

# Summary of findings and recommendations

## General

The Committee finds:

- Australia's veterans remain concerned at the unknown long term effects of exposure to hazardous material during deployments overseas.
- Some veterans are therefore concerned at their continuing ineligibility to obtain either health care for disabilities in question, or compensation.
- With respect to exposure to radiation in Japan and during the atomic tests in Australia in the 1950's, successive Australian governments have been reluctant to accept any but a few downstream health problems due to lack of sufficient medical scientific evidence on cause and effect, and the unavailability of exposure data.
- Despite the broad and generous application of the benefit of the doubt in Australia, policy with respect to scientific evidence on cause and effect is stricter than in the USA and New Zealand where a presumptive policy has been more readily applied.
- Australian veterans would like more use to be made of the presumptive policy as contained in Section 180 of the Veterans Entitlement Act.
- Australia's restricted use of presumptive policy and the concentration on medical scientific research remains appropriate.

## Recommendation 1

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

- Research by successive Australian governments into the long term effects of exposures to various substances decade may have been inadequate until the last decade, but reflected the state of research internationally, and the long gestation time of many disabilities, particularly cancers.
- Australian governments in the last decade have been much more active in collecting baseline health data through surveys of various veteran populations, with the result that veterans can feel more assured that their concerns are not being ignored.

## **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.**

- Recent mortality studies of Korean and Vietnam veterans have reinforced the views of veterans that their service has seriously affected their health, and reduced life expectancy.
- The long term separation of medical research management between the Departments of Veterans' Affairs and the Department of Defence has hindered a more holistic consideration of veterans' concerns.
- Current institutional changes, as evidenced by the creation of the Centre for Veterans' and Military Health, link the research capacity of DVA and Defence. This is a positive move which will lead to better prioritisation and bring greater focus to the need for better medical scientific knowledge.
- The international effort now being made in establishing the aetiology of illness and disease is such that veterans can have greater assurance that the shortcomings of medical science in the past will be more readily eliminated.

## **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.**

## **Current claims assessment**

The Committee finds that:

- Despite veterans' concerns, the current process of claiming disability pension is working well, and that the current policy with respect to application of the benefit of the doubt, and the reliance on medical science as determined by the RMA, remain appropriate.
- While access to service and medical records by veteran claimants is generally satisfactory, the state of those records in recent years has declined so [to] such a state that claimants can have little confidence as to their accuracy or completeness.

#### **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.**

- Access to some records where held by foreign governments in cases of attachment to allied forces, is highly unsatisfactory.

#### **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.**

- Veterans' views, that access to information is difficult, are reasonable. The RMA website in particular is not readily comprehensible.

#### **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.**

#### **Defence Health Administration**

The Committee finds that:

- Administration of health in the ADF has long been plagued by shortage of skilled and qualified staff in a labour market suffering continual shortages.
- Administration of health in Defence, once divided between the services, has undergone considerable rationalisation and that efforts are continuing to achieve more effective and streamlined services.

- Considerable scope remains to further rationalise the coordination of medical research and service provision to all serving and ex service personnel receiving services from both the Department of Veterans' Affairs and the Department of Defence.

### **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.**

- Planning for deployments both with respect to environmental hazards and exposure to all other risk to the health and safety of ADF personnel has dramatically improved, though records of that preparation and actual experience during deployment needs to be better communicated made more available post deployment.

### **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.**

- Information on personal health protection and treatment services, including vaccination regimes, needs to be better communicated to all personnel deployed.

### **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.**

- Pre deployment health checks for personnel have improved, but more attention could be given to psychological briefing, preparation and assessment prior to embarkation.

### **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.**

- Equally, post deployment health checks, debriefing and assessment need to be given continued emphasis, with record keeping of those assessments being given priority.

### **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.**

- Defence is committed to improving the health status and recording of data on personnel to be deployed.

### **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.**

- There is confusion within Defence ranks and among personnel with respect to the appropriate status and classification of medical personnel, and at the continuity of care available throughout any deployment.

### **Recommendation 13**

**The Committee recommends that terminology be clarified to ensure personnel are aware of the status of ‘medical officers’ and ‘medical personnel’. Information on the level of ‘medical officers’ on deployment should be part of pre-deployment briefings. Records of medical services provided by other forces must include information on the treating doctors so that any required follow up can be facilitated.**

### **Vaccination**

- The Committee finds that while some aspects of the anthrax vaccination issue were exaggerated, the lack of pre-deployment information coordination demonstrated flaws in the deployment preparation process and in information co-ordination more generally.

### **Recommendation 14**

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

- The Committee finds that the importance of OH&S policy and administration is receiving more priority within Defence, but that a significant level of concern remains at the promulgation of those policies, the lack of accountability, and the need for incentives to do considerably better.

- The Committee finds that Defence is aware of the particular health needs of women, but it should demonstrate this by identifying the effect of policy and program changes on women's health status on an annual basis.
- Maintenance of health records for serving personnel in recent years has become chaotic due to incomplete information and shared responsibility.

### **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.**

### **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.**

### **Research**

The Committee finds that:

- DVA has become much more proactive in its research and more aware of the importance of obtaining as much data as possible rather than waiting for veterans to identify needs later.
- There has been improved rationalisation of research projects because of effective liaison between relevant agencies.
- Recent efforts have been excellent, though more needs to be done in communicating processes and outcomes to the veteran and ex service community. The Committee has made a recommendation above in respect of improved information access on research and other issues.
- Priorities for research need to be considered consultatively with the ex service community leadership.
- Mental health projects should continue to receive priority, including, where appropriate, specific projects on problems arising from peacekeeping and peacemaking.

**Senator Steve Hutchins**

**Chair**