity for individuals to check their records and ensure these are accurate and complete.*

#### **Government Response**

**Agreed.** Defence is developing HealthKEYS that will provide an electronic medical record database. HealthKEYS will assist in collating health information and summarising a member's health status and any outstanding issues. It will also enable a quick review of medical records prior to deployment.

## **Recommendation 10**

*The Committee recommends that all briefings and assessments on potential deployment psychological issues must be developed or cleared by a psychiatrist with relevant experience.*

### **Government Response**

**Noted.** The intention behind this recommendation is acknowledged and supported. However, the means of achieving that intention requires further consideration. The recommendation appears to presuppose that it is only clinically diagnosable conditions that would make an ADF member unsuitable for deployment, when the proportion of ADF members presenting with such disorders is in fact very small. Apart from clinical/psychiatric disorders, there are a number of sub-clinical psychological factors that might place a member at risk in a deployment situation. It is important that the primary role for assessment of psychological risks and factors remain with Defence. Moreover, the number (and availability) of appropriately trained and experienced psychiatrists outside of Defence is below that needed to meet this recommendation. Defence will continue to consider how the Committee's objective may be achieved.

## **Recommendation 11**

*The Committee recommends that priority be given to ensuring that accurate records are maintained of all post deployment briefings, checks and assessments, and that individuals be able to access these records.*

### **Government Response**

**Agreed.** Defence has clear policy on post-deployment screening. For medical screenings, specific forms to be completed and filed with the member's medical file. ADF members can request a copy of their medical record at any time. Once HealthKEYS is fully operational this information will be stored electronically.

A full record of all pre- and post-deployment psychological screenings is retained on the permanent psychology file. This includes all assessment results and forms raised as a result of the Return to Australia Psychological Screen and Post-Operational Psychological Screen processes.

## **Recommendation 12**

*The Committee notes and commends the improvements made in health status and data collection of deployable forces, and recommends that this continue to be a priority.*

### **Government Response**

**Noted and agreed.** Defence will continue to improve the health status and data collection of deployed forces. For example, Defence recently sponsored a study to develop a data set of information to be gathered on deploying personnel and the deployed environment.

### **Recommendation 13**

*The Committee recommends that terminology be clarified to ensure personnel are aware of the status of medical officers and medical personnel.*

#### **Government Response**

**Noted with qualification.** Defence will consider how best the objective underlying the recommendation may be achieved. It is doubtful that there is systemic confusion amongst the ranks about the terminology in common use. The term 'medical officer' is used only when referring to an uniformed medical doctor. The exclusivity of this term avoids confusion between a medical doctor with a dentist who is also addressed as 'Doctor' or anyone with a PhD. A medical assistant, particularly within an infantry company is often addressed as 'Doc', but all personnel within the company are fully aware that he is a medical assistant and not a medical 'doctor'.

*Information on the level of medical officers on deployment should be part of pre-deployment briefings.*

#### **Government Response**

**Agreed in principle.** Pre-deployment briefings provide information on medical services and medical officers that ADF personnel will be able to access in the deployed environment. Changes in the nature and tempo of operational environments require that such briefings are broad in content. The 'level' of medical officers deployed will differ in capabilities and qualifications according to the level of operational and environmental threats.

*Records of medical services provided by other forces must include information on the treating doctors so that any required follow up can be facilitated.*

#### **Government Response**

**Agreed.** Recent revisions in Defence policy allows that where there is appropriate secure storage for documents, ADF personnel are deployed with their complete medical records into the operational environment. If a non-ADF doctor treats ADF personnel copies of the treatment documentation are to be provided to deployed Australian medical assistants for filing. Where ADF medical records not deployed, personnel are requested to obtain a copy of any record of treatment by a non-ADF doctor. The record is then given to the operational headquarters for repatriation with the individual's health records or delivered to the Defence Health Service on the ADF members return to Australia. A basic tenet of medical care is that all entries in a medical record should be signed by the service provider with the name and location or unit clearly stated.



#### **Recommendation 14**

*The Committee recommends that all information in manuals be checked against other data provided to ensure consistency.*

#### **Government Response**

**Agreed.** Defence acknowledges that a lot of health information is provided in various documents and at times there has been some conflict between documents. Policy is constantly being reviewed and crosschecked to ensure that it is up to date and accurate. Health information is also widely researched using resources such as the World Health Organisation, the US Armed Forces Center for Health Promotion and Preventive Medicine and the US Center for Disease Control and Prevention. Pre- and post-deployment briefings are compared against past operation briefings to ensure consistency.

#### **Recommendation 15**

*The Committee recommends that personnel be made fully aware of potential problems with their health records and provided with the opportunity to obtain a copy of these well before discharge with a view to identifying and rectifying information gaps.*

#### **Government Response**

**Agreed.** ADF members should be of any changes made to, or potential problems with, their health records (although such occurrences are believed to be unusual). ADF members are able to look at their medical records at any time and may obtain a copy of these when discharging. During service ADF members are readily supplied with copies of any components necessary to support their claims for compensation or other benefits. The same is true of psychology records.

Under the Transition Management Scheme DVA Coordinators are responsible for assisting members of the ADF discharging on medical grounds. In regard to these personnel, DVA can assist in ensuring that they are advised to obtain a full copy of their medical files, including Xrays etc.

#### **Recommendation 16**

*The Committee recommends that some form of electronic copy be made of health records of current personnel, both to facilitate their access to services if required and also to supplement HealthKEYS when this becomes operative. A copy of such information should also be held by Defence with ready access by DVA if required.*

#### **Government Response**

**Noted.** Defence is undertaking a Tri Service Health Records Review which is considering the management, access, storage and disposal of Defence health records for both current and discharged ADF members. This review aims to identify the long-term electronic solution for medical data. An assessment of the effectiveness and efficiency of this recommendation can not be undertaken until this review has been completed.

Further, Air Force is also reinstating its electronic system for Micro Imaging RAAF Medical Records. This system failed in January 2000. Air Force now has a project, which commenced in 2004, to reinstate and upgrade this system, allowing capture of data missing from the central

health record. When completed this should provide Air Force with an electronic medical record for all Air Force Service personnel which should be able to be migrated to HealthKeyS once it is operational. Indexing of the data will allow epidemiological studies to be undertaken. The success of this project will also inform our response to this recommendation.

Defence and DVA are considering options for trialing DVA access to appropriate data held in HealthKeyS and other Defence electronic data management systems. Arrangements for providing full access to appropriate data is still some time away.