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**Defence Reserves
Association**

Royal Commission into Defence and Veteran Suicide

NOTICE TO GIVE INFORMATION

Introduction

I refer to the Notice to Give Information served on the Defence Reserves Association. I wish to provide the following information.

1. The Defence Reserves Association (**DRA**) is a joint (Navy, Army, Air Force) organisation and is the only advocacy group specifically representing Defence Reservists.
2. The major objectives of the DRA are to:
 - foster and assist the Australian Defence Force (**ADF**) in developing and implementing effective conditions of service, with particular emphasis on the Defence Reserves;
 - engage with other Ex-Service Organisations in improving the welfare and betterment of serving and former ADF members, with specific attention to Defence Reservists;
 - consider and where appropriate seek improvements to the amenities and equipment relating to the Defence Reserves; and
 - represent the interests of the Defence Reserves in the promotion of an effective ADF.
3. The DRA consists entirely of volunteers and is a federated organisation with a National Executive consisting of a President, Immediate Past President, Deputy President, Vice Presidents Navy, Army, Air Force and Health Services, Treasurer and Secretary, together with Presidents of the State and Territory DRA Branches.
4. The DRA has branches in every State and Territory, except for the ACT where ACT members are covered by the NSW Branch.
5. The DRA membership comprises serving and former permanent and reserve ADF members together with members of the community interested in defence matters. In addition, reciprocal membership is encouraged with corps, regimental and unit organisations and associations whose members wish to be involved in the ongoing defence debate, particularly in matters relating to and involving the Defence Reserves.

6. The DRA supports all veterans and their families, regardless of whether they are/were a Defence Reservist, by ascertaining the veteran's and family's needs and referring them to the appropriate professional and accredited organisation. Veteran in this context is anyone who has served one day in the ADF.

7. The support the DRA provides is general in nature and is not a claims advocacy service for veterans. However, the DRA does raise individual cases with the Department of Veterans' Affairs (**DVA**) through the DVA Deputy Commissioner's Consultative Forums in each State and Territory.

8. Each DRA State Branch is represented on the respective DVA's State Deputy Commissioner's Consultative Forums by its President or nominated officer. In addition, since August 2017, the DRA's National President has been represented on the DVA's Ex-Service Organisation Round Table. Through these consultative forums, the DRA is involved with a range of Federal organisations, including DVA, Defence, Commonwealth Superannuation Corporation and the Australian Taxation Office.

9. The DRA is affiliated with the Defence Force Welfare Association and is represented on its executive by the DRA's Deputy President. The DRA is also a member of the Alliance of Defence Service Organisations. The Alliance advocates to governments, parliaments and the Australian people in caring for the well-being of the Defence Family (serving ADF members, veterans and their families) and in protecting their service entitlements.

10. The DRA is in regular contact with various Branches of the ADF and Defence, in particular the Joint Support Services Division and Defence People Group, on a range of issues affecting Reservists.

11. The DRA conducts annually a joint service, all ranks National Conference that is addressed by a panel of distinguished speakers including Government Defence speaker, Opposition Defence speaker, senior ADF Officers and leading commentators on Defence matters. These conferences provide optimal opportunities to discuss crucial issues affecting the Defence Reserves. In most years, the DRA receives some sponsorship from Defence for the conduct of the National Conference.

Defence Reserves

12. The DRA considers that it is important for the Royal Commission, in examining the systemic issues affecting the mental health of Reservists, to understand the differences between Reservists and permanent members of the ADF in terms of their obligation to serve and their conditions of service; and the different types of Defence Reservists. There are different service categories across the spectrum of Reserve service that forms the Total Workforce System (**TWS**) in Defence.

13. Defence Reservists include Navy Reservists, Army Reservists and Air Force Reservists. According to the Defence Introductory Briefing to the Royal Commission (page 10), as at 1 July 2021 there were 40,145 Reservists out of a total uniformed service of 100,381. The median age of the Defence Reserves is 43 years compared to 31.2 years for permanent members of the ADF, and the median length of service of Defence Reserves is 17 years, compared to 8.2 years for permanent members of the ADF. In other words, Reservists are on average older than permanent members of the ADF and serve on average twice as long as

permanent members of the ADF.

14. Under the Defence TWS, Defence Reservists are classified as:

Service Category 5: whose service extends across financial years and who have security of tenure for the duration of their approved commitment to serve - **18,500** Reservists. This category was previously known as the Active Reserve; a term that is still used colloquially.

Service Category 4: who provide contingent capability at short notice, usually medical specialists - **34** Reservists.

Service Category 3: who provide a contingency capability by indicating their availability to serve or who are providing service to meet a specific task within a financial year - **11,225** Reservists. This category was previously known as the Inactive Reserve.

Service Category 2: who do not render service and have no service obligation. They are liable to call out - **10,386** Reservists. This category was previously known as the Stand-By Reserve.

At any point of time, there are also Reservists on Continuous Full Time Service (**CFTS**) who are considered to be permanent members of the ADF in either Service Category 6 or 7 for a defined period.

15. Prior to 2003, the vast majority of Reservists were what is referred to as *ab initio* recruitment – that is they were civilians who were recruited into the Navy, Army and Air Force Reserves. They had to meet the ADF’s selection standards and mostly undertook their Reserve service in Reserve units. A small number of former permanent members of the ADF also joined the Reserves.

16. In 2003, Defence directed that any person who joined the Permanent ADF on or after 1 July 2003 and who transitions from the permanent force is required to transfer to the Reserves, except for members who: have not completed initial recruit, officer or employment training; are subject to disciplinary action; are leaving because of medical reasons; or who reach compulsory retirement age (65 for Reservists).

17. Members of the permanent force who transfer to Service Category 2 and do not undertake any service in the Reserves for a period of five years are separated from the ADF.

18. The DRA considers that it is essential to understand the definition of a Defence Reservist in analysing research into veterans’ suicide.

19. The Australian Institute of Health and Welfare (**AIHW**) released its “*Final Report to the Independent Review of Past Defence and Veteran Suicides*” on 29 September 2021. The service status groups are defined on page 67 of the report as follows:

The three broad groups describing the nature of an individual’s employment with the ADF, namely:

• **Serving:** ADF members currently serving in a regular capacity in the Royal Australian Navy (Navy), Australian Army (Army) or the Royal Australian Air Force (Air Force) as of 31 December 2019, and still serving in a permanent regular capacity.

• **Reserve:** *ADF members in the active or inactive reserve forces for the Navy, Army or the Air Force as of 31 December 2018, who are still in the reserve forces. Most members leaving full-time service transition to the inactive reserve forces (for a minimum of five years), unless prevented by medical or other grounds. The service status 'Reserve' includes members with a wide range of different experience and relationships to the ADF. For example, it includes both active and inactive reserves, as well as those who have only ever been reservists and those who served full time and then entered the reserves.*

• **Ex-serving:** *ADF members who served in the Service or Reserve Services between 1 January 2001 and 31 December 2018, but who subsequently separated from active service.*

20. The AIHW has advised the DRA that the above definitions of Reservists differ from other related reports developed in consultation with Defence and DVA, such as the annual suicide monitoring report "[Serving and ex-serving Australian Defence Force members who have served since 1985: suicide monitoring 2001 to 2019](#)", which was also released on 29 September 2021; and the "[National suicide monitoring of serving and ex-serving Australian Defence Force personnel 2020 update](#)", which shares the same reference period as the report to the interim National Commissioner for Defence and Veteran Suicide Prevention.

21. In these reports, the definitions used were as follows:

Serving and ex-serving Australian Defence Force members who have served since 1985: suicide monitoring 2001 to 2019 (Released September 2021; page 2):

Reserve: ADF members in the reserve forces for the Navy, Army or the Air Force from 1 January 1985 and who were in the reserve forces on 31 December 2019 or when they died. Most members leaving full-time service transition to the reserves (for a minimum of five years), unless prevented by medical or other reasons. The service status 'Reserve' includes members with a wide range of different experience and relationships to the ADF. For example, it includes personnel who have transitioned from full time service as well as both those who have joined in reserve capacity. Members provide service across a service spectrum that is based on their availability to render service. Some members may not render service in any capacity due to their personal circumstances, however they are liable to be called on by Government.

National suicide monitoring of serving and ex-serving Australian Defence Force personnel 2020 update (Released October 2020; page 3):

Reserve: ADF personnel in the active or inactive reserve forces for the Navy, Army or the Air Force on or after 1 January 2001. Most personnel leaving full-time service transition to the inactive reserve forces, unless prevented by medical or other grounds.

Twice the Citizen or Second Class Citizen!

22. Sir Winston Churchill famously described the Reserves as "twice the citizen". Regrettably, for reasons that are outlined below, many Reservists consider that despite their often lengthy service in the Reserves in the defence of Australia, when it comes to seeking

medical treatment or compensation for injury, including mental health injury, sustained in their service to the country, they are treated like “second class citizens”.

23. Defence Reservists are in effect the equivalent of civilian casual employees, but without some of the benefits accruing to many casual employees such as superannuation, long service leave and a loading for the intermittent nature of the work. Defence Reservists are paid salary (taxation free) for directed attendance and the ADF can direct Reservists not to parade for any length of time with little or no notice. The taxation free nature of Reserve pay is a long-standing recruitment and retention initiative that has bi-partisan political support.

24. Defence Reservists are not entitled to many of the conditions of service that apply to permanent members of the ADF, in particular to medical and dental care.

25. An issue that the DRA consistently raises with Defence is the use of language by Defence describing “all members of the ADF...”, when in fact Defence is referring to only permanent members of the ADF.

26. In this context, the DRA must regrettably point out that there are statements in the Defence Introductory Briefing to the Royal Commission that are wrong.

27. For example, at pages 12 to 14 of the Defence Introductory Briefing, statements are made about benefits that apply to members of the ADF such as ... “in addition to salary, ADF members receive a variety of allowances, extra pay for relevant qualifications and 16.4 per cent superannuation.” (page 12). Defence Reservists do not receive superannuation for their Reserve service. Many of the other benefits listed do not apply to Reservists.

28. The history of the Reserves since being re-raised post the Second World War, is one replete with antagonism and outright hostility between the permanent ADF forces and the Reserves. This applies particularly to the Army Reserve. In more recent years, however, there has been a growing recognition by senior ADF officers of the capability provided to the ADF by the Reserves in both domestic and offshore operations that has led to a move to integrate the Reserves more fully as part of a total ADF.

29. Naval Reservists have undergone numerous name changes and restructures since being re-raised and now consist mostly of former permanent members of the RAN. Navy restricts its *ab initio* recruitment of Naval Reservists to specialist classifications, such as medical officers, lawyers, musicians etc. Naval Reservists are mostly employed on large Navy bases where they have access to some facilities available to permanent members of the Navy.

30. Army Reservists have also undergone numerous name changes and considerable restructures since being re-raised as the Citizen Military Forces in 1948. Army undertakes a significant amount of *ab initio* recruitment of Reservists into the Army Reserve. Individual Army Reservists may serve in a range of permanent and Reserve units and headquarters, as well as in remote and country Army Reserve depots where they do not have access to facilities that are available on large ADF bases. This includes Aboriginal and Torres Strait Islander Reserve soldiers who serve in the Regional Force Surveillance Units in the remote regions of northern Australia. A relatively small but growing number of Army Reservists comprise former permanent members of the Army who transfer to the Active Reserves on discharge from the Regular Army.

31. Air Force Reservists have also undergone numerous restructures since being re-raised and now comprise mostly former permanent members of the RAAF. Air Force restricts its *ab initio* recruitment of Air Force Reservists to specialist classifications, such as medical officers, lawyers, public relation officers etc. Air Force Reservists are mostly employed on large RAAF bases and RAAF headquarters where they have access to some facilities available to permanent members of the RAAF.

32. Due to the record keeping practices (see below) by Defence of the service and medical records of Reservists, Defence is unable to identify the number of Reservists who have served in the ADF since 1948.

Reservists' Personnel and Medical Records

33. Compared to permanent members of the ADF, the situation concerning the records of many thousands of *ab initio* recruited Reservists is, in the opinion of the DRA, disgraceful. This applies particularly to the medical records and service records of individual Reservists prior to 2001 when the Defence personnel management system, PMKeys, was introduced. The DRA is aware of situations of Reserve unit or sub-unit personnel records being destroyed because of restructures, of individual Reservists on discharge from the ADF being given their own medical and service records (that is, not copies), and of records of medical examinations of Reservists undertaken at camps and exercises being destroyed.

34. This is compounded by the fact that prior to 2001, when Reservists did undergo any period of CFTS, a separate medical record would be raised. A Reservist could have numerous medical records with none of these records being linked and these records are mostly paper based.

Medical Treatment of Reservists

35. Reservists are not normally entitled to receive medical and dental treatment through the ADF's health system. Instead, they are expected to seek appropriate treatment through the civilian health system.

36. This could lead to the anomalous situation that if an Army Reserve unit was undertaking a training activity in an Army training area, such as the Holsworthy Training Area and a Reservist and a permanent cadre staff member were injured, the Reservist would be taken to Liverpool Hospital for treatment whilst the cadre staff member could be treated at the Base medical centre. This situation could also lead to difficulties in "marrying" up the Reservist's civilian hospital records with their Army medical records.

37. A more recent example is the 'call-out' of the Reserves on full-time service at the end of 2019 for Operation Bushfire Assist. Those Reservists undertook a period of CFTS where they were entitled to the same benefits as permanent members of the ADF, including the provision of ADF health care if they were injured on that operation.

38. There were some Reservists, however, who volunteered to work on Operation Bushfire Assist but not on CFTS. They were remunerated as Reservists with their normal conditions of service. If these Reservist were injured whilst on Operation Bushfire Assist, unless their condition required hospitalisation, they were directed to see their General Practitioners, presumably at their own expense.

Claims to DVA by Reservists

39. The DRA contends that the historical situation regarding the record keeping practices of Reservists' service in the ADF is a major factor in some Reservists experiencing extreme delays (in excess of two years) in having claims submitted to DVA being resolved. This fact can have a detrimental impact of the mental health of the individual Reservist. Further, without the records, it is difficult for Reservists to prove that the event which lead to an injury actually occurred.

Treatment for Mental Health

40. There are two factors that the DRA consider essential in dealing with mental health issues faced by veterans: lifestyle, and access to treatment for mental health issues and the contemplation of self-harm.

41. On 30 October 2019, the Australian Government's *Australian Veterans' Recognition (Putting Veterans and their Families First) Act 2019* received Royal Assent. The object of this Act was to acknowledge the unique nature of military service and the sacrifice demanded of those who commit to defending our nation. "Veteran" is defined as a person who has served, or is serving, as a member of the Permanent Forces or as a member of the Reserves.

42. On 30 November 2019, the Minister for Veterans Affairs and Defence Personnel launched the *Veterans' Recognition Program*, that included, inter alia, the provision of a Department of Veterans' Affairs (DVA) White Card to all former serving members of the Permanent Forces of the ADF **with one day's permanent service**. This includes any former or current Reservist who had completed at least one day on CFTS.

43. The provision of a White Card entitles the holder to access DVA-funded mental health treatment, regardless of whether the condition was related to their ADF service.

44. Subsequently, this provision was extended so that Reservists with a condition accepted by DVA and Reservists who due to their service with border protection, disaster relief and /or involvement in a serious accident could also apply for a White Card.

45. Reservists who do not meet these criteria, regardless of their length of service in the ADF, are excluded from applying for a White Card. Many of these Reservists have had lengthy periods of service in the ADF, sometimes over 40 years, but have not been required or given an opportunity to undertake a period of CFTS.

46. The DRA understands that the reason why the "one day's permanent service" exclusion was introduced was that Defence could not identify the numbers of Reservists who had served in the ADF and who had not undertaken any period of CFTS. DVA could not, therefore, ascertain the possible cost of including all Reservists and so the exclusion was applied to be able to access DVA-funded mental health treatment.

47. The DVA liability in this regard should become known mid 2022 when the data from the 2021 Census is available. Defence and DVA should then know with a significant degree of accuracy how many persons have served in the Defence Reserves, including those who did not complete a period of CFTS.

48. The DRA is strongly of the view that access to all Reservists of DVA funded mental health care under the provision of non-liability health care, would be a significant measure toward ensuring the mental health and well-being of all Defence Reservists, regardless of when they served and under what conditions.

Transition

49. Whilst most Reservists have little difficulty in obtaining civilian employment or in integrating with society when discharging from the ADF, a significant number of Reservists work in the casual civilian workforce or are in full time study with part time or casual work and have little or no employment protection. In these cases, Reservists do have similar issues as permanent members in gaining civilian employment. This has also been an issue for some Reservists volunteering for CFTS, whereby they gave up their civilian employment to accept CFTS.

50. Under the new ADF's transition arrangements, these Reservists are now able to access the same transition arrangements as permanent members when completing their period of CFTS.

Conclusion

51. The unique nature of military service applies to all members of the ADF, regardless of whether those ADF members are Reservists or permanent members. There is a cost of this ADF service, particularly in regard to mental health and well-being.

52. If the Government, ADF and DVA are serious in reducing the number of veterans who self-harm, then the inescapable conclusion is that all members of the ADF, regardless of how long they served, when they served, where they served or in what capacity they served, should have access to the same standard of treatment for mental health.

53. Finally, the DRA has identified a number of members who would be able to speak to the Royal Commission in either public or private hearings concerning the health care of Reservists, the record keeping of Reservists' medical and service records, and the attendant difficulties for Reservists in having a claim processed by DVA.

Paul Irving
National President
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