



## **ADSO ALLIANCE OF DEFENCE SERVICE ORGANISATIONS**

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**Foreign Affairs, Defence and Trade Committee  
Department of the Senate  
PO Box 6100  
Parliament House  
CANBERRA ACT 2600**

26 June 2015

### **ALLIANCE OF DEFENCE SERVICE ORGANISATIONS (ADSO) SUBMISSION**

**To Foreign Affairs, Defence And Trade References Committee - Inquiry Into The Mental Health Of Australian Defence Force (ADF) Personnel Who Have Returned From Combat, Peacekeeping Or Other Deployments**

## **INTRODUCTION**

The Alliance of Defence Service Organisations (ADSO) appreciates the opportunity to make a submission to the above Senate Inquiry. The Alliance comprises the organisations listed<sup>1</sup> below with a combined membership of approximately 90,000.

## **ISSUES**

Whilst this submission will briefly touch on most of the issues listed in the Terms of Reference, it will concentrate on those in respect of paragraphs **(e)**, **(f)** and **(i)**, respectively. The latter paragraph – **Any other matters** - makes submissions on the following:

- 1. New ESOs**
- 2. Access and Equity**
- 3. Traumatic Brain Injuries**
- 4. Rehabilitation**
- 5. The Impact of Civilianisation of many functions in the ADF support services and functions**
- 6. Veterans Looking After Veterans**
- 7. Respite Among Kindred Spirits**
- 8. Non-operational Service**

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<sup>1</sup> The Defence Force Welfare Association (DFWA), Naval Association of Australia (NAA), RAAF Association (RAAFA), Royal Australian Regiment Corporation (RARC), Australian Special Air Service Association (ASASA), Vietnam Veterans Association of Australia (VVAA), Australian Federation of Totally and Permanently Incapacitated Ex-Service Men and Women, Partners of Veterans Association of Australia (PVA), Defence Reserve Association, National Malay & Borneo Veterans' Association of Australia, the Royal Australian Armoured Corps Corporation (RAAC), and the Fleet Air Arm Association of Australia.

**Paragraph (a) the Extent and Significance of Mental Ill Health and Post-Traumatic Stress Disorder (PTSD) Among Returned Service Personnel.**

ADSO understands that there is no definitive database showing the extent of mental health issues within the veteran community. Neither, from statements made by the ADF Surgeon General, does the ADF. There appears to be a number of reasons for this within the ADF but the major one seems to be reluctance among members to report mental health concerns for fear of the impact on their future career prospects. The ADF has embarked on a number of initiatives to address this reluctance however we are unable to comment on their success with any authority. DVA is attempting to gain a better understanding of the extent among veterans but it would appear that it would be some time before a definitive outcome is arrived at.

**Paragraph (b) Recordkeeping for Mental Ill-Health and PTSD, Including Hospitalisations and Deaths**

Following on from the comments above, there is reason to believe that records on this matter are not as comprehensive as could be expected. The withdrawal of embedded medical support from a number of operational ADF units has exacerbated this problem and the decision should be reviewed.

**Paragraph (c) Mental Health Evaluation and Counselling Services Available To Returned Service Personnel**

ADSO understands the services available to returned personnel to be adequate in the main. The real issue appears to be access to service providers who have an empathy with and can relate to veterans in a way that gains their confidence.

**Paragraph (d) Adequacy of Mental Health Support Services, Including Housing Support Services, Provided By the Department Of Veterans Affairs (DVA)**

Comments made above (paragraph c) are relevant here also. In addition, there is no effective government provided housing support service for veterans and anecdotal evidence suggests there is a growing issue of homelessness among veterans that individual Ex-Service organisations including the RSL are attempting to address.

**Paragraph (e) Support Available For Partners, Carers and Families of Returned Service Personnel Who Experience Mental Ill-Health and PTSD**

Support has historically been sparse for persons in this category. A reluctance by families of veterans has been noted and commented on over the years by Pensions/Welfare Officers and Advocates and other interested parties due to a variety of reasons, chief among them:

- i. The perception that the spouse/partner of a veteran and family are the only ones experiencing this. This is particularly so in cases where a veteran who suffers from for example, Chronic PTSD and has violent and unpredictable mood swings (sometimes described as trip-wire veterans) has created such a climate of fear the spouse/partner of the veteran is too frightened to seek help;
- ii. The surprising lack of knowledge of veterans that their spouse/partner are able to access counselling sessions;
- iii. A well-founded fear of being seen to be somehow stigmatised by association due to the trauma suffered by the veteran;

- iv. A lack of support resources including funding, through the VVCS and kindred organisations resulting in adverse publicity as to the efficacy of such organisations, colouring the attitude of families who have a need to access such support mechanisms;
- v. A lack of support-oriented workshops such as the VVCS partner workshop conducted over a five-day period involving veterans and their spouses/partners, anger management courses, sleep and associated relaxation therapy workshop for both veterans and spouses/partners.

The concern of families of veterans accessing appropriate support mechanisms is equally as critical as that for veterans themselves. It is well settled that the families of veterans develop a form of PTSD as a direct consequence of enduring what has happened to their loved one.

### **Children of Contemporary Veterans**

An important issue related to this Term of Reference is the forgotten victims, namely the children of contemporary veterans. It is noted that in previous studies, the risk of suicide of children of Vietnam Veterans was found to be greater than that of their ordinary cohort in the general community.

In terms of the children of contemporary veterans, pre-emptive action needs to be taken to ensure their children do not become a statistic. Children are the future. There appears to be a lacuna in the provision of support to the children of contemporary veterans that was addressed in the 1990s with the children of Vietnam Veterans, and that relates to the matter of Outreach programmes for children of contemporary veterans.

A programme of Outreach weekends for children of contemporary veterans is considered to be an essential part of the family support continuum and should as a matter of priority, be considered by the Standing Committee in relation to this Term of Reference. Outreach programs for children of contemporary veterans will empower them and enable them to regain/retain control of their lives. Capturing veterans children in their formative and teen years and enabling them to mix with their own age group a number of critical purposes; viz

- It allows then to appreciate the fact they are not the only ones who find themselves in the situation of having a parent traumatised by war;
- It enables them to vent;
- It enables them to form bonds and new networking contacts with their peers and discuss their individual issues in a trusting, understanding, supportive and confidential environment, away from parental involvement;
- It enables them to develop, through group and individual sessions, strategies to cope with living with a parent who has PTSD;
- It enables the to develop an appreciation through session with adult presenters (veterans and others), of what their parent or parents went through; and
- Most critically, what is happening to their parent or parents is not the fault of the child.

Whilst it is appreciated that numerous online tools and telephone apps are developed in the main for adult veterans and families by DVA and other relevant organisations, the need for one-to-one or group interaction cannot be emphasised enough.

The spouse/partner of a veteran and any children are often referred to as secondary victims – the primary victim being the veteran him/herself. The damage this does to the family unit is incalculable; often fracturing relationships and in particular, destroying any loving relationship between a veteran and spouse/partner and in particular developing a long-lasting and very fractious relationship with any children.

ADSO contends in the strongest possible terms, that a joint venture initiative between the relevant ESOs and DVA be considered with a view to developing Outreach camps for (of weekend or longer duration), children of contemporary veterans.

**Paragraph (f) The Growing Number Of Returned Personnel Experiencing Homelessness Due to Mental Ill-Health, PTSD and Other Issues Related to Their Service**

In 2009, DVA reported<sup>2</sup> that on any given night in Australia, at least 3000 veterans are homeless. This is a frightening statistic and assuming that figure has increased since then, the issue of homeless veterans becomes a very major cause for concern, requiring urgent remedial action. The issue of homeless veterans to be addressed by this Term of Reference is a very disturbing one, particularly in respect of the lack of programmes available to assist this specific and grievously disadvantaged niche cohort.

The organisation RSL LifeCare based at Narrabeen in NSW, which manages and operates a programme called Homes for Heroes is considered to be an outstanding example of how to address the issue of caring for homeless veterans. According to RSL LifeCare, Homelessness NSW argued more recently that the number of homeless veterans on any given night is far higher than reported by DVA<sup>3</sup>.

RSL LifeCare provides an excellent support service for veterans of post-1991 contemporary conflicts. The organisation asserts, “*There is no other dedicated homeless accommodation for contemporary veterans in Australia.*”<sup>4</sup> Such a statement, on its face clearly demonstrates that a significant gap exists due to a lack of a nationally coordinated support network for homeless veterans. According to RSL LifeCare that operates a Homelessness and Assistance Programme;

*“The program is a comprehensive rehabilitation service. We have taken the ‘housing first’ approach advocated by Mission Australia, and woven through many ‘wraparound’ programs and services. Every resident is required to give back to the program. For instance, by doing volunteer work, mentoring others, or engaging in education, training, and rehabilitation opportunities. The Homes for Heroes program is not a hotel service.”*<sup>5</sup>

The reasons for veterans becoming homeless are quite obviously multi-faceted and may have a number of issues, which when combined, have a cascading effect, leading to a veteran opting out, becoming homeless. It is contended that difficulties in obtaining suitable employment post-service, is a key driver in this. The effects of physical and/or psychological impacts to a veteran’s psychological wellbeing due to operational service are well documented as are the problems experienced in returning to a normal life as a civilian. Experience has shown that employment is a major contributing factor in assisting veterans to reintegrate successfully to civilian life.

<sup>2</sup> Online at <http://rsllifecare.org.au/young-veterans/> [Accessed 17 May, 2015]

<sup>3</sup> Above, n1.

<sup>4</sup> Above, n.1.

<sup>5</sup> Above, n.1.

PTSD is a debilitating and demotivating condition, noted for its latency and persistence. Added to that, the effects of any wounds received on operational service or non-battle injuries incurred during operational service, and the situation for a veteran in obtaining employment, becomes dire.

There is an urgent need at Government and major ESO level, to implement a nationally based and appropriately funded homelessness and rehabilitation support network, based on the RSL LifeCare Model. The NSW Model in existence is an ideal vehicle on which to base this initiative at a national level, to be administered by a Task Force similar to the Prime Minister's Advisory Panel on Veterans' Mental Health.

### **The lottery of seeking employment**

Obtaining remunerative employment in both the private and public sector does not of itself, confer an automatic grant of right that a veteran should receive preferential treatment in employment as occurred to returning veterans from WW2.

A veteran's accepted disabilities have the potential to impact adversely on any employer's insurance and compensation premiums; viz

- The job application process required all applicants to declare if they have any pre-existing conditions which may affect their competency to undertake the full range of tasks associated with the job. It is for contemporary veterans, a very fraught process;
- A veteran with an accepted disability is often deemed to be not only uninsurable but also unemployable;
- The risk of further injury to the veteran and others in the workplace; and any need for a veteran:
  - to have regular physiotherapy or counselling during work hours
  - take numerous rest breaks,
  - have an inability to sit or stand for prolonged periods or
  - to be unable to do any of the duties they are paid to do,
 impacts adversely on efficiency, productivity and ultimately organisational profits;

All of which can make the option of employing a veteran totally unacceptable due to the effects of his/her accepted disabilities on a veteran's ability to engage in remunerative work and remain in that work.

Failure by a veteran to disclose any medical conditions on an employment application has significant medicolegal implications can be seen from the above points. It is a criminal offence for an employer to fail or refuse to cover an employee for compensation insurance.

The above challenges weigh heavily against any disabled veteran obtaining remunerative employment. It happens that too many veterans become disillusioned and give up completely on trying to find work. They suffer a significant and catastrophic loss of income with all its attendant consequences, including homelessness. Often, relief from pain and misery and in trying to blot out persistent and intrusive thoughts and memories is only achieved through self-medication, the use of alcohol or illicit drugs.

### *Removing the stigma of PTSD – a challenge*

The stigma of having to declare a physical and potentially job-limiting disability is very traumatic and challenging for a returned service member. Similarly, the stigma that still attaches to declaring PTSD as a medical condition is equally, if not more severe.

A common thread in veterans presenting with PTSD is the mistaken perception that it is they who are going mad and nobody else. That, combined with the fear of being seen as weak by their peers and superiors for serving career-oriented members and for former members by the general community exacerbates both the feelings of isolation and damage done through bottling everything up.

Consequently, serving soldiers are still reluctant to seek help for psychological injury due the very strong perception that any such move would be potentially career-limiting or result in discharge. This was noted by the Evatt Royal Commission into Agent Orange in which the Commission found “*Serving soldiers actually fear disadvantage or even reprisal for seeking help.*”<sup>6</sup>

Bale (2014)<sup>7</sup> notes:

*...Stigma represents a significant barrier to the early identification and treatment of PTSD, increasing the burden of illness for individuals, their families and the Army. This in turn results in a loss of effectiveness and productivity for units, and equates to a significant monetary and social cost, highlighting the vital importance of research into the presence of such a stigma and the employment of de-stigmatisation initiatives within the Army (p. 33).*

The assessments by the Royal Commission and Bale find credence in the following extract from an appeal brief<sup>8</sup> on behalf of a former senior Army officer; viz

*The veteran served his country as a professional soldier and military officer for over 30 years attaining the rank of Colonel. The veteran had imbued into him from his first day at the Royal Military College Duntroon that as an officer he is expected to be strong, lead by example, never fail and never complain. The veteran lived by that code as do all officers and NCOs in the Australian Army.*

*Any acts or signs of weakness or personal problems were sure to be very detrimental to an officer's career, his prestige and his employability in the Army. I am instructed by the veteran that he lived and worked for many years in fear of letting others know of how he felt and incurring the wrath and derision of his peers and superior officers and its consequential effects on future promotion, resulting in his disguising his problems and hiding it.*

Hence, the refusal or failure of veterans serving to declare! It is worth noting that on 13 March 2015<sup>9</sup> the CDF stated *inter alia* to all ADF members:

<sup>6</sup> Evatt Royal Commission 1984-85, 17.3 The Treatment of Vietnam Combat Veterans, at IX-189.

<sup>7</sup> Bale, J., *PTSD and Stigma in the Australian Army*, Army Research Paper No3, Commonwealth of Australia.

This publication should be required reading for the Standing Committee.

<sup>8</sup> The author has been a Practising Veterans' Advocate at the VRB since June 1986 and is self-taught.

He holds a Practising Certificate (TIP4 level) to appear at the Commonwealth AAT in the Veterans' Division and enjoys a 100% success rate.

<sup>9</sup> ORIGNO: CDF/OUT/2015/268, **MESSAGE FROM THE AUSTRALIAN DEFENCE FORCE SENIOR LEADERSHIP ON MENTAL HEALTH ISSUES.**

*“11. Defence has, does and will continue to provide the very best in care, treatment and ongoing support for its people dealing with mental illness. Since 2009, Defence has spent over \$140 million on delivering mental health programs and support for its members. We have also added 91 additional positions to our mental health workforce over the past six years, regardless of whether it is a physical or a mental health illness or injury, deployment related or not, it makes no difference to the individuals' access to quality health care in the ADF.”*

The penultimate paragraph in the CDF’s signal is seen to be critical in encouraging affected members to seek help without prejudice to their career to eliminate the potential risk to their own lives, or to their mates and families, by deliberately suppressing their condition often to breaking point.<sup>10</sup>

Although the pathway to successful treatment of serving members is still seen to be a risk to careers, the CDF’s signal is considered to be a significant driver for positive change in addressing the stigma of PTSD.

The ADF initiatives are very laudatory and if accepted on a trusting basis by serving members, will significantly enhance rehabilitation and job retention. It is hoped this will in some ways eliminate or reduce, the incidences of homelessness among contemporary veterans now making its presence felt, when members take discharge.

## **Paragraph (i) Any other related matters**

### **1. New ESOs**

Contemporary veterans have in the main, learned from the bitter lessons that came out of the treatment of service personnel returning from Vietnam and have responded positively in their attempts to become more organised.

Organisations such as **Mates 4 Mates** and **Soldier On** are two very highly regarded and well-organised veteran entities that are geared to the contemporary veteran.

For example, **Soldier On** is rolling out a series of blogs on Facebook by their psychologists; viz

*They will outline some issues commonly faced by veterans, and some ways that you might be able to tackle them! You can try these out at home, and are easy and effective ways to help your recovery. Our first post is on sleep, and how you can improve your sleep habits.*

Funding and allocation of resources to complement initiatives such as this should be considered as a matter of priority. Also of concern is the lack of an easily accessible “data base” of the increasing number of peer support programs emerging across the country. This lack makes accessing local and relevant support programs by veterans unnecessarily difficult and works against the ability of both service providers and veterans to identify relevant support pathways to better health outcomes.

### **2. Access and Equity**

The need for a relaxing of restricted access to military installations for ESOs is a matter that also needs to be addressed.

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<sup>10</sup> Bale, above, n.6.

ESOs (even DFWA whose offices are located on ADF bases), have limited ability to access units to speak with soldiers or for that matter, assist them with the processing of their claims. This is considered to be an access and equity issue and it is contended that even with the DVA “on base support” arrangements, the current *status quo* acts as a fetter to ESOs being able to step in and perhaps act as an early intervention mechanism to commence the process of assisting members with their claims.

This limitation hampers the transition to post ADF life and leads to a feeling of being abandoned by the system post-discharge with its attendant consequences (a feeling of alienation, a perceived lack of support, homelessness etc).

### 3. Brain Injuries

The issue of traumatic brain injuries to personnel involved in IED explosions resulting in head trauma of varying degrees, particularly closed head trauma, has been reported in the media over the past several years that brain injury presents with symptoms very similar to PTSD.

This finds support from Zeitzer *et al* (2008)<sup>11</sup>, who reported in their study into Iraq War veterans, of soldiers returning to the US with a greater number of head injuries from blasts and explosions, than had occurred in previous conflicts. Their findings are directly analogous to the experience in Afghanistan, of ADF personnel in particular the Army due to the high incidence of IED contacts.

The authors reported that the symptoms which remained largely undetected until they had actually returned home and began to manifest themselves when veterans started to have difficulty in functioning as efficiently as they had prior to deployment.

They describe traumatic brain injury as Post-Concussion Syndrome (PCS).

They reported that studies have indicated the “*possibility of symptom crossover between PTSD and PCS*” (p.351)<sup>12</sup> and list the similarity of symptoms in Table 2; viz

**Table 2**

#### **Traumatic Brain Injury Clinical Presentation**

<b>COGNITIVE</b>	<b>PHYSICAL</b>	<b>BEHAVIOURAL</b>
Disturbances in attention	Headaches	Anxiety
Disturbances in memory	Tinnitus	Depression
Disturbances in language	Sensitivity to light and noise	Hypomania or mania
Delayed reaction time during problem solving	Vertigo or balance changes	Apathy
Impaired judgement and decision-making	Sleep disturbance	Mood swings
Impaired self-awareness	Weight changes	Personality changes

**Source: Adapted from Zeitzer *et al*, p. 350**

This begs the question whether PCS is masking symptoms of PTSD or vice versa and possibly confusing the nature of treatment regimes and rehabilitation programmes.

<sup>11</sup> Mindy B. Zeitzer, MSN, CRNP, and J. Margo Brooks, MSN, CRNP, *In the Line of Fire*, Traumatic Brain Injury Among Iraq War Veterans, AAOHN Journal, August 2008, vol. 56, no. 8, pp. 347-353  
Online at [whs.sagepub.com/content/56/8/347.full.pdf](http://whs.sagepub.com/content/56/8/347.full.pdf) [Accessed 15 May 2015].

<sup>12</sup> Ms. Zeitzer is doctoral and MBE candidate, Ruth L. Kirschstein NRSA Predoctoral Fellow, and Ms. Brooks is doctoral candidate, Barbara Bates Center for the Study of the History of Nursing, Ruth L. Kirschstein NRSA Predoctoral Fellow, University of Pennsylvania, School of Nursing, Philadelphia, PA.

Such a crossover of symptoms plus the delayed effect reported by Zeitzer *et al*, along with any potential masking effects could have the potential to adversely affect and complicate the successful condition-focussed rehabilitation of injured service personnel who have suffered a closed traumatic brain injury or PTSD.

Experience in the field of Advocacy has shown that veterans who have had a claim for a disability accepted by the Repatriation Commission have in some cases not had the disability correctly identified, resulting in their being unable to access the appropriate treatment regime, due to their not being covered by the Repatriation Commission's determination.

The consequences of an incorrect determination as to accepted disability results in further stress and trauma through a veteran claimant having to go through what is for many, an arduous appeals process to have the error rectified by appealing to the Veterans' Review Board or in some instances, to the AAT.

In order to eliminate any possibility of an incorrect determination in respect of head trauma being made by a Delegate of the Repatriation Commission or in MRCA terms, a Delegate of the Military Rehabilitation and Compensation Commission (MRCC), the ADSO considers it vital that current and former ADF members who have had their disability claims assessed as a permanent impairment under the MRCA 2004 gaining lifetime eligibility for treatment vide a White Card, are correctly assessed in order to receive the treatment regime appropriate to the actual condition.

It is contended that the closeness of the symptomatology of both occult brain injury (PCS) and PTSD are such, that careful and close assessment of a veteran leading to a correct diagnosis must be undertaken not only for treatment purposes, but for the purpose of a correct determination accepting liability and to authorise the appropriate treatment.

#### **4. Rehabilitation**

The successful rehabilitation of wounded and injured members is one that needs to be highlighted more in the public arena. Given the findings addressed in relation to traumatic brain injury, the road to recovery may potentially be long and arduous depending on the nature and severity of the trauma.

Every effort must be made to ensure serving personnel are not given up on too easily, and discharged without every reasonable attempt being made to rehabilitate, and, if necessary, retrain in order to retain an injured member who has served his or her nation well, faithfully and loyally.

Far too many stories continue to appear in the media showing disgruntled veterans who feel they have been abandoned, who make inflammatory and accusatory statements that can only hurt. Such comments are unhelpful and are demonstrably unfair in that they traduce the efforts, and devalue the successes achieved in the rehabilitation process, of many wounded and injured veterans as evidenced in the CDF's signal of 13 March 2015.<sup>13</sup>

The lack of good news stories related to rehabilitation of veterans both serving and former, is disappointing, to say the least.

The recent articles in the media regarding Prince Harry's visit to an Australian rehabilitation centre to see the successful attempt by an Australian surgeon to enable a British soldier use his prosthetic limbs is one such example. However, it begs the question; why are there not stories of successful rehabilitation of Australian veterans being broadcast in the media?

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<sup>13</sup> Above, n.8.

## 5. The Civilianisation of ADF Functions

This impacts the Army in particular. History has demonstrated that soldiers badly wounded in Vietnam and who were medically downgraded from their substantive line (fighting) employment code (ECN) such as AFV crewmen, gun numbers, combat engineers and riflemen, remained in the Army. These members who were retrained and who remained in the Army quite often went on to enjoy successful careers, and achieve senior NCO or Warrant rank, and in some cases, commissioned rank.

Their experience, knowledge and well-developed appreciation of what line soldiers needs were, was considered to be invaluable tools to aid in their successful rehabilitation, retention and reintegration into unit and Army life within the medical classifications of their new ECN. They were able to retrain in skills in three alternate career streams; for example

- **Administration stream (Orderly Room/Military Shopfront);**
- **Logistics stream (Quartermaster) ; and**
- **Catering stream (Mess Supervisor/Mess Steward).**

These three areas are also considered to be sanctuary areas for wounded and injured soldiers awaiting medical reclassification or lifting of medical restrictions. It enables unit members to remain within the unit surrounded by their mates who assisted in the rehabilitation process by continuing to maintain the bonds of teamwork, mateship and support with a subtle application of peer pressure when circumstances warranted.

Notwithstanding the successful operation of rehabilitation units and sub-units within the Army, we believe nothing can replace the actual continued placement of an injured member within his or her unit surrounded by peers whenever this is possible.

The intrinsic and extrinsic value of such an option speaks for itself. It is a discursive intellectual and physically interactive process, which has on any measure, tremendous potential.

Regrettably, rehabilitation avenues through trade streams instanced above now appear to be closed to assist in rehabilitating soldiers.

Due a policy decision to privatise these three functions and the employment of civilian staff in these areas has meant the previous rehabilitative and career changing potential of those trade streams is no longer an option.

The devolution of the functions within logistic and administrative trade streams to the private sector has operated to remove tangible and demonstrably effective solutions to successfully rehabilitate soldiers. This can only be seen to impinge on successful rehabilitation.

The abolition in mid-2014 of the ECNs for Mess Stewards and Mess Supervisors was noted with concern. Their wholesale removal obviously based on cost efficiencies, is one that should be reviewed.

The removal of a complete set of catering ECNs is on any view, a terribly retrograde step, ruining any chance of soldiers undergoing rehabilitation following medical downgrading, considering entering the catering stream for a career change that will sustain and retain them as soldier. Such skills will also ultimately provide them with a professional set of competencies to be used in the hospitality industry on discharge.

## **ADSO contends that:**

1. Reinstatement of access to the instanced trade streams is considered vital to the rehabilitation, retraining, redeployment and reintegration of injured soldiers and forms a key plank in the trauma to post-discharge and resettlement continuum;
2. The abolition of the catering trade stream should be reviewed as a matter of priority for the reasons discussed;
3. The loss of trade streams suitable for injured soldiers in respect of retraining/retention is a significant contributing factor in aggravating feelings of loss of self-worth, contributing to the feelings of alienation and betrayal once they have been discharged; and
4. The trauma of being medically discharged with PTSD or a combination of physical injury (wounds) and PTSD without access to further career development as discussed, could also be seen to be a significant precursor in loss of incentive to work or settle down, leading ultimately to homelessness or worse, suicide.

## **Limitations**

It is acknowledged that these previously soldier-specific trade streams are primarily civilianised which has operated to create limitations on having them opened up to rehabilitate soldiers. Civilian staffs within these streams are in the main spouses/partners of serving soldiers. Displacement of civilian staff with its attendant loss of salary and family income is a genuine risk. However it is considered that the pendulum has swung too far in favour of employing civilian staff to the detriment of giving serving soldiers undergoing rehabilitation a reasonable chance of commencing a new career path. This creates an imbalance in the rehabilitation of soldiers which is considered to operate as a fetter to effective rehabilitation and retention of injured soldiers.

It is considered that a review into the capacity for placing injured soldiers in these trade streams may need to be considered with a view to clawing back some of the functions and processes devolved to civilian contractors.

## **Impact of the application of the Privacy Act to members of the ADF**

The action of the co-pilot of German Wings Flight 9525 in deliberately destroying his aircraft with catastrophic loss of life in the Pyrenees recently has highlighted the conflict that can arise between an individual's right to privacy in the matter of medical consultation and keeping records, and the responsibility of employers to deliver their service without endangering the safety of their customers or of other employees.

Even more so in the case of the ADF, a commander should surely have the right to know, and medical professionals the obligation to inform him, if a member of his unit has either physical (e.g. aircrew) or mental illness problems that could compromise the mission, or the safety of other members. This raises the issue of access by unit commanders to direct advice from health professionals providing support to unit members that does not seem to have been a factor in the restructuring of health support to the ADF.

The bargain struck between the ADF and the individual should be that the ADF provides comprehensive health care free of charge because it has to have a solid base of confidence that the individual meets the fitness standards demanded by the mission. This should mean that the individual surrenders that part of the right to privacy that is relevant to the mission, as he does in other areas, such as military security. Indeed it could be argued that physical and mental fitness is,

at least in part, a security matter. ADSO urges that this aspect of the application of the Privacy Act to members of the ADF be reviewed as a matter of urgency.

## 6. Veterans Looking for Veterans

The current situation in respect of Pensions/Welfare and Advocacy is that it is in the main being conducted by veterans who are now in their mid to late 60s and well into their 70s, many of whom present with significant health issues themselves.

An urgent need exists to have contemporary veterans undertake training to carry on what is currently being done by older members of the veteran community.

Service personnel discharging from their branch of the ADF either on age or invalidity grounds could be advised to undergo training in the pension and/or welfare programmes conducted by the DVA Training and Information Programme (TIP). This is a joint venture between DVA and ESOs to train veteran members in assisting other veterans and widows with their claims, and in representing clients at VRB and AAT appeals.

Most importantly, there is no bar to a veteran's spouse/partner undertaking this training, either.

Training under the TIP Program is currently not at a level to cope with the demand for more Pensions/Welfare/Advocacy to cope with the anticipated surge in contemporary veterans seeking help. The TIP would need to be expanded to cater for contemporary veterans.

TIP training could in our view, commence before a members are discharged, enabling them to be better equipped not only for their own situation but to help their mates very soon after discharge.

A potential beneficial effect of having a pre-discharge TIP-trained member who aligns with an ESO is the introduction of that person to a potential support network that may also assist in his or her obtaining employment.

It would be useful for TIP training to be conducted on-site at military installations.

## 7. Respite Among Kindred Spirits

The Vietnam Veterans Association of Australia has a number of veteran-friendly camping and caravan retreats throughout Australia, namely QLD, NSW, SA, TAS, WA and NT (at **Attachment A** to this submission).

Although originally developed for Vietnam veterans and their families, these facilities can be accessed by contemporary veterans also and ADSO recommends the Committee give due weight to the tremendous value such facilities have in enabling veterans and their families to gather in a supportive, informal, understanding and relaxing environment.

It is considered that the use by contemporary veterans of these facilities will also greatly aid in the rehabilitation of traumatised veterans and their families, as well as opening up additional networking support linkages for them.

ADSO notes that in Government funding to support veterans and ESOs, a total of: *59 organisations who are concerned with the health and welfare of our veteran community will share in more than \$884,000 in funding that will enable them to conduct a range of activities, programs and projects.*<sup>14</sup>

<sup>14</sup> Media Release VA091 from the Minister for Veterans' Affairs, 17 November 2014, online at [http://minister.dva.gov.au/media\\_releases/2014/nov/va091.htm](http://minister.dva.gov.au/media_releases/2014/nov/va091.htm) [accessed 17 May, 2015].

It is noted that the funding allocated by the Minister for Veterans' Affairs did not include a component for assistance with upkeep and maintenance of the veterans' retreats. It is considered that additional funds should be allocated to such programmes given the level of expertise and assistance held out to veterans and their families at retreats is a significant cost-saving for the Government in terms of counselling, and in terms of being able to defuse and de-tense in such an environment with kindred veterans and their families.

The number of contemporary veterans presenting with psychological and/or physical injury will, increase creating a greater demand for services already provided. It is due to this factor that voluntary agencies such as ESOs and veterans who manage veterans retreats will be accessed on an increasing basis.

ADSO urges the Standing Committee to recommend to the Minister to consider extending funding in this matter, in a favourable light.

## 8. Non-Operational Service

Although the Terms of Reference focus on personnel who have rendered operational service, it is contended that service personnel who have not rendered operational service should also be considered.

We recognise that the essential characteristic of operational service is that achievement of the mission is of paramount importance, even to the extent of placing the safety of those engaged in operations in jeopardy (there are people out there who want to kill you). Non-operational service occurs in an environment where the safety of those engaged is the primary consideration.

Without attempting to minimise in any way, the service and sacrifice of ADF personnel in all operational theatres post-Vietnam, including Border Protection duties involving both Regular and Reserve members, the risk of death or injury and psychological trauma exists for these members as well.

We urge the Committee to recognise the importance of maintaining an appropriate and adequate regime of care for those whose disabilities arise from non-operational service.

## 9. Single Identifier/ID Card

Too Many veterans commit suicide, are homeless, abuse their families, are drug and alcohol dependant, live by choice or circumstance in isolation, and commit serious crimes. The conditions that may be the cause of this behaviour has been studied and researched by many clinicians in many countries over many years. The treatments are varied; consume great slabs of resources for a relatively slow and small total recovery rate.

However, there is one basic principle that has been identified which can materially aid recovery. That is **early identification and intervention**. Once behaviour develops as a habit, treatment takes longer, is more expensive and difficult.

*One of the principal requirements of support is being able to identify veterans.* The need for a single identifier to follow an ADF through service and into post ADF life is becoming more evident. It has the support of the AMA. It should cover all serving and former ADF members.

A National Veteran Identity Card could fulfil this need and would allow support agencies (medical, ambulance, police, government agencies etc) to identify and allocate veterans to the appropriate assistance needed. Additionally, it allows veterans to claim commercial retail and service discounts offered where proof of service is required.

## CONCLUSION

The issues confronting the Senate Inquiry are many and varied.

In that regard, it is worth revisiting history to get a sense of what the Government on behalf of the nation committed to in respect of Repatriation benefits for returned veterans when debating the ***Australian Soldiers Repatriation Bill 1918*** in which the then Minister for Repatriation, Senator Millen, in setting out the Repatriation Commission's objectives were to include:

*...not the mere conferring of money or other gifts on a soldier for services rendered but that repatriation **implied an effort on the part of the nation**...to aim at and as far as possible, secure the satisfactory re-establishment in civil life of the returned soldier. That carries with it also the obligation that when men returned maimed or wounded, in order to secure their satisfactory re-establishment in civil life, everything possible should be done to secure their return to health, or make good the physical defects from which they are suffering.*<sup>15</sup>

These words apply equally today to contemporary veterans, both current and former serving members.

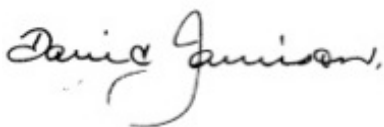
The Standing Committee has the power to make certain recommendations. It also has the opportunity to redress matters which come before it that have caused the destruction of the quality of life of veterans, their families and in some tragic instances, where a veteran has committed suicide.

The Government owes a duty on behalf of the nation to ensure the best possible support for disabled veterans. Access to programmes, appropriate levels of funding and affordable accommodation for homeless veterans remains a top priority.

It is the very least that should be done to help those who have given their all for their country.

The veteran community will be following the Inquiry with great interest and will eagerly await the outcome of the Standing Committee's recommendations.

Yours sincerely,



**Colonel David Jamison AM (Rtd)**  
National Spokesman  
Alliance of Defence Service Organisations

<sup>15</sup> Hansard, Vol 84, page 4309, in Toose, P., *Independent Enquiry into the Repatriation System*, Canberra 1975, AGPS, 19-57, at p.26.

## ATTACHMENT A

### VIETNAM VETERANS FRIENDLY RETREATS

#### QUEENSLAND

**Standown Park:** 91 Radke Road, Kia Ora (halfway between Gympie and Tin Can Bay). Power, water, pets, open fire, showers, toilets, disable facilities, coin laundry, secure off the highway, restful surrounds. No cabins/onsite vans. Discount for veterans. Contact owners Rod (ex 9RAR) and

Pam Elkington (07) 5486 5144 or 0417 718 127

**Cockscomb Veterans Camp:** Located only 23km from Rockhampton, camp kitchen, showers, toilets, no power, \$ 5 donation. Contact Allan Evans (07) 4934 4941 for directions

**Pandanus Park:** Follow the three red stripes from Mareeba, no facilities, take all and remove your rubbish. This is an isolated retreat in Cape York

**Sapphire Gemfields:** Located behind the post office at the RSL, power, toilets, showers, water, and barbecue. The Club bar is open Thursday, Saturday and Sunday. \$5.00 per night Contact Peter Johnson (ex 6RAR) 0439 797 175

**Alaric Homestead Veterans Retreat at Quilpie:** The Homestead is fully furnished and managed by a Veteran Duty Officer. Very low nominal fee charged per day. Caravans and camper trailers can be parked at a low daily fee. Booking essential for the Homestead (not necessary for caravans/campers) \Contact the Duty Officer (07) 4656 4740.

**Rocky Creek War Memorial Park:** This camp spot is located at Tolga. The Atherton Shire Council maintains it. There is a 72-hour limit and a gold coin donation. There are toilets, barbecue, and non-potable water. It is a memorial site to all soldiers, who trained on the tablelands before being sent overseas. There is a caretaker on site.

**Zac's Place:** Located on 715 Ross River Road, Kirwan, Townsville, run by VVAA Qld Branch. There is accommodation for up to 11 people with all facilities. Tariff is \$25.00 Accommodation, Breakfast and Light Lunch.

Contact manager Mrs Margaret Standfast Ph. (07) 4773 6980 or A/H (07) 4723 7022

**Homestead Caravan Park:** , located along the Landsborough Highway at Barcaldine Queensland. Every day in the late afternoon during winter your hosts Ben and Thanh prepare the campfire with damper and billy tea proved prepared the old bush way. Entertainment nightly. They always have something special on for Vietnam Veterans Day 18th August. Cabins available. For Reservations ph. Ben or Thanh on (07) 4651 1308

#### NEW SOUTH WALES

**Raymond Deed Retreat:** This retreat is located at Dareton. There is power, water, pets for \$10.00 per night.

Phone the caretakers Col and Robyn Dunkley (03) 5027 4983

**Murraguldrrie Veterans Retreat:** This retreat is run by VVAA South West NSW Sub Branch and is located on the edge of the Murraguldrrie State Forest about a forty minute drive from Wagga Wagga, approximately seven kilometres from the Hume Highway, and turn off point to Tumbarumba on the Tumbarumba Road. The retreat is a “Bush retreat” which has a shelter shed with some kitchen facilities, toilet/shower block and newly completed caravan parking area with separate area which can be used by camper trailers and tents.

There is no power available but there is provision to plug in a generator for lights in the shelter shed and toilet areas. As the only water available is tank water, could you please arrive with full water tanks if possible, we also have hot water “Donkey” for showers.

This retreat is now open all year round as we are subject to fire bans there is

**NO LIGHTING OF SOLID FUEL FIRES ON TOTAL FIRE BAN DAYS** there is a BBQ in the shelter shed but you will need gas bottle (POL connector)

Please note the gate is locked.

Visitor Contact: Gordon Irvin 0428 381 292 or Bob May 0417 490 127, Retreat Manager Les White 0428 226 097. GPS Co-ordinates. S35.50270° E147.42462

## **SOUTH AUSTRALIA**

**Bubblagowrie Vietnam Veterans Village:** Located between Stansbury and Giles Point Yorktown. Three Veteran Museums - \$5.00 admission. Cabins \$40.00 per night, vans \$8.00 per night. There is power, water, restaurant, and vets memorial plot. Contact owner Chris Soar (ex vet of Malaya) (08) 8853 4379 or 0419 853 294

**Camp Andrew Russell:** in South Australia is located 35km Sth East of Loxton along the Murray Bridge Road, turn left (or right if coming from Adelaide) onto the Lameroo Road, taking the right fork along the road. The entrance is marked with a cream tractor tyre, just past a road sign. You will need a key for access and thus need to contact **John Hough** mobile 0409 098 093

## **TASMANIA**

**Tasmania Veterans Retreat (Interlaken retreat):** Offers House accommodation in the remote Central Highlands area, 20 minutes from Bothwell. \$30.00 per double + \$5.00 per extra person. For Bookings Robin O'Connor (030 6224 0881

## **WESTERN AUSTRALIA**

**Camp Hart:** Camp Hart is a combination of private and crown land vested with the Shire of Kulin. It is situated 3.5 hours south east of Perth, 14kms east of Kulin, Camp Hart is a memorial park located next to Lake Jilakin and in the shadow of Jilakin Rock. It offers shade, ablution block, sheltered barbecue and bush kitchen. Donations are welcome. Open to all ADF Veterans. All inquiries are to be made to Roger Lingard (08) 9527 8000 or 0419 944 627.

**PADDY'S FLAT, MEEKATHARRA:** resort style facility with unit accommodation including a community kitchen, laundry, large swimming pool and BBQ area. For booking information call Chris Atkins Caretaker and veteran on (08) 9980 1220

**Bruce Rock:** situated 254 Km from Perth in the wheat belt. Vets always welcome but each year in November they conduct a Vietnam Veterans activity. Most stay at the Bruce Rock Caravan Park Ph. (08) 9061 1070

## NORTHERN TERRITORY

**Roper Retreat:** Same as for Pandanus Park, take only Photos. Leave no footprints, Located 31Km along the Northern territory Highway turn north at Elsey Station sign. 3Km along you pass the Manger's House and just 5km you reach the Roper. PH Tony 0401 100 514 or Jimbob 0419 414 209

**Coral House:** Located 107 Bagot Rd, Ludmilla run by VVAA NT, shared kitchen facilities, laundry and bathroom, linen, TV in common room three shared bedrooms providing seven beds. Contact manager Jack Hamilton on Ph. 8948 0050.

**Darwin Retreat:** about 1.5 hours' drive from Darwin is a place called Pioneer Beach, western side of Cox Peninsula. The actual site used by the Vets is back from the beach about 5Km in from the turn off that continues to Mandurah  
For any further information on any of these retreats please visit our website and follow the prompts and happy tripping.

If any of you Grey nomads know or hear of any other veteran friendly retreats please let us know by notifying Rob Cox, via the website, together with details of where it is, how much, what facilities and activities if any along with a couple of photos if available so that we can include them on our website so as to let everyone know.