AUSTRALIAN PEACEKEEPER & PEACEMAKER VETERANS' ASSOCIATION
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Thursday, 19 February 2004

Mr Barry Telford,
Principal Adviser – Rehabilitation,
P.O. Box 21,
WODEN, ACT, 2606

Reference: Letter Mr W. Maxwell dated 2 February 2004 – Principles and Protocols under the new Military Rehabilitation and Compensation Bill.

Subject: Australian Peacekeeper & Peacemaker Veterans' Association Comments toward Principles and Protocols under the New Military Rehabilitation and Compensation Bill.

Dear Barry:

Vide the reference; please find attached the Australian Peacekeeper & Peacemaker Veterans' Association (APPVA) comments toward the Principles and Protocols for Rehabilitation applying under the New Military Rehabilitation and Compensation Bill.

The response is divided into two (2) areas. Firstly are our concerns of the MRCC (Service Chief), for current serving members of the ADF. Secondly is a table depicting our comments and concerns.

"Looking After Our Own"

I look forward to further correspondence in relation to this matter, and please do not hesitate in contacting me, should you have any questions.

Respectfully,

P.A. Copeland,
CBUS (USQ), Adv Dip Comms Mgt, Dip Proj Mgt (UNE), Dip FM (I), Cert Radio Freq Mgt, AHRI
National President

Attachments:

1. Points for discussion – Rehabilitation for current serving members of the ADF.
2. Table – Comment of Principles and Protocols for Rehabilitation under the MRCB.

POINTS FOR DISCUSSION
REHABILITATION WHILST STILL SERVING
A PAPER BY THE
AUSTRALIAN PEACEKEEPER & PEACEMAKER VETERANS' ASSOCIATION

References:
A. Safety Compensation and Rehabilitation Act (1988) (SRCA).
B. Veterans' Entitlement Act 1986 (VEA).
C. Australian Defence Force Publication (ADFP) 701 Amendment (AMDT) No 1
D. Defence Instructions (Army) (DI (A)) Personnel (Pers) 159-1
E. DI (General (G)) Pers 16-1 AMDT No 4
F. DI (G) Pers 16-15
G. DI (G) Pers 36-1

Aim.

1. The aim of this discussion paper is to highlight preferred Rehabilitation processes for members currently serving within the Australian Defence Force (ADF), for inclusion into the Military Rehabilitation & Compensation Bill (MRCB 2003). Whilst it appears that the MRCC for the Department of Veterans' Affairs (DVA) has been extensive consideration by the Ex-Service Organisation (ESO) Working Group for the New Military Compensation Scheme (Military Rehabilitation & Compensation Bill (MRCB)), there appears to be little emphasis for rehabilitation strategies and criteria for those who are current service personnel in the ADF. It is the view of the Australian Peacekeeper & Peacemaker Veterans' Association (APPVA) that rehabilitation should occur in the first instance – whilst the member is currently serving.

Current Medical Classifications.

2. The current medical classifications (Medical Employment Categories (MEC)) are quite clear as far as definitions are concerned:

a. Long Term: in excess of twelve (12) months,

b. Medium Term: more than eight (8) weeks but less than twelve (12) months, and

c. Temporary: not fit for full duties for a period of eight (8) weeks or less and an absence of less than twenty eight (28) days.

ADF Retention of defence members.

3. APPVA believes that the most valued asset of the ADF is the service member. Large amounts of tax-payer's money is spent on the basic and specialist training of the defence member and therefore every effort must be made to retain the knowledge and experience of those defence members that may no longer be medically suited to serve in combat related units, are able to serve in no combat related roles. The psychosocial affect to the defence member is also required to be considered. The member is going to be very upset and apprehensive at the prospect of losing a career that they are very much a part thereof – particularly longer serving defence members.

4. The ability of the ADF to retain the defence member should not be limited to a specific Service. For example, an Infantry Combat Clerk is deemed unfit for further service in a combat unit; and is still

deemed below the medical threshold for the Australian Regular Army (ARA), consideration should therefore be given to the defence member being given the opportunity to transfer to the Navy or Air force in a non-combat role, appropriate to the MEC. Therefore, the ADF retains an experienced asset, whilst providing an alternative career path for the defence member.

Rehabilitation.

5. APPA welcomes the initiative of the Clarke Review to rehabilitate whilst still serving. We also welcome the initiative of the MRCB to provide Rehabilitation in the prospect of returning the defence member to work, providing improved quality of life, and along with commensurate compensation. Some points of questions are:

a. What to do with the defence member, if posted to Manpower Not Related to Establishment (MNRE), or placed on long-term sick leave?

b. The donor unit will ask for a compensator, especially if it is a combat unit. It has been our experience that Commanding Officers are very reluctant to have ill or injured personnel retained within the unit of command and have them return to the unit after rehabilitation.

c. Education on mental health e.g. when a member admits to a problem (PTSD) will he/she be able to return to the ADF and perhaps, given alternative employment opportunity within the ADF or the Defence Organisation (ADO)? Our experience has been that once a service person has been diagnosed with PTSD, they are usually Medically Discharged in a reasonable short period, foregoing the opportunity to rehabilitate within the ADF and forfeiting alternative defence careers.

Transition.

6. When a member has reached the limit of rehabilitation, and if the member's capacity is below the minimum medical requirement for the ADF, the member may be posted to the Career Transitional Team to await Medical Discharge. The person's vacancy is available to be filled by a replacement/reinforcement.

7. All paperwork, regarding Pension/Compensation should be completed and submitted whilst the member is undergoing rehabilitation and whilst serving. Prior to discharge we believe that one of the criteria for the ADF Military Rehabilitation Compensation Commissioner (MRCC) (aka as "The Commissioner", or "Service Chief".), appointed Case Manager is to ensure all relevant documentation, entitlements, compensation and allowances are completed prior to medical discharge.

8. The transition from the ADF into civilian life should be as smooth as possible. In other words the injury/disease that is deemed defence caused should already have been accepted by the time the member steps out of uniform.

9. If Pensions/Compensation were not paid until immediately before discharge, it would reduce taxpayer costs, because the member being rehabilitated in service, the defence member is receiving his/her military salary. All claims would already have been processed but held in abeyance, reducing the cost of Economic Loss (EL), until such time the member either completes the Rehabilitation Plan, or is provided Notice of Intention to discharge. If the member cannot be rehabilitated then it should be a smooth transition from ADF salary to EL Payment, upon discharge.

10. Point to note that the MRCC may accept defence caused injuries/diseases, however the Department of Veterans' Affairs will not normally pay lump sums until that injury or disease has stabilised. The defence member undergoing a Rehabilitation plan should complete that plan prior to discharge. Once it is determined that the defence member has reached his/her optimum capacity for quality of life, work prospects and improvement to health, then it is suggested that the member is paid Non-Economic Loss (NEL) compensation before the day of Discharge.

11. There will be instances where members will not be able to be rehabilitated, e.g. loss of sight, limbs or mental capacity. Therefore, the ADF MRCC should then pass that responsibility of case management directly to the External MRCC (DVA) upon Medical discharge.

12. Monthly review during the rehabilitation plan is suggested to ascertain if injuries/disease can be improved or are stabilised and no further treatment/rehabilitation can be of any value. This may save some time and money in processing a compensation claim for payment.

13. Career Transition interviews should commence upon the condition being stabilised or confirmation of non-suitability for further service life and/or Notice of Intention to Medically Discharge the Defence member.

14. Upon confirmation of non-suitability for further service, the member should be transferred to MNRE for personal and medical administration purposes. Whilst posted to MNRE, the member should be given time and space to plan and coordinate his/her transition into civilian street, which includes removals, seeking accommodation, seeking employment etc.

Conclusion.

15. The ADF has an obligation to retain and perhaps retrain its injured or ill personnel. The retention of the human resource should be a high priority and the savings for the Australian Tax-payer are suggested to be quite significant.

Recommendations.

16. It is recommended that:

a. The ADF MRCC is tasked to not only provide a comprehensive rehabilitation plan for the defence member, but to also look at alternative employment and career opportunities within the ADF.

b. The ADF MRCC is required to ensure that all rehabilitation has been completed prior to the medical discharge of the defence member.

c. The ADF MRCC ensures that all necessary compensation, entitlement and administrative documentation and payment is finalised prior to the medical discharge of the defence member.

d. The ADF MRCC provides, in consultation with the DVA MRCC, a "seamless transition" for those medically discharged personnel.

19 February 2004

Authored and researched by:

Paul Copeland, AHRI – National President,
Robert Kennard – National Secretary,
Peter Duncombe, JP – National Assistant Secretary.

Comment of Principles and Protocols for Rehabilitation Under the Military Rehabilitation and Compensation Bill. Australian Peacekeeper & Peacemaker Veterans' Association Comments.

Serial	Reference	Comments
	Paras 6-10 (Document Structure).	Should be placed **after** the Rehabilitation Plan commentary. It appears to be out of sequential arrangement. It also makes the criteria look at **only** ability and return to work, rather than concentrating on the physical and psychological conditions. Therefore the Vocational assessment and rehabilitation should follow **after** rehabilitation of the critical medical conditions.
1.	Para 1	Assessment should include members Consulting Specialist reports. The Assessment should also be conducted whilst the veteran is a current-serving member of the ADF. Refer to APPVA Discussion paper.[1]
2.	Para 4	As Above
4.	Para 6, Dot3	Not viable if member not working in the first instance.
5.	Para 6, Dot 5	The use of the members Consultative Specialist is a preferred option.
6.	Para 6, (Sub -sect 41 (1))	Age can and will be used as a negative factor when considering impairment in conjunction with Rehabilitation.
7.	Para 7	Will higher/Tertiary Education be available to those who wish to pursue a better career?
8.	Para 8, Dot 1	Are the veterans expected to pay this back to the Government?
9.	Para 9	Good to see that Social Rehabilitation is a priority to work Rehabilitation.
10.	Para 10	Again Social Rehabilitation, however, the assessment must include the veterans' consulting specialist.
12.	Para 12	The program must ensure that the expected outcomes are realistic and to the veterans' capacity.
13.	Para 14, Dot 1	The veterans' Consulting Specialist.
14.	Para 14, Dot 7	A PTSD Cse would be an ideal option
15.	Para 18, Dot 1	The veterans' Consulting Specialist.
17.	Para 22	Non-Compensable injuries should still fail within the Duty of Care Scenario for current serving defence members.
18.	Para 23	What constitutes reasonable costs?
19.	Para 25	What constitutes a reasonable excuse?

[1] APPVA Discussion Paper of Current serving members of the ADF 19 Feb 2004.

20.	Para 27, Sub para (c)	Relocation must not be an option, members family support structure, situational considerations such as: children's education; owning his/her home; and spouses employment **must** be considered.
21.	Para 30	Reviews must include the veteran's Consultative Specialist reports.
22.	Para 31	Does this mean regardless of extent of disability all future Veterans are to be review on a five yearly basis? What is the perceived impact to veterans, should this be enforced? Up to what age will this continue?
23.	Further Discussion	No Review for TPI over the age of 45 and no review for EDA regardless of age.
24.	Para 32	The veterans may view this as an attempt to harass a Veteran back to employment by the Commissioner.
26.	Para 38	The fact that an appeal can be made to the Federal court would place this well beyond a Veterans reach due to financial constrains. Therefore consideration should be through an s31 Review (VEA), VRB & AAT.
27.	Para 39	Interaction must be both ways, it is senseless to brief a member whilst he is under treatment, in most cases he would not be cognitive, particularly if under painkillers or psych-pharmaceuticals.
28	Para 41	Biannually would be a better option. It would provide a more timely response to difficulties and teething problems.
29.	Principles, Para 4, Dot 1	Must include the members own consulting Specialist reports.
31.	Para 7.	One would expect that Psychosis would be a reasonable excuse.
32.	Reason, Para 4	Suffering from PTSD and its associated injuries could prevent a reasonable assessment.
33.	Para 5	Dangerous without specialist advice.
35.	Para 7	What is the proposed method of income for the Veteran to support his family when he is under review suspension or appeal?