

# submission to review of service

Australian Civilian Surgical Teams' Service in Vietnam  
1964 - 1972

entitlements  
2002



Submitted by

The Australian Nursing Federation (ANF)

Civilian Nurses, Australian Surgical Teams Vietnam, Group (CN-ASTV)



The Review of Service Entitlement Anomalies in Respect of South-East Asian Service (2000) recommended that Australian Civilian Surgical and Medical Teams operating in Vietnam during the Vietnam War be deemed as performing qualifying service for repatriation benefits. This submission seeks to action this recommendation and should be read together with the 2000 Review Submission included as Attachment 4.

#### Acknowledgements:

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### General Comment

In the Vietnam conflict, the United States of America (USA) encouraged many countries to stand with them and the Republic of Vietnam in what became known as 'the many flags' programme (McNeill 1991). Australian membership of SEATO therefore brought with it the requirement to nominate forces to contribute to planned contingencies, and in 1962 the Australian government was asked by the US to supply not only an Army Training Team, but also surgical services and medical care to the South Vietnamese people and to the large refugee population from North Vietnam.<sup>1</sup>

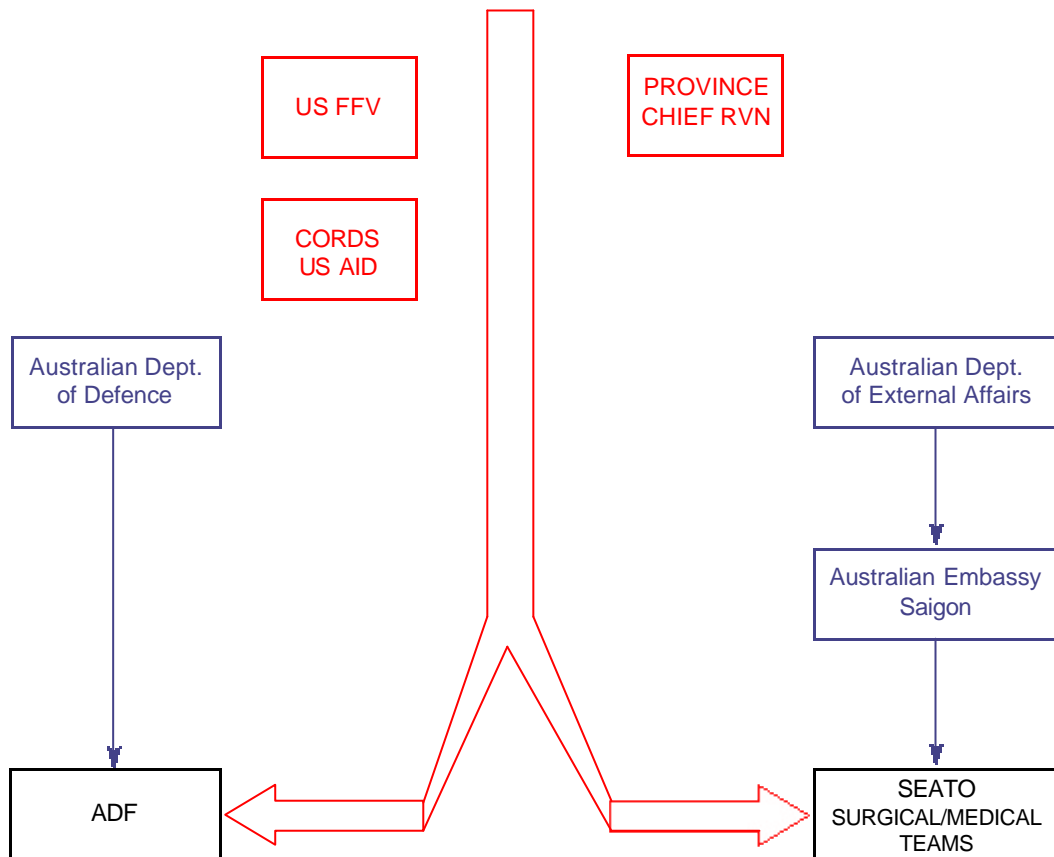
It is within this context that SEATO surgical and medical teams were sent into South Vietnam on the very cusp of Australia and America's combat involvement in the region. The *Official History of Australia's Involvement in South-East Asia Conflicts 1948-75* puts this clearly in perspective. In his volume, *Crisis and Commitments: The Politics and Diplomacy of Australia's Involvement in South-East Asian Conflicts 1948-1965*, the official historian, Peter Edwards, states (as the push for military action in Vietnam was escalating):

"After the Manila meeting (SEATO Council in April 1964) the United States began to seek support from all its allies, not just those in SEATO. Rusk (US Secretary of State) returned from a visit to Saigon speaking of the need to see 'more flags' in South Vietnam, and on 23 April President Johnson spoke publicly of his hope of seeing 'some other flags in there'. On 6 May the United States Embassy in Canberra delivered a note, based on a cable sent to embassies in allied countries around the world, which reviewed existing aid programs and suggested further contributions. On the military side it listed possible donations from Australia, New Zealand and the United Kingdom together, including army and air force training personnel, forward air controllers, communication engineers, pilots and reconnaissance aircraft. Numerous forms of non-military assistance were also proposed. Two days later the embassy forwarded another list, addressed specifically to Australia, suggesting the provision of additional advisory teams, special forces personnel, helicopter and fixed-wing aircraft, and surgical teams". (pp.297-298)

<sup>1</sup> Alfred Hospital Melbourne Nursing Archival Box 8. Letter from Dr John Game to G.B. Canham, Acting Manager 4 March 1963

Figure 1

COMUSMACV and ARVN



**Command chart** - Blue = administrative  
- Red = operational

- ADF** Australian Defence Force
- ARVN** South Vietnamese Army
- COMUSMACV** Commander of the United States Military Assistance Command Vietnam
- CORDS** Civil Operations Revolutionary Development Support
- US AID** United States Agency for International Development
- US FFV** United States Field Force Vietnam

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Therefore as part of its SEATO contingency planning for South Vietnam, the Australian government strategists sought to provide civilian surgical/medical teams to work in four provincial centres in Vietnam - Long Xuyen, Bien Hoa, Vung Tau and Ba Ria (refer to Attachment 3). In October 1964 the first team from the Royal Melbourne Hospital arrived in Long Xuyen in the Delta Region.

Comparisons can be made here with our Australian Army Training Team that was sent to Vietnam, as both groups were a part of the bipartisan SEATO contingency planning by the Departments of External Affairs and Defence - as was the later commitment of ground troops. All of these groups officially came under the operational command of both the South Vietnamese Army (ARVN) and the Commander of the United States Military Assistance Command Vietnam (COMUSMACV). Unlike recent events in East Timor, official records show that the Australian Defence Force (ADF) was not fully independent whilst in Vietnam (McNeill 1991).

Whilst administratively the Australian SEATO Surgical/Medical teams came under the direction of the Department of External affairs and the Australian Embassy in Saigon, they shared a common bond with the ADF operationally, they were also under the command of COMUSMACV, and the hospitals where they worked were vetted as part of the US "many flags programme" (refer to Fig.1). They were also responsive to USAID (the United States Agency for International Development) and the Province Chief for the RVN, who was usually a military Commander.

Part of the logistic support for the Australian teams was provided by CORDS (Civil Operations Revolutionary Development Support), the American Aid organisation which has a military support component. It was this component which administered US aid in the provinces of South Vietnam. CORDS was also responsible for the local security arrangements for the teams.

The Aims of the SEATO Teams were to:

- provide a general surgical/medical service of quality for the South Vietnamese population;
- teach (mainly by example) new surgical techniques and procedures;  
and

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- establish mutual goodwill - to establish a relationship of confidence and trust with the local people [also known as the 'winning hearts and minds' programme].

(Department of External Affairs Administrative Arrangements and Guidance Notes for Australian Surgical Teams November, 1968).

### 1. Main Points in this Submission

#### 1.1 Recommendation of the Mohr Review February 2000

In the Review of Service Entitlement Anomalies, Major General Mohr made the following recommendation in regard to the service of the Australian Civilian Surgical Teams service:

***"It is recommended that Australian Civilian Surgical and Medical Teams operating in Vietnam during the Vietnam War be deemed as performing qualifying service for repatriation benefits" (chapter 7: 7.5).***

In his conclusions, Judge Mohr said the following:

***"It is my opinion that:***

- ***noting that they were awarded the AASM due to the fact that they were 'integrated with the Australian Defence Force and performed like functions', and***
- ***the anecdotal evidence presented.***

***The Australian Civilian Surgical and Medical Teams should be deemed as performing qualifying service."***

This was the only recommendation that the Government refused to implement. The sole reason provided by the Government was that the SEATO teams were administered by the then Department of External Affairs, instead of being attached to the Australian Defence Force.

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The parliamentary debate around this issue brought forth repeated claims by the officers from the Department of Veterans' Affairs that civilian personnel must be under the command of the Australian Defence Force to be eligible for the full range of repatriation benefits under the VEA. This is simply not true. It has even been claimed that *it is the law* (Reece in Hansard, Monday, August 14, 2000: FAD&T 15), but where is this law written? Certainly it is not within the VEA 1986.

### 1.2 The Current Review of Veterans' Entitlements

The terms of reference for this current review include the following:

*"...the committee will review and make recommendations on:*

*the current policy relating to eligibility for access to VEA benefits and Qualifying Service under the VEA;"*

**We urge that the Committee include a recommendation to the effect that the service of the members of the Australian SEATO Civilian Surgical and Medical Teams who served in Vietnam be provided for within the Act, as are the services of civilian personnel in World Wars I and II.**

In terms of World Wars 1 and 2 the Act (Section 7A: Qualifying service) clearly states that:

*"For the purposes of Part 111 (service pensions) and sections 85 (veterans eligible to be provided with treatment) and 118V (eligibility for seniors health card), a person has rendered qualifying service (part 1d) if the person was, during a period of hostilities specified in paragraph (a) or (b) of the definition of period of hostilities in subsection 5B (1), employed by the Commonwealth on a special mission outside Australia, and, in the course of carrying out that mission, incurred danger from hostile forces of the enemy".*

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It is interesting to note that whilst sections (a) and (b) of the definition of "periods of hostilities" refer to World Wars I and II, sections (c), (d) and (e) refer to conflicts after World War II, including the Vietnam War. Of interest also is the definition of "Special Mission" as *"... a mission that, in the opinion of the Repatriation Commission, was of special assistance to the Commonwealth in the prosecution of a war to which this Act applies"*. This would seem to adequately describe and apply to the circumstances that SEATO team members found themselves in whilst in Vietnam.

The 1986 Act does apply to the Vietnam War and the mission of the SEATO Civilian Surgical and Medical Teams can be seen to have been of special assistance to the Commonwealth, otherwise why would the Australian Government have asked them to go? In response to this question, McNeill (1991) claims that the Australian strategists at the time were "... not unmindful that Australia's willingness to contribute promptly to the common defence of South-East Asia could influence any obligation which the United States might feel to come to Australia's assistance in an emergency" (p. 26). The SEATO Surgical/Medical Teams were a part of that prompt response.

Further to this, the 1986 Act defines a veteran (see section 5c) as *"...a person (including a deceased person) who is, because of Section 7, taken to have rendered eligible war service."* In this definition it does not mention anything about coming under military command. Section 7 (1a) states that *"... a person who has rendered operational service shall be taken to have been rendering eligible war service while the person was rendering operational service."* Operational Service is defined in Section 6 of the Act, and in terms of World Wars I and II it states that *"...a person who was, during the war to which this Act applies, employed by the Commonwealth on a special mission outside Australia"* was performing operational service.

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It is clear that the Act can and does apply to people **other than** those serving in the defence forces and those who came under military command. In defining Commonwealth employees performing special missions in war zones, the Act makes no requirement that they be under military command. It only requires that they were performing a special mission outside of Australia and by any definition, the members of the SEATO Civilian Surgical and Medical teams in Vietnam were doing just that.

### 1.3 Contribution of the SEATO Surgical and Medical Teams

As official team reports show, members of the teams were readily available to assist Australian and American Military hospitals and, over the years, several doctors, nurses and other personnel worked with Australian military medicine at the Australian Field Hospital in Vung Tau. The SEATO teams also acted as health consultants for US military and CORDS personnel.

The SEATO teams were required to attend to not only Vietnamese civilians, but also South Vietnamese local forces, wounded Viet Cong and NVA troops. These were brought to hospital by Australian, US or ARVN military personnel, as well as USAID and CORDS. This work relieved the pressure on the military hospitals and thus *assisted the Defence Forces*. By assisting our allies (both Vietnamese and American) it must be seen as assisting the Australian Defence Forces in times of war.

As shown in the official government administrative guidelines for the teams one of the aims of the teams was to "win the hearts and minds" of the local people (see above). This was also a major role for the Australian Army (CIVIL AFFAIRS). By doing this job, the civilian surgical teams enhanced Australia's status in South Vietnam and therefore they again *assisted the Australian Defence Force in time of war*.

On arrival in Vietnam, all team members were issued with I.D. cards and ration cards by USAID. These clearly identified each person as an affiliate member of that organisation and in so doing placed the team members into the category of having *served with an allied country*, which again makes them eligible for repatriation entitlements.

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The definition of 'qualifying service' is set out in subsection 7A(1)(a) of the VEA and requires that the veteran incurred danger from hostile forces of the enemy during that period of hostilities.

When considering the question of danger, the department applies the following interpretation of the term 'incurred danger', made by the Full Federal Court in the case of Repatriation Commission v Walter Harold Thompson (G 205 of 1988) -

"The words 'incurred danger' provide an objective, not a subjective test. A serviceman incurs danger when he encounters danger, is in danger or is endangered.

He incurs danger from hostile forces when he is at risk or in peril of harm from hostile forces. A serviceman does not incur danger by merely perceiving or fearing he may be in danger. The words 'incurred danger' do not encompass a situation where there is a mere liability to danger, that is to say, that there is a mere risk of danger. Danger is not incurred unless the serviceman is exposed, at risk of, or in peril of harm or injury



SEATO team members running from crashed helicopter 1969

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It is our contention that the Australian Civilian Surgical/Medical teams incurred danger in support of the Australian Government's war efforts in South Vietnam. See pages 27 to 31 of the submission to the 2000 Review in support of this claim (Attachment 4).

### 2 Conclusions

The civilian doctors, nurses and other allied personnel who served on these teams have a right to repatriation entitlements under VEA for the following reasons:

1. The work of the teams was integrated with and assisted the Australian Defence Forces in wartime.
2. The teams assisted and served with an allied country.
3. The teams 'incurred danger from hostile forces of the enemy during that time of hostilities.'
4. The work of the SEATO teams relieved the pressure on the Australian and US military hospitals.
5. As part of the "many flags" program the presence of the hospitals increased the capacity of the Allied military to deal with any major insurgence and the possibility of thousands of casualties.
6. As noted by Judge Mohr in his Report, the teams were "...integrated with the ADF and performed like functions..." (p.7-5)

A minute signed by the Chief of the Defence Force and dated February 25, 1998, refers to the SEATO Surgical/Medical team members as 'designated civilians', employed in Vietnam and integrated in the Australian Defence Forces (ADF) (see 7-1 Mohr Report).

The Minister for Veterans' Affairs has the power, under 5R of the Veterans' Entitlement Act 1986, to give notice of the eligibility of the SEATO Civilian Surgical and Medical Teams' service in Vietnam for qualifying service under the Act and we request that she do so.

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The Review Committee is in a unique position to address the ongoing ambiguity, confusion and injustice created by the failure of the Government to implement the Mohr recommendations.

### 3 RECOMMENDATIONS

We recommend that:

1. The Committee for The Review of Veterans' Entitlements endorse the recommendation of the Review of Service Entitlement Anomalies in Respect of South-East Asian Service (2000) in regard to the SEATO Surgical and Medical Teams service in Vietnam that:

*"...Australian Civilian Surgical and Medical Teams operating in Vietnam during the Vietnam War be deemed as performing qualifying service for repatriation benefits."*

(Chapter 7-5 Review of Service Entitlement Anomalies in Respect of South-East Asian Service 1955-75 February 2000).

2. The Committee recommend the Minister of Veterans' Affairs, under 5R of the Veterans' Entitlement Act 1986, give notice of the eligibility of the SEATO Surgical and Medical Teams' service in Vietnam for qualifying service under VEA; or
3. The Committee recommend such other suitable mechanism which will extend eligibility for repatriation benefits under the Veterans' Entitlements Act to members of SEATO Surgical and Medical Teams.

1. Rights, entitlements and the practical realities for SEATO team members

1.1 In refusing to implement the recommendation of the Mohr Review that SEATO team's members be deemed as performing qualifying service for repatriation benefits, the Government has permanently altered the rights, entitlements and benefits payable to members of SEATO teams who have suffered illness and injuries as a result of their service in Vietnam.

The Government argues that the appropriate scheme for SEATO teams is the Commonwealth employees' workers compensation scheme, COMCARE, however, the practical impact for SEATO teams being denied the status of Veterans and benefits pursuant to the Veterans Entitlement Act (VEA) is profound. For example, COMCARE attempts to compensate Commonwealth employees who are 'injured out of the course of their employment'. The benefits payable and those who are delegated the task of considering whether liability exists, and to administer benefits do not have the experience to comprehend the injuries and diseases arising out of war zones that SEATO teams experienced in Vietnam.

1.2 The COMCARE legislation is a workers' compensation scheme. Unfortunately, workers compensation schemes often carry a stigma for those who claim. For example that they are or may be obtaining a financial advantage by deception or somehow staging their symptoms in order to maximize benefits payable.

1.3 The Review process pursuant to the VEA enables a Veteran to proceed to the Veterans' Review Board (VRB). The benefit of SEATO teams to have this system of review available is that the VRB has the expertise of members regarding the legal issues.

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It is widely accepted that the VRB must deal with the complex legislation, historical context in which injuries and diseases arise, the medical evidence relating to such conditions and the standard of proof required in a "relatively cheap accessible expeditious and informal manner".

Conversely, SEATO teams whose claims are rejected under the COMCARE system have their decisions reviewed by independent review officers who are treating the injury or disease as arising in the context of a "workers compensation claim". Their familiarity of the circumstances giving rise to injuries in a theatre of war, the latency of claims, the nature of the medical conditions and the nexus to, for example, exposure to herbicides or war trauma is incomparable to the depth of knowledge that the VRB has.

- 1.4 The standard of proof that the VRB requires is the "reverse criminal standard" (reasonable hypothesis), which recognizes the unique nature of military service and the injuries/disease that can arise in that setting.

In contrast, the COMCARE system, like any Worker's Compensation Legislation requires a Civil Standard or "balance of probabilities". Whilst this standard is considered to be part of the beneficial nature of the COMCARE legislation it is not considered a more beneficial standard of proof than that offered by the VEA.

The Tanzer Review of the "Military Compensation Scheme" in March 1999 in its recommendation number twelve accepted that the reasonable hypothesis be maintained when an injury or disease arose in a war-like or non war-like environment. The Tanzer review considered that when injuries or diseases manifest themselves some years later with the example given of post traumatic stress disorder or diseases due to chemical or biological agents that have affected many SEATO teams, it would be easier to prove using this standard and therefore able to provide benefits.

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Regrettably, SEATO teams must still satisfy COMCARE using the civilian "balance of probability" standard to establish liability for their injury/diseases arising in a context that Vietnam Veterans using the VEA legislation, reasonable hypothesis, and any relevant standard of proof, would have their claim accepted.

- 1.5 The ability for SEATO teams to show that the injury/disease arose during their former deployment in Vietnam notwithstanding the latency period is made somewhat easier under the VEA because of the Statement of Principles (SOP's). Unfortunately such a body of medical evidence does not bind COMCARE. Whilst the medical/scientific assumptions under the SOP can be criticized for a number of reasons, and in some cases are deficient in their application, they do nevertheless provide a framework and a guide.

Unfortunately the COMCARE system without such a framework can result in arbitrary decisions being made based on medico-legal reports from practitioners that do not have the benefit or knowledge of the body of medical evidence available from the Repatriation Medical Authority and the relevant SOP's.

- 1.6 There is some similarity between the COMCARE and VRB review in that following an internal review by COMCARE or the VRB of any adverse decisions, a SEATO team member will proceed to the Federal Administrative Appeals Tribunal (AAT).

However, the significant difference is that COMCARE engage a panel of lawyers (private practitioners) who, regrettably take an adversarial and at times aggressive approach to defending the Commonwealth against any such applications. In contrast, the Department of Veterans' Affairs have in-house advocates. Whilst the advocates are representing the department and are guided by their own agenda of reviewing the decision, they do not adopt the same adversarial stance.

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1.7 Generally Legal Aid is available for Veterans' challenging decisions under the VEA on the basis of merit review of the decision before the AAT, which does not take the assets of the Veteran into account. Unfortunately SEATO teams who appeal to the AAT are subject to an assets test first and foremost without any consideration of the merit of the claim.

Whilst we are not arguing that the current rates payable by Legal Aid to proceed to the Federal AAT on behalf of Veterans is adequate, it is nevertheless driven by merit as opposed to considerations of assets.

## 2. Case Study - SEATO Nurse A (SNA)

2.1 The medical, factual and legal circumstances of SNA who served as a SEATO team member in South Vietnam in 1966 is relevant to highlight the anomalies that currently exist. During the course of her service in Vietnam, SNA treated civilian and South Vietnamese personnel who were seriously injured, mutilated or died whilst under her care. She worked in areas that were subject to defoliants (Agent Orange) and was living under a strict curfew due to the dangerous environment. There was the incessant exposure to noise and the threat, on many occasions to her personal safety and well being.

Following her return to Australia, SNA suffered recurring hearing difficulties that contributed to her retirement from work in 1986. She also suffered from a significant psychological condition for a number of years that was eventually diagnosed as Post Traumatic Stress Disorder (PTSD) in 1990.

SNA, like a number of SEATO teams, did not receive any income support or assistance with medical expenses. She lodged a claim pursuant to the VEA in June 1998 for the psychological and hearing conditions. Like the claims lodged by other SEATO teams at that time it was rejected on the basis that she did not satisfy the definition of, "being a member of the force, having continuous full time service and having been allotted for duty in an operational area."

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2.2 SNA appealed the Decision to the VRB on 26th May 1999. On 9th August 1999 notwithstanding the significant medical and personal evidence given by SNA with respect to her period of service in Vietnam, the conditions that she endured and medical evidence to support her psychological condition arising out of their deployment in Vietnam the VRB found that she did not fit within the relevant definitions of the VEA and therefore did not receive any benefits.

2.3 It is a reasonable assumption that using the beneficial standard of proof and the relevant statement of principle governing SNA's conditions she would have had her claim accepted under the VEA. Thereafter her entitlements would have included, but not been limited to a Gold Card for the cost of medical treatment incurred, and disability pension of no less than 100% of the general rate.

2.4 SNA, having exhausted her rights of review to the VRB had no other option but to lodge a claim pursuant to COMCARE legislation. COMCARE only accepted liability for the PTSD condition on 27th April 2001. The only immediate benefit payable was payment for the medical expenses for psychological counselling. However the condition affecting our client's hearing was rejected. The hearing claim was of significant financial concern to SNA as she had been totally incapacitated since 1986 as a result the condition.

Whilst the overall medical evidence did not support SNA continuing with a review of COMCARE's decision to deny the hearing loss claim because of the standard of proof under the COMCARE scheme making it very difficult, it may have been accepted pursuant to the VEA's "reasonable hypothesis" standard of proof.

2.5 Assuming SNA was accepted, her Gold Card would have paid a Veteran the cost of her medical treatment. This would reduce the unnecessary financial burden for the cost of medical treatment for the conditions which she has had to endure as a result of the hearing loss claim being rejected.

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Furthermore, whilst SNA ultimately obtained the minimum lump sum payment with respect to her PTSD condition (ie: 10% whole person impairment) this amount was not comparable to the disability pension at the special rate together with service pension from 1986 that may have been payable under the VEA when she ceased work

Alternatively if SNA had received a pension pursuant to the VEA at 100% of the general rate from at least from 1990 when the PTSD condition manifested we would estimate the difference between her eventual lump sum payment and the VEA pension to be in the tens of thousands of dollars.

### 3. Case Study - SEATO Nurse B (SNB)

3.1 SNB is a former team member who served in Vietnam in 1967 for a short period and then returned in 1969-1970. SNB, like SNA and most SEATO teams, worked in the areas that were known to be sprayed with the defoliant (Agent Orange) together with treating severely sick and wounded patients with war injuries.

3.2 Like SNA, working in the hospitals and surgical suites exposed her to not only the war traumas and surgical emergencies, but the long hours, strict curfews and the imminent threat of danger given the fact that she together with SEATO teams were working in a war zone.

3.3 In 1991 SNB also experienced a medical condition. However her condition was diagnosed in March 1991 and found to be a non-Hodgkin's Malignant Lymphoma. Like SNA, she was not considered a "veteran" but a civilian. Ironically, there was significant medical and other evidence held by the Department of Veterans' Affairs at that time that such conditions suffered by SNB was, on the balance of probabilities, as a result of exposure to Agent Orange.

3.4 SNB undertook all surgery and experienced time off work without any financial assistance from the Commonwealth. Her condition affected her capacity to earn as it deteriorated and contributed to a subsequent coronary condition.

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Again SNB experienced significant time off work and incurred medical expenses for which none was recoverable by the Commonwealth.

- 3.5 SNB experienced a recurrence of Lymphoma in September 1998 that required intensive Chemotherapy, Radiation Therapy, Immuno-Therapy. As a result of such treatment, SNB experienced a significant secondary condition affecting her coronary state (Tachycardia).
- 3.6 SNB lodged a claim for a pension pursuant to the VEA on 19th January 1999 that was rejected. The VRB (No. V1999/) in a Decision dated 1st September 1999 affirmed the Decision but noted;

**"The Board regrets that ----- is unable to be compensated under the act given her meritorious and humanitarian services in support of people's suffering from the trauma of war in Vietnam and noting that her circumstances would otherwise meet the criteria of risk factor 5(e) of the Repatriation Medical Authority Statement of Principles for Non-Hodgkin's Lymphoma...the Board hopes that ----- will be able to obtain appropriate compensation under the SRC Act 1988 or that consideration may be given to amendment of the Veterans' Entitlement Act so that her service in Vietnam may be recognized as eligible service for the purpose of the Act"**

SNB was fortunate that a COMCARE claim for her medical conditions as described were accepted on 1st March 2000. Whilst SNB has been able to work whilst her condition has been in remission, if liability had been accepted and benefits payable by the VEA she would have been in receipt of temporary total incapacity benefits from at least 1991 and / or 100% of the general rate in between those periods.

Furthermore SNB would also have been in receipt of a Gold Card that would have facilitated the cost of medical treatment without the necessity to provide ongoing receipts, as is the requirement with COMCARE. Obviously payment of medical treatment received on and from 1991 would also have been paid through the Gold Card.

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3.7 Whilst SNB has been fortunate that COMCARE have accepted liability in the last 2 years with respect to incapacity payments. It is noted the significant difference between what she would have received under COMCARE and what she would have received in 1991 or arguably from September 1998 when her condition recurred had she been deemed a Veteran.

3.8 Finally, the proposed new Military Compensation Scheme following the Tanzer Review will apply to "new injuries or diseases" that manifest on and from the date of the proposed legislation that is anticipated in 2003.

The current proposal for a new Military Compensation Scheme will apply to not only members of the Australian Defence Force, but to "volunteers and civilians" who serve with members of the Australian Defence Force. This may create a significant anomaly if in future, the medical conditions like those suffered by SNA and SNB manifest after the inception of the new scheme. Those members may be entitled to benefits that will be totally different to those currently available under the COMCARE scheme or those that should be available under the Veterans' Entitlement Act.

Accordingly, the Clarke Review can end the current anomalies and future legal uncertainties by recommending the relevant changes to the VEA that will produce an equitable, dignified and logical outcome to this long standing anomaly faced by members of the SEATO teams.

## REFERENCES

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