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Patron: His Excellency Major General Michael Jeffery AC CVO MC (Retd)
Governor-General of the Commonwealth of Australia

RDFWA

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15 March 2007

The Secretary
Senate Standing Committee on Foreign Affairs, Defence and Trade
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Kathleen,

RDFWA Submission

Inquiry Into Australia's Involvement in Peacekeeping Operations

In making this submission to the Committee, it is appropriate to point out that this Association does not become involved in policy relating to the deployment, management and operational activities of the Australian Defence Force. Our principal role is the welfare of serving and retired personnel and their families.

This submission, therefore, is directed towards environmental, health and remuneration issues affecting personnel deployed offshore on peacekeeping operations in their broadest sense, as well as the impact this may have on service families.

RDFWA is not in a position to confirm all of the details of our concerns, some of which are based on anecdotal evidence, so we suggest that the Committee use this submission as the basis of questions to Government departments and agencies.

Members of our executive would be pleased to meet with the committee to expand on any of the matters raised.

Yours sincerely

H J P Adams
National President

**Submission by the
Regular Defence Force Welfare Association**

Peacekeeping – Environmental, Health and Remuneration Aspects

1. Preparations before deployment

Our understanding is that ADF preparations before deployment – medical prophylaxis, briefings on country/culture, family support (wills, housing, finances, etc) and threat assessment - have, not surprisingly, improved markedly in recent years.

2. During Deployment

Again, partly because of the increased frequency of peacekeeping deployments, overall support for ADF personnel and their families has improved. There are, however, aspects which require the Committee's attention:

a. UN or other foreign involvement in some support activities, eg medical, may complicate responses. This is not normally in the immediate responses to casualties, but in the subsequent, more bureaucratic, activities – hospitalisation, evacuation, etc. RDFWA is aware that the ADF seeks to ensure Australian medical support is available at all stages, but this is sometimes simply not possible. More details are at Annex A.

b. Different rates of pay and allowances for different arms of the Australian Government which may be involved in the same peacekeeping operation can cause friction. A comparison of ADF and AFP allowances and conditions for East Timor is attached, at Annex B, but the Committee may need to study these matters further, including the provisions applying to other Australian Government organisations which may be involved – DFAT, AusAid, etc.

RDFWA believes that Australians with a common employer – the Australian Government - and sharing the same risks and hardships in the same location should receive the same additional allowances.

3. Post Deployment

There are still problems for ADF personnel post-deployments.

a. Due to shortages of ADF personnel, entitled leave may not be able to be taken on return from peacekeeping deployments, which impacts on the health and wellbeing of service personnel and their families (see Annex C). The Committee may be able to obtain the statistics from ADF witnesses.

b. For the same reason, training and normal career progression may be affected, with somewhat analogous results.

c. Reservists deployed on operations are often discharged immediately after return and are then no longer covered by ADF medical services. (See also Annex A)

The RDFWA recommends consideration of US practice which, we believe, is to provide reservists with a full year of military health care after return.

d. If reservists were to be offered military health care for up to a year after return, it would have the added advantage of improving the post-deployment longitudinal health studies which have been introduced only recently as routine aspects of ADF overseas deployments.

Health Aspects

The size of any Australian contribution to a peacekeeping operation can vary greatly and arrangements for adequate health cover are influenced according to whether a deployment has an intrinsic ADF health capability or whether health support is provided by an independent contractor or a UN capability or both.

All peacekeeping deployments are by their nature into regions in which the existing civilian health structure has been rendered unreliable – hence the peacekeeping mission - or in regions where they are barely adequate for anything other than primary health care. Public health measures fall far short of Australian standards.

In such circumstances it is essential that ADF members are fully prepared and protected against local disease factors or the dangers associated with environmental hazards. In recent years we believe that the ADF has instituted good measures in this regard. Initiatives such as pre-deployment briefings and personal handouts given to each member on RTA detailing symptoms of illnesses that may occur as a result of service in a particular deployment have been well received.

The RDFWA still has concerns about the effectiveness of post deployment health checks and follow up particularly for those individuals who may leave the ADF shortly after their return. Among this group are the increasing numbers of ADF Reservists who upon return do not have routine access to ADF Health Services. This group may not seek medical advice for a condition that to them may appear benign but may be related to service in a particular area. Our recommendation is that any member returning from a peacekeeping operation in which environmental health problems have been identified should have access to comprehensive medical care for a period of six months. We understand that the US Veterans Administration has such a scheme for their reservists. A similar scheme could be administered by either the ADF or DVA.

Another aspect of health care for which we have concerns is the availability of medical treatment records when health care is provided by a non ADF health service. Such services could be provided by a UN military health service or a UN contractor. We understand that some veterans have had problems establishing their entitlement to a DVA entitlement in that medical records could not be obtained or those that were available were deemed inadequate. In any such case the burden of proof should not rest with the individual.

Allowances

In two of the larger and most recent peacekeeping deployments ADF members have served in the same locations as AFP members of the International Deployment Group (IDG). They may have been there under different arrangements and in a separate command structure but it is our belief that in such cases their conditions of service should be aligned as far as is possible.

For example ADF members are eligible for Deployment Allowance, an allowance that is determined on a case by case basis:

“Deployment Allowance is paid in recognition of the operational and environmental threats likely to be encountered on the deployment. These threats are assessed by DIO and it is their assessment which forms the basis for settling the quantum of the allowance.”

AFP members are paid Mission Allowance when they are performing IDG duties in-country away from Australia:

“ the rate to be paid is based on a DIO or an AFP operational threat assessment of the criteria.”

It would seem logical that in the case of this allowance that the quantum of both these allowances should be the same and that reviews of the rate of this allowance should be made at the same time.

The ADF and the AFP have financial allowances that compensate for long working hours hardship conditions and field living conditions. Some allowances are based on a number of factors and the factors are not identical.

For example the ADF Service Allowance include elements for being subject to service discipline, frequent postings and for working long and irregular hours but. It therefore does not wholly equate to the AFP Composite Allowance which replaces all other entitlements such as overtime that would otherwise have been paid to an AFP member in Australia. AFP members volunteer for and elect a particular Term of Deployment whereas ADF members are posted as a result of Service requirements.

The salary fixing arrangements and their historical bases between the two organizations are such that it would not be possible to align these allowances for the rare, but increasing occasions when members from both organizations are serving in the same locality.

However an allowance such as Field Allowance which has common factors across both jurisdictions should be paid at the same rate for the same arduous conditions when members are in the same location.

We have had representations that ADF personnel in Honiara in 2006 were accommodated in tentage and outside the roofed accommodation compound that had been previously occupied by ADF personnel.

It would be hoped that AFP members were not in receipt of an accommodation allowance at a rate greater than that paid to ADF members some hundreds of metres distant.

Similarly we have had representations that ADF personnel in Dili in 2006 were at times accommodated in tented accommodation and eating from ration packs in contrast to AFP

members who were accommodated nearby in a former motel and provided with fresh rations daily from Australia.

Recreational leave and further deployments

Recreational leave is the normal accepted means of giving workers relief from the accumulated stress of work and is recognized in work place agreements.

We are aware that in some cases ADF members returning from peacekeeping and other deployments have been unable to take recreational leave on return to Australia as they have been required to take up a new posting or attend a promotion course that cannot be rescheduled.

Both the ADF and the AFP have policies that specify a minimum of twelve months in Australia before being deployed again but in both organizations these policies can be reviewed for exceptional circumstances.

We would hope that the number of personnel that are redeployed under exceptional circumstances is under strict control and monitoring.

Such practices do not seem to be in the best interest of the individual member or their families and may be a contributing factor in the later onset of PTSD. A number of studies have demonstrated that the incidence of PTSD among peacekeepers has a direct relationship with the number of peacekeeping missions that an individual has completed