



RSL WELFARE & BENEVOLENT INSTITUTION

NSW Compensation & Welfare

Newsletter

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From the Third Floor

The Trustees of the Welfare & Benevolent Institution (WBI) have given approval to change the name of the Information Section to the **Defence Service Assistance Centre**.

This new name will relate better to current serving members of the Australian Defence Force, whilst not forgetting our older Veterans who of course also had Defence Service.

The assistance we give to all who have had Defence Service (and their entitled dependents) will continue to be:

- Pension advice under the Veterans' Entitlement Act (VEA)
- Compensation advice under the Safety, Rehabilitation & Compensation Act (SRCA)
- Compensation advice under the Military Rehabilitation & Compensation Act (MRCA)
- Advocacy service under all three Acts
- Welfare Support
- TIP Training to Pension & Welfare Officers

Could you please amend any records you have accordingly

BEST Grants

BEST is part of the government's commitment to support the role of ex-service organisations' (ESO) pensions and welfare practitioners and advocates. The BEST program assists by providing monetary support and IT equipment to ESO practitioners.

The aim of BEST is to provide support and resources to ESO practitioners for pensions and welfare work to assist veterans, past and present members of the Australian Defence Forces and their dependants. A major objective of BEST is to ensure high quality claims and appeals assistance by ESO practitioners, which in turn will assist the department in timely and appropriate processing.

BEST funding can provide assistance for:

- salary costs for full or part time practitioners by ESOs
- salary costs for full or part time administrative support staff
- computer equipment used to assist ESO practitioners

- consumables, running costs and other general costs relating to the lodgement of claims and appeals.

The lodgement dates for the 2009-10 round of BEST grants has changed. Applications will now be open from 15 January to 28 February 2009. When you have filled in your BEST application form, please return it to your nearest DVA address as listed in the application form **NOT TO ANZAC HOUSE**.

The forms are available on the DVA website at:

www.dva.gov.au/pensions/BEST&TIP/b&tindex.htm

For Question 13 on the Application Form please note that your sub Branch is not incorporated; Question 14: you are sponsored; the sponsor is an incorporated body; the name of the sponsoring organisation is: RSL (NSW Branch); the sponsor contact person is: John Hodges; the sponsor contact title is: Executive Officer; and the sponsor contact telephone number is (02) 9264 8188.

Military Rehabilitation & Compensation (MRCA) TIP Training

MRCA was introduced in July 2004 for any injuries or diseases that relate to service post 1 July 2004. There has been some reluctance by VEA trained Pension Officers to undertake MRCA training due to that fact that they think it is a whole new system.

In fact, right up to the acceptance of liability the process is exactly the same as the VEA with SOP's, causal link to service and Lifestyle Questionnaires. It is only after liability has been accepted that an additional step of 'Needs Assessment' is conducted before Rehabilitation and Compensation is considered. This step is more than adequately covered in current TIP training.

DO NOT BE AFRAID!



Nominate for a Military Compensation Course so you can assist younger current and former members of the ADF. The latest program for TIP Courses is on the NSW RSL website at: www.rslnsw.org.au under the Pensions & Welfare page. Follow the Training link. If you do not have web access please call Tracey O'Connor at the WBI Information Section on: 9264 8188 (Ext 332)

New/Amended Statement of Principles

Hepatitis B

52 & 53 of '08

Replaces 11 and 12 of '99

The SOPs for hepatitis B, C and D have been reviewed in accordance with a legal requirement to revisit each SOP every ten years. The SOP factors have been reworded and reorganised. Previous factors have been subsumed into new factors, but none have been removed.

- Hepatitis B is now defined as inflammation of the liver due to infection with the hepatitis B virus. The previous definition did not require inflammation. The definition now specifically includes acute and chronic infection, which are both defined.
- For both acute infection and chronic infection, there are onset factors in RH and BOP for being exposed to the hepatitis B virus (which is defined), with time requirements.
- For chronic infection, there are onset factors in RH only for having been a POW(J) and for having served in South-East Asia, the Mediterranean or the Pacific in WW2.
- All other factors as described below apply for every type of hepatitis B.
- There is an onset factor in RH and BOP for being in an area where the prevalence of hepatitis is at least 2%, with time requirements.
- There are worsening factors in RH and BOP for :
 - being in an immunosuppressed state;
 - undergoing a course of therapeutic radiation,
 - being infected with the hepatitis A, hepatitis C, hepatitis D or hepatitis E virus, and
 - consuming a specified quantity of alcohol,

all with time requirements.

There is a worsening factor in RH only for having diabetes for at least two years before the clinical worsening.

Hepatitis C

54 & 55 of '08

Replaces 43 and 44 of '95, as amended by 9 and 10 of '97

- The hepatitis C is now also defined as inflammation of the liver due to infection, with specified testing to confirm infection with hepatitis C virus.
- There is an onset factor in RH and BOP for being exposed to the hepatitis virus at least one week before the clinical onset.
- There are worsening factors in RH and BOP for:
 - being in an immunosuppressed state;
 - being infected with the hepatitis A, hepatitis B, hepatitis D or hepatitis E virus;
 - consuming a specified quantity of alcohol;
 - being obese;

- having severe hepatic iron overload; and
- being infected with *Schistosoma mansoni* or *Schistosoma japonicum*,

all with time requirements.

- There is a new worsening factor in RH only for smoking at least 15 packets of cigarettes, with time requirements.

Hepatitis D

56 & 57 of '08

Replaces 45 and 46 of '95

- Again the new definition requires inflammation of the liver, due here to co-infection or super-infection with the hepatitis D virus, in the presence of hepatitis B virus infection. The testing to confirm hepatitis D infection is specified in the definition.
- There is an onset factor in RH and BOP for being exposed to the hepatitis D virus at least 14 days before the clinical onset.

Malignant Neoplasm of the Brain

58 & 59 of '08

Replaces 17 and 18 of '03

- This SOP has been reviewed in accordance with a legal requirement to revisit each SOP every ten years.
- The only change is in the atomic radiation factor in the BOP SOP, where the dose of 0.5 Sv must now be accumulated at least ten years before the clinical onset.

Fibromuscular Dysplasia

60 & 61 of '08

Replaces 51 and 52 of '97

- Again this SOP has been reviewed in accordance with a legal requirement to revisit each SOP every ten years.

The format of the SOPs has been updated, but there are no other changes. The only factor remains inability to obtain appropriate clinical management.

Ascariasis

62 & 63 of '08

Replaces 135 and 136 of '95

- Again this SOP has been reviewed in accordance with a legal requirement to revisit each SOP every ten years.
- The onset factors in RH and BOP are now:
 - ingesting food or drink contaminated with *Ascaris lumbricoides* ; and
 - being in an area endemic for *Ascaris lumbricoides* within the two years before the clinical onset.
 - An endemic area is now defined by a list of countries. A map is no longer included.

Hookworm Disease

64 & 65 of '08

Replaces 137 and 138 of '95

- Again this SOP has been reviewed in accordance with a legal requirement to revisit each SOP every ten years.
- The onset factors in RH and BOP now are:
 - having cutaneous or mucosal contact with *Ancylostoma duodenale* or *Necator americanus*; and
 - being in an area endemic for *Ancylostoma duodenale* or *Necator americanus*,

within the six weeks before the clinical onset.

The endemic areas are again defined by a list of countries. A map is no longer included.

Animal envenomation

66 & 67 of '08

Replaces 162 and 163 of '95

- Again this SOP has been reviewed in accordance with a legal requirement to revisit each SOP every ten years.
- The definition of disease has been simplified without change in meaning.
- The onset factors in RH and BOP now are having external contact with or internal absorption of venom from a venomous animal, both with time requirements.

Rheumatoid arthritis

68 & 69 of '08

Replaces 32 & 33 of '04

- The disease definition has been reworded, but this is not a material change. Note that this SOP covers more than just arthritis. Rheumatoid arthritis is a disease that can affect multiple parts of the body apart from joints.
- There have been changes to nearly all the factors in both RH and BOP SOPs.
 - RH SOP:
 - Smoking – dose now 5 pk yrs (was 5/day for ≥ 15 yrs).
- no longer restricted to seropositive rheumatoid arthritis only.
 - Silica dust – list of exposures now includes “use in construction”.
- dose now 2500 hrs within a 10 yr period (was 370 day total).
 - Mineral oil – new factor, RH only and applies to seropositive RA only.
- covers many commonly used oils, e.g. motor oil, hydraulic fluid.
- dose 2500 hrs within a 10 yr period.
 - Drugs – now has definitive lists (was open to any literature reports).

- BOP SOP:
 - Smoking – dose now 10 pk yrs (was 10/day for ≥ 20 yrs).
- still restricted to seropositive rheumatoid arthritis only.
 - Silica dust – as for RH but dose now 5000 hrs within 10 yrs (was 925 days).
 - Drugs – now interferon- α only (was open to any literature reports).

Personality disorder

70 & 71 of '08

Replaces 143 & 144 of '95 as amended by 13 & 14 of '97

- This is the first full review of this SOP since 1995. There are substantial changes to the factors that could increase the acceptance rate from the current 0%. However, note that young age of onset for this condition limits the possibility of a causal role for service in most cases.
- The format of the definition has been updated, but the coverage is unchanged.
- The previous lone onset factor for “suffering a catastrophic experience” has been removed.
- In the RH SOP there are four new factors (onset and worsening) for category 1A and 1B stressors, severe childhood abuse (which could potentially apply to cadets) and prior psychiatric conditions.
- The BOP SOP has the same factors, with tighter time requirements, and with the prior psychiatric condition factor split in two, due to different time requirements for different prior conditions.

Immune thrombocytopenic purpura

72 & 73 of '08

Replaces 19 & 20 of '97

- The previous SOP covered the idiopathic (of unknown cause) form of this condition and consequently it had no causal factors. The new SOP covers a wider category and now includes a range of causal factors.
- There are still other types of thrombocytopenia (a decrease in blood platelets) that are not covered by the SOP. See the SOP definition and the “confirming diagnosis” advice in CCPS Research (updated soon) for further details. The RH and BOP SOPs have the same eight onset and worsening factors, covering viral and bacterial infections, drugs, immunisations, pregnancy, and a range of diseases. The associated definitions, with their lists of drugs, infections and other diseases, are more restrictive in the BOP SOP than in the RH SOP.

Deep vein thrombosis

74 & 75 of '08

Replaces 5 & 6 of '01 as amended by 38 & 39 of '04

- There has been a reordering of factors, making comparison with the previous SOP difficult.

- There are five new factors in the RH SOP and three in the BOP SOP for:
- Heparin-induced thrombocytopenia;
- Treatment with thalidomide or lenalidomide (for cancer);
- Use of erythropoietin (therapeutic or performance enhancing);
- Inflammatory bowel disease – RH only;
- Upper limb exercise (as defined) – for DVT in an upper limb only & RH only.
- These new factors are all onset factors only. There are no worsening factors in the SOP except for inability to obtain appropriate clinical management.
- All of the factors from the previous SOP have been retained but there have been a large number of wording changes (e.g. “undergoing” has become “having”, “immediately” has been removed). These changes don’t affect the operation of the factors, except as noted below.
- In the RH SOP the time frame for the anaesthesia factor and the two trauma factors (b & e) has been widened from “within 90 days” to “within 180 days”.
- The tamoxifen factor has been widened to now cover the class of drugs known as selective oestrogen receptor modulators.
- The anti-psychotic drug factor (RH SOP only) has been widened to now include a group of drugs known as atypical anti-psychotic agents.
- Chronic myeloid leukaemia has been omitted from the definition of myeloproliferative disease, but is still covered by the malignant neoplasm factor.

Cervical spondylosis

76 & 77 of '08

Amends 33 & 34 of '05

- The RMA undertook a focussed review of aircraft flight. A new factor (both onset and worsening) has been added for cumulative hours of flying a motorised aircraft. This applies to pilots and co-pilots only, not passengers or other crew.

Intervertebral disc prolapsed

80 & 81 of '08

Amends 39 and 40 of '05

- This was also a focussed review of aircraft flight.
- The previous factor (onset and worsening) that covered both driving and flying has been split into two, with the flying factor reworded to match the one that has been added to the lumbar spondylosis SOP (see above). Again, this flying factor applies to pilots and co-pilots only, not passengers or other crew.

The definition of a “high performance aircraft” has been amended, matching the change in the cervical spondylosis SOP.

Chronic bronchitis and emphysema

No change – 30 & 31 of '04

- The RMA undertook a focussed review, looking at whether to add an asbestos exposure factor to the SOP. There will be no change to the existing SOP.

Welfare Support

*Louise Summerhayes
Welfare Support Coordinator*

Welfare Officers Networking Meetings

Here at Anzac House I am in the process of organizing various District Welfare Officer meetings this year. Two were facilitated late last year successfully, within the Southern and Eastern areas of Sydney.

Invitation have been posted to the Far Southern Suburbs & Far Western Metro Sub-branches for meetings that will be held in February (If you haven’t received an invitation please do not hesitate in contacting my office).

The agendas will vary with guest speakers & new relevant information that will assist you in your role. It’s also a way of involving Sub-branches with any new projects from here at Head Quarters. I have been advised that Pension Officers would also like to attend these meetings which I certainly have no objection to. All are welcome to attend!

It has come to my attention that there are a handful of Sub-branches that have their own organized District meetings. I found these meetings extremely informative and an essential way of networking. Most importantly! We can all share our individual ideas, knowledge and hopefully some problem solving. This is of great importance for networking, especially for new Welfare/Pension Officers who may require some guidance.

Please come well equipped with ideas, questions and any information that you would like to share with fellow workers.