

ADVOCACY, ENTITLEMENTS AND SUPPORT (AES) SPOT¹

INTRODUCTION

This quarter, I'd like to both return to the case study approach and add some items of news with a view to facilitating members' understanding of how some of their and other veterans' interests are progressed. Let's consider first a case study (mythical, but based on actual events).

CASE STUDY

Background

US and Australian Veterans' Affairs Departmental research are highlighting the relationship between mental illness and operational experience. The Statements of Principle also include factors that relate mental illness and defence (viz, peacetime) service. This case illustrates one such relationship.

Situation

Sean is a 20 year old, very fit surfer and rugby player, recently graduated Air Surveillance Operator (ASOP). He is now on the posted strength of the Surveillance and Response Group and working at the Jindalee Coordination Centre (JCC) within the Jindalee Operational Radar Network (JORN) environment. Along with Arif (a male corporal ASOP), Sean has been attached from RAAF Edinburgh to Alice Springs to support a Defence Scientific and Technical Organisation (DSTO) project.

As their duties would involve travel between the Over-the-Horizon (OTHR) site and Alice Springs, their CO authorised the use of a service vehicle for the fortnight they would be away. On the drive north, they had rested over night at Woomera, and were now on the way to the Alice, about twelve hours driving north. They had decided on a pre-dawn start so that they could take regular breaks for refreshments and lunch, and still arrive close to nightfall.

It was mid October, they were about a little over an hour out of Woomera, and had just come over a rise in the Stuart Highway on an east-west section of the road 15 km north of Glendambo with the sun very low in the sky behind them. About 250 metres ahead a brightly graffiti-ed VW Kombi was lying upside down on the northern verge beside the road, and a Mitsubishi Pajero with a very large caravan was stopped, jack-knifed, in the middle of the road with a badly crumpled right front quarter. As Sean, who was driving, slowed the vehicle he could see an elderly couple sitting stunned in the Pajero, and four or five of young people scattered and bleeding around the Kombi.

Having stopped the vehicle, Sean raced over to the old couple and could see that they were bruised and had abrasions and were shocked. At the same time, Arif shouted for him to come immediately. As Sean ran over to where Arif was standing beside the upturned Kombi, he saw one of the young people, a man, getting to his feet. When Sean reached Arif, he saw the legs of a young woman protruding from beneath the vehicle. With some help from the young man, he and Arif lifted the vehicle sufficiently for Arif to pull the young woman to safety. She had been crushed, with a severe head injury that bled profusely. As Arif had a first aid certificate, he concentrated on keeping the young woman breathing. Sean, using the first aid kit from the RAAF vehicle, treated the other young people. He was helped by the

¹ This article was prepared by R.N. (Dick) Kelloway, VP AES, NSW-ACT Chair of TIP, practicing advocate and pension officer for RAAFA and the RSL.

badly shocked young man, Sigge, who said that they were all Swedish backpackers on a round Australia trip.

After dressing the Swedish backpackers and the elderly couple's wounds and treating them for shock, Sean went over to assist Arif, who had been administering external cardiac massage and mouth-to-mouth resuscitation for almost 30 minutes at this stage. Some 15 minutes later, just as a South Australian highway patrol officer arrived, the young woman died in 'Sean's arms'. An ambulance arrived almost a half an hour later from Woomera, and the ASOPs were released by the police officer to leave the scene. Too shocked to continue and realising they could no longer reach Alice Springs by nightfall, Sean and Arif returned to Woomera. The next day, they drove to Alice Springs, seeing the detritus from the accident as they passed the spot.

Emergent Consequences

The attachment was totally absorbing and Sean found himself very busy - helping put the experience behind them. Throughout the attachment, even though Sean was still affected by what he had seen, he slept reasonably well and was able to socialise when in the Alice overnight. Three or four months later, after Arif had been promoted and posted, Sean started to relive the scene he had encountered on the Stuart Highway. Each memory chilled him to the core. He saw in his mind's eye the horrific injuries to the young Swedish woman's face and skull. As time went by, the flashbacks continued, he began to dream that he was trapped under something big and could not get out, and found that he felt "alarmed" every time he saw young people in a "backpacker wagon".

By the time he came up for promotion to LAC, his concentration at work was failing, he couldn't sleep and was finding it increasingly difficult to get up in the morning. He felt constantly on edge, no longer went out to meet friends, his girlfriend was angered by his lack of affection and self-focus, and he felt like an "over-wound clock". Starting to think he was going mad, a year after the accident Sean went to the MO to seek help. Despite medication and counselling, his work performance continued to deteriorate and his social life came to a complete stop. A year later he was discharged administratively for poor work performance and attitude to authority. He returned home to his family. Three years later, his parents said that he disrupted their lives so much that he would have to leave. With the assistance of a Job Network service-provider he got a Centrelink disability pension.

Help Arrives

His life in tatters, Sean became increasingly isolated and barely able to take care of himself, until one day he came across in the street one of his old SNCOs, Dave. Having always felt supported during his service days by the older man's avuncular way, he blurted out his problems. Dave listened attentively and said eventually that he was a trained and authorised pension officer. He asked Sean to meet him at the local RSL Sub-Branch the next day.

During the conversation, Dave advised him that, even though Sean had not been deployed on operations, he could be suffering from psychological problems. He also advised that, as Sean had been driving between Edinburgh and Alice Springs on attachment, he was on duty and should be entitled to compensation. Dave added that, as Sean had joined the RAAF in January 2005, he was covered by MRCA, which came into force on 1 July 2004.

Dave advised him about the DVA claims process, the rehabilitation and compensation benefits available under MRCA, and gave Sean copies of SOPs to read. Once home, what he read confirmed what Dave had told him:

- By viewing deceased and critically injured bodies he had been exposed to a Category 1B stressor: SOPs 102/2007, 28/2008 and 6/2008 refer.
- He was suffering the symptoms of post-traumatic stress, anxiety and depressive disorders as detailed at Clause 3 of each of the above SOPs.

Accepting that he fitted the diagnostic criteria, Sean re-met Dave the following week to complete an FOI application to Air Force Records for copies of his Service and Service Medical documents.

During the couple of months before the documents arrived, at Dave's suggestion Sean saw his GP and asked him for referral to a psychologist for assessment of the severity of his disorders and a psychiatrist for diagnosis. Dave also connected Sean with the Veterans and Veterans Families Counselling Service (VVCS), which linked him with an out-reach psychologist, but cautioned that the psychologist could not provide an opinion to support a DVA claim. Dave advised that this was not a problem, as DVA would want a psychiatrist's diagnosis.

Sean's GP also assisted by preparing a GP Mental Health Care Plan, which enabled part of the cost of psychiatric treatment to be covered by Medicare. A couple of months later, Dave called and advised that he had found references to a consultation with the MO in Sean's Service Medical Records about a year after the accident, in which the MO had recorded "Anxiety" and then eight months later "Seems depressed. Some signs of anxiety". Dave said the MO's diagnoses provided evidence that the clinical onset of anxiety and depressive disorders had occurred within the two-year timeframe specified in the SOPs. He also advised that no time limit was specified for the clinical onset of PTSD.

During his next consultation with his psychiatrist, Sean passed on this information and the psychiatrist agreed to confirm in writing that Sean suffered from anxiety disorder with agoraphobia, depressive disorder, and PTSD when requested by DVA during the eligibility and assessment process to prepare a report. Armed with this support, Dave facilitated preparation of DVA Forms D2051 Claim for Liability and/or Reassessment of Compensation and D2049 Injury and Disease Details Sheet.

As Sean hadn't worked for years and was not taking care of himself, in Part F of Form D2051, Dave recommended that Sean tick the Permanent impairment compensation, Treatment, Rehabilitation and Household care services boxes. Some time later his psychiatrist called to say he had been requested by DVA to complete a psychiatric assessment, which he done. A month or so later, Sean received a call from a DVA officer advising that DVA had accepted liability on behalf of the Commonwealth and wanted to discuss the benefits Sean was entitled to.

Outcomes

Sean felt enormous relief that, at last, someone was prepared to help him move away from the hell his life had become. Today, he is undergoing psychiatric treatment and Cognitive Behavioural Therapy under a MRCA rehabilitation program and receiving a Special Rate Disability Pension (SRDP). His life has been changed immeasurably by his experience on the Stuart Highway, but he is coping better with the cards Life has dealt him. He is surfing and hiking again, and finding that they give him time to relax and are almost meditative in their effect.

In Summer 2012 article, I mentioned some of the Forums through which Government Departments consult Ex-service Organisations. A couple of issues have arisen that I would like to take this opportunity to pass on to you.

ESO Round Table (ESORT)

This forum sits national-level ESO representatives down with senior DVA officers. At a recent meeting, DVA tabled for ESO consideration a paper outlining DVA's early considerations about the implications of the post-Afghanistan withdrawal. DVA is seeking ESOs' opinions on three questions.

Support. What types of support do Ex- Service Organisations currently offer or are planning to offer to ADF members returning from Afghanistan?

Feedback. What feedback can Ex-Service organisations offer about their experiences with serving members returning from Afghanistan?

Engagement. How are Ex-Service Organisations engaging with contemporary veterans?

Operational Working Party (OWP)

The OWP canvasses ESOs' concerns about DVA's service delivery to improve quality and accountability. The issues raised at the most recent OWP meeting include the following issues.

Single Point of Contact. DVA has advised that, before seriously injured service personnel separate from the ADF, it will usually appoint a single point of contact. ESO Advocates may also contact the Deputy Commissioner in their State if they think a person would benefit from a single contact point in DVA.

MRCA Review. From 1 July 2013, DVA will be implementing most of the 96 (of 108 recommendations) accepted by Government from the Review of *MRCA 2004*, and has allocated \$17.4m over 4 years. A simple diagram of the compensation claim process has been developed.

Work Capacity under VEA 1986. DVA is developing easy-to-read guidelines on work capacity for veterans who may be eligible for a Disability Pension at the Special or Intermediate Rates.

INVITATION

If you would like to read the full DVA paper or contribute to RAAFA's response to DVA, or have any queries or comments on any AES matter, I'd like to hear from you either through Lance Halvorson, the Wings Editor, or direct to me at: <richard.kelloway@bigpond.com>

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