

**FIRST REVIEW OF THE WORKERS COMPENSATION
SCHEME**

Name: Name suppressed

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HARASSMENT IN THE COMMONWEALTH GOVERNMENT WORKPLACE AND THE INJUSTICE OF COMCARE PROCEDURES.

After working for the Commonwealth government for approx 15 years and overcoming workplace harassment in many instances and proving I was in the right this instance was just too much for my nerves.

I was harassed by a senior Supervisor (not from my section). I was very busy with deadlines to meet and when I read his email to my immediate supervisor (EL1) and the EL2 (not to me), making derogative remarks about me, my shoulders started to tense up. The EL1 or the EL2 did not say anything to him. I had never spoken to anyone in a disrespectful manner. Approx 2 months before I had worked over a period of three weeks correcting his work that he had worked on for 6 months as a special project. Whether that had anything to do with it I don't know. I explained to him that I had been talking to him the day before about what was needed the next day, and that was when I explained the procedure to him. He had forgotten. He did not apologise for another three weeks. In the meantime my shoulders tensed up, we had deadlines to meet and needed to use secure computers that were general in their set up. I was taller than most so they affected me more than others. On two occasions my immediate Supervisor went on holidays the day the deadlines were to be met. She had entered most of the transactions into the computer so as far as she was concerned I only had the last minute transactions to enter. When I went into the secure computer room at the last minute (I could not enter them before because facts kept on changing) I found that the entries the EL1 had entered were incorrect so at the last minute I had to hastily correct them. This also created more stress. I also had to ensure I was having my 10 minute breaks, and do relaxing exercises to try and get my shoulders a bit more relaxed. They did not work.

I had been working through most of my lunch hours to try and get the work done. In the meantime another younger EL1 in our section, explained the procedures to the other ASO6, but not to me, he was hardly ever at his desk, (he was busy out networking looking for another job) I could not contact him. I sent an email to the five people in our section concerned (including the EL2) and requested a meeting so that we could all have a clear understanding of the procedures expected. This was ignored. At the end of day the male EL1 turned up and then spoke to me in a disrespectful manner. I was depending on his reply so that I could meet the deadline (he apparently forgot that it was his deadline as well), but because I did not get a reply, I needed to go ahead and finish up regardless.

I walked from work to the car in a dazed state my nerves were so bad that I could hardly talk. When I went to open the car door I experienced agonising pain in my right shoulder and giddiness. I sat in the car for awhile and waited for the giddiness to subside enough for me to drive home slowly. When I arrived home I had to lie down and keep still. I could not turn over as the room began to spin every time I turned. I could not sleep. I went to a doctor the next day. I had no choice of doctors, I had to go to whomever I could get into and to whoever would deal with Comcare.

I was referred to Xrays where they found I had a torn tendon (Rotator cuff) in my right shoulder.

I was not able to continue in my job in the busy area I had been working in. I was in chronic pain that turned out to be inflammation from the tear. I tried to tell the doctors that the pain was not

arthritic, but nerve pain, but they insisted it was arthritis. I needed to go to physiotherapy, government doctors, plus my own doctor and HR officer, so I was only able to work part time. I was given physical help as far as ergonomic furniture for the computer and physio exercises. There was no emotional help.

The CEO placed me under the senior Supervisor, the person who mainly caused my health problem in the first place. This only added to my nervous state. He finally apologised, for his actions after three weeks, but by that time it was too late. I was finding it very difficult to think clearly and to even talk and I was expected to do a job without training. I was then required to have my yearly assessment with my immediate supervisor, and the EL2. The immediate supervisor twisted the facts to make herself look good and blaming me for her own lack of effective communication and blaming me for trying to do her work while she was on holidays, that had always been her allotted job, and she had not shown any effort to do. I had reminded her at least three times that it needed doing. I had my own work and could not possibly fit any more in.

After listening to the EL1s derogative, destructive remarks, and the EL2 believed her, during my assessment interview, all I could state was that "they were destructive not constructive". I was on the verge of a nervous breakdown. I could not think clearly and could hardly speak. I drove slowly so that could get home. At this stage I was in a state of shock and anxiousness. All I wanted to do was sleep.

I knew I could not work with that EL1 anymore and in the meantime the other senior Supervisor where I was placed, and did not want to work with anyway, he had found someone else. I had no training to do the job and the person who was supposed to train me had left. I could not sleep for distressful haunting thoughts of what had happened in the workplace and I not being able to speak up for myself.

I went to government doctors to get reports for Comcare. They did not test me for anything nor did they treat me. They wrote reports to say that it was arthritis. I had been to doctors previously where doctors diagnosed arthritis and it turned out not to be. Doctors have a habit of diagnosing arthritis when they don't know what it is. I was having physiotherapy co-ordinated by an HR person. This did not include any emotional help. I requested to go to an Occupational Health Physician, but that was rejected.

Under Comcare one doesn't have a choice of doctors. I had to leave the job for the sake of my health so I resigned. Approx 4 months after I left work I moved to a smaller town. There was only one doctor who would work for Comcare. He was not my choice. Still no tests or treatment, just a report, with him basing his report on the other two. I asked other doctors of my choice if they would treat me but when they found out it could be a compensation case they refused saying they would not work with Comcare.

I finally went to a Naturopath who diagnosed me with Adrenal fatigue. No one takes any notice of Naturopath reports but that was the only place where I could get help. He gave me medicine which helped calm my nerves a bit. After four years of not being able to sleep because of the haunting and intimidating acts that happened at work I requested Comcare if I could go to get some help from a Counsellor. They sent me to Lismore to a visiting Psychiatrist from Sydney. I felt that he was not even suitably qualified. He even brought up my family into the conversation. I don't know what he

heard about my family, but whatever it was I could not see what it had to do with me, and what he heard would have been hearsay. I told him that suicide had crossed my mind, apparently he didn't believe me. I told him that I had become very anxious and did not want to leave the house for the past 4 years. Apparently he didn't believe me.

He was a Sri Lankan and he judged me according to his own culture, and the way they treat females, with arranged marriages etc, which is quite different to Australians. He came up with opinions based on his assumptions, he had no valid reasons to reject me help. Probably only an extra payment from Comcare. I ended up worse after his report. He judged me the opposite to what I really am. My request for help had been rejected. I could not afford to go to another, so called specialist, of my choosing, as when they know it is for Comcare the price goes up more than triple or they won't work for Comcare.

A judge blindly follows doctors reports as they are not aware of health problems, even though there is no basis or facts to back up their opinions. Statistics show that there are approx 30,000 misdiagnosed cases by doctors each year. My immediate family have been misdiagnosed three times nearly fatally. Either that or they don't even believe that there is something wrong just because they can't or won't test for anything.

I asked the two doctors who issued the reports, had they ever heard of adrenal fatigue. One had, but the other had not. I was never tested by them for anything else not even arthritis. During the last ten years I still do not have arthritis.

After 10 years it is only now that I can write about it. I did get some help from Naturopaths but of course they are not recognised in the Health System, but I still have bouts of anxiousness and torment from that time at work.

This is an excerpt from a book written by Dr James L. Wilson, ND, DC, PhD: "Adrenal Fatigue: The 21st Century Stress Syndrome"

Stress makes your stress response system, especially your adrenal glands, work hard to produce hormones that help your body cope with and adapt to the stressor. Adrenal hormone production requires a lot of energy and specific nutrients. The more stress, the more energy and nutrients required.

With chronic or severe stress, your adrenal glands may fatigue and although they still work as hard as they can, they are not able to adequately keep up with your level of stress. This can leave you feeling fatigued, overwhelmed and down; as well as lower your blood sugar, immune function and libido; slow digestion and new cell growth; and make it harder to sleep and to think clearly.

Foreword by Jonathon V Wright MD.

"Tired, worn out, just can't regain your normal energy no matter what you do or how many doctors you visit? You're about to read an important and badly-needed book. Despite an absolute flood of "health books" in the last decade, there have been none that describe the not-uncommon but mostly-overlooked problem of weak adrenal gland function in such a thorough but understandable way. The answers you're looking for may well be here.

Adrenal fatigue (technically called "hypoadrenia" and "hypoadrenalism") has been one of our most prevalent yet rarely diagnosed conditions for the fifty years. Despite being described in medical

texts in the 1800s, and despite the development of the first really effective treatment in the 1930s, most “conventional” physicians are unaware that the problem exists!

At Tahoma Clinic, our physicians work with several individuals every week who suffer from adrenal fatigue. Many have “made the rounds” to multiple physicians; most have had one or more recommendations to “see a psychiatrist, there’s nothing the matter”. Others have diagnoses that include chronic fatigue syndrome, fibromyalgia, and serious food and/or inhalant allergies. Others have been “congratulated” about their unusually low blood pressure. All have one thing in common: fatigue that ‘simply can’t be overcome’.

As Dr Wilson explains so well, there is hope! Adrenal fatigue can be overcome, and energy restored. As with so many problems, recovery starts with making the right diagnosis, and uncovering as many of the factors that caused it to occur as we possibly can. On then can we make and carry out a plan that’ll help us recover.

Why is help for adrenal fatigue so hard to find? Many readers may have already guessed at “the usual suspects”: money and politics. Money: there are no patentable treatments for adrenal fatigue produced by patent-medicine (“pharmaceutical”) companies. There’s just no “big money” to be made. Politics: Since 1970s, the Food and Drug Administration (FDA) has “outlawed” and actively persecuted one of the chief natural remedies for adrenal fatigue, an extremely safe remedy called adrenal cortical extract (ACE). [However, when ACE was produced by major patent medicine companies, from the 1930s through the 1960s, FDA had no problem with it.]

But back to Dr Wilson’s book: very few physicians have read and understood the entire range of medical journal reports (one hundred years, and more!) about adrenal fatigue as he does. More importantly, very few have taken that kind of study and put it to use for over twenty years, helping patient after patient recover, while using entirely natural means. And he’s now taken his efforts even further, bringing all of his knowledge and experience to a public audience, reaching many more people than any one physician could personally see in many lifetimes.

But there is a warning: if you discover through reading this book that you may suffer from adrenal fatigue, you will need to do most of the work to achieve a recovery. As Dr Wilson explains, there are lifestyle changes to be made, diets to alter forever (sometimes in a major way), vitamins, minerals, and herbs to swallow, tests to take and understand, and much patience required. Even ‘attitude’ and relationships sometimes need to be adjusted. While a knowledgeable physician can give guidance and coaching, she or he can’t do all of that for us! But all that effort will be worth it. If you have adrenal fatigue and ‘follow the program’, it’s extremely likely you’ll recover.

Fortunately, we now have this book to help with the recovery program. There’s more practical information here about “what to do about adrenal fatigue” than I’ve ever seen printed in one place.....“

“....Just one more note: As Dr Wilson writes, the pioneers in researching and bringing information about adrenal fatigue to the public were John Tintera, M.D., and William Jeffries, M.D.. Dr Jeffries

book (Safe Uses of Cortisol) is in print, available in many natural food stores, compounding pharmacies, and through “on-line” sources.”

“Thank you, Dr Wilson, for bringing us this book and letting us all know that adrenal fatigue is a very real and not-uncommon problem.....”

“Chronic stress causes adrenal exhaustion:” By Brian D. Lawenda, M.D.

“The top 4 causes of cortisol imbalances: #1) emotional stress, #2) dietary stress/poor diet, #3) pain, #4) hidden sources of systemic inflammation (i.e. toxins, gut inflammation, free radicals, etc.)

Normally, when the stress goes away, the adrenal glands have time to rest and prepare for the next stressful event. However, if your stress levels remain chronically high (months-to-years), your adrenal glands will continue to produce higher than normal levels of these hormones. This can lead to:

- Impaired immune system strength (long-term exposure to cortisol suppresses the immune system)
- Increased production of free radicals
- Insulin resistance (leading to increased blood sugar, insulin levels and body fat)
- **Increase bone breakdown (cortisol causes calcium to leach out of the bones)**
- Etc...

So far, the majority of medical doctors will agree with what I have written.

The following (below) is where most medical doctors begin to disagree...

Theoretically (although I am convinced based on my clinical experience), if your stress hormone levels remain elevated for extended periods of time (years-to-decades), the ability of your adrenals to make cortisol and DHEA can be compromised. If this stress continues, the high levels of cortisol and DHEA begin to drop as the adrenals eventually “burn out.” At this point, the adrenals become exhausted/fatigued and can no longer sustain an adequate response to stress. Although they continue to produce these hormones, they do so at much lower levels. This is can lead to the following:

- Constant fatigue (lower than normal levels of cortisol & DHEA make you feel tired)
- Low-level depression (lower than normal levels of cortisol & DHEA can cause a depressed mental state)
- Poor memory and mental confusion (lower than normal levels of cortisol & DHEA can cause diminished brain function)
- Increased systemic inflammation (lower than normal levels of cortisol lead to increased systemic inflammation)
- Impaired immune response (short bursts of cortisol are needed to activate immune cells against infections)
- In men: decreased muscle mass and sexual libido (lower than normal DHEA levels lead to lower production of testosterone)
- In women: diminished sexual libido and increased hormonal symptoms, such as menstrual cramping, infertility, night sweats, hot flashes, emotional liability (lower than normal DHEA levels lead to lower production of progesterone, estrogen and testosterone)
- etc...

In my medical school training, I was taught that adrenal exhaustion was a bunch of nonsense and that the only time the adrenal glands produced lower levels of hormones was in the presence of some extremely rare tumors of the adrenal glands or pituitary gland or from a severe auto-immune condition that destroys the adrenal glands.

Thanks in part due to the new field of Functional Medicine I have been better able to understand the affects of chronic stress on the body and the adrenal glands, as well as how to diagnose and treat adrenal exhaustion.

It can be tested for

How do you diagnose adrenal exhaustion?

The easiest way is through a simple, relatively-inexpensive (approximately: \$100-\$200), non-invasive saliva test. As an alternative, I also recommend a dried urine collection technique (Dried Urine Test for Comprehensive Hormones, "DUTCH". The DUTCH test enables us to assess the metabolites of cortisol, which provides a broader understanding of your stress hormones (approximate cost: \$150-250.)"

Integrated Medical Clinics are now starting to open up. Let's hope that we can get some honesty from these Government Doctors who are paid a fortune for their "opinion" and that Integrated Medical people can be included in reports who may be more honest.

BAPPSc, MoPA,