Senate Foreign Affairs, Defence and Trade References Committee

SUBMISSION COVER SHEET

Inquiry Title: Defence Health Arrangements Prior to Deployment

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Sent: Monday, 12 January 2004 5:40 PM
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Cc: Goldrick, David; Maxwell, Bill
Subject: (SP informal acknowledgement of receipt - sub to Defence Health inquiry to be processed) Repatriation Commission submission

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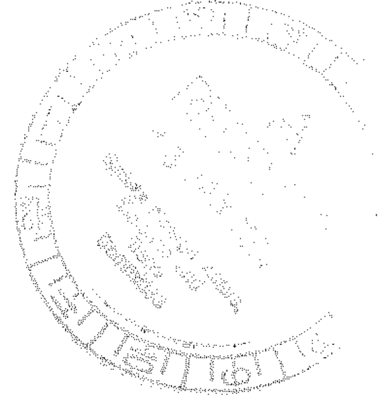

Ms Saxon Patience

Dear Saxon

Attached is our submission and a covering letter.
I hope that Brenton is continuing to recover.

Cheers

Keith

<<cover to senate secretary.doc>> <<Final Comm sub re Senate Inquiry deploy & research.doc>>

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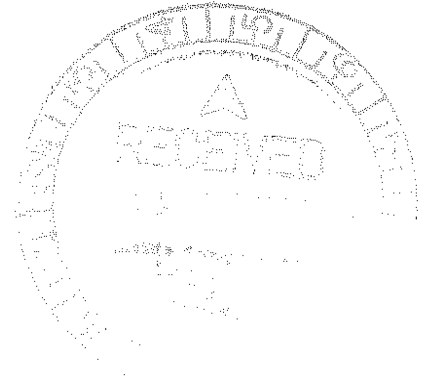

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Dear

Attached you will find a copy of a submission by the Repatriation Commission to the Senate Reference Committee on Foreign Affairs, Defence and Trade. In keeping with the practice of the Senate, I have sent this letter and the attached submission by e-mail.

I would be grateful if you would confirm receipt of this submission by return e-mail to me at: keith.horsley@dva.gov.au.

If the Commission can assist the Committee in any other way, please feel free to let me know.

Yours sincerely

Dr Keith Horsley
Director (Health Studies)
Defence Links Branch

12 January 2004

THE SENATE FOREIGN AFFAIRS, DEFENCE AND TRADE REFERENCES COMMITTEE

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

Introduction

1. This is a submission by the Repatriation Commission to the Senate Foreign Affairs, Defence and Trade References Committee. The Committee is investigating "Current health preparation arrangements for the deployment of Australian Defence Forces overseas". Terms of Reference for the Inquiry are:

(1) That the following matters be referred to the Foreign Affairs, Defence and Trade References Committee for inquiry and report:

(a) the adequacy of current arrangements within the Department of Defence for the health preparation for the deployment of the Australian Defence Forces (ADF) overseas;

(b) the adequacy of record keeping of individual health and treatment episodes of those deployed, and access to those records by the individual;

(c) the adequacy of information provided to individual ADF members, pre-deployment, of the likely health risks and anticipated remedial activity required;

(d) the adequacy of current arrangements for the administration of preventative vaccinations, standards applied to drug selection, quality control, record keeping and the regard given to accepted international and national regulation and practice;

(e) the engagement in this process of the Department of Veterans' Affairs and the Repatriation Medical Authority for the purposes of administering and assessing compensation claims; and

(f) the adequacy of the current research effort focussing on outstanding issues of contention from the ex-service community with respect to health outcomes from past deployments, and the means by which it might be improved.

(2) That, in undertaking the inquiry, the committee consider recommendations for an improved system within the Defence and Veterans' administrations which will give greater assurance to the individuals that their health risks are minimised, and fully recorded for the purposes of future compensation where justified.

In making this submission, the Repatriation Commission would like to concentrate on terms of reference (1) (e), (1) (f) and (2).

Historical Background

2. Before Federation in 1901, Australia was a continent supporting six British colonies. At that time, the Boer War was being fought. In this and previous wars, Australians fought as contingents of British Imperial Forces with the British Government taking responsibility for Australian veterans and their dependants.

3. The Australian Imperial Force was raised in 1914 when Australia entered World War I, and the Commonwealth Government recognised the need to assume responsibility for its own veterans. This responsibility was met by legislation resulting eventually in the formation of the Repatriation Commission, and subsequently the Repatriation Department and the current Department of Veterans' Affairs (DVA).

4. The current legislative basis and authority of the Repatriation Commission is the *Veterans' Entitlements Act* (VEA), proclaimed on 22 May 1986. The functions of the Commission include:

- the granting of pensions, allowances and benefits to eligible persons; and
- the provision of treatment for eligible persons.

The Present Compensation System for Veterans

Overview

5. The Military Compensation Scheme (MCS) provides members and former members of the ADF with workers' compensation and rehabilitation in the event that they suffer injury or illness as a result of their duties in the ADF. Responsibility for administration of the MCS transferred from the Department of Defence to DVA in December 1999.

6. If a veteran is injured, develops an illness or loses life as a result of ADF service, the MCS provides cover under the *Safety, Rehabilitation and Compensation Act 1988* (SRCA) and the *Veterans' Entitlements Act 1986* (VEA). Additional compensation also may be paid under the *Defence Act 1903* to those who are severely injured and to the families of those who lose their lives in 'compensable' circumstances. *Defence Act* payments flow automatically from a finding of liability under the SRCA in appropriate cases.

7. The VEA provides pensions, medical treatment benefits, and other ancillary benefits and allowances to eligible veterans and their dependants as compensation and income support for the effects of war and defence service. The VEA replaced a number of earlier individual pieces of legislation including the *Repatriation Act 1920* and the *Repatriation (Special Overseas Service) Act 1962*.

8. To be eligible for compensation and treatment benefits under either the VEA or SRCA, a link has to be established between a claimant's disability and service. (The exceptions, for treatment only, are pulmonary tuberculosis, malignant melanoma and posttraumatic stress disorder – sub-section 85(2) of the VEA refers.)

9. When a claim for compensation is received and ADF service eligibility has been determined, it is necessary to establish a diagnosis. The severity of the condition must also be established in order to determine the amount, if any, of compensation payable.

10. To this end, effort has been made to develop systems which are medically sound and capable of resulting in a high level of consistency and equity amongst claimants, wherever applied. This outcome is important also in the context of the direct relationship that exists between:

- the type of service that gave rise to the injury, disease or death;
- the nature of the disability claimed;
- the assessed level of disability; and
- the extent of treatment and other compensatory entitlements that may be granted to veterans and their dependants.

Impairment Guides

11. For claims under the VEA, the Guide to the Assessment of Rates of Veterans' Pensions (GARP) is applied to assess the extent of incapacity from war-caused or defence-caused injury or disease (whether permanent or temporary in nature). GARP's provisions are binding on the Repatriation Commission, the Veterans' Review Board and the Administrative Appeals Tribunal.

12. For claims under the MCS, the Guide to the Assessment of the Degree of Permanent Impairment (PIG) is applied to provide an accurate and uniform assessment of claims for compensation for permanent impairment and non-economic loss. The Guide was developed by Comcare and applies not only to the ADF but to all Commonwealth employees suffering permanent impairment from work-related injuries.

The Repatriation Medical Authority (RMA) - the VEA

13. The RMA is a Statutory Authority that has been established under the VEA to produce Statements of Principles (SOPs) for determinations under the VEA. SOPs set down the causal factors that must exist before injury, disease or death can be determined as due to service. The RMA is independent of DVA and the Repatriation Commission. It comprises five eminent medical persons, specialists in their own fields, who decide and set out the factors that must exist to establish the connection between service and particular diseases, injuries or death. Their staff is involved in worldwide reviewing of research and, on occasion, the RMA has funded international conferences in order to obtain consensus.

14. The SOPs are tabled in the Parliament and are disallowable instruments. The Specialist Medical Review Council (SMRC) has also been established to hear appeals against decisions of the RMA relating to the content of SOPs.

Determination of claims for compensatory payments

15. Determining officers in each DVA State Office carefully evaluate all the evidence that is laid before them or that they obtain through reasonably extensive information-gathering powers. Fundamental elements of that evidence include a veteran's service documents, and Defence medical and psychological records, and recent medical and other lifestyle assessments. It is the determining officer's responsibility to determine a claim and the veteran's level of disability based on the evidence. For claims under the VEA, the determining officer also applies any relevant SOPs to the evidence. For claims under the MCS, the determining officer applies the PIG in deciding the amount to be paid for permanent impairment.

16. There are various avenues and levels of appeal open to the veteran against refusal of a claim for compensation, or against the level of disability/permanent impairment assessed.

Internal review – the MCS

17. Under the SRCA, claimants may seek reconsideration of both the initial determination of liability and the determination of entitlement to:

- weekly incapacity for work benefits;
- permanent impairment compensation payments;
- payment of medical expenses;
- payment for the cost of modifications to the home, car or workplace;
- payment for household and attendant care services; and
- the provision of rehabilitation services.

The Veterans' Review Board (VRB) - VEA

18. Any veteran who is dissatisfied with a primary decision under the VEA with regard to a claim for pension or level of assessed disability may lodge an application with the VRB for its review. The VRB is an independent statutory authority, with the power to overturn a decision on any aspect of a claim. There are normally three members on each panel that hears the case. Under section 31 of the VEA, the decision may be internally reviewed by a delegate of the Repatriation Commission before it is considered by the VRB.

The Administrative Appeals Tribunal (AAT) and the Courts – MCS and VEA

19. Under both schemes, a claimant, if still dissatisfied, may make a further application for review, and take the claim to the AAT, another statutory authority which hears the case in a more formal setting. Legal representatives often appear for both sides. Further appeal, but only upon questions of law, may be made through to the Federal Court and to the High Court.

New Military Rehabilitation and Compensation Scheme

20. The Military Rehabilitation and Compensation Bill 2003 (MRCB) and the Military Rehabilitation and Compensation (Consequential and Transitional Provisions) Bill 2003 were introduced in Parliament on 4 December 2003.

21. The legislation will deliver a single, military-specific scheme designed to meet the needs of all Australian Defence Force (ADF) members and their families in the event of injury or death. Various avenues of appeal will be available, the SOPs will apply in determining the link between service and disability or death, and there will be a guide for assessing the level of incapacity, to support consistency in decision-making.

22. The new legislation will apply to all service in the ADF from the date of its commencement, which is expected to be 1 July 2004. From this date, all injuries or deaths arising from events, exposures and occurrences will be covered by the new legislation.

Research into the Health of Veterans Sponsored by the Repatriation Commission – Completed studies

Studies of Veterans of World War I

23. The first study undertaken under the auspices of the Repatriation Commission was the use of the Australian Government Census of 1933. Questions relating to the status of individuals as veterans were added to the census, and the Commonwealth Statistician produced a report that provided information about the 226,000 surviving veterans of World War I. The work of the Commonwealth Statistician and the Repatriation Commission in the 1930s was a remarkable study of outstanding quality for the time at which it was undertaken, and it provides a unique insight into the sociology of veterans of this war.

24. Data obtained in the 1933 Census provided an opportunity for further work to be undertaken. For example, Dr SJ Minogue studied the incidence of suicide in New South Wales from 1914 to 1937, and was able to use data from this Census to calculate the rate of suicide among returned servicemen of the 1914-18 War. From his study, Dr Minogue concluded that the veterans of World War I were at greater risk for suicide. The Commission is not aware of any other government that has undertaken a census of all its veterans of World War I.

25. Today, it would be difficult and extremely costly to undertake a census of Australia's veterans in the comparatively simplistic manner of the 1933 census of World War I veterans. In terms of cost, such a survey would be very expensive.

26. Further, data collection and analysis would be many times more complex today. DVA has data that clearly indicates many veterans serving in multiple conflicts or deployments – for example, a veteran who served in both World War II and Korea, or, more recently, a veteran who served in East Timor, Iraq and Afghanistan. Therefore, construction of the survey questions and analysis of the responders' answers, in order to produce meaningful data, would require extensive preparation and analysis. It would seem therefore that the use of the Census to obtain post-deployment information is no longer a practical proposition for Australia.

Studies of Former Prisoners of War

27. After World War II, the Repatriation Department undertook a series of studies of the health of Prisoners of War of the Japanese (POWJs). These studies included research on those POWJs who were in Nagasaki on 9 August 1945 when the atomic bomb was detonated.

28. In 1968, the Repatriation Department published a mortality study of former POWJs in a periodic journal (since discontinued). The study found a variety of important results: although the level of overall mortality was not elevated, former POWJs did suffer from statistically significantly higher rates of death from motor vehicle accidents, suicides, cirrhosis of the liver and, in later years, from pulmonary tuberculosis. The study also reported a very highly significant reduction in death from arteriosclerotic heart disease.

29. These findings were confirmed in an epidemiological review into "*Mortality of former prisoners of war and other Australian veterans*" that was commissioned by the Sir Edward Dunlop Medical Research Foundation and published in *The Medical Journal of Australia* in July 1992.

30. Later DVA studies investigated the gastroenterological health of World War II ex-Prisoner of War veterans. It was found that former POWJs had a higher rate of Hepatitis B, infestation with the intestinal worm parasite *Strongyloides stercoralis*, and peptic ulcerative diseases. The psychiatric health of the veterans was also the subject of research. It was found that former POWJs had higher rates of depression and anxiety.

31. Over time, these studies have had a direct impact on policy through a series of special provisions made for former POWJs. These provisions include automatic grant of war widow's pension and funeral benefit, an ex-gratia payment of $25,000, inclusion of specific factors in various SOPs recognising the POW experience, subsidies for hospital and residential care expenses, and free medical treatment for all conditions. Educational and treatment programs were also instituted with regard to Hepatitis B, infestation with the intestinal worm parasite *Strongyloides stercoralis* and peptic ulcerative diseases.

32. The detailed study of the small number of veterans who were exposed to radiation in the city of Nagasaki when the explosion of an atomic bomb occurred found evidence that the veterans had suffered changes to their chromosomes. This information was of value in the evaluation and settlement of veterans' claims arising from their war service, and, in appropriate cases, is included in the SOPs.

Study of Possible Contamination of Oysters by Radiation in Hiroshima Bay

33. This was a small study that aimed to assess if it was possible that Australians serving in the British Commonwealth Occupation Forces (BCOF) had been contaminated by radiation when eating oysters in Japan. This study showed that the effective dose of radiation from the consumption of contaminated seafood, fruits, grains, vegetables and drinking water was unlikely to have exceeded acceptable Australian standards.

Studies of Veterans of the Korean War

34. DVA, together with the AIH&W, has recently completed a study of the cancer incidence in this cohort of veterans. It found that Korean War veterans experienced a significantly greater overall cancer risk than the Australian community, especially for such cancers as head and neck cancer, and lung cancer.

35. A mortality study is expected to be available for release in early 2004. Time is still needed for the Government to consider the results and develop a response to this research. However, the Government's announcement of its intention to conduct of a full health survey of all Korean War veterans is discussed later in this submission in regard to current research.

Studies of Veterans of the Vietnam War

36. There have been many and varied studies with regard to veterans of this conflict. There have been two mortality studies, a cancer incidence study, a health census, several toxicological laboratory studies, a morbidity study and several studies of the children of Vietnam veterans. The more recent studies have shown that Vietnam veterans suffer from an increase in illness and elevated mortality rate for some conditions such as lung cancer, melanoma, prostate cancer, suicide and ischaemic heart disease. The children of Vietnam veterans have a higher incidence of spina bifida maxima, cleft lip/palate and suicide.

37. The results of these studies have assisted successive Australian governments to develop policy relating to Vietnam veterans. For example, the Vietnam Veteran Counselling Service was established 20 years ago in recognition of the fact that there were Vietnam veterans who felt alienated from government processes.

38. Later, when health studies revealed higher rates of certain cancers and death from those cancers, the studies helped the development of timely decisions relating to appropriate compensation. Later still, studies under the auspices of DVA revealed that some of the children of Vietnam veterans have special needs. Such awareness led to the establishment of programs of special care under the Department of Health and Ageing for children with certain categories of physical disease. For children with psycho-social problems, a special program was developed within the Vietnam Veterans Counselling Service – the *Sons and Daughters Program.*

Study of Potential Exposure of RAN Personnel to Dioxins via Drinking Water

39. This study investigated the potential for exposure of Royal Australian Navy (RAN) personnel during the Vietnam War to contaminants via the evaporative distillation system used to produce potable water. The study demonstrated that contaminants, such as dioxin and pesticides, co-distilled during the production of potable water. Information from this study is being incorporated in a ship by ship analysis as part of the current Vietnam veterans mortality and cancer incidence studies.

Study of Veterans of the Gulf War 1990-91

40. There has been a comprehensive study of veterans of the Gulf War. This study has gathered data on a wide variety of health and points. The Minister for Veterans' Affairs, the Honourable Danna Vale, released the report of this research - The Australian Gulf War Veterans' Health Study 2003 – in March 2003. This study showed that Gulf War veterans developed more psychological disorders than the comparison group of non-deployed ADF personnel. The Report made a series of recommendations, and DVA and the Department of Defence are in the process of implementing those recommendations.

Lack of Study of World War II Veterans

41. There has been no study of the health or mortality of World War II veterans as a group. There are several sound reasons for this. First, it is difficult to find an appropriate group of Australian men with whom to compare the health status of our World War II veterans. World War II was the first and only deployment where there was universal conscription, and all males, other than those in essential services or assessed as medically unfit, were sent to the War. Thus, it is difficult to envisage who would be an appropriate comparison population. There was also a large program of post-war migration to Australia, this would also add difficulty to the construction of an appropriate comparison population.

42. Second, the sheer size of the Australian involvement in World War II presents a real problem. With over one million participants, it is by far the largest contribution that Australia has made in any deployment. It should also be noted that many World War II veterans were also veterans of World War I, and others went on to serve in Japan, Korea, Malaya and Vietnam. Therefore, it is problematic to isolate the health effects of service in World War II alone.

43. Third, it should be noted that there was a great heterogeneity in the Australian World War II experience. Many veterans served only within Australia, while some served only in Europe. Some served in the Middle East and then in countries to the north of Australia. Added to these diverse geographical locations was a diversity of occupational exposures. In summary, there was no single identifiable Australian World War II experience.

44. Those observations notwithstanding, the Repatriation Commission would like to draw the Committee's attention to a seminal paper by Hyams et al. This paper examined the physical complaints of a range of veterans after various conflicts. The following table outlines the findings of this group of researchers.

Table 1. Somatic symptoms commonly associated with war-related medical and psychological illnesses*

Symptom	War and Illness					
	U.S. Civil War, Da Costa Syndrome	World War I, Effort Syndrome	World War II, Combat Stress Reaction	Vietnam, Agent Orange Exposure	Vietnam and Other Conflicts, Post-Traumatic Stress Disorder	Persian Gulf, Unexplained Illnesses
Fatigue or exhaustion	+	+	+	+	+	+
Shortness of breath	+	+	+		+	+
Palpitations and tachycardia	+	+	+		+	
Precordial pain	+	+			+	+
Headache	+	+	+	+	+	+
Muscle or joint pain				+	+	+
Diarrhea	+		+	+	+	+
Excessive sweating	+	+	+			
Dizziness	+	+	+	+	+	
Fainting	+	+				
Disturbed sleep	+	+	+	+	+	+
Forgetfulness		+	+	+	+	+
Difficulty concentrating		+	+	+	+	+

* A plus sign indicates a commonly reported symptom.

As the Table demonstrates, personnel returning from war have complained of a range of ailments in every deployment since the American Civil War. This has led to the development of a general concern that veterans returning from deployments will develop a higher level of symptoms. The symptoms will vary from deployment to deployment, although some have been present for the last one and half centuries.

Health Studies Currently in Progress

Health Survey of Surviving Korean War Veterans

45. A full health study of surviving Korean War veterans will commence early in 2004. This study will assess the health and well-being of Korean War veterans compared with similarly aged Australian males. Importantly this survey asks about smoking and alcohol consumption over time, and about other lifestyle factors and information on the veterans' Korean War experience. The lack of information of this specific nature placed some limitations on the interpretation of the findings from the recently completed mortality and cancer incidence studies.

46. Monash University has been contracted to run the study in conjunction with DVA's Medical Research Studies Section. When this study is completed, Australia's veterans of the Korean War will be the most studied veterans of that War in the world, giving DVA's research significance at both national and international levels.

Study of Participants in the British Nuclear Tests

47. During the 1950s and 1960s, a series of nuclear tests were undertaken at Emu Field, Maralinga and the Monte Bello Islands off the coast of Western Australia. For many years since, both civilians and former servicemen have argued for compensation based on the adverse health effects perceived to be caused by their presence in these three locations at the time of the tests. In order to provide some answer to public concerns over the health of test participants, DVA is managing a cancer incidence and mortality study for the Department of Defence, in collaboration with Comcare and external academic institutions. The draft report of the study is expected by the end of 2004.

Third Vietnam Veteran Mortality Study and Cancer Incidence in Vietnam Veterans Study

48. This study will update the findings of previous mortality studies and expand mortality analysis of RAN personnel to take into account their time in Vietnamese waters. The study also will report on cancer incidence in Vietnam veterans, for the first time investigating all Service branches. DVA is managing the study and AIH&W is providing data matching services from national death and cancer registry databases. The mortality study is expected to be completed in mid 2004 with the cancer incidence study finalised shortly after that.

Study of Health Outcomes in Aircraft Maintenance Personnel

49. This is a study of a group of Royal Australian Air Force personnel who were involved in a particular industrial process in maintaining the fuel tanks of Australia's F-111 aircraft. In this study, DVA is acting as an agent for the Chief of the Air Force.

50. The study will involve a comprehensive clinical examination of the participants in the de-seal/re-seal maintenance processes. In addition, the various registries of cancer and death will be searched, thus providing a measure of the rate of death and cancer for the exposed group and the comparison group.

Toxicology Studies with Sydney University

51. Research at the University of Sydney is testing the toxicity of various mixtures. The toxic effect has been measured for Agent White, a chemical used as a defoliant in Vietnam. SR51, a chemical used in sealants for the fuel tanks of F-111s, is currently being tested.

The Current Position of Health Research

Context

52. In 1999, the former Minister for Veterans' Affairs and Minister Assisting the Minister for Defence, the Honourable Bruce Scott, gave a commitment that all future deployments of Australians overseas will be the subject of a "health review". The use of this broad term reflects the fact that the nature of deployments is continually changing. The nature of each review must be appropriate to the deployment. More recent deployments have tended to involve smaller numbers of personnel. Moreover, in many of these deployments the same individuals have participated in multiple deployments, and each of the deployments has multiple exposures. These circumstances of small deployments, multiple deployments and multiple exposures make attributing causality difficult.

Type of Review Should Vary According to Deployment

53. While all future deployments will be the subject of a review, the Repatriation Commission suggests that it would be inappropriate for all deployments to be the subject of a full health study. For example, the recent deployments to the Solomon Islands and Bougainville would have little effect on cancer incidence statistics, assuming any would ever be observed, until an appropriate latent period had elapsed. This is necessary to allow for the recognised nature and growth of some cancers. Such deployments could probably be more effectively studied by examining the effects of social and psychological distress, involving techniques such as surveys and small group interviews; and monitoring mortality and cancer incidence over time. Conversely, major deployments to conflicts such as the War on Terror in Iraq will need a full health study.

DVA's Approach to Managing Health Studies to date

54. DVA now has an accepted methodology for undertaking health studies. The initial decision to conduct a major study is made at Ministerial level, or in the Department of Defence at the level of the appropriate Defence Force Chief. (Lesser studies may be authorised at a lower level.)

55. Following a decision to undertake a study, approaches are made to the relevant veterans and service organisations and, after this consultation, a Consultative Forum is appointed. This group is also involved in the mechanism of communication between the veteran groups involved in the study and the research team.

56. After a Consultative Forum has been appointed, this group and the Department together seek a chairperson for a Scientific Advisory Committee. The person chosen is an academic of high standing. The remainder of the Committee is drawn from prominent members of a variety of specialities relevant to the health of the group that is under consideration. The responsibility of the Committee is to provide independent scientific oversight to the study and ensure its scientific and academic validity.

57. After establishing the Consultative Forum and Scientific Advisory Committee, arrangements are made with government agencies, such as the AIH&W, and/or academic organisations, to develop study protocols, obtain ethical approvals, and collect and analyse data for the completion of the study. DVA manages the study; compiles nominal rolls; and frequently contributes to the contact and recruitment of participants, and writing the final reports. All reports are published in hard copy and on the World Wide Web.

58. It should be noted that this research program is in addition to a program of medical research that is undertaken in conjunction with the National Health and Medical Research Council into health problems of a particular interest to veterans.

MAP and working groups

59. The Defence/DVA Medical Advisory Panel (MAP), co-chaired by the Surgeon-General of the ADF and the Principal Medical Adviser, DVA, brings together senior health and compensation personnel in Defence and DVA. The Repatriation Medical Authority participates as an observer.

60. MAP plays the following role:

- co-ordinates the examination of health issues emerging from Defence operations;
- assesses the state and direction of research, identifies gaps and recommends joint Defence/DVA research directions and priorities;
- reviews patterns of injury, disease and compensation claims from current and retired members of the Australian Defence Force to provide direction on appropriate joint preventive health responses, including rehabilitation;
- reviews outcomes of joint health care trials and health care provision arrangements;
- provides advice on health monitoring and health-related data collection activities;
- reviews joint Defence/DVA health training and education; and
- develops linkages with organisations in the provision of military and veteran health.

61. Two Working Groups – the Health and Research Working Group and the Mental Health Focus Working Group - support MAP. The Health and Research Working Group focus encompasses joint health issues but has a particular emphasis on deployment issues.

Collaboration Between Defence, DVA and ACPMH

62. DVA was instrumental in setting up and establishing a funding base for the Australian Centre for Posttraumatic Mental Health (ACPMH), formerly known as the National Centre for War-related Posttraumatic Stress Disorder. Its Terms of Reference include the provision of expert advice and the conduct of applied research into the full range of mental health problems in veterans and the current serving members of the ADF.

63. The Department of Defence has since established a Memorandum of Understanding with the ACPMH under which they and DVA now work together in the development of world class strategies for minimising and treating PTSD and related anxiety disorders.

A Dedicated Academic Centre to Study the Health of Those Deployed

64. In conjunction with the Department of Defence, DVA is establishing a Centre for Military and Veterans' Health (CMVH). This Centre is designed to be a focus for academic excellence in military medicine, as it affects both current serving members and veterans. It will have responsibilities in regard to four key areas:

- professional development and training;
- health Research;
- veterans health; and
- E-health.

65. The Centre is expected to be officially launched in the first quarter of 2004. In anticipation of the Centre's commencement of activities, Defence and DVA are exploring the establishment of a dedicated academic centre within the CMVH to conduct ongoing research into ADF members deployed overseas. This unit will facilitate the study of individual deployments, the effects of multiple deployments on individuals over time and cross-deployment comparisons.

66. While planning for the unit is still in its formative stages, it is clear that it will need to be implemented with full consultation with the veteran and defence communities. Further, it is expected that transfer of responsibility for conducting ADF health studies from DVA to the CMVH will be an incremental process at the end of which there will be the need for certain functions to remain with DVA and the Department of Defence.

67. It will be some time before the CMVH is a centre of excellence and the Commission would wish to retain the ability to approach other research bodies and institutions for undertaking health studies. It would also maintain the successful program of setting up Consultative Fora and Scientific Advisory Committees.

General Considerations Relating to Research into ADF Health Issues

Context

68. As the detail above demonstrates, through DVA and predecessor Departments, the Repatriation Commission has a long history of undertaking research into the effects of deployments of Australian personnel overseas, and in some cases, within Australia. The various studies undertaken have responded to both the needs and concerns of veterans, and have helped formulate government policy.

The International Context

69. It is important to note that DVA's research efforts in these fields are not taken in isolation, as indicated earlier in this submission. Its studies are usually carried out at the same time that similar research is being undertaken in the United States, the United Kingdom, Canada, New Zealand and other nations.

70. Often, the research by other countries is on deployments that are similar to those of the ADF. This similarity of deployments, necessarily with some duplication of effort, has both advantages and disadvantages. Often, when there has been a good study of a particular problem in a British, American, Canadian or New Zealand environment, an argument might be raised that reduplication of what others have already found is not a prudent use of limited resources. Conversely, in science there is a need to confirm findings made in other studies and, when two groups of researches make the same finding, working independently of each other, the two findings have a synergistic value.

Some Health Problems Cannot be Studied

71. On many occasions, veterans or their representatives raise issues from which it is difficult to make meaningful observations. For example, veterans often complain that they have higher levels of disability from degenerative disease of the joints, which they attribute to carrying heavy loads. However, degenerative disease of the joints is very common, and by the time we become old, the condition is almost universal. Further, there is no "gold standard" for measuring joint disease and so it is extremely difficult to construct an effective and scientifically acceptable study into degenerative disease of joints in veterans.

Difficulty with Studies Based on Deployment

72. The comments above in relation to the complexities arising from efforts to study the health of individuals deploying to multiple engagements is also relevant in answering the question of whether our research into their health is adequate. It is difficult to make scientifically reliable conclusions from a health assessment of individuals engaged in multiple deployments. Assessing only those who served in a single deployment reduces the size of the cohort which in turn impacts on the reliability of the conclusions.

73. Furthermore, health review by deployment assumes that each deployment has specific or unique occupational or environmental exposures. However, exposure to a potential hazard may be related more to individual tasks within an occupational specialty rather than to an overall deployment and experiences between service branches may vary considerably.

Unique Australian Advantages

74. That said, it should be noted that Australia has several unique advantages in conducting research into the health of those it deploys overseas. A major strength lies in the Nominal Rolls that have been compiled by DVA. DVA has complete Nominal Rolls of high quality for World War I, World War II, the Korean War, the Vietnam War, the Gulf War of 1990-91 and the Prisoners of War population. No other country has such a comprehensive collection of Nominal Rolls and it places Australia in a strong position for conducting research into the health of its veterans.

75. Another strength is the Australian compulsory voter registration. Under the strict restrictions set down by the Australian Parliament, DVA is able to access this Electoral Roll to identify veterans who are still alive, together with their current postal address. This greatly facilitates epidemiological research.

76. Australia also has a national system of death and cancer registration. These registries have their data centralised at the Australian Institute of Health and Welfare (AIH&W) under statutes set down by the Australian Parliament. Within the strong provisions to maintain privacy set down by the Parliament and maintained by AIH&W, DVA is able to access these databases. These sound and well-maintained statistical data greatly facilitate research.

77. More generally, the standards of the Australian Bureau of Statistics are very high, and have been so for many decades. This allows for good comparisons to be made, for instance, with national mortality over many years into the past. The standard of medical research, particularly within the limited field of epidemiology, allows the Repatriation Commission to draw on skilled epidemiologists to both undertake and review its research activities.

78. While these advantages allow the Repatriation Commission to facilitate research of remarkable quality at comparatively moderate cost there are, arguably, responsibilities that come with these advantages.

Limitations on Ability to Meet Different Expectations

79. It is the Repatriation Commission's experience that an announcement of the conduct of research into ADF health issues, particularly where there are specific issues of concern to the ADF and the broader Australian community, unavoidably raises expectations of definitive results and/or changes to compensatory entitlements.

80. However, it is important to note that, by its very nature, not all such research has a direct or automatic impact on ADF entitlements such as those provided under the VEA. This is for two key reasons:

- Much health research discusses symptoms experienced by the veterans while decision-making within the compensatory systems administered by DVA are based on the diagnosis of disease or injury; and
- To be entitled to compensation, a link must be established between a veteran's service and any disease or injury suffered.

81. To take a recent example for the purposes of illustration, we found that Gulf War veterans experienced a higher rate for many symptoms reported than a comparison matched group of personnel who did not serve in the Gulf. As the clusters of symptoms and type of symptoms were the same in both groups there was no evidence of a unique symptom that could be called Gulf War Syndrome. But for diseases that have established clusters of symptoms, such as chronic fatigue syndrome, we were able to show that Gulf War veterans have a higher prevalence. For veterans who have symptoms that do not fall into established diagnoses, or do not fit with systematic evidence for a new category of diagnoses, it is difficult for our system, founded on evidence-based diagnosis, to provide compensation. The Repatriation Commission does, however, have the authority to selectively provide medical treatment in these circumstances.

82. The second point above stated that health research does not always produce evidence of a causal link between service and injury or death, which is fundamental to the acceptance of claims for compensation under departmental programs.

83. Again by way of illustration, the study into the health of Gulf War veterans reported that a number of them were suffering from chronic fatigue syndrome. However, as discussed above, claims under the VEA must be determined in accordance with the SOPs. These are based on sound medical-scientific evidence that links particular kinds of illness, injury or death with war or Defence service. The RMA establishes these links by identifying *causal* factors that give rise to these injuries or illnesses, based on research of the scientific literature that is evidence based. It sets the causal factors down in SOPs for each injury or disease which are then applied to VEA claims lodged for various deployments, past and future.

84. Being deployed to a particular conflict is not a *causal* factor. When an elevated rate of disease is detected among a particular group of deployed veterans, it is necessary to try to identify a causal link, such as an exposure to a specific hazard, which will enable compensation to flow to veterans. Under the SOPs, no presumption of causation can exist without some evidence of causation in the published scientific literature. In many cases, the causal factor that has given rise to the elevation of disease or injury in the deployed veterans is evident, or can be readily identified as a probable cause.

85. When no such causal link is identifiable from the available research, veteran groups have, on occasion, asked the Repatriation Commission to exercise the power granted to it under section 180A of the VEA to make a determination linking service in a conflict with risk of onset of a disease. For example, in 1995, the Repatriation Commission determined under section 180A that exposure to herbicides in Vietnam could cause the following conditions: acute myeloid leukaemia, chronic myeloid leukaemia, acute lymphocytic leukaemia and chronic lymphocytic leukaemia. However, the Repatriation Commission has been cautious in applying this provision and, while not requiring the level of scientific evidence required by the RMA, has taken the view that the legislation requires some evidence and a plausible scientific basis.

Priority of Research

86. It is intrinsic to the nature of military deployment that there are considerable hazards. In many deployments, enemy action may kill or maim. Many would consider that studies dealing with these threats are of a higher priority than addressing concerns about possible environmental exposures.

87. With a number of deployments, there are also threats to health, known to have immediate and adverse health effects, that must take priority over long-term research efforts. An illustrative list would include:

- infectious diseases such as malaria;
- radiation effects such as from excessive exposure to ultraviolet radiation;
- climatic extremes such as ill effects from exposure to extreme cold; and
- lack of clean water.

88. Again, as with many other threats to the health of deployed personnel, these must take priority over longer-term research. Gathering data, or undertaking action that would enable good long-term research must be secondary to effectively addressing these immediate health concerns. That said, the Repatriation Commission readily acknowledges that a balance must be struck between the two, over time, weighing up the application of resources in addressing the problems.

Improvements currently being made

A Dedicated National Database Collecting Data Prospectively

89. The Repatriation Commission considers that it is discharging its duty to monitor, appropriately, the health issues arising from ADF deployments. However, as times change, the expectations of the wider community change and thus the nature of health monitoring, and the extent of public education about its results, has to change as well. These changes must have regard for changing attitudes to the ethics of health research and the balance between benefits for the common good and the individual's right to privacy.

90. Not withstanding the above, the Commission acknowledges that there is always room for improvement. One initiative underway is the establishment, by the Department of Defence and DVA, of a database that will allow the prospective collection of broad core data on each veteran, and also data specific to individual deployments (although it is still in very early stages). The routine and regular collection of data on the health status of veterans has a number of advantages:

    - prospective data collection using standardised measures and methods will allow for comparison with national and international databases;
    - routine linkage to mortality, cancer incidence and other national databases will enable prompt identification of emerging trends;
    - regular analysis of the health status of deployed veterans can be compared with serving members who have not served overseas, as well as with the Australian population;
    - prospective data collection will allow not only the identification of adverse health outcomes but also the potential health improvements and positive outcomes from a deployment or a targeted health initiative; and
    - the database will allow for the compilation of regular reports on the health status of veterans and serving members for the purposes of informing policy development.

91. Thus the health of those who have deployed to the various conflicts will be more accurately and appropriately monitored. However, it should be noted that the development of such a comprehensive data base will take time to produce useful results.

Summary and Conclusions

92. There is a long history of research into the health of those deployed with the Australian Defence Forces. These studies have added to our knowledge of the health effects resulting from such deployment. With the changing nature of deployments and the activities of personnel therein, there will be impacts on how future health studies are managed. This submission discusses some of the means by which the Repatriation Commission in conjunction with the Department of Defence is adapting its processes in response.

93. In conclusion, it is the Commission's view that, overall, the Department of Defence and DVA are appropriately managing their responsibilities to promote the ongoing health and well-being of the ADF in an environment where a balance must be struck between operational demands and realities, and other priorities. The Defence/DVA Links Project, through its sponsorship of initiatives such as the establishment of the CMVH, and collaboration with academic institutions such as the ACPMH provide both a rigorous and strategic framework for this work. The health studies are a part of this framework that aims to improve and promote better understanding of the environment within which the ADF faces often unavoidable or unexpected hazards.