521.4

AWM27
521/17

Pensions

It is unlikely that Colonel Butler will need this material

WHAT THE DISABLED SOLDIER WANTS TO KNOW.

(Regular, Special Reserve, Territorial, or New Army.)

1. If discharged for disability caused by the present War, what Pension will he get?

(*a*) Every European soldier discharged as totally incapable of earning a livelihood owing to wounds or injuries, or sunstroke, received in action or in the performance of military duty, or on account of blindness caused by military service, or of disease due directly and wholly to war service, gets a pension of 25*s.* a week, under the Royal Warrant of 21st May, 1915.

(*b*) If partially capable of earning a livelihood he may be granted such pension as will with the wages he may be deemed capable of earning bring his total income up to 25*s.* a week.

(*c*) To this total of 25*s.* an addition is made according to rank, as follows:—Corporal, 2*s.* a week; Sergeant, 4*s.*; Colour-Sergeant, 6*s.*; Quartermaster-Sergeant or Warrant Officer, Class II, 8*s.*; Warrant Officer, Class I, 15*s.*

(*d*) A soldier totally incapacitated will, in addition, during the period of total incapacity draw an allowance of 2*s.* 6*d.* a week for each of his children up to the age of 16.

(*e*) If partially incapacitated he may be granted an allowance in addition to his pension, not exceeding 2*s.* 6*d.* for each child, ceasing at the age of 16.

(*f*) If a partially disabled soldier is able to earn so much that he gets very little benefit under the New Pension Warrant (even with the allowances for children) he may be pensioned under the 1914 Warrant if more favourable to him. This Warrant carries no children's allowances.

2. If a Soldier, while on active service, has lost a limb or an eye, or has been injured so that he requires surgical appliances, what is done for him?

The State will provide him, free of cost, with artificial limbs and other surgical appliances, such as artificial eyes, teeth, surgical boots, etc., for which applications should be addressed to the Secretary, Royal Hospital, Chelsea, S.W.

WAR OFFICE,

August, 1915.

(B 11443) Wt. w. 7712—2531 500M 8/15 H & S P.15/509

Evidence Completed

Col Simmons	pages 1 to 25
Mr Price	" 26 to 30
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" Gordon	" 64 to 69
" Courtney	" 79 to 95 ?
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~~DeKaoin~~

Evidence Incomplete

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COMMONWEALTH OF AUSTRALIA.

PLEASE ADDRESS REPLY TO
"THE SECRETARY,"
AND QUOTE ...../.....

TELEPHONES:
CENTRAL 8464, 8465, 8466.

REPATRIATION COMMISSION,

HEAD-QUARTERS,
54 MARKET STREET, MELBOURNE.

Suggested Classification of certain Disabilities for Pension Assessment.

5 Office Nos

Limbs.

A. Affection of Joints.

(1) Ankylosis

		Right.	Left.
(a) Ankylosis of Shoulder	- 50%		
(b) " " Elbow, at position of election	135	35%	30%
" bad angle 50% to 75% according to angle.			
" " " in extension		45%	40%
(c) " " Wrist, uncomplicated		20%	15%
(d) Loss of pronation & supination (1) partial		15%	10%
(2) complete		20%	15%

(For convenience, the functional result being the same, this includes both cases of joint and bone affection.)

(e) Ankylosis of hip (1) straight position 80% (unable to sit)
(2) flexed position 75%
" " knee (1) Good " 50% - E.
" " " (2) bad " 60% to 75%.
including genu valgum, hyper extension or flexion.

Amount of shortening of limb to be considered, vide Pension Ruling M.16, 1½"-¾ assessment.
Suggest variation from this to equivalent of loss of leg.

(f) Ankylosis of Ankle - 25%

Distinction should be made between bony and fibrous ankylosis. The former are permanent, the latter should not be recommended as such less than 10 years from date of injury, though review every 2 years after the third year should be sufficient.

(2) Excision of Joints with mobility.

	Right	Left.
(a) Shoulder	65%	60%
(b) Elbow	50%	45%
(c) Hip 100%		
(d) Knee i.e. 50%		

(loose fibrous ankylosis necessitating knee cage.)

B. Affections of bones - not affecting joints.

(1) United Fractures : Arm: consideration of amount of influence on assessment by shortening or deformity
Leg: ditto.

(2) Un-United Fractures :

a. Humerus	1.High up - flail shoulder. 2.Low down - " elbow.		
b. Ulna -	right 30%	Left 20% minimum)	Both 65%
c. Radius -	" 25%	" 15" ")	
d. Femur -	(Thomas Splint) 75%		
e. Fibula -	10%		

C. Affection of Muscles (exclusive of bone or joint injuries.)

Loss of a leg or arm is considered to be 75% of total incapacity. Where muscles or groups of same have been wholly or partically lost, a comparison should be made between the sound and the damaged limb and the degree of difference estimated Assessment then should be made in terms of the proportion of 75% i.e. if a damaged leg were only half as strong as the sound one disability would be assessed at, say, one third, (i.e. approximately ⅓ of 75%). In wounds, especially of thighs and buttocks, the question of discomfort must be considered and allowed for.

D. Nerve Injuries.

a. Brachial Plexus - ? 75% or more.

b. Musculo - Spiral (1) Complete (2) Incomplete.
c. Median Rt.60% Lft.50% R. L.
" 60% " 50%

d. Ulnar: (1) Total - Rt. 60% Lft. 50%
(2) with complete or partial recovery of sensation after suture Rt. 40% Lft. 30%

e. Sciatic (1) Partial : estimate as in C.
(2) Complete : 75% or more (?)

f. Foot-drop (not only as a nerve injury) 25% but when uncomplicated by inversion &c.

G. In all nerve injuries where trophic sores exist pension should be "full" subject to review - never permanent.

Wounds of the head.

A. Compound fracture of skull.
1. With deficiency of skull. No Epilepsy.
a. Area of 1 sq.inch or less: 50%
b. One to 2 sq. ins. 75%
c. More than 2 sq.ins. with consequent danger of life by accident 100%

2. With Epilepsy.

a. Occasional attacks : 100%
b. Frequent " Special.

B. Wounds of jaws, upper or lower, where improvement is unlikely and dentures not possible; this necessitates living on soft foods only. Minimum 50%.

C. In cases of Deafness or Otitis Media.

English Schedule.

EARS (Deafness; Vertigo); assessment of degree of disability The unit is total disablement. Total deafness of both ears is assessed at 70% of total disablement. To help towards uniformity of assessments the following scale is suggested :-

1. Total deafness both ears 70%
2. Total one, other nearly total (Shout close to ear) 60%
3. Extreme both (shout from 1 to 2 ft. off on both sides) 50%
4. Total one, moderate other (loud voice 9 ft. off). 40%

5. Extreme one, moderate other 30%
6. Total one, normal other 20%
7. Moderate both, or either under 20%
8. Incapacitating vertigo 50 - 60%

No allowance is made for suppuration as such but this must be allowed for when present.

D. Affections of Lungs other than T.B.

1. Penetrating wounds of chest with evidence of scarring of lung but no apparent disability on examination though the claimant complains of dyspnoea on some exertion. In these cases the condition of the lung is favourable to development of T.B. 25% F.B. in lung no symptoms 35% F.B. in lung with recurrent Haemorrhage 100%.

2. General fibrosis of lungs after gas poisoning with no evidence of presence of T.B. In these cases also there is definite structural damage which cannot be demonstrated clinically as they are not superficially obvious; actual degree of disability to be assessed.

E. Facial Disfigurement.

What degree of disfigurement should be recognised as pensionable? Only where actual distortion of face either at rest or on movement.

J Berry Affleck Smith
Feb. 1921

RULING 9/64.

WAR PENSIONS - EARNINGS NOT TO COUNT AND FIXED PER CENTAGES FOR SPECIFIC INJURIES.

In cases of specific injuries it has been decided to grant permanent pensions at the following per centage of full rates. The details are :-

Amputation of leg at hip or right arm at shoulder joint.	80 per cent.
	100 " "
	first six months.
Loss of thumb of right hand	60 per cent.
" " four fingers of right hand	60 " "
" " thumb on left hand	30 " "
" " four fingers of left hand.	30 " "
" " thumb, index & middle fingers of right hand	60 " "
" " middle, ring & little fingers of right hand	33⅓ " "
" " ring and little fingers	20 " "
" " middle & ring fingers	20 " "
" " index & middle fingers	30 " "
" " thumb & index finger	40 " "

Note :-

In the case of left handed man, certified to be such, the rate of pension in respect of the left arm, hand, etc. will be as for the right arm, hand, etc., and vice versa.

The rates in respect of loss of index finger or any other finger will be as hitherto, viz :-

Index finger	16⅔ per cent
Any other finger	10 " "

It will be noted that the rate for amputation of leg at hip or right arm at shoulder joint is higher than the rate set out in the second Schedule of the Act for loss of leg or arm. It is considered however, that the degree of disability is greater.

WAR DISABILITIES.

It is prescribed by the Australian Soldiers' Repatriation Act 1920-1922 that a pension is payable to a "member of the forces" with respect to any disability arising out of his war service and to dependants in the case of the death or incapacity of the member as the result of such service. Under this provision pensions are paid with respect to disabilities either due to or aggravated by war service. The question as to the degree of aggravation to be recognised is dealt with in a later paragraph.

The pension is payable in accordance with schedules to the Act as under:-

(a) The First Schedule - General Pension Rates.

This schedule specifies the rates of pension payable to the member, his wife or widow, as the case may be, and his widowed mother.

(b) The Second Schedule - Rate for Special Pensions.

This schedule specifies that the rate of £8 per fortnight may be paid to blinded soldiers (including "members of the forces whose eyesight is in the opinion of the the Repatriation Commission so defective that they have no useful sight"), and to soldiers who become totally and permanently incapacitated, i.e. incapacitated for life to such an extent as to be precluded from earning other than a negligible percentage of a living wage. It also provides for payment not exceeding the special rate of £8 per fortnight to men suffering from tuberculosis, who have for at least six months been undergoing treatment, in a medical institution and who are certified upon discharge as not being a menace to public health.

In addition, in each of these three cases, pensions are payable in accordance with the First Schedule to the wife, etc.

It is further provided that a sum of £2 per fortnight may be paid to spinal cases where an attendant is needed. This amount is in addition to the special rate of pension.

(c) The Third Schedule - Rates for Member and various Dependants.

This schedule specifies the dependants eligible for pension and the rate of pension payable.

(d) The Fourth Schedule - Loss of Limbs etc.

This schedule lays down the rates payable in respect of the loss of limbs or special senses.

(Schedules 1 to 4 were assented to on 19th May, 1920)

(e) The Fifth Schedule - "Amounts" and "Allowances" to Limbless Soldiers.

This schedule, which was assented to on the 18th October, 1922, provides for extra "amounts" and "allowances" to be paid to limbless soldiers in addition to the rates provided in the Fourth Schedule.

GENERAL.

Pensions are payable for incapacity resulting from any occurrence happening during the period the applicant was a member of the forces, provided that it did not arise from intentionally self-inflicted injuries, or from any occurrence happening during the commission of any breach of discipline by the member.

The Repatriation Commission, consisting of three members, administers the whole department from the Headquarters in Melbourne. In each State there is a branch office with a Deputy Commissioner in charge, and a State Board with certain powers of determination and assessment of rates of pension.

MACHINERY.

The ordinary method of dealing with pensions in regard to a grant or refusal is as follows:-

(a) An application is lodged by the ex-soldier with the Pensions Section at a branch office.

(b) The eligibility of the applicant is established as regards his having been a "member of the forces".

(c) The applicant is examined by one or more medical officers, who express an opinion as to

i. the disability being due to war service;

ii. the disability being aggravated by war service;

iii. the degree of incapacity as the result of the disability (in aggravation cases the degree of war aggravation is assessed).

(d) The file with all evidence, including the man's medical history, is submitted to the State Board, which makes an assessment of pension or refers the file to the Commission for determination.

(e) The Commission on receiving the file determines the claim (in doubtful cases the Commission refers the file to the Principal Departmental Medical Officer for his recommendation and in some cases consultant opinion is obtained, while in others the matter is placed before the Medical Advisory Committee for an opinion).

Regarding (d) the classes of case usually referred to the Commission are -

1. new claims;

2. appeal against Board's decision where previous decision is adhered to by the Board (provided not considered frivolous);

3. special pensions;

4. commutation of pension;

5. permanent pensions (other than special);

6. special types of disabilities in which it is essential that uniformity should obtain.

If the applicant for a pension is dissatisfied with the decision in his case, or a pensioner is dissatisfied with the rate of his pension, he has the right of appeal, and on receipt of an appeal, the appellant is examined by a Medical Appeal Board consisting of two doctors, who have not previously dealt with the case, and when necessary the services of specialists are available. In dealing with appeals all additional medical and other evidence is given full consideration, and where necessary the Commission before determining the appeal on the case obtains comment from the Principal Departmental Medical Officer, who is assisted by the Departmental Medical Officer, Victoria and Dr. J. Gordon, C.M.G. in these matters.

Under the present method the Commission and State Board review the whole of the facts of the case in the light of the evidence on the file, having particular regard to the recommendation of the medical opinion. Although the assessing authority has medical opinion before it, however, in the files, it retains the right to submit the file for further independent medical opinion on the medical evidence. This is frequently done, but, of course, the degree of incapacity assessed by the medical authorities is usually the controlling factor in the assessment of the pension. The assessing authority when it over-rides the medical opinion decides in favour of the man.

BASIS OF ASSESSMENT.

The basis for pension, generally speaking, is the assessment of functional loss resulting from war service, and is not in any sense a reward for services rendered to the country. This is in accordance with the provisions of the Act.

This does not necessarily mean that the earning capacity of the individual has been decreased. Earning capacity cannot be regarded as an index of the measure of war damage but absence from and inability to undertake certain employment are factors which will operate. To elaborate this the following instances are quoted:-

(a) Earning power will not be affected in such circumstances as the following:

i. a clerk suffering from injury to legs who has returned to and is capable of carrying out his pre-war clerical duties;

ii. a manual laborer suffering from partial deafness, &c. &c.:

(b) earning power will be affected in such cases as :

i. a salesman suffering severe facial disfigurement:

ii. the slightly educated but competent artisan who has lost his working arm.

In practice the onus is on the medical officer to assess the difference between the function of the limb (or part) as damaged by war service and the function of the limb (or part) as it exists in the healthy man, and similarly as regards other organs, or physical or mental capacity.

Though it does not affect the present aspect it may be said as a matter of general interest that provision was made for the training of all men unfit to return to their pre-war occupations, and also of those youths who enlisted under the age of 20 years, for occupation suited to their physical and mental conditions. As a result of this provision many thousands of skilled artisans are now engaged in various industries who, ordinarily, would have been more or less an economic loss to the community. Of these the ones with pensionable disabilities receive pensions in addition.

The assessment of pension can have as its basis several factors:

(a) The amount of mental or physical impairment, and/or suffering as the result of war service:

(b) the loss of the capacity to participate in the Social amenities:

(c) the inability to take reasonable and necessary exercise essential for healthy existence.

It is very difficult to assess any or all of these factors in terms of money, and the assessments must by law be based upon the pension scale of the Act. It is impracticable, (and strictly in opposition to the Act) to assess incapacity on the basis of what a man:

(a) has earned:

(b) might have earned.

Having regard to the full pension rate fixed by the Act, it is necessary to decide whether the physical or mental incapacity (or both) from which an applicant is suffering is due to or aggravated by War Service or whether it is total or partial, and if partial the percentage to total. To make this clear, take the case of a man suffering from Nephritis. This disability, under ordinary circumstances, let us say, does not debar him from employment, but he loses, perhaps, 10 days a year. He suffers ill-health, he is not able to participate in all the things that should fill his life, and he has a certain measure of inconvenience; and all these factors are considered by the Medical Referee to represent half-incapacity - he is, therefore, assessed at 50%.

The mention of the Medical Referee affords the opportunity of making clear the function of this officer. The attitude adopted by the Commission regarding these officers in that though they are paid and employed by the Commission they stand mid-way between the applicant and the Commission and assess the degree of incapacity as they see it.

The actual granting of the pension is one which rests with the Commission and its State Boards, and, naturally enough, has usually as its basis the percentage recommended by the Medical Referee. Ordinarily the Medical Referee is an officer known as a Departmental Medical Officer, Assistant Departmental Medical Officer, Local Medical Officer or Consultant. Some of these officers are wholly employed on pension work.

To dwell further on the matter of Medical Officers, it is pointed out that the system of having pensions assessed, either on first application or revision by Local Medical Officers (that is, those private practitioners in country districts who see such cases as are referred to them) has certain shortcomings, including the following:-

(a) the lack of experience in handling ex-soldiers suffering from war disabilities:

(b) the absence of the man's complete medical history:

(c) the difficulty of discriminating between pre-war, war, and post-war disabilities, and in regard to the first-named, the degree of aggravation:

(d) local influences. (These are very real and very strong and operate against honest opinions.)

Having regard to these as factors and with a view to ensuring that as far as practicable uniformity in standard of assessments shall obtain, particularly within a State, Travelling Boards of full time Medical Officers experienced in pension reviews have been sent into the country districts to conduct review of pensions where the number justifies the attendance of the Board.

The Travelling Board in most instances consists of one Medical Officer, but he has power to call to his aid the services of the Local Medical Officer, either to see the case or express a verbal or other opinion regarding the case, supplying confidentially any personal history that is likely to give the Department an adequate appreciation of the real disability of the pensioner. Where a Local Medical Officer sees a case alone, the file is vised at the Branch Office by the Departmental Medical Officer.

To refer again to the mode of assessment, in such a case as was instanced, viz., a Nephritis case, the fact that his life

is not going to be so long as that of a healthy man is taken into account. The expectation of life in Nephritis would be markedly less at a given age than that of the healthy man of a similar age, and in assessing the pension at a given percentage, the standard of health which will be the average for the full time that the assessment is operative, say, 6 to 12 months, must be taken into consideration.

Assessments, as a general rule, operate for one year, but in certain cases for two years. Cases involving disabilities such as 4th and 5th Schedule disabilities are not reviewed except with a view to increase in the event of the applicant requiring further treatment. It should be explained, however, that when a man's disability is considered stationary and permanent, further reviews are not made unless an unexpected retrogression takes place. It may be said that the assessment of a man's disability on a given date does not necessarily represent his incapacity at that date, but is the assessment of his average standard of health and that which may be expected to obtain during the period for which the assessment is made, and this period is stated at the time of the assessment.

Obviously as time goes on, several factors operate to make the assessment of pension more difficult and these factors include:-

(a) Increasing age:

(b) Progress of disease:

(c) Complication by civil disabilities, i.e., post-war diseases:

(d) Post-war aggravation of a prior-to-enlistment disability through industrial and other causes.

When a pension is granted for other than "schedule" disabilities, it is open to "review." The interval between reviews varies in accordance with the special conditions of the case, but even where an assessment is set down for a particular date, the pensioner is at liberty to apply for review prior to that date, and it will be granted. Where a pensioner is dissatisfied with his assessment, it is always open for him to appeal. If his health becomes impaired and if this impairment is sufficiently severe to call for treatment in an institution, the pension is automatically reviewed and practically in every case increased to full rate as from date of admission where the pensioner remains under treatment for over four weeks.

Regarding aggravation, it has been laid down that this can be: -

(a) Material:

(b) Non-Material.

There are cases of non-material aggravation where a pension up to one-third rate is being paid. Patients pensioned for non-material aggravation are ineligible for inpatient treatment.

From a pension standpoint no action has been taken in regard to the recalcitrant patient, whereas from a treatment standpoint this was necessary, having regard to the comfort and well-being of other patients in the institution. Where a patient conducts himself in a manner not conducive to his own health, the good administration of the institution and the well-being of his fellows, after warnings he is given the opportunity

of treatment in a civilian institution at the expense of the Commission for such time as his condition justifies it, and so long as he conducts himself satisfactorily.

Some small regard is had, however, to the amount of physical damage which a patient's mode of life has on his health. A man who is dissolute merely from his own inclination is pensioned for the degree of war damage and not for the added degree which his dissolute habits have brought about. However, such cases are given every possible chance, and even although a patient may have been refused treatment, it is always possible for him to be re-admitted to treatment upon his showing that his habits of life have been amended.

It has not been the practice to lay down a series of hard and fast assessments, but rather to encourage Medical Officers throughout the Commonwealth to assess on their own judgment, and when it is remembered that the Medical Officers employed on this work are men of vide experience in all relevant aspects, this practice would appear to provide a safe method of ensuring just and equitable assessments.

Those officers who are employed full time have, with only one exception, been overseas on military service, and even the one exception was employed on Home Service and is a Specialist who commands the full confidence of the men (Tuberculars) whom he treats. They are, therefore, well versed in the problem confronting the handling of soldiers during the post-war period.

The lattitude allowed to Medical Officers is very great, but it is encouraging to note that the standard of assessment throughout the Commonwealth is, generally speaking, uniform.

A copy of Llewellyn and Jones' "Pensions and the Principles of their Evaluation" is possessed by every Branch of the Repatriation Department, and the principles laid down therein are in conformity with those considered desirable by the Commission.

Added to this the visits of the Repatriation Commissioners, and also those of the Principal Departmental Medical Officer to every State have produced very good results in the direction of uniformity in assessment.

Very valuable results were obtained from a Conference of Deputy Commissioners and Departmental Medical Officers held in Melbourne in 1921. This afforded ample opportunity for discussion of all the difficulties confronting Medical Officers, and the present uniformity of assessment is to a large extent the outcome of that interchange of ideas. Other factors which have made for uniformity are:

(a) Medical Officers from Victoria have visited South Australia and Tasmania as Travelling Boards:

(b) A Medical Officer from New South Wales was employed for some months in Queensland, ultimately returning to duty in New South Wales:

(c) The Departmental Medical Officers for Queensland and South Australia have for some months exchanged duties.