

Briefing

Non-Liable Health Care for Operational Service All Conditions (White Card)

In Mar 2014 ex Minister of Defence, Joel Fitzgibbon whilst being interviewed on Sky News, responded to being asked why he has been doing so many interviews after the recent death-in-Service of his son Jack:

“It’s another opportunity to honour Jack and ensure that people understood who he was and what he did.”

The takeaway from this statement is that Defence must “**honour**” and “**ensure that people understand**” who our Veterans are and what they did.

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Aim

The aim of this brief is to consider extending Non-Liable Health Care for All Conditions (under a White Card) for Veterans with Operational Service from the time of discharge from Defence until issuance of a Gold Card.

Background

This Brief is supported by evidence from the 2023 declassification and Australian War Memorial (AWM) publishing of [Commanders Diaries for UNTAC Cambodia](#) (Diary / Diaries). The Diaries demonstrate Defence's negligence as registry records were not maintained and **"it is believed that the files were destroyed in late 1992"**. These files include operational records that should have enabled records of service for UNTAC Veterans. These files are often required by Defence to determine a Veteran's honours and awards. DVA requires these records when determining a Veteran's claim. Where no records of service are available for DVA claims can only be declined.

Non-Liable Health Care (NLHC) has proven to be beneficial to all Veterans, particularly the enabling of early access of psychological support without requiring a Compensation Claim. For those with Operational Service they receive NLHC at age 70, with the issuance of a Gold Card (ALL CONDITIONS). There is considerable indication that Veterans with Operational Service should have the gap between discharging from Defence and NLHC at age 70 bridged, as by default has been afforded to this subset through the current NLHC arrangements for psychological conditions etc. As presented later for conditions arising from load carriage, the nature of service undertaken during Operational Service can reasonably be expected to extend beyond This will reduce the need for Veterans to submit a claim for liability / compensation when the sole reason is to obtain healthcare for a condition which DVA will become liable to manage when the Veteran is 70 years of age.

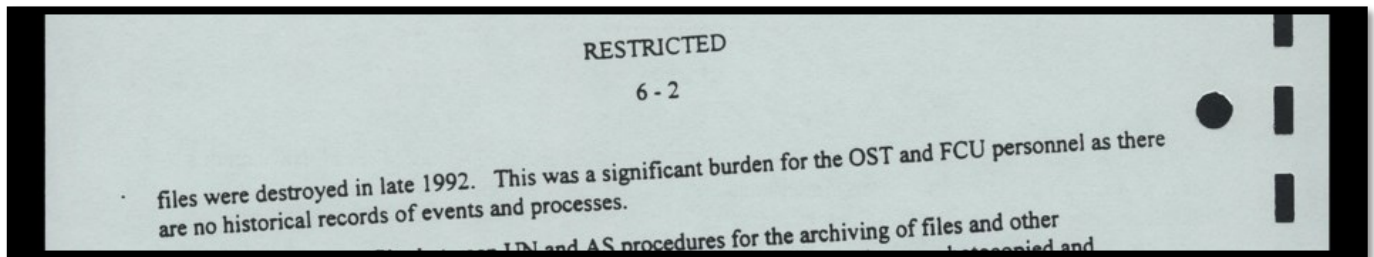
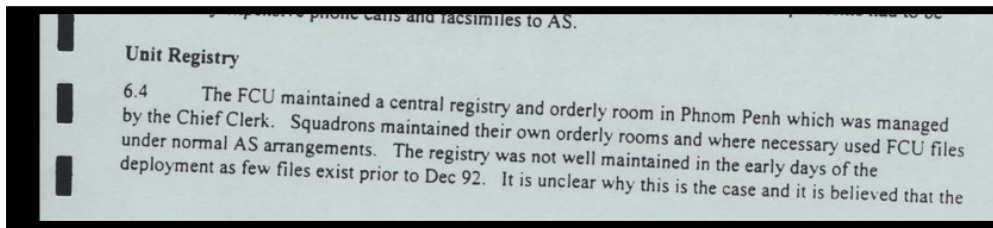
It is acknowledged that Gold Card for healthcare may be issued prior to the age of 70 under other criteria.

Historical Records

Where treatment of a Veteran has been undertaken by another country's resources (eg Defence Force), the medical records are not necessarily afforded to ADF health services and are not available for DVA when assessing claims. Medical proof for a condition will at times be specific to an operational area or trade, at which time the Record of Service becomes critical when making assessments. Aircrew being accepted as having had causative exposure to Ionising radiation is one example, as would proof of internment by an enemy force be another.

[AWM277 517/2 - \[Records of the Royal Australian Corps of Signals \(RA Sigs\):\] United Nations Australian Contingent Cambodia: Post Operational Report for ADF Participation in UN Operations in Cambodia - Operation GOODWILL - Operation GEMINI](#) reported the Unit **"Register was not well maintained in the early days of the deployment as few files exist prior to Dec 92"**. **"It is believed that the files were destroyed in late 1992. This was a significant burden for the OST and FCU personnel as there are no historical records of events and processes."** The operational Area for Cambodia was from 20 Oct 91 – 07 OCT 92. By admission, Defence has **"destroyed"** more than the first half (60% by days) of the deployment's operational records. For UNAMIC that integrated into

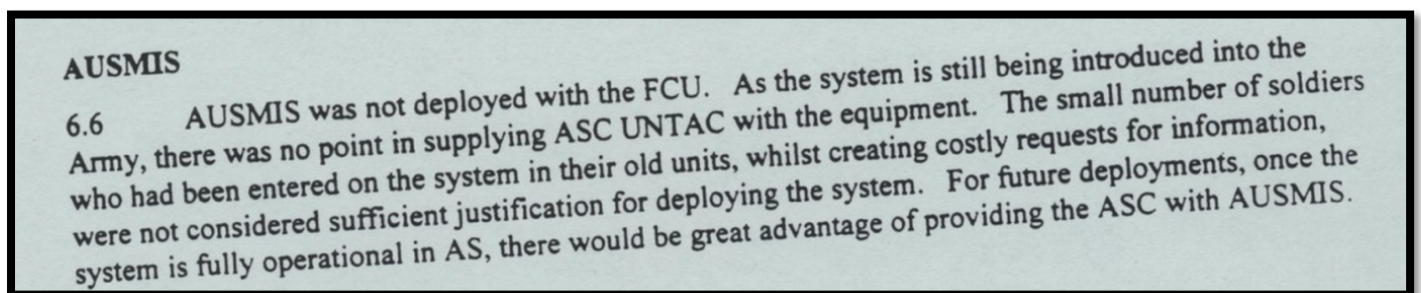
UNTAC and departed in 1992 this could have been all their records, and for the UNTAC advanced party at least two-thirds of their records. This leaves Veterans relying upon the entries recorded in the Diaries as the only tangible form of evidence provided by Defence.



Defence was able to confirm and determine the nature of service until Circa 2000, for key Defence delegates with knowledge of the deployment and the ability to make determinations were still within Defence. Post 2000, seven years after deployment, a lack of key delegates in Defence with the knowledge to verify and therefore decline the nature of service to award ICB and ACB.

AUSMIS Not Utilised, No PmKeys Records of Service

[AWM277 517/2 - \[Records of the Royal Australian Corps of Signals \(RA Sigs\):\] United Nations Australian Contingent Cambodia: Post Operational Report for ADF Participation in UN Operations in Cambodia - Operation GOODWILL - Operation GEMINI](#) provides evidence that Defence elected not to utilise the available AUSMIS electronic records system with UNTAC **“as the system is still being introduced into the Army, there was no point in supplying ASC UNTAC with the equipment”**. It is also recorded that **“there would be great advantage of providing the ASC with AUSMIS.”**



The decision not to deploy AUSMIS for UNTAC when it was known that the capturing of records **“would be great advantage”** can be considered negligent, particularly given Defence records were not retained. AUSMIS would have recorded proof of service as required by Honours and Awards and DVA.

Data entry into AUSMIS should have been possible given UNTAC was raised Dec 1991 and the advanced party for UNTAC was not deployed until Apr 92. It is reasonable to have expected that the

Approx 550 Veterans deployed on the first major Operational Service deployment since the Vietnam War could have been raised in AUSMIS.

UNTAC Health Care Experiences

If left untreated minor psychological, musculoskeletal, and other conditions will probably continue to deteriorate until suitable healthcare is accessible or the condition requires specialist intervention. The Author, an UNTAC Veteran, had a claim initially declined and denied DVA funded healthcare only for a claim to be approved many years later once the condition had considerably deteriorated and become a permanent health burden for the Veteran, the Veteran's Family and DVA.

At the age of 70 all those with Operational Service are automatically eligible for the Service Pension and [Gold Card Healthcare](#), subject to residency and asset / income criteria. In effect at age 70 those with Operational Service receive NHLC for all conditions, unless they have a Gold Card prior due to incapacity.

It is the gap years between when a Veteran with Operational Service discharges and turning 70 years of age, that healthcare shortfalls for these Veterans are exposed. The current White Card (Veteran Card) NLHC for psychological conditions has demonstrated that healthcare support for the gap years has been successfully enabled without compromising the requirement for a claim for compensation.

Bringing forward NHLC for all conditions for those with Operational Service to when they discharge from Defence will address these gap years. This would also negate the need for claims for compensation to be accepted purely to enable healthcare for a condition to be granted for the gap years.

Psychological

Minor and early onset of psychological presentations such as Post Traumatic Stress Disorder, meant that many UNTAC Veterans had their claims for healthcare support declined. The risk here is that a fee-paying Veteran is more likely to remove themselves from support services than one who is receiving funded Health Care.

In 2008 the author, who has been awarded with a ACB for combat duties, made a claim for psychological conditions for the sole purpose of attaining healthcare support during a time of poor mental health. The claim and therefore healthcare support was declined. In 2018 and after progressive and considerable deterioration a subsequent claim was submitted and access to advanced psychological services was possible.

The complications experienced by the author in the gap years included the loss of capacity to maintain gainful employment. The mental and financial cost to the family was considerable and below the level of care community expects to be provided to Veterans. The financial cost incurred by DVA because of delayed access to appropriate treatment and support is likely to far exceed the cost that would have been incurred had the initial claim been accepted.

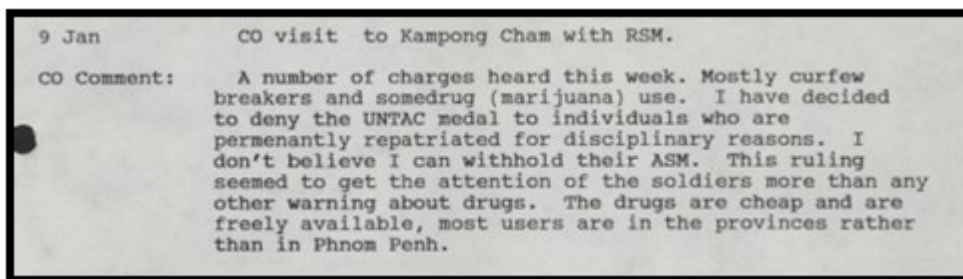
Efforts to address prevalence of Veteran Suicide has resulted in NLHC being enabled for all psychological conditions for all Veterans. As a subset those with Operational Service are now able to obtain psychological treatment when they do not meet compensation thresholds. NLHC has enabled better mental health outcomes.

UNTAC Substance Abuse

UNTAC Veterans operated in extremely remote areas throughout Cambodia. Many were part of three person observations teams along waterways, strategic locations to observe the Khmer factions (eg NADK) and their movements, main transportation routes, and the Thai, Laos, or Vietnam borders. As already presented many Veterans were subject to internment and / or direct fire. For those located to the North and West of Cambodia this was often the NADK. Whenever possible UNTAC Veterans would turn to alcohol. During their deployment Veterans were rationed 2 cans of beer per day. Excessive alcohol intake occurred when considered off-duty. This extended to the Australian Federal Police compound, other UN compounds and in public bars in safer locations such as Phnom Penh and Battambang. Alcohol abuse often continued upon return to Australia and has continued to be used by many as a coping mechanism.

There was the rare occasion where Veterans at these locations used marijuana, which was dealt with at the time.

[AWM399 18 - \[Commander's Diaries - Australian Contingent ASC - United Nations Transitional Authority Cambodia UNTAC\] January 1993 Part 2](#)



Marijuana grew wild throughout Cambodia and was commonly used to garnish foods. It was not until mid-1992 that UNTAC became aware of garnishing when it was observed being used by a roadside vendor who was preparing a soup for a member of UNTAC. From then efforts were made by UNTAC personnel not to consume marijuana garnished foods.



Musculoskeletal

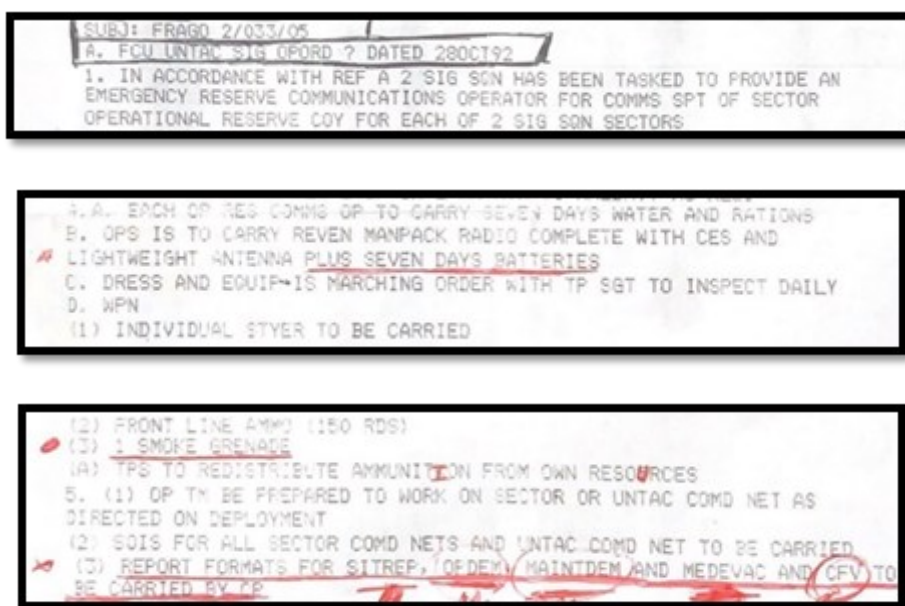
Other than direct trauma, which has immediately identifiable conditions and impairment, most musculoskeletal injuries are resultant of prolonged, repeated, or excessive load bearing over time.

DVA recognises this by requiring load carriage assessment to be completed for the majority of musculoskeletal conditions. This is difficult for claimants to complete particularly when they have no formal records for load bearing activities they have undertaken and are unaware that records may be required to support a claim many years later.

Dependent upon the branch and trade a Veteran is employed by Defence, load carriage exposures can be assumed attributable to a condition. Where a Veteran has completed ground operations during a period of Operational Service they have probably exceeded any threshold for load carriage. A Veteran who has completed a predetermined period of service or a period of field exposure in predefined trades (eg Infantry, Engineer, Signals, Aviation, Medical, Navy Boarding Party, Clearance Diver, and Driver) could be predefined as having suitable load bearing exposure. This would negate the onerous and pointless practice for claimants to locate someone who has completed a load carriage assessment for their trade as the basis of their assessment.

Load Carriage

For those with Operational Service it is not unreasonable to expect that load carriage will be beyond occupational limits experienced during domestic training and operations. Utilising UNTAC as an example the extracts below detail the equipment that the Author (Army, CPL, Medic) was required to load carriage, when assigned as the Signaller for the UN Bangladesh Battalion's Ready Reaction Force (RRF) located at Siem Reap, Cambodia.



The Signaller was to be in Marching-Order (webbing and pack) with the additional load to be specifically carried at a minimum:

- 7 days rations and water,
- Raven HF with CES and 7 days of Raven batteries,
- Individual Styer rifle, and 150 rounds of front line 5.56mm ammunition (5 full magazines), and
- 1 smoke grenade.

The first RRF Signaller (Author) was subject to the full load carriage of this equipment for extended periods of time. One instance included prolonged load carriage for approximately 2 hours when the

RRF preparedness was inspected by the 2IC, UNTAC under then Lt-Gen Sanderson. This was photographed by the entourages and the events that occurred during this inspection will not be forgotten by any of those in attendance.

The second RRF Signaller (Armoured Trooper) continued compliance with the load carriage requirements throughout their assignment. The stores that were carried proved invaluable on one of the Troopers deployments with the RRF. The RRF were confined to a bunker for a period of two weeks while under artillery barrage at the location.

[AWM399 16 - \[Commander's Diaries - Australian Contingent ASC - United Nations Transitional Authority Cambodia UNTAC\] December 1992 Part 2](#)

Period covered 25 Dec 92 to 27 Dec 92

General

1. There has been increased activity in a number of provinces over the Christmas period as predicted. Serious cease fire violations occurred and included increased shelling of CPAF positions by NADK elements. The areas where activity is occurring are SIEM REAP, KAMPONG THON, BATTAMBANG and PREAM VIHEAR.
2. Evacuation of villages has occurred in the BAVEL district of BATTAMBANG. There are increased efforts by both CPAF and NADK elements to take over villages.
3. Shelling has occurred in the SVAY LEU district of SIEM REAP with shells landing 25metres from UNMO and BANGBATT elements. TPR [redacted] is deployed with the UNMO team and is reported in good spirits.

[AWM399 17 - \[Commander's Diaries - Australian Contingent ASC - United Nations Transitional Authority Cambodia UNTAC\] January 1993 Part 1](#)

21 Dec Continue briefings by key personnel. Extensive shelling in SVEY LEU. TPR Rose remains in bunker with Bangladesh Bn members.

SUBJECT: OP GEMINI - SITREP NO 80/92

Period covered 28 Dec 92 to 31 Dec 92

General

1. Increased activity between NADK and CPAF in Sectors 2 and 3. Considerable movement of small groups (50-75) in N and NW particularly in BATTAMBANG and SIEM REAP provinces. Shelling at SVAY LEU continued throughout the period 28 to 31 Dec 92. Shelling on AM 31 Dec 92 landed within BANGBATT perimeter. CO BANGBATT received intelligence that artillery ammunition resupply was occurring AM 31 Dec 92 and requested the withdrawal of UN personnel PM 31 Dec 92, by foot ten kilometres through CPAF lines. The FC has helicopters on stand-by for extraction. TPR [redacted] continues to be in good health. Complimentary reports on his performance continue to arrive.

SECTOR 2
 (1) CPAF 4 MIL REGION HQ REPORTED THAT NADK FIRED 6 X ROUNDS H-107 ON VILLAGE TA DEC (VV 1069) AT 291700G DEC92. THE SHELLING KILLED ONE CIV AND WOUNDED 2 OTHERS WHO WERE HARVESTING IN THE FIELDS.
 (2) AT 300700G DEC92, ONE CPAF SOLDIER FIRED SEVERAL ROUNDS FROM HIS RIFLE INTO THE AR AT BANGBATT CAMP IN SRG DURING A QUARREL WITH ANOTHER SOLDIER. NO CASUALTIES.
 (3) NADK STARTED SHELLING BANGBATT CAMP AT SVAY LEU DIST (VV 1997) FROM 310802G-310905G DEC92. 11 X ROUNDS LANDED WITHIN 50-100M OF BANGBATT CAMP. REST OF SHELLS LANDED WITHIN 5-10M FROM BUNKERS. ABOUT 30 X ROUNDS WERE FIRED. SHELLING RESUMED FROM 310930G-311030 WITH ABOUT 35 X ROUNDS. FROM 311320G-311327G, 10 MORE ROUNDS LANDED. UN COMPONENTS TO BE PULLED OUT AS SOON AS THE ROUTE IS CLEAR. NO CASUALTIES TO UNTAC SO FAR. CPAF/CIV CASUALTIES NOT YET KNOWN. EXTENSIVE DAMAGE CAUSED INCLUDING DESTRUCTION OF BANGBATT COOKHOUSE AND RADIO ANTENNA OF 2 SIG TP.

SECTOR 3
 (1) NADK TROOPS ATTACKED PH KDAK (VA 6809) AT 300545G DEC92. 60 OUT OF THE 70 CPAF TROOPS IN THE VILLAGE WERE ABSENT AT THE TIME. NADK CAPTURED THE CPAF BARRACKS INCLUDING FOOD, AMMO AND WPNS. VILLAGE NOW UNDER NADK CONTROL.

[AWM399 18 - \[Commander's Diaries - Australian Contingent ASC - United Nations Transitional Authority Cambodia UNTAC\] January 1993 Part 2](#)

ASC UNTAC COMD DIARY NOTES - JAN 93

4 Jan CO 1 Sig Regt (Lt Col [redacted] visiting (on holidays) with wife. New Adjutant, Captain [redacted] Capt [redacted] (outgoing) becomes Tp Comd HQ UNTAC Sig Tp.

Trooper [redacted] evacuated from Svey Leu with rest of Bangladesh Platoon. [redacted] performance attracted great commendation from Bang Bn. They were under arty and mortar fire for most of the time that they were there.

The Trooper was located within a bunker from no later than 21 Dec 92 until the RRF were able to be extricated from the location 04 Jan 93. A ground self-extrication by foot of the RRF proposed on 31 Dec 92, required traversing 10km over mined and insecure open ground through to another Khmer faction (KPAF) area of operations. This was deemed not viable. A UN helicopter was eventually able to gain access to affect the evacuation. The seven days of supplies that were load carried sustained both the Trooper and Raven radio operations for the 2-weeks confined to a bunker.

Internment by Enemy Forces

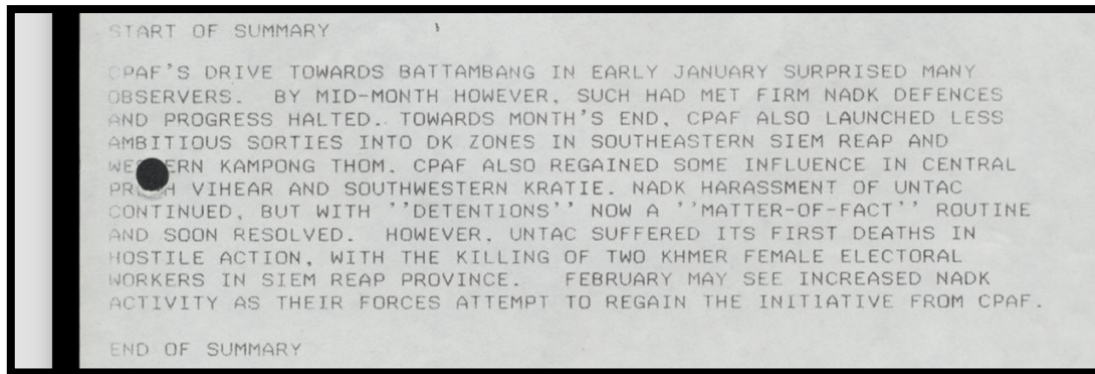
Classification of Operational Service (“War” or “War-Like”) discriminates the trauma experienced by a Veteran who has been interned by an enemy force, even when the condition experienced by the Veteran is the same. There are only 3 declared operational areas of “WAR”, two during WW2 and the third Korean War. “War” enables an interned Veteran to be classified as a Prisoner Of War, receive the recognition for the trauma they’ve experienced, and importantly they are afforded the service and support the Veteran is rightfully due. A Veteran who experiences internment during “War-Like” operation (eg Vietnam War, Somalia, East Timor, Afghanistan and Cambodia) is not afforded the same “honour” of being recognised for the trauma they’ve suffered while interned by an enemy force, in a means that “ensure that people understand” what it is the Veteran has experienced. Most adults are able to identify at least one USA POW from the Vietnam conflict. Knowing this, the conscious decision

made is to continue to exclude “War-Like” Veteran’s Legislation the recognition the public would surely expect is due.

Internment of UNTAC Veterans

Intern, for the purpose of determining **Prisoner of War**, is to be confined in a camp, building, prison, cave, or other place (including a vehicle); or restricted to residing within specified limits.

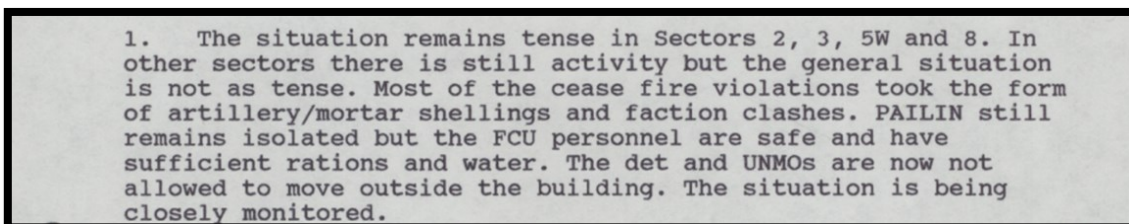
Throughout the Diaries there are many references to the interment of FCU Veterans by “**enemy forces**”. “**DETENTIONS’ NOW A ‘MATTER-OF-FACT” ROUTINE**”



The following is a selection of examples extracted from the Diaries, to demonstrate frequency and intensity of “**DETENTION**” “**MATTER-OF-FACT**” “**ROUTINE**” internment of FCU Veterans that are not recorded of records of service by Defence.

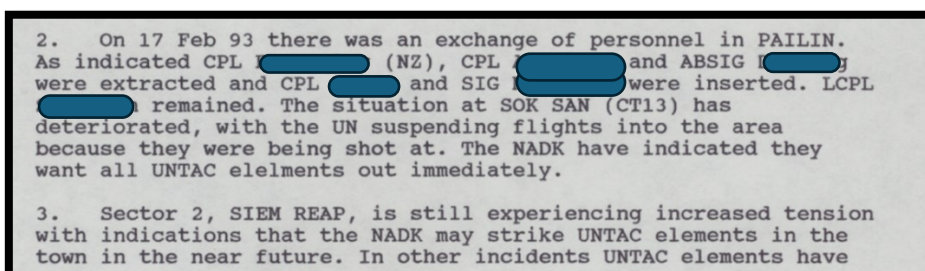
Pailin the HQ for NADK (Khmer Rouge)

From early in the deployment FCU Veterans were subject to frequent, prolonged, and intense internment. NADK controlled the North-West quarter of Cambodia. Pailin Sig Troop was renamed Sisophon Sig Troop after the prolonged denial of access to Pailin forced the Dutch Marine Battalion and the embedded Troop's relocation to Sisophon province.



Swapping Out Interned Veterans “MATTER-OF-FACT” “ROUTINE” at Pailin

In the above extract the wording of “**exchange**”, “**extracted**” and “**inserted**” is indicative of the difficulty in gaining access and the nature of assignment for internment at Pailin.

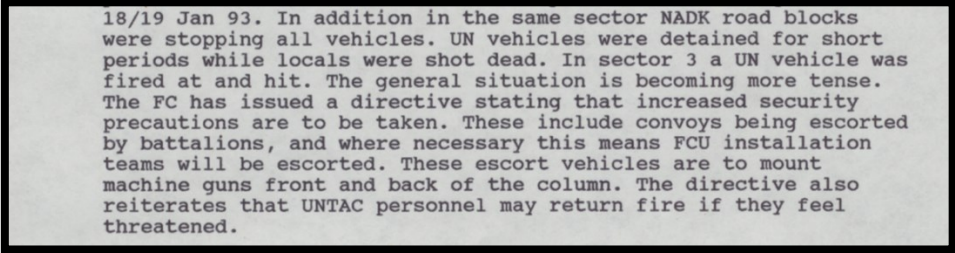


Sisophon Sig Troop Internment by NADK "MATTER-OF-FACT" "ROUTINE"

Operating in NADK controlled territory, all Sisophon Sig Troop Veterans were subject to periods of internment by the NADK while transiting the sector. This included while attempting to gain pre-approved road access to Pailin for resupply and welfare checks on FCU Veterans under internment. Internment was absolute for those who's movements included Pailin, with those assigned to Pailin this would be for the weeks or months of their assignment.

Interned UNTAC witness Khmer Murders

This Diary entry proves UNTAC where subject to internment and witnessed the murder of Khmer locals. While NADK had at times openly stated they would kill any Khmer persons who were travelling with UNTAC, it is not clear if these were UNTAC or civilian Khmer. Hostile enemy had an agenda to execute against UNTAC.



18/19 Jan 93. In addition in the same sector NADK road blocks were stopping all vehicles. UN vehicles were detained for short periods while locals were shot dead. In sector 3 a UN vehicle was fired at and hit. The general situation is becoming more tense. The FC has issued a directive stating that increased security precautions are to be taken. These include convoys being escorted by battalions, and where necessary this means FCU installation teams will be escorted. These escort vehicles are to mount machine guns front and back of the column. The directive also reiterates that UNTAC personnel may return fire if they feel threatened.

UNTAC Health Care Summary

As evident by the UNTAC psychological and musculoskeletal examples presented, Operational Service is complex and evidence to support exposures for a condition are not readily available nor likely to be known by the claimant. As with internment unless there was a specific condition requiring treatment any other exposure type or minor occurrences of a condition that was insufficient for medical treatment was not routinely recorded. In many instances for UNTAC the Commanders' Diary is the only record for exposures (excluding 1992 non reporting and destroying of records) for treatment was provided by another country, records of service were not afforded and / or the nature of service is not considered for exposures for a Veteran. With the absence of these records or ability to classify an exposure, there is not ability to provide proof of exposure for a claim. NLHC bridges the shortfalls which a Veteran may have in evidence, for it removes the need for a claim to be accepted before healthcare can be afforded.

Non-Liable Health Care

DVA has often been left holding the dartboard of Veteran frustration when Defence has failed to maintain appropriate records and / or ensure the nature of a deployment escalates as the nature of service escalates. Veterans have been let down by the negligent record retention by Defence and the failure to immediately classify the nature of service to Operational Service when activity became War-Like. Using UNTAC as an example, the deployment ceased in 93, and it wasn't until six-years later that the deployment was reviewed from Non-War-Like to War-Like. The delay meant that under Legislation the Veterans were not afforded VEA recognition until circa 1999 too. This effected the onus of proof and the capability to access healthcare for the nature of service that was undertaken by UNTAC Veterans. The ability to access NLHC All Conditions for overseas Operational deployments would

have mitigated the deficiency in being able to access DVA funded healthcare, which is now afforded due to the change on onus of proof etc.

Many UNTAC personnel are yet to have the gap between discharging from Defence and NLHC bridged, and many have floundered as they wait for their nature of service to be suitably recognised, and the appropriate support and services commenced. The youngest known UNTAC Veteran is now 51, was deployed with Sisophon Sig Troop and experienced period of internment, has not submitted any claims despite having conditions which would probably be accepted so access to appropriate support and services such as healthcare can be afforded by DVA. Not being able to access suitable healthcare without submitting a claim is likely to result in healthcare not being sought.

DVA's claim workload can potentially be reduced with the expansion of NLHC, and through the revision of SOPs to include VRB recommended approvals when appropriate. NLHC will reduce the number of claims that are being made by eliminating claims for healthcare support. For those with Operational Service they receive NLHC at age 70, with the issuance of a Gold Card. Consideration should be made for bringing this forward to when they discharge from service. There are other exposures such as common load carriage conditions, which must be considered for NLHC. The separation of healthcare from compensation claims will be beneficial to these Veterans and potentially improve their health outcomes by enabling healthcare they may otherwise not obtain due to not wanting to make a claim. The better the health of a Veteran at 70, it stands to reason that their healthcare costs to DVA in the later years should be considerably less.

Assessment

All DVA and Defence claims require the respective agencies to be capable of validating service in support of a claim. Defence must appropriately record and maintain accurate and concise records of service to enable validation. This has been detrimental for Defence and DVA delegates unable to access the evidence to appropriately assess claims. This is detrimental to UNTAC Veterans who were subject to internment. UNTAC Veterans have on the balance of evidence provided by the Diaries seen their nature of service diluted by Defence electing not maintain and / or having "**destroyed**" records.

DVA's claim workload can potentially be reduced with the expansion of NLHC. NLHC will likely reduce the number of claims that are being made by eliminating claims for healthcare support. For those with Operational Service they receive NLHC at age 70, with the issuance of a Gold Card. Consideration should be made for bringing forward NLHC All Conditions (on a White Card) to when they discharge from service. There are other exposures such as common load carriage conditions, which must also be considered for NLHC after completing a given time in service.

Recommendations

- Non-Liable Health Care to be expanded to All Conditions (on a White Card) for those with Operational Service.
- Extend Non-Liable Health Care All Conditions (on a White Card) to specific service. trade and time in service criteria.