

Submission to:

Community Development & Justice Committee.

Inquiry name:

Inquiry into the recognition and adequacy of the responses by State Government agencies to experience of trauma by workers and volunteers arising from disasters.

Submission title:

MEDICALLY RETIRING POLICE OFFICERS WITH DIGNITY.

An informal study into what has been happening to medically retired Western Australian Police Officers over the last 25 years and will the same things happen to our serving police officers suffering stress and trauma after attending a declared disaster today?

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**Many other
Medically Retired WA Police Officers,
Serving during the 1970's, 1980's, 1990's, 2000's.**

Purpose of this Submission.

To raise the awareness to the Committee about what has been happening to Medically Retired WA Police officers over the last 25 Years, so they can decide if changes are required for our state police officers in the future.

Also to inform the Committee how badly many medically retired WA police officers have been treated by WA Government lawyers over several decades, along with other references.

The Committee is trying to ascertain the recognition and adequacy of responses to Government agencies to experience of trauma by workers, my submission will also ask why haven't the WA Police witnesses brought the many matters raised in this submission to the Committee's attention already.

I hope this document will provide an alternate view, with details, comments and suggestion to enable the Committee to achieve what it was formed to do in the first place, by making recommendations to assist injured and sick WA police, which should also reduce the flow of WA Police Officers forced into medical retirement.

This submission will also attempt to close the book on a significant ongoing scandal, which has been a blemish on WA Police's history. Which appears that nobody wants to acknowledge, address or talk about.

Introduction.

As WA Police and the local population grow, WA Police Health & Welfare Services is not keeping up and probably never has, over many decades.

My submission only relates to the treatment of WA Police Officer's, in particular Medically Retired Officers. As I have found many who are still seriously suffering years after leaving the WA Police feeling abandoned and forgotten.

I would respectfully suggest the Committee ascertain how many WA Police Officers have been medically retired over the last 25 years and look into what are the trends, because I believe that information would indicate how many are falling through the cracks.

In May 2009, the Sunday Times reported that "WA Police figures revealed that in the past decade 377 officers and staff were retired on grounds of ill-health after attending horrific homicides, suicides, road crashes and life threatening situations. Of those, 219 quit or were forced to retire because of psychological conditions including post-traumatic stress disorder, anxiety and depression, while 126 suffered physical injury."

The newspaper article reported that the WA Police would not reveal how many serving officers were undergoing treatment for work related post traumatic stress.

As a result of my inquiries it appears common knowledge in some police circles, that there are several Perth Psychiatrists whose client lists are so full of WA police officer's that other patients struggle to get seen.

I would also suggest the Committee ascertain how many WA police officers are returned to work assisted by psychiatric medications and how many remain operational while taking them.

Several years ago, the WA Police Union approached the WA Police's Health and Welfare Services concerned over how many police officers were taking anti-depressant medications, in particular operational police officers.

The WA Police Union was told, that no officer would be returned to operational duties on these medications unless they were up to it.

Many of these medications have side effects and associated risks and I would suggest the Committee request WA Police to provide any guidelines or criteria about returning officers suffering stress and trauma back to work on medications.

Especially officer's conducting operational duties, driving police cars and carrying police firearms because of the associated dangers to themselves, their fellow police officers and the public.

The WA Police reimburse medication cost for their officers, so they should be able to provide these figures. I would suggest asking for figures on anti-depressants and benzodiazepines etc.

WA Police officers can also take these medications without the organisation knowing by paying for the items themselves. When the police witness spoke about workplace drug testing they did not include legal medications, or medications taken without a prescription.

I also suggest the committee find how successful these treatments are, whether involving medications or not, by asking for the numbers and ratios of serving police officers being treated each year for PTSD etc compared to those that end up being discharged unfit for duty on medical grounds.

Hopefully my submission can also give an insight into what has been happening to traumatised WA police officers, even after receiving help and support, after it is established the officer must be discharged from the service and in many cases cannot work again. I doubt many would know the full story, even your police witnesses.

Experience behind my submission.

My submission is based on my previous experience as a WA Police Officer. I joined in 1976 as a 16 year old police cadet, becoming a Constable in 1979 and serving until 1993, when I was medically retired at the age of 33 years at the rank of Senior Constable.

More recently, in mid 2008, with the help of Mr Mike Dean the then President of the WA Police Union, I attempted to set up an internet support network/forum for former WA police officer's medically retired from the service.

This was before the introduction of The Police (Medical & Other Expenses for former officers) Act 2008 which was proclaimed in June 2009. At that time there was nothing in place to help the medically retired officer.

When I use the term "MRO" it will mean "Medically Retired Officer"

The basis of my idea was to help MRO's contact each other, realise they were not alone, so they could help each other by setting up their own support network.

Over the following two years, I communicated with about 60 -70 MRO's, some very briefly, others in deep detail, most by email and some in person. I was also contacted by several police wives, sisters, friends, mothers and police widows.

The majority I spoke to suffered psychological, psychiatric or neurological illnesses, with only 4 or 5 suffering physical injuries. All that I made contact with considered their injuries/ illnesses were a direct consequence of being a WA police officer.

As Mr Dean followed the progress of my idea, he told me I was probably the first person to look at the plight of the medically retired WA Police officer as a group in such detail. What I started was not intended as a study, but as we shared our stories amongst ourselves, in a way, we actually researched ourselves.

In late 2008, I designed a public website detailing the problems facing Medically Retired WA Police. In March 2009 our website was substantially upgraded and we actively promoted it on the internet. We also posted flyers to all police stations in WA, resulting in numerous contacts from serving WA police.

I must stress I am not professing to represent anyone, just providing a summary of information that is common knowledge to many Medically Retired WA Police Officers.

Having said that, I know some of what is in this document is hearsay evidence, so I point out to the committee, if there are any issues in this document they would like me to expand, I am happy to use my network of contacts to try and bring credible witnesses forward.

I also have informal contacts at the WA Police Union and at volunteer WA Police services that are active in the police retirement community if the Committee wish me to try and locate anyone.

I also have infrequent contact with a Perth Lawyer, who has specialist knowledge of many issues in this submission and I am happy to approach him if requested.

Summary of my contact with Medically Retired WA Police Officers.

Before I start, I would like to make this point, the Police Witnesses appear very open to detailing what they are doing for officers involved centrally in fatal accidents, deaths in custody, police shootings, or fatal pursuits.

I note on Page 8 of the transcript where Ms Martinovich refers to WA Police's responses to different levels of trauma that she states "We do not provide that level of response to routine crime attendances at this point in time"

So far, I have only come in contact with one MRO that has been involved in a fatal incident. That is MRO David Matthews, who I later mention in this submission.

I respectfully suggest when the Committee members read what I detail below, they remain conscious that who I describe are mainly police officers holding the rank of Constable to Sergeant, whose careers have been mainly at suburban or country front line police stations and others from the many other frontline support roles.

I will continue.

After Mr Dean sent out the letter to the MRO's on his police union data base and they started contacting me, it stood out immediately that although each contact didn't say the same thing, many described things very similar, with patterns emerging as follows:-

- My immediate observation was that mental illness was a very real consequence of police work that gets very little promotion and how indiscriminate it was.
- Many MRO's were, mostly forced to medically retire in their 30's, 40's & 50's. I met one officer retired in his late 20's and I am sure there are others.
- When they received Mr Dean's letter many MRO's said they got some comfort knowing they were not alone in their suffering. Several years later, a few have told me they still see this letter as the turning point in their life.
- Considering what they had done, many could not understand why they had to lose their jobs, simply because they did their job.
- Quite a few felt abandoned by WA Police and the WA Government. Some thought their own Police Union had let them down saying the relationship between the three parties was too cosy.
- Many had not been able to work again, although they had tried. Some undertook further study or exercised regularly thinking it was an important part in their recovery, while trying to regain the life they once knew. Many battled symptoms as they pushed their way through most days.
- Many often wondered what they had done wrong to be put in the position they still found themselves, some many, many years after leaving WA Police.
- Some started new jobs which didn't last, with long periods of unemployment. Others, particularly females but not solely, had to work while still sick because they had no other choice as partners had left them with the children.

- Those affected came from the many areas of policing, although there did appear to be a higher ratio of those that had done traffic duties at some period during their careers.
- Quite a few had started out as police cadets.
- Of the 60-70 I made contact with, most were male with around 6 females. The male's retirement time ranged from 0 – 20 years. All the females were retired more recently.
- Many shared they did all the routine police duties, sudden deaths, fatal traffic accidents, suicides, urgent responses, violent domestics, pub brawls etc, etc. until one single incident "triggered" a significant impact on them.
- Others coped with everything until a cumulative effect gradually arose and took hold. Many said they pushed and pushed themselves until they broke.
- Some just gave in when it all got too much, some were found by others helpless and in tears, many had nervous breakdowns, some losing control of their bodily functions at work, some others went missing. One officer who went missing said the young police officers that picked him up had more understanding of his situation than the Police Department counsellors he later saw.
- Many were still suffering years after leaving the service, some with multiple psyche hospital admissions. Other's still had vivid memories of things they had done. Constant reminders had caused some to move away.
- Not every case involved violence or seeing fatal trauma. Some were injured or made ill in training accidents, in support roles or by hazards in the police workplace.
- Although not in every case, quite often the partner of the MRO had left, usually of their own choice, but sometimes because the ill/injured officer had pushed them away so they wouldn't be a burden. It appears the health and financial situation of many MRO's contributed to these break ups.
- Some worried their predicament affected the outcome of their children's lives.
- Several wives described how they found themselves left with the mental broken shell of their former partner and how they were suddenly confronted with having to look after the sick former officer, raise children and become a full time worker. This also applied to the wives I spoke to whose husbands had physical injuries. These wives said they understood why many other partners would have left.
- Some MRO's avoided police stations, turned away when they saw police officers in the street. Some said they turned the television off when they saw anything to do with local police. Some got angry when they saw how many

police turned up at some incidents on the news, when in their time only a few police attended those sorts of jobs or the officer attended completely alone. Many felt sick when they saw WA politicians on TV saying how much they supported their local police.

- Some MRO's appeared to be embarrassed about what had happened to them, with some it felt like I was dealing with victims of abuse. Some had closed off their lives after WA Police discharged them.
- When quite a few MRO's first became ill they described the positive support they got from the fellow police officer's they worked with, however some said this support quickly evaporated once their illness extended also describing station supervisors contacting them more concerned about a vacancy on the station roster and finding a replacement, than the officer's health.
- Not many officers could speak about how the Health and Welfare Services helped them deal with the stress and trauma as the majority said they didn't get any help at all. Most said the only contact they had with the health and welfare system was as they were processed for medical retirement.
- Many were on sick leave for a considerable time before being medically retired unfit for duty, some up to two years on full pay, which does reflect very positively on the present WA Police sick leave system.
- During the retirement process, many described their treatment with the WA Polices Health and Welfare Services as being inadequate. Many described appointments frequently being cancelled by their welfare officer, phone calls not being returned and questions regarding what happens during the retirement process unanswered.
- Some complained they were told their employment had been terminated at a certain time and date by listening to a message on their home answering machine, some saying they were told they had been terminated days after it actually took place.
- Despite, months of training and years of paramilitary type service no debriefings occurred to assist any of these officer's return to a normal life.
- Some were entitled to WA Police and WA Government service medals and thought the organisation should have made the effort to make these medals available prior to their employment ceasing.
- Many thought they would never be up to attending a formal group medal presentation, so they applied for the medals to be sent to them by post, some describing how they received their medals in a scrunched up brown paper bag.
- Some MRO's didn't want their medals, disgusted at how they were treated.

- In the earlier years, contact with the Health and Welfare Service was not always associated with a positive outcome, with staff saying there was nothing in place to help them.
- There was a small minority that said they were very happy with the treatment they received from the Health & Welfare Section but could see other officer's did not get the same treatment.
- Prior to the introduction of The Police (Medical & Other Expenses for former officers) Act 2008 which was proclaimed in June 2009, MRO's had to pay their own work related medical bills. Many MRO's have benefited from this legislation, which pays work related medical expenses back dated to June 2007.
- Some MRO's didn't think the back dating of the legislation went back far enough as they had paid work related medical bills prior to that date.
- Many thought the medical expenses scheme was a good start, but more needed to be done with ongoing contact, emotional & financial support for MRO's.
- Many MRO's think the medical expenses legislation should be expanded to also include financial assistance, in the way of a pension or lump sum payment for officers who have lost their potential earnings caused as a consequence of being a WA Police officer.

Presence of PTSD in the WA Police workplace.

I have mentioned this separately, as I consider it extremely important.

A very significant repetitive comment was that PTSD was not promoted enough in the WA Police workplace. Many, after being medically retired, self educated themselves about the signs & symptoms of PTSD and the consequences of delayed treatment.

Many were shocked at how much information was not presented to them while they were in service, believing that if treatment had been offered to them sooner, they would not have been medically retired.

Those that researched their illnesses feared for the police officers still serving, recognising symptoms in many of their former colleagues, thinking a significant number were at risk of being medically retired due to the absence of appropriate support.

Many were sceptical that information about PTSD was not being properly presented, because the organisation feared its workforce would collapse.

Mental Health Conversations.

Over the last thirty years, when I hear police mental illness talked about, quite often the conversation concludes that external factors are to blame, things like the officer's family life, their upbringing, a failed relationship or the officer wasn't up to the job in the first place are often targeted.

On page 3 of the police witness transcript, similar things are said by Mr Italiano, and I would like to highlight his own words on line 6 where he says “I am no expert” and without accusing him of anything except having good intentions, I would respectfully suggest the Committee take his own words into consideration when relying on his evidence.

I have also seen many times someone will detail all the gory things they have seen in their police career, to make the point how weak other people are. That happens quite often, because they have not studied the subject deeply enough.

I do not want to discredit police witness Mr Fairman because he appears to have substantial useful experience, except to say, could I respectfully suggest that the committee also take note of what I have mentioned in my previous paragraph, when he refers to the support given to retired members by support networks.

When listening to the stories of the officers I have come in contact with, when considering what so many had to do with so little support, I think blaming external factors on these peoples sufferings is just adding to the abuse. Most are just human casualties doing what was expected of them by their employer.

Some have records of all the critical incidents they attended over many years, detailing dates and a short job description, which would even shock many seasoned police veterans, let alone be comprehensible by the average civilian.

It is my opinion that over the last 25 years many Medically Retired WA Police Officers have been pumped out like sewage, treated like expendable items that can be easily and cheaply replaced.

I believe this won't change until the organisation itself is significantly financially penalised by having to compensate the police officers it medically retires, for pain and suffering, loss of earning and future earning potential.

The present WA Police medical retirement system is very unkind to those who have sacrificed their own health for our community. The present system needs to be changed, not only to help the officer's from the past, but also for the police officers of the future, including those attending declared disasters.

Superannuation / insurance the only backstop if you have it.

Although many MRO's had similar stories detailing how they retired, there was a very big difference how many ended up financially.

For those that don't know there is no legislation in place to compensate Medically Retired WA Police Officers who have been injured or made ill as a consequence of their employment for pain and suffering, loss of earnings or future earning potential etc.

For decades, the WA Police have been able to very cheaply exit officers hurt or made ill as a consequence of their work. These costs have been conveniently transferred on to other agencies and on to the shoulders of the individual officer and his/her family.

Once retired, most MRO's I spoke to had to rely on the disability insurance component of their superannuation policy, if they had one, as some didn't..

Police officers, who joined the WA Police prior to 1986, had the option of joining the Government Employees Superannuation Board's (GESB) Pension Scheme. For many, after being declared medically unfit by the WA Police Medical Board, it was a simple transition to a fortnightly superannuation pension.

With the GESB pension scheme there was no part pension's based on your percentage of disability, you either got a superannuation pension or you didn't.

The pensions were calculated on base salary at time of retirement and units held, usually around or just below 2/3rd of the retiree's base salary, not including shift allowances etc. Although adjusted by CPI annually, these payments fell behind and had no relevance or connection to their former salary as time passes.

For those forced to work while still sick, the superannuation pension was reduced \$1 for \$1 once 2/3rds of their previous ranks salary is reached, leaving little incentive or ability to get ahead.

For those officers retired on a higher rank with a grown family, financially life was more likely to be a lot easier than for a young junior ranked constable with a young family to support with mortgage, food and education expenses etc.

The GESB pension scheme was not compulsory, and some officers have been medically retired without having any superannuation. The ones I know about were young officers who needed a deposit for a house and cashed in their policy, later to be caught out.

GESB closed the pension scheme in 1986 and introduced a lump sum superannuation scheme. With interest rates running high at that time, many officers opted out of the GESB pension scheme and joined the new lump sum scheme.

Since 1986 GESB has opened and closed several different lump sum schemes, I won't go in to detail, except to say they were not pensions.

MRO's retiring under the GESB's lump sum schemes did not find the transition to get their entitlements as accommodating as those on the previous pension scheme.

Many MRO's retiring on the lump sum schemes got angry after the WA Police Medical Board declared them unfit to work as a Police Officer anywhere within the organisation, to find that the Superannuation Board now wanted to determine how disabled they were.

Many described how they pushed themselves to attend meetings to determine what sort of work they should be able to do when considering their disability. Many said the same thing, that the results stated they could be a train ticket collector or data entry operator. Many MRO's strongly disagreed with these findings saying if they were up to doing these jobs they would not have left the WA Police.

The results of these meetings usually meant GESB superannuation disability insurance payments were reduced, despite no actual work or work trials being provided to the officer. Many thought it was an organised scam to save money.

In most cases it ended up the MRO could not work even if they wanted to, and in the following years with medical evidence presented to GESB the remaining percentage of the lump sum entitlements were claimed. Many said it was an extra stress they did not need.

Several MRO's who got a modest lump sum superannuation payment who had young children told me how they put the payment on their house mortgage and over the following years used the redraw facility to drip feed themselves extra income, while existing on welfare payments. All knew it was highly likely that one day they would be homeless.

In some cases I was told no lump sum was paid, with the officer only getting their contributions back.

For those MRO's who did not have private insurance or a disability insurance component with their superannuation policy, there were no other benefits available expect to apply for the Commonwealth Governments disability pension.

WA Police Medical Board.

Hopefully this information will help the committee understand the medical board from the police officers perspective.

Most MRO's described the process of attending the WA Police Medical Board the same, with three doctors sitting in a small office to rubber stamp any recommendation made by WA Police.

Most describe a casual system, which makes the process quick and easy for the sick/injured officer, others thought the process was too casual.

Some went to the hearing thinking WA Police welfare officers would represent them, to find out when they arrived they were to front the hearing alone. Some said the welfare officers arrived late or weren't there until the hearings were over.

Some thought that because some of the doctors on the Police Medical Board also sat on the GESB Medical Board that a conflict of interest existed.

Some thought there should be a formal appeal process in place for those not happy with the board's decisions, as not every MRO agreed with their medical retirement.

Some more recently retired described an appeal process in place, but complained relevant documents were served late by WA Police or incorrectly endorsed leaving them little time to appeal.

Some thought the medical board should also determine if the officer's illness/injury was work related or not, as it appeared to be irrelevant at the hearing.

Not all MRO's are treated the same.

I would also like to advise the committee my concern that because no proper compensation scheme exists, not all MRO's are being treated the same.

From my observations, it appears MRO's with physical injuries are receiving extra payments for their sufferings, when others with mental illnesses are not.

Of the 60-70 MRO's I came in contact with only a small number told me they were retired due to on-duty physical injuries, of that small number a high percentage told me that in addition to their own superannuation entitlement they also received a special ex-gratia payment from the WA Government at the time of their retirement.

I would describe these officers' injuries ranging between moderate to extremely serious.

Although none knew all the details or the mechanism granting their extra payments all said it involved the WA Police, the Government lawyers and the WA Police Union lawyers and it was all conducted very civilly when they retired.

Interestingly, of all the other MRO's I came in contact with, suffering from psychiatric and psychological problems, not one told me they had received an ex-gratia payment as part of a medical retirement package.

Without belittling anybody with physical injuries or making a competition out of peoples suffering, it did appear to me that some of the MRO's with psychiatric & psychological illness were worse off in relation to their quality of life and future prospects than some of those physically injured.

I am very concerned MRO's with physical injuries incurred on duty are getting special treatment compared to MRO's with psychiatric and psychological injuries also incurred as a consequence of their employment.

I am concerned discrimination is occurring to those with mental impairments.

MRO's with mental illness taking private legal action.

I have included this section to share with the committee another concern regarding what I view as very questionable treatment of mentally ill MRO's whilst dealing with government lawyers.

There was a small minority of MRO's who once medically retired came to the conclusion that their illness/injury was a direct consequence of their employment and thought they deserved compensation. All that I spoke to had psychological or psychiatric conditions not physical injuries.

Interestingly some said they may have not considered legal action, if they had got a simple apology when they retired.

All these MRO's had approached the WA Police Union who assisted them with a small legal grant to see a lawyer who specialised in taking legal action against the WA Police and/or the WA Government. Apparently over the years there have been several Perth lawyers that specialise in doing this.

In 2008 several MRO's who had previously taken legal action, told me they had already settled and had been forced to sign confidentiality agreements. Others had settled but were able to share. Others were still in the process of taking legal action, so I was able to get a pretty clear picture of what was occurring as these cases progressed.

I had originally thought that the MRO's with mental illnesses taking legal action would have been treated the same as the MRO's with physical injuries who were quietly given ex-gratia payments when they were retired, but that was not the case.

Instead I heard very similar stories detailing how government solicitors fought tooth and nail over every legal point, described by all as a very dirty fight for periods between 3-5 years from start to finish.

I was told in most cases that government lawyers send private investigators trawling through sick MRO's lives, interviewing former workmates, friends, neighbours and even former wives looking for anything they could find as ammunition.

Usually after about 12 – 18 months of very slow correspondence exchanges, a very small first offer was made. I am told the going rate for an MRO likely to suffer a lifetime of mental illness is \$10,000. I imagine the Government lawyers are hoping the MRO will shut up and go away.

As the process progresses, the MRO has to engage a barrister so discussions can be entered into with the government's barrister and to help with court documents etc.

Many more months pass and I am told the government offer doubles to \$20,000.

Then comes many pre-trial conferences and a few attempts by the government lawyers to avert proceedings with legal technicalities and findings of the private investigators, slowly increasing their offer.

There are legal arguments about the government not being negligent or if WA Police Officers are actually employees, which I am told has a strong hold on the outcome of many cases.

As the court date gets closer the MRO is faced with the prospect of having to publicly relive all the stress and trauma of the events that made them sick in the first place, usually along with the threat that if the MRO loses the court case, the government will seek recompense for all its legal and other costs.

It appears at this time most cases are settled, either by the sick MRO accepting what is on offer because of stress and fear they may lose and have to pay a big bill or the government pushing up their offer until it gets too attractive to refuse.

Some thought the government lawyer's didn't really want to go to court either, in case an unfavourable precedent is set.

This does raise the question, what is a mentally ill police officer really worth, if proper workers compensation did exist?

Most MRO's told me that once their lawyer's fees and other expenses were taken from the settlement the process was not worth the stress and hassle, except to say it gave them some closure making the government pay for something they should have taken responsibility for in the first place.

For many MRO's this process took a very serious toll on their health.

It also appears our government's lawyers are treating this process as a game.

I am also concerned, that we are now getting two classes of MRO's with mental health issues, the first class now getting an extra payment, although they appear suffering in the process and the second, those that have not got the strength or health to play this game.

Too sick to fight, too sick to work, too sick to litigate.

I have included this to add to my last concerns.

Some MRO's told me that when they were medically retired, they were mentally too sick to consider taking any legal action and didn't give the scenario any consideration at all.

Many shared they were on prescription drugs with significant side effects and described most days as just being a blur, senses numbed and sleeping a lot of the time.

For some the side effects of their medications caused other health issues causing them to stop taking their prescription, to find that once the after effects of the drugs disappeared their lives started to gradually improve.

Some sought legal advice years later, after hearing others had done so, to find the time for proceeding had expired.

Apparently one has to be "insane" for legal time to be put on hold indefinitely, and suffering PTSD or similar mental illnesses doesn't qualify.

Even after this, some MRO's because they knew others were in the same boat decided the issues involved were important enough to keep pushing.

Ex-gratia Applications by MRO's from the past whose cases are statute barred.

Medically Retired Officer David Matthews, who has helped me with this submission, and myself fall into this category and we would like to share with the Committee a brief description of what happened to us as police officers and how we have been treated under the WA Governments exgratia process.

The WA Police Union kindly assisted our applications as follows.

Ex-gratia application of Medically Retired Police Officer David Nelson 6051.

In early 2008, I came in contact with Mr Dean, from the WA Police Union who after hearing the circumstances behind my medical retirement 15 years earlier, referred me to a lawyer for a legal opinion. I had never been well enough to consider approaching a lawyer, let alone put up with a court process.

My circumstances very briefly are that in my early years of frontline policing at a country police station, I was assaulted several times while working alone, including once by 12 offenders, and again, whilst alone on a highway patrol by two thugs I pulled over, who threatened to cause serious harm to me.

Some time later, after my transfer back to Perth I was again alone on a motorcycle patrol unarmed and directed to attend a confirmed armed hold up. On route, I came around a corner and found two offenders, the gun & the money directly in front of me as they had fallen off their get-a-way motorcycle. As a result of this a significant fight took place, with a loaded gun on the road.

Please do not be mistaken that in any of the assaults on me above, that I was taken to hospital in an ambulance, because I wasn't. In all cases, after being helped by other officers to process the offenders, I just went back on patrol as normal.

I only sought medical treatment in the first incident, a few days later, after bruises didn't go away, and I seem to recall being told I hurt my back somehow.

Please also don't think I just walked away from these incidents, because that would also not be true, each incident took a significant toll on my confidence.

In those days, when stationed in the metro area, because of Police Regulations, I was obliged to attend the Police Doctors Office at Perth HQ to get my free medical treatment.

Several months after the hold-up incident, which I had forgotten about by then I attended the police doctor's office complaining I was shaking which started soon after the group attacked me a year or so earlier. After a brief examination by the police doctor I was told I needed to "get over it".

I was 22 years old and as far as I was concerned, he was the Police Doctor, so I took his advice on board and off I went back on patrol.

I remained operational for the next two years, doing what most frontline police do, going job to job, fight to fight, normal crash to fatal crash, broken limbs, guts and gizzards, seeing human brains, etc with having very little rest in between and regularly being asked to work on my day off.

About two years after my abovementioned Dr's appointment, I found myself on patrol screaming down Kalamunda hill in a police patrol car, making a list of people to locate and kill.

I ended up heavily drugged in a psychiatric hospital for 3 months, after I threatened to put the police doctor on my killing list if he did not help me.

Twenty three years later, my police medical records show, in the two years prior to my psyche hospital admission, I attended the police doctor's office 28 times, for injuries from on duty assaults & car accidents and stress related symptoms, yet I remained operational.

Several months before I was hospitalised, a new female police doctor told me I was unwell and organised for me to see a very senior police officer so a quick transfer to a quieter position could be arranged.

The transfer did not come quickly enough and before it took place, I was involved in several other violent incidents which triggered my psychological problems.

I was told by my treating psychiatrist that I had lived a life similar to many combat veterans, with my war zone being my police work place. I am told, back in those days Post Traumatic Stress Disorder had not been linked to police work.

Three months after leaving the hospital I was cleared by the police doctor's office to return to full operational police duties while still taking a prescribed drug that was known at that time to impair judgement and reactions. The drug was clonazepam, a benzodiazepine marketed to treat epilepsy, the WA Police paid for it.

I was prescribed this drug by a Psychiatrist that WA Police referred me to, and after leaving hospital, visited him for very short consultations mainly to pick up my prescription. There was never any cognitive therapy to discuss the incidents I had been involved in deeply or at all.

I worked on the police frontline for six and a half more years whilst medicated and experienced quite a few problems, which when looking back was probably caused by me taking the drug.

For instance my on-duty traffic accident record was very high compared to other police officers, I had two complaints about my inappropriate use of my police firearm, one where my police partner said he saw no reason for me to discharge my weapon.

Other officers complained to my inspector that I drove dangerously and enticed motorists into pursuits and how they had to follow me into dangerous situations. Other officers declined to work with me. More recent research shows the class of drugs I took causes a "Rambo" effect.

In 1991, A young female GP had the courage to tell me, the drug I was taking should only be taken for 2 – 4 weeks. When I stopped taking the drug, after a very slow reduction schedule, my wife tells me I started compulsively walking in circles in our

lounge room. I don't remember any of that part, but 16 years later when telling the lawyer she cried.

After the drug was withdrawn I developed cognitive, memory & perception problems and my skin started to burn. Twenty years later I still have these problems although they have been very slowly improving, not getting worse.

Published medical articles record these types of symptoms as protracted and possible permanent consequences of long term benzodiazepine use even at therapeutic doses.

When I fell sick, I saw an independent psychiatrist who told my GP, she could see no reason for me to be prescribed clonazepam in the first place. I saw an independent psychologist who said I was suffering benzodiazepine withdrawal with no depressive symptoms.

An independent senior neurologist said I was suffering anxiety and benzodiazepine withdrawal. Another independent senior doctor agreed with the neurologist and told me I could expect to be sick for a significant period of time, with research at that time showing people still suffering six years later.

The independent psychologist also wrote to the police doctors officer expressing his concern about the shortness of time between my hospital stay and being sent back on duty driving police cars taking clonazepam, especially so when considering the well documented side effects and manufacturer's warnings about driving and operating machinery.

Prior to the psychologist's letter being written, my wife and I had been very disappointed with the treatment we had been getting from WA Police Health and Welfare Services, in particular from the police doctor who was an Occupational Health and Safety Physician.

The police doctor's response to the psychologists concerns of me driving drugged was one of complete disinterest and very soon after he forced me to see another psychiatrist.

I attended this Psychiatrists office with an open mind, however he treated me very differently to all the other doctors I had seen, who were very kind and compassionate for my circumstances.

As I sat there being interviewed, explaining what my other doctors had told me, this Psychiatrist regularly rolled his eyes up in his head and pulled faces as if eating lemons, at times he appeared more interest in the clock up on the wall behind me than listening to what I was saying.

I was not surprised when this Psychiatrist reported "There was no imaginable way that withdrawal of benzodiazepines could cause symptoms for as long as a year" and I needed to take anti-depressant medication to be "restored to useful function in the Police Force."

At that time there were medical articles suggesting that “protracted benzodiazepine withdrawals syndrome” could last longer than one year with researchers calling for more studies to ascertain if central nervous system damage or brain damage was permanent. It is now 2012 and experts and researchers are still calling for these studies.

The WA Police made me choose between taking anti-depressants or being forced into medical retirement. I chose the latter as all the other independent medical professionals I was seeing did not agree I was depressed.

I was medically retired, at the age of 33 years.

When I faced the medical board, none of the reports from my independent doctors were presented despite their high qualifications. I was retired solely on the opinion of the Psychiatrist the WA Police forced me to see.

Four and six years after my retirement another very senior psychiatrist diagnosed me with cognitive and memory problems and a chronic anxiety state and said I would not fit into any structured workplace again. There were no recommendations regarding me taking any medication.

I was told that a combination of everything had caused my condition, and that it was wrong for me to have been returned to operational police work while drugged.

That did not appear in the medical report, as he only answered the questions required from him.

This last psychiatrist was very professional on both occasions when I attended his rooms. He was also very kind to my wife after my second visit and told her that I was as good as I was going to get.

When the legal advice the Police Union requested returned it said I probably had a case against The State, the police doctor and other doctors, but the letter also detailed many legal technicalities, which the defendants may use to water down their liability. But due to the expiry of the limitation period my case could not proceed.

The lawyer suggested the Police Union put in an ex-gratia application to the Attorney General to consider my circumstances and they paid for that to happen. I agreed to proceed in this way, hopefully so I could raise the awareness of prescribed medications in the police workplace, possibly set a precedent for ex-gratia applications for police officers from the past, as many were now emerging and hopefully get some money for my family, my wife has had to work since my retirement, look after me, mainly during the day by phone, and raise our two children.

My ex-gratia application was submitted to the government on 26 June 2009, detailing all that had happened to me from the time I joined the WA Police as a cadet in 1976 until my medical retirement in 1993, it contained details of the many critical incidents I attended, all my medical reports, copies of adverse drug reaction bulletins, medical defence union journal articles and copies of other medical research to support my application.

On 10 November 2009, I received a letter from the Attorney General rejecting my claim. There was no acknowledgement that even with hindsight things could have been done better for me.

No mention of the dangers of me driving police cars or using police firearms whilst taking a mind altering drug, except to say “By all accounts Mr Nelson performed reasonably well for many years on his return to work.”

No fault was accepted for returning me to work on a dangerous drug, saying what they had done was consistent with that recommended by the treating psychiatrist.

There was an acknowledgement of different medical opinions, only to “cherry pick” one, the report of the psychiatrist WA Police had forced me to see which said I could be restored to useful function taking anti-depressant medication. But also stated their understanding of my reluctance not to do so.

No mention of all the critical incidents that I attended at work, while I was mainly working alone, except to say “Unfortunately, stress provoking situations are inherent in normal police work. To the extent that this may have contributed to Mr Nelson’s condition, I am not convinced the WA police acted inappropriately in this matter at the time.”

Sympathy was expressed for my situation, and the Attorney General concluded by saying “Nor have I been able to identify special or extra ordinary circumstances or a significant public policy issue to justify the making of a recommendation to cabinet that an ex-gratia payment be made to Mr Nelson. The Minister for police concurs with my views.”

I often see The Attorney General & The Police Minister on TV and I find myself wondering if they are living in a dream world or have any worries when they go to bed at night, unaware of who is making their world safe so they can do what they do. When I see them on TV it is just confirmation that there are still police officers out there.

There was no point in me taking this matter to my local member, as the Attorney General is my local member.

Ex-gratia application of Medically Retired Police Officer David Mathew 6884.

In January, 2011, the WA Police Union, under the leadership of Mr Russell Armstrong, presented another ex-gratia application to the government, involving another MRO from the past, David Matthews, who had been medically retired for about 16 years.

In 1989, David was involved in a police shooting where he was forced to stop and kill an offender threatening a victim’s life. Newspaper reports at the time stated he would receive extensive Health & Welfare support and counselling.

After 4 days off work and 2 weekly leave days, David returned to operational duties.

Two weeks after the incident, he attended a short group meeting run by Health & Welfare. He tells me he almost missed the meeting as he had to attend a suicide on the way. That was it, no other treatment or counselling at all offered.

He stayed at his suburban station until his next transfer to Division 79, which was an armed rapid response police squad for urgent jobs, such as armed hold-ups etc.

David went to work everyday, worrying when he put on his gun that he was going to kill someone else. Prior to falling ill, he attended an urgent job at Police Headquarters where there was a siege and other police killed an offender. This was the “trigger” incident that was to change David’s life for ever, despite battling for nearly another year, he eventually told his wife he could not go back to work.

He was medically retired by WA Police 15 months after booking off sick, suffering Post Traumatic Stress Disorder. At the time of his medical discharge there were no post service benefits.

David has remained ill since his medical discharge, without a day going by that he has not thought about the original fatal shooting. He spent a period of 11 years on various anti-depressant medications until he had to stop for other health reasons, which improved after he stopped taking them.

Since his retirement, despite his best efforts to do so, he has not been able to work.

He was able to access a small lump sum from his GESB super policy, which he put on his mortgage and has been on a Federal Government disability pension ever since.

In 2010, the WA Police Union became aware of David’s circumstances and sought a legal opinion which advised he had a case against his employer, but due to the time delay, it was statute barred.

The ex-gratia application was submitted by the Police Union in January 2011, which I am told was the same day Constable Matt Butchers claim was submitted. In April 2011, the government replied saying they were requesting further advice. Since then the union have contacted the government on multiple occasions requesting a reply to the application.

It is now May 2012, sixteen months after David’s ex-gratia application was submitted and it has not yet been finalised either way.

SBS Insight program March 2012.

I have put this section in here to share with the committee, what else has been happening to David Matthews in recent months.

In March this year, David appeared on SBS’s “Insight Program” with other people who had to kill as a consequence of their employment. As a side benefit of appearing on that TV program, David is now in contact with other police officers who have been in his situation, something that in my opinion should have been done for him by the WA Police years ago.

After appearing on SBS, David was asked to appear on 6PR's Howard Sattler Show where he aired his problems in more detail. The sister of the person David shot years ago rang in saying the family did not hold any grudges and wished to meet him, which occurred a few days later. In my opinion, something else WA Police should have been done for him many years ago.

The next day, Russell Armstrong of the Police Union rang 6PR saying the Health & Welfare Services needed improving and Ms Martinovich from WA Police rang saying that she had seen David on TV and spoke about how much better the health & welfare services were today compared to the 1990's.

I would like to make this point, David Mathews is a former WA Police Officer, a police hero in the eyes of many who wear blue, who has appeared on national TV and on a local radio show, saying he was involved in a critical incident years ago and still suffering significantly.

Ms Martinovich told 6PR she had seen David on TV and heard enough of his problems to say that he would get better treatment today.

I also know an advisory email was sent to the Police Commissioners Office before David appeared on SBS.

I would like to point out to the committee the top line of page 11 of your transcript where Ms Martinovich states "If an officer is medically retired from our organisation we continue to offer support"

My next point is, one month has now passed and David has not heard one word from the WA Police or their Health & Welfare Services. Why is it that the sister of the person David Matthews shot and killed, took the trouble to pick up her phone to offer him support, took the trouble to leave her house and meet him, when the WA Police appear unable or disinterested.

Can I respectfully suggest the Committee consider asking this police witness, why has WA Police not contacted David Matthews?

There is another twist to David Mathew's story which in my opinion makes WA Police's lack of contact and compassion for him even worse, this twist makes David Matthew's circumstance quite different to many other police shootings.

For those that missed it, when the deceased's sister rang, saying she had many police in her family and she realised it could be anyone of them in David's situation.

The twist is, not long after the shooting, David Matthews was told he had just killed a close relative of a police officer.

I state this, to highlight that in the year 2012, if WA Police do not want to offer help to David Matthews what chance has any one else got?

In the future there are going to be many other police like David appearing. Who is going to help them?

Is David Matthews being ignored because he is a Medically Retired Officer from the past and/or is he another one that is being discriminated against because he has a mental illness?

I need to make one last point, because it is important and relates to a recommendation at the end of this document.

For years after leaving WA Police, David Mathew, barely existed with most days being a blur, until one day he went to his letterbox and opened a letter addressed to him, inviting him to join a group of other medically retired police officers meeting on the internet to help each other.

David often reminds me his life changed direction the moment he read that letter.

Ex-gratia payment made to injured police officer – Constable Matt Butcher.

I have included this section to show the committee an MRO's perspective to Constable Matt Butcher's incident, so they can see it from a different perspective especially so how an MRO with PTSD may see it.

In February 2008, most in Perth were shocked by the assault on Constable Matt Butcher who was head butted in a brawl outside a Joondalup Tavern. The assault which left the constable partially paralysed was caught on video.

Constable Butcher spent several weeks in an induced coma and many months in hospital undergoing a slow rehabilitation. Once he was out of hospital the media covered his rehabilitation as he slowly returned to part time work.

The government made an ex-gratia payment to Constable Butcher because he was assaulted on duty and paid a record figure of \$3.3 million.

Along with this ex-gratia payment came public statements from Attorney-General Christian Porter explaining how the final figure was calculated, words like:-

- "The Government had come to a fair and appropriate figure that would recognise the sacrifice made by Constable Butcher."
- "What happened was nothing short of a horrific act of violence"
- "Rather we are recognising the fact a very brave individual in service of the public and in an attempt to protect the public, put himself at enormous risk, suffered a horrific act of violence and has now had their life changed in a way none of us would have wished for."

Of all the MRO's I have spoken to, I have not heard one word begrudging Constable Butcher for his record ex-gratia payment, although many think he was very lucky someone videoed the incident, otherwise he probably would have been treated like the rest.

Some ask, if Constable Butcher was paid \$3.3 million for his injuries, is still employed, still getting paid, still receiving employer super. Then what is a police officer who suffers stress, injury or trauma at work and cannot work again worth?

I know this incident has already caused one PTSD “Trigger”, and from what I have seen over the last few years, if I see something happening to one individual, there usually will be others.

The plight of the Medically Retired WA Police Officer is not a new problem.

The issues I have described so far are not new problems, they have been occurring for a very long time. In the next few pages I will detail for the committee significant references which will show what has been happening.

Matter of Public Interest – Senior Constable Glenn Murray
Hansard 28 May 1997 Pages 3345 – 3355

On 28 May 1997, in the Legislative Assembly in the Western Australian Parliament, nearly 15 years ago, six members of parliament debated in great detail many of points raised in this submission.

The topic was described by the Speaker as a matter of public interest that hits at the heart of morale and the proper functioning of our Police Service.

The house noted that the case of Senior Constable Glenn Murray, who received severe brain damage as a result of an on duty police traffic accident on 1 July 1996, highlighted a glaring loophole in the workers compensation for police officers permanently incapacitated.

The discussion was not just about Senior Constable Murray’s situation. It also mentioned a newspaper article about Police Officer Keith Wagstaff, who was assaulted on duty, left lying in his own blood to die with a 15 cm gash on his head.

This left Mr Wagstaff with severe head injuries affecting his speech, eyesight and partly paralysing his left arm and leg, but Mr Wagstaff was now pleased he only suffered epileptic-like fits about twice a week, compared to five a day a few years prior.

Hansard shows how one Police Minister advised Mr Wagstaff that he supported him receiving an ex-gratia payment. But within weeks the government changed, and even though Mr Wagstaff’s injuries were incurred whilst on duty, the new government refused to accept liability.

When discussing Senior Constable Glenn Murray’s situation, Hansard details how police wives and families of injured officers had to beg, bargain or plead for that to which they should be entitled.

Apparently Constable Murray’s first settlement offer from the Government was \$80,000 which at the time would hardly have met the ongoing care cost for one year,

let alone during his life expectancy. At the time of the crash, Constable Murray was 36 years of age, with a wife and three children aged 11, 13 & 15.

(In January 2011, 14 years later, Constable Murray's wife spoke to the Western Australian Newspaper, saying he was eventually awarded \$600,000 for his on duty injuries, which she said had "not gone far" as she was forced to quit her job to become a full time carer for him. Mrs Murray was reported to say, she felt let down by the government and believed they had not taken in to account the massive financial burden which would accompany her husband's injuries and that she was told at the time if she didn't accept the offer they might get nothing, so it felt like she had no option.)

In Hansard it was pointed out, that Senior Constable Murray and Sergeant Wagstaff were not alone and that there were numerous other examples of police officers who were not being treated fairly because there was no workers compensation for police officers and that consideration must be given to the environment in which police officers now operate.

It was highlighted that no workers compensation for WA police officers had been an ongoing problem for a number of years and with assaults on police increasing and the pressure and stress on police officers, protecting our community had never been greater, warranted a better system that what was on offer for other workers.

The then Government was criticized for saying they looked after police with lines like "We look after our own." when cases often arose showing they didn't. Some politicians said it disgusted them how situations had to be exposed in the media before government action was taken.

It was suggested a police compensation scheme similar to the military be looked at, offering a range of benefits, for frontline police.

Another option suggested, because of the lack of benefits offered to police officers discharged from the service with serious disabilities was that the Government pay for a "disability insurance" to cover a lump sum payment or annuity payment when an officer is forced to leave the Service as a result of their injuries, in addition to their superannuation benefit. It was pointed out that all police officers deserved to know that they were covered should they become disabled, from the day they graduate.

The party in government on that day stated a working group within government would be established to review the matter of compensation for work related injuries to police officers, but would not give a commitment to tabling the results. The opposition called this a fob-off.

To date, I have not been able to locate any information regarding the results of that working party.

David John Matthews & Ors v The Comm. of Police & Anor [1998] WASC 282

When the Police (Medical & Other Expenses for former officers) Act 2008, was proclaimed in June 2009, many MRO's were relieved their work related medical bills would now be paid.

Many had watched the bill pass through parliament in several forms and then as it sat idle on the bottom of the parliament notice paper for a protracted period of time.

When the bill was finally proclaimed, many MRO's knew if it wasn't for the persistence of Mr Mike Dean the then President of the WA Police Union over a period of 12 years, the bill would not have existed.

Both sides of Government knew about the problems covered by the legislation for over a decade and did nothing.

12 years earlier Mr Dean started negotiations as he observed the growing numbers of WA police leaving the service still requiring medical help. His efforts faced resistance and the WA Police Union pushed forward a test case.

In September 1998, the WA Police Union assisted recently medically retired police officer David Matthews present his situation to the WA Supreme Court asking for his work related medical expenses to be paid despite him leaving the police service by medical retirement.

WA Government lawyers allowed this matter to get to court arguing former officers were not entitled to payments covering medical expenses for illnesses and injuries unless they were serving members. The Judge agreed and the case was dismissed.

I have mentioned this court case to demonstrate how long it took for the medical expenses legislation to actually materialise.

McSTRAVICK -v- STATE OF W.A. & ORS [2000] WADC 319

This is another case the Committee should be aware of:-

At about 11.30 pm on March 1991, several police officers in Albany were recalled to duty in uniform to back up other police attending a large disturbance at the Bremer Bay Bash, 180 kilometres away, involving three gangs of bikies and a group of Aboriginals.

When at the disturbance, the plaintiff, a young constable was attacked by several bikies, sustaining injuries, described in a station occurrence book by his Sergeant who observed the assault as "Constable C McStravick was attacked by several bikies, one which head butted him on three occasions whilst another person (unknown) punched him in the kidney. This caused severe pain in the head and kidney region."

This assault and its after effects caused Constable McStravick to be medically retired.

I wish to share with the committee I worked at Ravensthorpe at the time of this incident, I didn't attend Bremer Bay that evening but I did hear from other officers that Constable McStravick had been assaulted the day after it happened.

I met Constable McStravick several times on my occasional highway patrols to Albany. He was a young, happy, friendly and fit looking individual in his mid to late 20's who was obviously very proud to be a police officer.

I made a point of travelling to his send off in Albany 300 kilometres away, when he was medically retired, when I saw him his physical injuries were not obvious, but it was very sad to see the person I had previously met so obviously broken.

If I remember right, he did not have a superannuation policy.

From what I now know Constable McStravick probably later found himself in a similar situation to many of the other MRO's described in this submission, where the WA Police or WA Government refused to accept any responsibility for his circumstances.

I am told the WA Police Union assisted him commence legal proceedings, with his case being heard in the Perth District Court in November 2000 nearly ten years after the incident, I struggle to imagine the stress that process would have caused him.

The trial dealt only with the issue of liability, and the case was lost because Constable McStravick's lawyers could not prove negligence, despite raising many issues.

The fact Constable McStravick was assault on duty, injured and sustained losses and damages had no bearing on the outcome of the hearing.

If you read the court judgement, please remember I agree that riot shields should not have been used as it would have escalated a very nasty incident. As you read through all the technical points that throw a smoke screen over the real issue, please don't forget that Constable McStravick was the one that was injured on duty and lost his health, his career and his income.

I point this case out to show the trial took nearly 10 years to get to court and to show how long MRO's have been struggling fighting WA government lawyers.

Are government lawyers picking on sick/injured WA Police? If so is there a precedent? How about the NSW Vickers Report?

With many legal claims emerging in Western Australia, some MRO's wonder why the government lawyers haven't already suggested solutions to the Government.

Some admitting to being a little paranoid, asked if some sort of conspiracy is occurring against sick/injured WA Police and if so who is causing it to happen?

I would like to bring a similar issue to the Committees attention that may indicate a similar precedent.

In June 2006, New South Wales Police Minister Carl Scully announced the outsourcing to private law firms of the Police Department's workers compensation and stress related civil claims, after a review of in house legal services was conducted by lawyer Helen Vickers.

The Vickers report resulted in the termination or redeployment of six lawyers who formed the NSW Police Workers Compensation Unit, examining police hurt on duty pension claims. The sacked lawyers claimed they had been made scapegoats following criticism of legal services arising from common law civil damages claims that they did not handle.

To date I have not been able to ascertain how the civil lawyers were treated.

The Vickers Report was never made public, so we can't see what system failures were identified in the report. However local media has detailed what lead to the report being required.

On March 13 2006, The NSW Police Association was reported as saying, the forces legal unit was "dysfunctional" and the process only causes further injury to officers seeking compensation for negligence, dragging cases out and pushing them into the courts.

The NSW Police Minister said he had "concerns about the performance of the unit, particularly in relation to its management of settlements and litigation" and mentions matters "not being handled expeditiously or fairly" and a "reluctance to settle that then causes payouts larger than what they other wise may have been".

With payouts that include:

- A child protection officer offered to settle for \$148,000 plus legal fees of \$30,000. Government Lawyers forced the matter to court with the officer awarded \$750,000.
- A Forensic Services officer offered to settle for \$150,000 to avoid stress of court which was declined, later to be awarded \$750,000 plus costs.
- Three Detectives offer to settle for \$790,000 for all three, to be awarded \$2.04 million plus costs.
- Undercover officer offered to settle for \$100,000 before \$750,000 judgement.

Apparently the NSW Police Force was accused of wasting millions of dollars fighting compensation claims, by officers who had been physically or psychologically damaged in the line of duty.

A precedent was set in a 2000 Court of Appeal Judgement which awarded a former child abuse officer Beth Seedsman, \$750,000 for NSW Police's failure to provide a safe system of work or protection from mental injury.

NSW Police Association research director Greg Chilvers said there were 70 cases before the courts and that "It seems on a matter of principle they fight them all."

My own interpretation of events is that once the 2000 precedent had been set, the government lawyers were relentless to win back the balance of power.

From my inquiries I would imagine we are trailing what happened in NSW because WA Government lawyers still retain their balance in power, and appear determined to keep it. Looking at the size of the payments in NSW I don't think it is hard to see why, the WA process is slowed down and dragged out using legal tactics.

In NSW officers claimed they were not only hung out to dry by their police service, but faced loss of their life's savings through overly aggressive legal and delaying tactics as department lawyers spent millions trying to wear them down, even when low offers had been put forward to settle.

Some of the NSW officer's claims had been running for 3-7 years and had not been settled, due to government lawyers delaying tactics. Many had their houses at risk due to legal costs.

Most of these cases involved dedicated police officers who had suffered stress and trauma at work and became mentally ill.

In 2006, the NSW government recognised that what was happening to their injured/sick police officers was disturbing and ordered a review.

I strongly recommend a similar inquiry happens here in Western Australia.

Going \$\$ rate for a Police Office forced to retire because of mental illness?

I have included this section to respectfully remind committee members of my previous comment in this submission, where I mentioned, I have been told, WA Government lawyers are offering \$10,000 as first offers to MRO's discharged with mental illnesses.

It would appear in 2006, police officers in NSW are considered a lot more valuable than our police officers here in Western Australia, because in the cases I have described in the previous section, each NSW police officer was awarded \$750,000 plus costs, which was in addition to any superannuation considerations.

When considering inflation & awareness of the consequences of police work, I wonder what that same figure would calculate here today, for the MRO's I have detailed in this submission.

Many of those MRO's I mention have not only been through the trauma of police work, in times of unsafe work practices with very little support, but also on top of that, many have found themselves wandering aimlessly in life, wondering what they had done wrong, some for, many years because of the compounded feelings of abuse, on top of their work related stress and trauma.

I respectfully make this point to the committee, it is my opinion, if many of the MRO's I mentioned earlier in this submission had been given a generous exit

payment, I would imagine many would have had more options and found some way to move forward themselves and to get on with their lives.

That was a very easy judgement for me to make, as I hear more from those who have not been paid, because they are home all the time, where the others who have been treated with special payments are off on holiday's interstate, overseas, driving nice cars and motorbikes. They are so busy enjoying their retirements with dignity, I rarely hear from them.

Later in this submission I will mention rumours of payments up \$50,000 are now being given for those exiting WA Police, can I please respectfully suggest the Committee members remember what I have detailed in this section when they get to that section please.

MRO's are not the only police effected by these health problems.

I include this Section to high light to the Committee that the issues I have detailed so far are not just affecting medically retired WA Police.

In the mid-late 1980's I arrived to work on a dayshift, to be told by my shift sergeant to take a constable home, apparently he had just resigned at very short notice and had been a police officer for about 5 years.

I did not know the officer well, but I had seen him around, he was usually a strong, happy and smiling individual, but on the drive home he was a completely different person. While he sat in the passenger seat, his arms and hands were obviously shaking, he stuttered when he spoke and struggled to make eye contact.

I asked him what was the matter and he told me the job had got too hard and he could no longer continue so he had just resigned. I asked him if he was in trouble at work and he said he wasn't. I told him he should not resign, but book off sick and make a proper decision about his future when he was well enough to do so. He declined my suggestion which made him appear worse.

I dropped him at home and went back to tell the shift Sergeants about my concerns, to be told, that it was his decision to resign and if he could not hack the job it was probably better that he resigned. I doubt with proper training, these supervisors would think the same way and yes it was a long time ago.

In the early 1990's I also ran into a former officer, who had recently resigned from the WA Police during a posting at a country police station on a major highway. He told me he resigned because the amount of serious traffic accidents he was seeing caused him to have terrible nightmares. He started drinking very heavily to sleep and resigned because he had started getting suicidal thoughts.

Both officers I mention left quickly without having any idea what they would do next.

In 2008/2009 when our MRO public website was operating we received several contacts from former WA Police officers sharing similar stories.

Why are sick/ill police officers resignations being accepted?

When talking individually with the two resigning former WA police officer's I have just mentioned it was easy to just accept what they said on face value, but when the two stories are told together, along with several other similar stories I have heard from other former WA Police officers who contacted my website, alarm bells start ringing, especially when they all seem to be PTSD related.

The obvious question here is why are WA Police accepting the resignations of these sick/ill police officers?

I make this point, if a WA Police Officer had been assaulted outside a Tavern by an offender and taken to hospital ending up in an induced coma and when he woke up, or during his rehabilitation from his injuries, over the coming months, he decided because of what had happened to him, decided he could no longer proceed as a police officer, so he wrote a resignation letter and posted it in, would that resignation be accepted so quickly?

I also raise the recent incident of the police shooting in Perth recently, where an experienced officer fired his gun at a car driving away, where his police partners did not see why he did it. WA Police seemed to condemn him in the media, well before clear facts of the incident appeared.

The same officer resigned in coming weeks.

Who decided that incident wasn't a "triggered" event caused by a previous police workplace experience? Shouldn't that have been a decision made by Health and Welfare before all those media comments were made by WA Police?

Can I respectfully suggest the Committee inquire into how it was so quickly established by WA Police that this officer was an "offender" and not another "Sick Employee." with PTSD.

As a result of my inquiries there appears to be a lot of these PTSD police officers out there.

The WA Police Union.

I include this to give the Committee an understanding on other matters.

Quite a few MRO's rightly or wrongly blame their union for not doing enough to put this problem to bed for ever. Some felt the relationship between the WA Police Union, WA Police and the WA Government was too cosy.

Some could not understand why the police union could work to rule for improved wages, but did not do the same for health, welfare and medical retirement issues.

Some thought when the rally at Parliament house for mandatory sentencing took place, issues regarding what happened to sick and injured police should have also been addressed.

Others suggested a special levy be started, similar to the one used by the union to defend a book written about a member, to mount a campaign for compensation for those previously medically retired.

Over the last few years the Police Union has been asked by myself and other MRO's why it doesn't mount a campaign to get a proper system in place to improve benefits for officers hurt or made ill as a consequence of their employment, with suggestions of sending MRO's to graduation parades & police stations armed with signs and flyers etc, backed by a union media campaign.

The three main answers received so far are:

1. If the union had a campaign to raise the awareness of officers injured on the job and medically retired, it would bring the organisation to its knees. Officers would leave, recruits would not join and as a union there was a responsibility not to do that.
2. Sick officers get 165 days sick leave a year, for personal and work related injuries & illness which can be extended with the commissioners permission. Many who end up getting medically retired usually got between 1 – 2 years paid sick leave before they are forced to retire and that was a lot better outcome than most normal employees.
3. When the union negotiates these sorts of things, the government negotiators are always keen for the police union to move their members away from the present sick leave arrangements to a normal workers compensation type scheme. The Union does not want to do anything that may risk their members losing the present sick leave system, even though sick leave & workers compensation can be two separate issues.

There appears to be a bit of a "Catch-22" situation with the officials at the union only being able to do what their members want them to do, yet the officials are unable to push medical retirement issues too hard because they risk destabilising the organisation.

Another side of the story is that the WA Police Union has already spent a significant amount of money, on this issue. Apparently hundreds of thousands of dollars has been spent on MRO cases over the years, with the majority failing on technical grounds like the ones mentioned above.

It was also the WA Police Union under Mr Mike Dean's leadership that pushed the Police (Medical & Other Expenses for former officers) Act 2008. I know the Union was also helping some MRO's purchase medication etc and advanced funds for urgent operations before the legislation materialised. So it is not a case of an unsympathetic union.

The union has also been helping some individual MRO's with small grants for legal fees and pointing them in the direction of lawyers to take action or to seek ex-gratia payments. This is being done very quietly for those that come forward or somehow get the Union's attention.

Without criticizing the police union for helping individual MRO's, it does raise in my mind the question. What about all the others?

From what I can see, we are now getting two classes of MRO's hurt or injured as a consequence of their employment emerging, those that have received extra compensation payments and those that have not.

I believe it is highly likely that some of those that have not include the sickest or the weakest. How many sick people would want to draw themselves in to a very stressful process that will last years?

There appears to be no set formula, criteria or transparency for those receiving payments, or any published guidelines for those that want to apply.

For the others not getting paid, what has been happening will probably add to their feelings of abuse.

When the union was helping individuals with medications etc they were at least pushing the medical benefits legislation for all the other sick/injured officers. Now they are helping select individuals get defacto workers compensation payments, and don't appear to have any specific policy on how they are going to help all the others.

Under Mr Dean's leadership, the WA Police Union was open to all types of contact from members from the past and appeared to want to own the work related problems of MRO's. Since Mr Dean's retirement that focus seems to have gone elsewhere.

2008/2009 MRO Website and contact with serving WA Police.

I have included this section to show the committee that problems do exist.

In late 2008 and during 2009, with the assistance of other MRO's, I uploaded an extensive website detailing what had been happening to Medically Retired WA Police over several decades.

The website included many pages where the public could read real stories of WA Police Officers hurt as a consequence of their employment and how they were treated. It detailed occupational hazards, including the likelihood of mental illness, health & welfare services, the retirement process and other associated problems.

Our website was promoted by posting flyers to as many WA Police Stations as we could, by acquiring postal addresses from telephone books. A few of these flyers were also posted on public notice board in shopping centres regionally, as well as targeted letter box drops. Eg A Senior police officers house.

We also targeted internet forums where potential WA police recruits visited, especially those encouraging UK police to join WA Police, posting links to our website.

We also, pushed MRO issues into the face of WA Police Recruiting, by frequently visiting the WA Police's "Step Forward" Virtual Recruiting Pavilion on the internet,

telling anyone that visited about our problems. The pavilion was infrequently manned and one of our members did an interview with a virtual reporter from a virtual newspaper causing an article to be written about our activities. This interview was conducted inside the recruitment pavilion.

After the Commissioner of Police appeared in the Sunday Times discussing his plans and interest in the Lord of the Rings, in particular character Frodo Baggins, we circulated a doctored Frodo photo with the commissioner's face on it, which soon became viral on the internal police email system. Along with an article we organised in a daily newspaper admitting it was us saying although we felt we had been treated poorly we still retained our sense of humour to make sure our presence was known.

I often wonder if the Police Commissioner realised what I was doing.

I was trying to show him how vulnerable his organisation was, if someone was serious about disabling his organisations' recruitment and retention capabilities remotely. That is why I only sent out simple test messages & flyers.

If he didn't realise that, he probably should have, because if someone was more serious than me, they could have inflicted significant damage on his organisation.

The potential for someone to deploy the same tactics and inflict much greater damage on the organisation still exist, unless he has planned counter measures to defend his systems, which I think, with much consideration, would be very hard to achieve.

Over many months our website traffic was significant, with people browsing many of the pages and passing them on to friends. We were contacted by members of the public concerned or thinking about joining the WA Police, recruits at the academy, mothers of recruits, serving police, ex WA Police, Police Widows, other MRO's etc.

Our website was on show while the medical benefits legislation sat idle on the notice paper in parliament, and I have been told many recruits at the Police Academy found the information we presented very concerning.

Several young ex WA Police made contact sharing they had fallen mentally ill as a result of work incidents but left the service without being offered or seeking help, still suffering years after leaving, confirming my previous suspicion that many MRO issues also relate to other types of former WA officers.

We also had a contact from a police widow whose husband was taken by tragic circumstance who sought help because she felt abandoned.

Many serving WA Police contacted us sending messages of support as they could see what the website was trying to do, that was to present a true account of what was still happening in WA Police.

A noticeable number of young officers, shared they had already fallen sick because of events at work and were on non operational duties, worried that very soon they would be forced to medically retire without any financial support, in particular how they

would support their families paying mortgages etc. Some requested meeting with us to talk about issues, and in a couple of situations we were able to accommodate them.

Several operational police said they thought they had symptoms of PTSD but were hiding their illnesses because they could not afford to lose their jobs or they were worried it would effect their next promotion.

A frequent message was that health and welfare services at WA Police had not improved, with some saying they had tried several times and could not get through to see a welfare officer or messages given were never returned.

One officer who was later medically retired shared when he first contacted Health and Welfare Services that he was bluntly told his problem wasn't important enough compared to others requiring their services at that time.

Feedback about the support emails sent by Health & Welfare Services after incidents were also seen by some serving police as the organisation simply covering its own butt as cheaply as possible, instead of sending out real people to check on officer's welfare.

On occasions I was amazed how much private and personal information an officer would share with me in their initial email, considering they had never met me or others in our group, when considering our real names were not published on our website. Some appeared to get some comfort knowing they were communicating with former officers that had been through the process already.

When Constable Matt Butcher got assaulted and the video was released our website traffic increased, apparently it frightened many junior police officers.

One worrying contact was from a serving police officer who had been in the job for a considerable time. When he saw the video of Constable Butcher's assault it suddenly brought back many memories and it "triggered" a severe reaction.

The words in his email caused us to be concerned, as he said he had on a previous occasion contacted the WA Police Health and Welfare Services and found them disappointing.

Using our internet system, we quickly found an MRO in our group who knew the serving officer, who was happy to go and meet him at short notice. Another MRO also passed on his contact details with an invitation to ring him day or night if help was required. That night I rang Mr Dean from the Police Union, who organised further help.

A couple of days later, the serving officer contacted us again to thank us and to share that he had now refocused and was making plans to seek help. All we did was offer a hand of friendship and suggest a few options.

On Page 10 of the transcript with Police Witnesses, the Chairman of your committee referred to his trip to New Orleans and then asked the police witnesses if there were

situations where WA Police use retired police to assist after traumatic events and they replied “No”

What I have described above would be a good example of how serving police can relate to retired members.

I closed our website down because it got too busy and it was affecting my own health.

When the Medical Benefits legislation was introduced, I spent a considerable time directing people where to go, that was another reason why I had to stop. The job had become too big for one man, sitting at his keyboard at home.

There is definitely a problem with our frontline WA Police accessing proper health and welfare services which in my opinion needs urgent attention.

I could go on for pages telling you stories of the people who contacted me. Yet in a few short words I can say there was no formal contact whatsoever from the WA Police Command.

There were a few informal indirect messages sent from WA Police Health & Welfare, from a lady named Wendy Doyle who seemed very interested in helping WA Police Officers affected from the past.

She was even keen enough to leave her office and offer one of my members a place on a WA police peer support course at a coffee shop, but not long after, I hear she was moved, so nothing eventuated.

I have not met Ms Doyle personally, but when I went to the first MRO morning tea at the Police Union which are mentioned in this submission a little later, she spoke to the group about the then new Former Police Medical Benefits Scheme.

My impression then was that she was very passionate about what she was doing and we were all going to be very lucky to have her in charge.

On discussing this topic with another MRO this week, I hear Ms Doyle is no longer employed by the WA Police and that she may be in private practice.

Can I respectfully suggest Ms Quirk consider inviting Ms Doyle in for a cuppa tea?

Email message from former WA Police Health & Welfare employee.

In October 2009, I received an email from a person claiming to be a former employee at WA Police Health & Welfare who found some of the comments on our website a little too critical. Even though we stated we were not targeting individual staff.

From what the writer said, many of the issues mentioned in this submission are known to Health & Welfare Staff.

The email appeared genuine, so I have included it for the Committees information, I have not deleted her criticism, although were she says “brunt of anger” I think she

may be referring to serving police accessing Health & Welfare Services. It is worth a read, to see what happens on the other side of the coin.

"I accidentally found this site while looking for Health and Welfare's new contact details to update my CV. As someone who used to work at the Health and Welfare Dept, these stories are all too familiar.

I agree that it's ridiculous that because of the wording of a piece of legislation, police are considered "servants of the Crown" and not "employees", therefore making them unentitled to workers' compensation.

I agree that it's ridiculous that if medically retired, there is no official compensation, and officers instead have to resort to suing the agency under common law.

I agree that it's ridiculous that you're not being contacted and monitored regularly throughout the duration of your illness/injury, and beyond.

But I don't agree with comments that staff at H&W don't care. I've read the complaints that people were never contacted after an injury, traumatic event, or medical retirement, and that people have never met their case officers face to face.

This isn't due to laziness, or disdain for your conditions. It really, honestly, is due to a lack of staff.

At one point during my time there, we had only 1 psychologist, only 2 rehab officers, only 2 welfare officers - supposed to service a staff of thousands, and their families, over a massive geographical area! It just was not physically possible to maintain contact with every injured person, after every event, on a regular basis.

Though paid for a standard week, the majority of us would regularly work hours and hours of unpaid overtime, accruing toil we couldn't take, just to attempt to stay not even on top, but somewhere in the middle of the workload.

I've left the department, the agency, and the country now, but I do still feel for all of you, police officers, and your families. The change needs to come from the top - a change in legislation, a change in policy, a change in the organisation's structure.

But I also feel for my old workmates who are bearing the brunt of all your anger and frustration on a daily basis, and are working as hard as they possibly can.

So from the other side of the fence, on behalf of some really good people, who are doing their best, I'm asking you to give them a break"

Who is looking after the staff at WA Police Health & Welfare?

During the period I have been communicating with MRO's, intermittently I heard words of concern about the staff at WA Police Health and Welfare itself.

Although at times I was told names, it did not appear to just be at one specific period of time. There also appeared a pattern, that when a staff member was mentioned as

being helpful, another MRO would later tell the same person left H & W because they found the job too stressful.

For example when I mentioned the name of a female doctor, who I found caring and helpful, someone else told me she had gone on stress leave herself and never returned.

Although names may have confused me, I picture it may have happened to 3 or 4 Health and Welfare employees that were noticed by MRO's doing more than expected.

Can I respectfully suggest the Committee examine WA Police's Health & Welfare staff turn over and who looks after them when they fall sick? Because they are also WA Police employee's.

Perth ABC Morning Show with Geoff Hutchinson, 16th & 17th February 2012.

I wish to share with the Committee proof that problems in this submission still exist.

On 16th February 2012, Geoff Hutchinson from Perth's ABC Morning Show interviewed Mrs Emma Watt, the widow of Sergeant Elliott Watt, who tragically took his own life at the Collie Police Station on 22 December 2008, nearly three years earlier.

Sergeant Watt's career took a similar path to many MRO's, except Elliott took the next step. If it was not for Emma Watt's obstinacy & persistence a coronial inquest into her husband's life would never have happened.

Can I respectfully suggest that if Ms Quirk, has not done so already, and has the time to do so, she consider inviting Emma Watt in for a cup a tea, asking what assistance she got from the WA Police, WA Police Union & Police Legacy that lead to the inquest of her late husbands coroners inquest occurring?

Emma Watt wanted to push her husband's death into the media to raise the awareness to WA police officers that if they felt sick they needed to seek help and because she thought regular wellness checks were important. She did not do that to highlight she had marriage problems.

After Emma finished on the show, a former WA police officer rang up saying he wanted to share his story about his service in the WA Police. Before he could say two words the caller became over emotional and had to hang up.

That afternoon, David Matthews and I emailed Geoff and the next day he discussed our stories and experiences on his show. Over the next hour a variety of callers, who I did not know, rang in saying similar things to what I have described in this submission.

One caller, a police officer who left the WA Police only recently, said he had seen four fatal accidents in as many weeks, including a quadruple fatal, at least one double fatal and got no offers of assistance.

My website closed nearly two years ago, the problem has not gone away.

Payments of up to \$50,000 being made for work related injuries?

I also wish to share with the committee, that in the last month or so, I have heard second hand from a very reliable source that compensation payments are being made to WA police officers being medically retired for work related injuries and illnesses, at the Commissioners discretion capped at \$50,000.

I have already highlighted that it is amazing what some people will accept as compensation when there is no other alternative available.

Will this be another class of MRO?

Suggestions & Comments.

The Chairman states in the police witness transcript on page 13, that the aim of this committee is to put forward recommendations that assist, not criticize.

To show my submission is not just negatively focused. I have included below a range of suggestions and comments.

I apologize in advance to the Committee, for trying to extract as much as I can from this very much important inquiry, for all Medically Retired WA Police Officers, past and present, as well as trying to suggest improvements to the current WA Police health & welfare system, so current and future serving police will benefit as well.

Independent external auditors of Health & Welfare Services.

There appears to be a significant gap in between what the services WA Police Health and Welfare provide and the expectations of frontline police officers.

I understand WA Police have in the past conducted exit interviews when police officers resign to ascertain why they are leaving.

Can I suggest similar interviews be done with serving “operational” front line police to ascertain their perception and expectations about the quality of welfare services their employer should provide, to ascertain if that gap can be brought closer.

I could understand a young police officer’s reluctance to share their views with internal staff and it would probably be more effective if this was done by an independent external auditor, who was able to interview multiple officers in sufficient numbers so confidentiality can be assured to prevent perceived persecution.

These auditors could also run a confidential independent police welfare review hotline for serving police worried about complaining internally.

Regionalisation of WA Police Health & Welfare Services.

WA Police have had Regions & Districts for a very long time. In my time, Police Headquarters controlled what the regional officers did, but now they appear to have more autonomy.

I have read that Health & Welfare Services have 4 sworn sergeant welfare officers on staff in Perth, who appear to be responsible for all sorts of things, like monitoring all police jobs that happen in WA, taking notes of who attends what jobs and sending wellbeing emails.

When considering the amount of jobs police attend every day & how many officers are involved, my mind boggles how they even do that. There must be a very sophisticated software system that records officer's police regimental numbers. To me it sounds very impersonal.

PTSD and other problems do not just happen at critical incidents, as the committee knows already little things trigger many officers' problems. The peer support system does sound very encouraging, however it does sound like it is being remotely controlled from Perth.

Have WA Police considered transferring sworn sergeant welfare officers to each region to monitor jobs from there, co-ordinate the peer support operation and embed themselves into the local team, doing welfare work only, knowing officers personally?

After reading Ms Martinovich's comments on Page 7, where she states "If police officers are involved centrally in a fatal accident, a death from custody, a police shooting, or a fatal pursuit - we have immediate attendance at the scene.

Can I ask? Did she mean immediately depart to the scene? There is a difference.

I suggest to the committee that they ask for response times, including departure and arrival time? If one of those incidents did happen at Marble Bar, Tom Price, Telfer, Kununurra, Broome, Eucla etc.

What are their capabilities into attending multiple scenes at these different locations at the same time? What if this happened at 2 am Christmas Day? That would give a similar scenario to a disaster.

Formation of a Police Veterans Office.

When the Former WA Police Officer's Medical Benefits was introduced in 2009, Health and Welfare were tasked to help run it, which I would imagine caused a significant extra workload and is a long term responsibility.

Reading the transcript of your interview with the police witnesses, it appears staff at Health and Welfare already has a significant workload and sometimes operates on a priority basis.

The outsourced Employee Assistance Program sounds like a good idea.

Have they considered outsourcing their support to former officers?

Has a Police Veterans Office been considered?

A Police Veterans Office operating separately to Health and Welfare so it can also focus on its own core function. Somewhere Health & Welfare can hand over ill/sick officers once it is determined he/she needs to be medically retired

Run by former officers who had been through the whole process acting as “Friendship Officers” not “Welfare Officers”.

A Police Veterans Office could be tasked to help MRO’s in their transition back to civilian life. Many officers with mental health issues struggle to do this, especially so the younger ones.

Many of the MRO’s I have met described similar problems, hyper vigilance, cognitive, concentration & memory problems, feeling spacey, unable to fit in with normal people, avoidance of large gatherings, feeling isolated and alone because their friendship group disappeared when their job disappeared.

Some MRO’s have had multiple psyche hospital stays after they leave WA Police.

I have found getting similar people together can lead to positive outcomes.

The only problem I have encountered so far is that when sick people get together to organise themselves, the majority have good intentions for the group, but as it grows, the issue of who is in charge arises.

A Police Veterans organisation, properly structured would alleviate that problem.

I have seen when big corporations impose forced redundancy on staff, they often help them find another job. When police officers lives have to stop and change because of what they did at work, why can’t their employer help them find a new life?

Some people will say, there is already a strong network of retired officers in various social clubs, which can help these people. I agree and a lot will find their own way.

This argument was raised by Mr Fairman on Page 11 of your transcript.

But from what I have seen, many of the younger officers are not interested in joining these groups, as many fear they won’t fit in, be treated differently because of their age, be judged because they didn’t make normal retirement or because they have a psychiatric or psychological illness and are not well enough to go even if they wanted to.

I wish to share my experience with the committee, when I attended two morning teas at the Police Union Offices over 18 months ago, exclusively for MRO’s.

The idea was presented to the Union by David Mathews, David Bentley and I some months earlier. Both functions were well attended with around 40-50 MRO's on each occasion, with a moderate number attending on both occasion.

People did not have badges saying how old they were or when they were medically retired, but most looked old enough to be many years from natural retirement.

Looking at the attendees as an observer, you would not tell they were any different from any other social function. However, knowing the personal circumstances of some that attended, I could see how important it was for them to be there.

Police Officers are usually a tolerant but observant bunch, so I would imaged many would have also noticed other people's hands shaking or repeating themselves, with out making it obvious.

What I did notice on the first day, was three very young MRO's standing by themselves looking at what they probably thought were old timers catching up.

I approached one to say hallo, who told me he had struggled to find work, but had just got part time work in a video shop, I turned around to invite one of the other younger two to come over, but they had both gone.

I walked around the room to find them without success, to return to find the first MRO who worked in the video store was gone as well.

When we had our online MRO chat forum operating, one young MRO logged on to say he was worried he had not been in the job long enough to be recognised by his peers. So it could be possible, there may be a case that younger MRO's may not even feel comfortable with older MRO's

Another thing at both morning tea's, was that because I had an idea of a few other peoples issues, I could also see who wasn't there. It is my opinion, in these sorts of meetings, judgement of success cannot be declared until you make a good effort to ascertain who could not make it to the meeting and why.

I make this point to the committee. I have found by leading by example, you won't notice or know about who is struggling, or how they are struggling, until you get out amongst the troops and make a point of looking for who is struggling.

If that is not done, you will never know.

A Police Veterans Office could help a lot of Medically Retired WA Police.

Further research to help former Medically Retired WA Police.

I think there is a need for further research to study what has been happening to many Medically Retired WA Police over the last 25 years, because nothing has been done to formally understand this group of former officers.

There are probably many MRO's that once being discharged from WA Police have got on with their lives and found other opportunities, but it also appears a significant amount of others that haven't.

Many of the MRO's I have spoken to accept that they were injured or become ill from their work, as it was probably a predictable consequence of police work and they just happen to be one of the unlucky ones. Many are concerned about what is being done to limit the amount of casualties.

In 1989, there was research available into what happened to Police Officer's involved in fatal shootings. After what happened to David Mathews it appears WA Police didn't know about that research at that time.

In the early 1990's while I was on sick leave and then through to my Medical Retirement. My wife and I presented the then Police Doctor who also called himself an Occupational Health & Safety Physician, many research papers about the dangers of taking benzodiazepines, which involved many issues which could be easily connected to police work. He didn't want to know.

I complained to my sworn welfare officer many times that I did not agree with how I was being treated to be told "I hear where you are coming from."

Who in WA Police is keeping up to date with these real policing issues?

As the numbers of MRO's with mental health issues grow, new ideas will be needed to support and help them and suggest prevention strategies.

A Police Veterans Office could do this.

Notifications of past work place hazards.

I have been in contact with a significant number of MRO's with psychiatric diagnosis which give no causes, just vague diagnoses of "Anxiety and Depression". Many of these officers were retired in the early 1990's or earlier.

There appears to be a cut off time where firm diagnoses start appearing and the vague diagnosis's decline. With more recently retired MRO's being able to say they have a specific workplace PTSD injury.

I understand PTSD was not officially recognised until the early 1990's, which raises concerns with me regarding what the WA police is doing in relation to advising former officers who left prior to 1995 or after, that they may have a recognisable work place injury.

I am aware doctor's appointments can be restrictive, and they probably have no idea what a police officer does, but one doesn't have to be doctor to just listen to a story to be able to recognise a work place injury in most cases.

I have shared with the committee what happened to me in the mid 1980's, I was returned to work with a diagnosis of "Anxiety and Depression" yet to date I have not been notified that PTSD exists or that it is a likely consequence of police work.

I have also noticed that this issue of non-notification is occurring with other workplace hazards as they appear, not just with PTSD issues.

For instance, in police forensics there are issues of cross transfer of blood and bodily fluids when dealing with dead bodies, ionising radiation from radar, x-rays, surveillance equipment, in particular microwave transmitting dishes, which have been improved because of safety issues, because illness and deaths were occurring globally.

How do I know that? Because an MRO, formally working as a forensic officer many years ago, I have also been in contact with has also researched his own illness which was not PTSD after he was forced to medically retire, similar to the other frontline officers.

The same MRO can tell an interesting story when he shares why the WA Police's old forensic office closed and why the new forensic department is so highly regarded.

When I saw that officer over a year ago I made the point of asking him the following question, "Bearing in mind all the changes you have told me that have occurred since you left, has anyone ever approached you from the Organisation to officially tell you your illness may be work related?"

He said "No."

Police Witness Mr Fairman, appears to have extensive knowledge, regarding forensic issues. Can I suggest the Committee ask him what the WA Police's policy is in relation to the notification of past employees, when work place hazards are detected any where in the organisation?

If WA Police are looking for an outsourced organisation to manage past employee notifications, maybe a Police Veterans Office would be helpful.

Police work place drug testing.

On page 14 of the transcript with your police witnesses, Ms Quirk brings up the issue of the recently introduced WA Police compulsory drug testing regime. The police witness briefly describes what responses would occur with both legal and illegal drug test findings.

The police witness gave an example of alcohol appearing in a drug test result.

Prescribed drugs are also legal substances and I would be very interested to know how a police officer would be treated today, in a similar situation that I experienced. Can I respectfully suggest the Committee ask them please?

What if a police drug test revealed a police officer had consumed a benzodiazepine and it had been legally prescribed prior to being in a police pursuit, involved in a police firearm incident, involved in a serious traffic accident or as a result of complaints from other officers?

These types of drugs can also be obtained or shared illegally, prescribed or not, how would that be detected in the WA Police workplace?

Are Health & Welfare Services aware that internationally recognised guidelines for benzodiazepine consumption recommend short term use only for periods of 2-4 weeks and these guidelines have existed since the early-mid 1980's?

Are Health & Welfare Services aware benzodiazepines cause impairment to people's judgements and reactions?

Is Health & Welfare Service aware that these drugs are addictive and very hard to stop even at prescribed doses, with some experts recommending reductions schedules of up to one year for a small therapeutic dose?

Are Health and Welfare Services aware after ceasing these drugs some people can suffer a life time of iatrogenic injury?

I have also read similar withdrawal problems are now emerging with some anti-depressant drugs.

I bring this up, because during my police service I was a breathalyser operator, and although I didn't realise it at the time, when I breath tested many former defence service personnel, especially medically retired SAS troopers, a noticeable number were taking benzodiazepines and had been for some time.

Several of the MRO's I have spoken to have also been taking benzodiazepines as a consequence of the stress and trauma they experienced at work.

Is there going to be an epidemic of WA Police Officers addicted to dangerous prescription drugs for the rest of their lives in the coming years?

(Anyone on these types of medications should not stop taking them without first discussing their intentions with their doctor.)

Are "are you ok" emails or phone calls potential "Triggers" for PTSD sufferers?

I would like to share my thoughts with the committee on this topic.

Anyone can design a system or product and promote it by naming all the good bits. So I must ask, is there any research behind the "are you ok" email & phone call system? Is this modelled on another Police Department's work, and have they conducted research on the outcomes? Or is it a local idea?

I haven't seen the emails, so I don't know how they are worded. But I wonder

if remotely sending a police officer, who has seen several critical incidents in a short period of time, an email reminding them, might somehow cause a “triggered” episode, which might never have occurred..

Surely there must be some risk in making people question and recall things they really didn’t need to, when the person asking the question is not there to judge their reactions or know how they were travelling before they received it?

Do the peer support officers have advanced warning the emails are on their way?

Wouldn’t it be easier to have a proper Welfare Officer embedded locally pop in to see the officer discreetly and ask him/her if they are ok? While he is at the police station, he could see how the peer support officers are going.

Once police officers get used to having a Welfare Officer walking around all the time, some might offer to make him a cuppa tea and talk to him, to show others in the station he is approachable.

One last point, when the army go on patrol, they don’t leave the medic back at the barracks, when the navy go to sea they don’t leave the navy doctors at the dock.

WA Police is a para-military organisation, have they considered thinking like one?

Police Remembrance Day: A day to remember or a day to forget?

I bring this issue to the Committees attention to highlight PTSD “triggers”.

I have spoken to many MRO’s about Police Remembrance Day and although many feel abandoned and forgotten, I have not found one that wanted to be remembered on Police Remembrance Day.

Although quite a few said police suicides needed to be recognised more.

I also know some MRO’s find watching or reading anything about Police Remembrance Day feel sickened, because they see it as hypocritical, some can’t comprehend how speakers can get up and speak about how much they care about death police, when they do very little or nothing for those who see themselves one set away from being dead.

On Police Remembrance Day 2008, I got an email from a MRO retired 11 years earlier with PTSD, after 14 years frontline police service. The email was titled “Black Dog Day.”

When this MRO was forced to retire, he went home, closed down his mind, only keeping himself alive because he was the sole carer of his children, barely existing on welfare payments. Since his retirement he had spent over 100 days in hospital.

The email was very concerning, I won’t reveal what was said, except to say I was quite worried about him.

To summarise this email, Police Remembrance Day “triggered” thoughts about how many police were out there with PTSD too scared to do anything about it, in case their friendly employer decided to replace them with a newer version.

I stayed home that day, exchanging emails, until I thought he was alright.

He later joked and said I should get myself a Medicare provider number.

The next time I saw him I mentioned it and he did not remember.

This raises the question, where or who do sick MRO’s ring if Police Remembrance Day “triggers” a PTSD reaction?

Who will they ring, who will understand what they are going through?

Or who is going to tell them where to ring?

A Police Veterans Office could help do that.

Concerns of a repetitive cycle of PTSD in police officers.

I mentioned in the last section about a MRO who closed down his mind so he could keep himself alive for his family, I would imagine if anyone ever bothered to look they would find many other cases like that.

For those that think this sounds way to deep, let me share another train of thought that is in some MRO’s psyche, officers telling me they have only kept themselves alive because they are worried about the young police officers who would find them and discover they were a former police officer, which may cause a repetitive cycle.

I tend to agree with that train of thought as when I was a young constable and saw or spoke to an older former member, I quite often wondered how I would end up.

How many police officers attended the Collie police station on December 22, 2008?

Bearing what I just detailed, is that a little concerning?

Compulsory medical checks for all police officers resigning from the service.

There appears to be a problem, with police officers falling ill because of their work, with PTSD and other mental health issues which cause a significant effect on there thinking abilities.

I would imagine many former officers would have left because they didn’t know what to do and felt there were no other options.

Reading the transcript with the police witnesses, they go into great detail how they select recruits with psych testing.

If this is so important on the way in to the job, why isn’t it important on the way out?

Can I respectfully suggest the Committee give this matter their thoughts and if they do see some merit, can I suggest they also consider back dating their recommendation to at least 1 November 2011, or as an alternative they suggest Senior Constable Westergerling's resignation after his firearm incident be properly reviewed please.

I find it very hard to believe a 15 year police veteran, would fire his firearm twice at a car if there was not a reason, and if his case may also be a good example of an officer having to undergo a medical check prior to his discharge.

I am sure police command will tell you all about his domestic problems and other disciplinary issues, like they did in all the newspapers straight after the event.

They obviously weren't concerned about what the rest of the police work force thought, while they publicly crucified one of their employees. They were lucky they did not "trigger" other problems.

Did they consider anything of what they described in the newspapers may be attention seeking behaviour or if his problems at home may be similar to a story recently told by Mrs Emma Watt?

I know if I was his boss, I would have made sure he was 100 percent fit before I accepted his resignation. They may have done that but a full review would find out.

Wellness Checks

Something WA Police don't appear to want to do, but in coming years I see they will have to, when they have to monitor and calculate their workplace/PTSD ratios.

I think regular wellness checks are a good idea and fit in with what I have already suggested about the regionalisation of health and welfare services.

Reintroduction of Police Cadets.

I would like to share my concerns with the committee about the reintroduction of the Police Cadet System.

I was a police cadet for 3 years and I shuddered in horror, when I heard the cadet system had been reintroduced, especially so during a recruitment crisis.

On page 9 of the committee's transcripts with police witnesses, it says that when police recruits go to the mortuary for the first time, a psychologist and a Chaplain go along for support, followed by a debriefing session.

In 1979, in my academy course the majority of recruits had not seen dead bodies before, the exception being most of the former police cadets.

When I was 17 as a Police Cadet, I recall when I was introduced to dead bodies for the first time. It was not in a morgue, but at the bottom of Greenmount hill. A double fatal, in the middle of the night, with one deceased cut into two pieces at the waist.

On the following Monday, I went to the morgue to see the post mortems. During the next year or so, I went to the mortuary quite often, at times seeing up to three post mortems at a time. By the time I got to the academy at 19 years old, like many other cadets my age I was desensitised, not only to dead bodies but also to violence.

Some of the MRO's who were also police cadets share similar experiences.

About 18 months ago, my son went to a WA Police recruitment drive at his school and spoke to a police cadet, who shared he also accompanied police on patrol and that a few weeks earlier had attended a sudden death. In the last few years I have driven past several accident scenes and seen police cadets with serving police.

My question is, are these police cadets being closely monitored by Health & Welfare to see what they are witnessing and what is considered a critical amount of incidents before they get the "are you ok" email or phone call.

Or is history just repeating itself?

When will we see our first work related Police Cadet suicide?

How many of these police cadets will have severe PTSD by the time they are 30 years old?

Hopefully by then a Police Veterans Office will be fully prepared for them.

Lowering of police recruit age to 18 years.

My concerns about the lowering of the recruit age to 18 years are similar to the reintroduction of the police cadet system.

When will we have our first 18 or 19 year old MRO or police suicide?

Did WA Police research the effects of police work on officers this age?

Promotion & advertising for Former Police Officers Medical Benefits scheme.

In 2008, the post service medical benefits were announced by Government via the free media. Yet it was proclaimed very quietly the next year after spending a protracted period at the bottom of the notice paper.

Since proclaiming, I have been watching out for a promotional campaign for the former police officers medical benefits scheme, which if it happened I missed.

I am aware it is promoted on both the WA Police & Insurance Commission websites and I have seen it mentioned in the WA Police Union magazine, however it is not compulsory to be a union member.

When I managed the MRO website, many MRO's contacted me about what was happening as news of the scheme emerged.

When the legislation was introduced, if I remember right, indirectly I was requested by Wendy Doyle who was in charge at Health & Welfare Services to promote the new scheme to former officers on my data base which I happily did.

One of the other reasons I closed my website down, was because I was spending too much of my own time directing people to the WA Police & ICWA websites and found I was unable to focus on my own agendas & objectives.

Since our website closed, I still get infrequent email inquires about the benefits, I only got one last week from an MRO saying he was taken to hospital in an ambulance for a work related matter and now has received an invoice for over \$800 and did not know what to do.

Yes I happily helped him, even though it is not my job to do that.

I often read in the newspapers recruitment adverts detailing caring messages. I have even seen one with two females enjoying a cuppa tea. No wonder so many police officers are leaving if they join up picturing that is what they will be doing.

I often wonder if those sorts of adverts were replaced with notices advertising the WA Police were on the lookout for former police officers hurt on duty to advise them of the new medical benefits scheme, saying they wanted to help them., would do.

If the organisation did that it would be seen as being more caring and at the same time subtly be telling potential recruits that if they are not interested in taking risks that may effect their own safety or health, then they should probably look elsewhere for a job.

Presenting MRO & Police Widows stories to police recruits.

Further to your discussions about using retired police, on Page 10 of the transcript with police witnesses.

I am very surprised to hear that not many WA Police present themselves at Health and Welfare with PTSD, but at the same time I am shocked so many present themselves with problems like family issues, children at school or finances.

There must be some reason why that is happening. Maybe it is because officers can seek medical attention else where these days with out telling anyone, so they can keep things private.

The opposite side to that is that they run the risk of seeking help from a provider who has no idea about police occupational issues.

Has the idea of sending MRO's & police widows of police suicides into the Police Academy been considered?

To share stories, help with recognising stress symptoms, discuss the effects of work related stress on home life, work / life balance, prevention strategies, including making contact with police Health & Welfare?

Even stories that share how poor officers were treated in the old days could be used to promote how much improved Health & Welfare Services are today.

The only problem I see is the Health and Welfare services will have to be significantly improved first, because I doubt very much many officer's from the past will promote anything they don't believe in.

Police Suicides to be placed on police honour rolls?

I wish to advise the committee that there are emerging groups of Medically Retired Police all around the world, who because they have had the time to research, are starting to rally for better recognition and benefits for serving police.

One of the issues being raised is the recognition of police suicides on police honour rolls with another being PTSD ratios.

I have already said, young police officers in the 1980's saw medically retired police as the next step to being killed on duty. Sadly now desensitised Medical Retirements occur so often that not many notice.

Since the recent death of Sergeant Elliott Watt, I have discussed this with quite a few MRO's who have PTSD as a consequence of police work, if Elliott Watt should be included on the "Killed on Duty" honour roll and remembered on WA Police Remembrance day.

Many see Elliott as a MRO that took the next step and see his death as work related.

The same MRO's say if there was ever a technicality to make a precedent, Elliott's death was it, taking his own life in his police uniform, with a police firearm, in a country police station, where OIC's are always on duty, wether they like it or not.

I am sure that subject will be dissected by WA Police Admin for many years to come until they are forced to make a decision.

Post Traumatic Stress Disorder Ratio's

In relation to Ms Quirks question regarding PTSD Identification & reference ranges to police witness Ms Martinovich on Page 8 of the transcript.

I would like to advise the committee that in recent years I have been invited to join internet forums where people like me gather to exchange information about hurt on duty police issues. Although I have not communicated with them recently, I am still aware of current issues.

One of these issues is that Police Departments globally have become very reluctant to make public PTSD statistics. From what I can see, this is for two reasons, the main reason is that it will effect recruitment the next is its effect on retention.

My thoughts are if potential recruits become aware of the real consequences of police work, many would choose alternative employment.

The other factor is if the police work force become more aware of the real PTSD statistics, many would start looking and recognise their own symptoms after researching their own illnesses more deeply.

This creates a shocking scenario, because if PTSD figures are not released, budgets for proper health and welfare services can not be calculated, which contributes to reduced awareness, which stops police officers presenting themselves for help until it is too late, which increases statistics, which police departments feel they need to hide.

If you skip back to the front of this submission I have included a reference from the Sunday Times in May 2009 which says, WA Police would not reveal how many serving officers were undergoing treatment for work related post traumatic stress.

How about that for confirmation? If there was nothing to hide why did they not just give a PTSD number?

Ms Martinovich's reply "I guess I can say anecdotally that we do not actually get many PTSD presentations coming into counselling." is very concerning.

How a police department with 5800 employees can turn up to such an important committee, without providing its PTSD Statistics is beyond me.

Especially so when they appear to be counting every thing else they are doing, as I have listed below:-

Psychologist	=	3.6 FTE,
Employees	=	5,800
Sworn Welfare Officer	=	4
Visits allowed EAP	=	6
EAP take up rate	=	4.2%
EAP Referrals	=	271
Emergency Services PTSD	=	5 – 40% (Is the 40% Police?)
Peer support officers	=	84
Peer Support engagements	=	2874
Interactions with	=	1964

Nobody will convince me they do not have PTSD figures on hand.

Another reason why police departments keep these figures very quiet, is that others can calculate work place Employee / PTSD ratios and Suicide / PTSD ratios and use them against them as tools to extract better conditions and I see that as an emerging trend in policing.

But isn't this committee trying to do the same, suggest better conditions?

Many groups I spoke to on the internet were miles ahead of me, and I would envisage

that in the not too distant future we will see a global policing crisis involving recruitment and retention issues, based not on pay conditions but Health & Welfare Services and after service benefits and support.

Because very soon, potential recruits will become very familiar with new work place terms like, Employee / PTSD ratios and Suicide / PTSD ratios.

What Police Departments globally have not yet realised, is that the more they hold back with these numbers and ratios, it is just encouraging more others to try to work them out for them.

For instance in the USA, self educated & qualified police researchers are coming up with a shocking new statistic that for every 1 police suicide, there are 1000 police officers suffering PTSD in one form or another.

When this shock wave hits, police departments that have not had a good record of treating its staff well, will be the hardest hit, because more shocking data will emerge against them from within their own organisations.

The opposite will happen for police departments looking after their staff with proper services, generous sick leave entitlements, and generous medical retirement packages.

It would not surprise me, in the next few years, to see police departments publicly and willingly offering former injured/sick employees, very generous packages, because they will see a need to show the public how caring they are, because if they don't many will look elsewhere for work.

It doesn't matter how much a police officer gets paid today, if tomorrow he gets disabled with PTSD and cannot continue. When you start averaging out wages into the years you can't work, your hourly rate spikes down very sharply. That will be called the average wage/years ratio, people will work that out, when they are told it is in their best interest to work it out.

Because just like now, when police departments make vague PTSD claims, former officers will respond armed with experts, references, numbers and ratios. When Police Departments make these misleading claims in the media, they will be countered with campaigns on the internet & email media, to such an extent that it will not take long for them to see it is more prudent to present proper information.

For instance a Police Chief in UK will say in the media "We care" that will be an opening to show they don't care, along will come a short video detailing why.

That is how I see the local MRO problem being solved globally. In the end WA Police will probably be begging to help MRO's and when they do many won't forget how they have been treated.

Inquiry into government legal practices when dealing with sick WA Police.

I am very concerned about how WA Government Lawyer has been treating medically retired WA Police over a significant period of time.

Most of the officers I have spoken to are taking legal action to correct what they see as an injustice, something they have been trained to do.

Police have been trained to take problems or situations on when no one else has the courage to do so. Surely this matter needs to be looked at?

In 2006 the NSW government instigated the Vickers inquiry as it was concerned how genuine negligence claims by sick police were being conducted, involving unnecessarily dragging out of claims.

A similar problem appears to exist here in WA with genuine claims going on for years.

I respectfully suggest the committee gives consideration to recommending a similar inquiry here in Western Australia.

Pension or Lump sum payment added to Medical Benefits Legislation.

Many MRO's who are forced to retire because of work related medical issues believe there should be a pension scheme and also a gold card which covers all medical expenses, work related or not, similar to many military veterans.

Others believe a lump sum payment should be included in the medical benefits legislation, calculated by age and years left to retirement, to compensate for pain and suffering, loss of potential future earnings and how many children they have.

In other words, the younger you were retired the more you get paid.

Is it good enough to force people to leave WA Police with work related injuries and illnesses, many who can't work again and just agree to pay their work related medical bills?

Isn't superannuation supposed to look after you in your twilight years?

If this scandal is to ever go away, MRO's from the past will need to be eligible. In some cases with more compensation for their compounded sufferings.

Police Medals.

In 2010, the Commonwealth Government launched the introduction of the "National Police Service Medal" which represents a total of 15 years service in any police service in Australia, or for those that could not continue service because of injury or disability.

It has been brought to my notice that this medal only applies to a person being a police officer on or after the 30th October 2008.

For many WA police officers this would be an important medal and it seems unfair that many dedicated police officers from this state have been cut off from eligibility just because they served before it was introduced.

It would be a significant statement, in recognising the efforts of all former WA Police, if the Western Australian Government lobbied the Federal Government requesting the eligibility date be removed from the legislation, so to include all former officers with more than 15 years service and to also recognise those officers whose service was cut short by illness or injury prior to the date presently required.

Stress retreats for emergency service workers.

One MRO told me he would like to see some special retreats in national parks, set aside where no one else could go except emergency services personnel, who want to retreat to nature for a while.

This was because he frequently had the urge to go bush and when he did this his family often worried about where he went. He said if there was place set up for MRO's to go in the wilderness, he would go there, but presently there is not. I would imagine he would have to make a booking or have a special gold card with the national parks.

I have mentioned this to other MRO's they think it is a good idea.

A Police Veteran's Office could help do that.

Simple benefits to assist MRO's

I have included a few ideas to shown the committee that simple ideas can also mean a lot to sick people.

Annual wellness allowance.

Many of the MRO's who I have been in contact with who cannot work, usually spend a lot of time trying to make themselves healthy again by working on their fitness, going to gyms & aquatic centres etc.

If the WA Government was to provide an annual wellness allowance to assist with these costs, I feel it would be well received.

Alternative medicine.

Some MRO's have spent a considerable amount of money, seeking alternate therapy that is not included in the Post Service Medical Benefits Legislation. It appears PTSD etc causes many other physical health issues and I suggest that consideration can be given to recommending an Alternative Medicine Allowance for them.

Further education & retraining Allowance.

Many MRO's have sought to retrain themselves, quite a few with considerable success. The costs of doing this can be a drain of finances a MRO Further Education & Retraining Allowance would be useful.

Children's education benefits.

Many MRO's who struggle financially have children. A child allowance could be considered to reduce collateral damage, in MRO families.

Extra consideration given to assist in re-employment into WA Government jobs.

Some MRO's have said, they would like to try and get another job, but it is a struggle going through the interview process and at times their past illnesses appears to be a barrier to their selection.

From the ones I have met so far experiencing these problems. I have little doubt, if they were to bypass all the hurdles on the way, they would be a worth while asset to any organisation, business or company.

There are a range of jobs in the WA Government, maybe something can be arranged.

Public transport gold cards.

Many of the MRO's have made a considerable sacrifice for community, I suggest consideration be made to recommending a Public Transport Gold Card, to acknowledge there service. I do not see a need for the cards to identify the holder as a former police officer, as it would be unwise for transport staff to think they had a police officer on board.

Fuel cards

I understand the WA Government issue fuel cards to pensioners, many MRO's struggle financially, can I suggest MRO's be considered to receive these cards as recognition of WA Government Service.

Female MRO's.

Over the years WA Police have encouraged females to join the organisation. As these numbers grow, it appears, so does the number of female MRO's.

When talking with male MRO's, of all ages honest discussion happens very quickly once it is established you both have walked the same path.

I have had a different experience communicating with several female MRO's, they appear to communicate on many different levels. It was not that hard but very different from communicating with the male MRO's.

I imagine they will need their own female MRO community, in the bigger MRO community, being able to cross back and forth when they need to.

If a shopping list was ever made, like the one above, it would not be complete without doing proper research into female MRO issues.

If there was a Police Veterans Office, I do not picture it being just a men's club.

Transgender MRO's

As equal opportunities take over, I would imagine WA Police will one day, if it has not already done so, have transgender police officers.

We already have one transgender MRO in our community, who I am sure will be very happy to offer a hand of friendship to any following in her footsteps.

Wives & partners of MRO's.

If I was asked to name the worst effected victims in this very protracted MRO scandal, it would not take me long to say it was the wives and partners of MRO's who have been left holding the discarded waste of WA Police.

There are many MRO's who have told me they would not be alive today, or would be living under a bridge somewhere, if it was not for the dedication and love of their wives and partners.

These people will need to be acknowledged for their suffering.

A Police Veterans Office may also be able to assist them.

The possibility of a dangerous incident?

I hope after reading this submission the Committee can see the relevance of the concerns I detail in this section.

Quite a few of the medically retired officers I spoke to said that when they were forced to retire, they felt many different feelings of frustrations and anger, once the reality set in they no longer had a job, with these feelings lasting for some time.

If things continue as they are, one day soon we may see a sick WA Police Officer cause a dangerous scene to make a point on how poorly they felt they have been treated.

I am concerned this may happen at the WA Police's Commissioners office or Health & Welfare Branch, Parliament House, The Government Employees Super Board, the State Solicitors Office or even at the WA Police Union.

The obvious solution to this problem is to do the complete opposite to what has been happening in the past, by making sure MRO's enjoy the transition out of the WA police service as much as they did on the way in.

I know what I am going to say next, is going to make many WA government lawyers and accountants restless to sleep at night, especially so after they read what I wrote on page 28, about the dollar value placed on a mentally ill police officer in New South Wales.

I am hoping the Committee will also recommend to those, I have just mentioned in my previous paragraph, that they must stop playing games with all WA police officers lives and that they need to be more constructive by providing positive solutions not adding to the problem like they have been.

They can do this by showing the public of Western Australia how much we protect and value all our WA police officers.

Let's try to get all of these Medically Retired Western Australian Police Officers, out of their houses with enough money to enjoy their retirement, able to afford a modest car, a caravan or a holiday with their family each year.

With enough money to jingle in their pockets when they proudly smile and tell everyone on their new journey in life that they are a Medically Retired WA Police Officer from an organisation worth joining.

What I am talking about is being generous and enabling all Medically Retired WA Police Officers to "Retire with Dignity".

Conclusion

For those that have been interested enough to read this submission, I say thank you for taking the time to read it.

There is obviously a lot more that can be done to help keep WA Police safer and to help those affected with work place injuries/illnesses retire with a lot more dignity.

I wish to thank David Matthews MRO 6884 & David Bentley MRO 5114 who have from the very beginning in 2008, recognised the importance of my original idea and have assisted me with this document.

I also wish to thank all the MRO's I have been in contact with over the last few years, for sharing their troubles and thoughts with me. If any MRO's read this submission I hope they feel as if they have also contributed to this important inquiry.

If a disaster does occur, we may get multiple casualties, I hope we will be ready.

My best wishes to all the Committee members and those helping this inquiry.

Yours sincerely

David Nelson
Medically Retired Senior Constable 6051
(WA Police Service 1976 to 1993)

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APPENDIX

Below are two follow up emails I sent to the committee after this document was originally submitted. This is a revised document which has allowed this to occur.

13 May 2012.

I was wondering if you could ask the committee members to look at an internet website which is based in the USA, run by George Brown, a MRO who contacted me several years ago doing similar things to me. The website is <http://policevets.org/>

I would recommend they watch the two small video clips on the front page called

Video 1. "Code 9. Officer Needs Assistance." which is a trailer of a documentary presently being produced about the effects of PTSD and police officers, including suicide.

Video 2. "Vigil & Statue Crime Watch Video 2010." about recognising the effects of injury as a result of police work. I am hoping the committee will see there are things that can be done for families in the same situation as Glenn Murray's, the disabled officer I mentioned in my submission, wheel care bound relying on the love and care of his wife.

I would also ask the Committee members to read what George Brown writes in the few paragraphs in between the two videos about officers contacting him for help.

Kind Regards

David Nelson.

14 May 2012.

Can I also suggest the Committee members look at another website operated out of the United Kingdom, by Mr Ray Nimmo. I communicated with Ray on an internet chat site in the mid 1990's, where many were meeting and sharing their sufferings on Benzodiazepine withdrawal which in most cases was made worse by the conduct of the treating medical professionals.

In July 2000, Ray started his website to raise the awareness of what was happening, and provide a place for others to share their knowledge about Benzodiazepines.

Nearly 12 years later, his website is full of news articles & information, personal stories and expert medical documents happily provided by the expert writers.

Today, Ray's website is used internationally as a reference point for many doctors around the world to direct their patients for education, support and understanding.

More recently, this website is also being used to direct victims of iatrogenic benzodiazepine prescriptions into the arms of UK lawyers taking action against individual doctors who have ignored contrary guidelines.

I imagine soon, that we will also see this happening in Australia.

The website is <http://www.benzo.org.uk>

Just reading the front page of this website will give the Committee members a full understanding of what has been going on in the UK and be able to see that open ended medical treatment is not always the best option.

A few of the MRO's I have spoken to are also on Benzodiazepines.

So there does appear to be a link as described in my submission.

Kind Regards

David Nelson

(Anyone on these types of medications should not stop taking them without first discussing their intentions with their doctor.)