

MEMORANDUM

TO: File
FROM: Richard Leder
SUBJECT: RCC v. Insurance
FILE NO: ROMA5455-001
DATE: 18 March 1997

S O L I C I T O R S

On 13 March 1997 I met with Professor Ball and Sue Sharkey at Carelink. Our meeting went from about 8.30 - 10.30 am

The following matters were discussed:

1 The Fosters:

This is undoubtedly a particularly difficult case. The Fosters refuse to give consent to any file that may exist in relation to them going to Carelink. At the same time, Mr Foster is insisting that the Church refund all bills in full. He is refusing to claim on Medicare.

I said that I have discussed the matter with the Vicar General. I am still looking at the Medicare position (discussed further below), however assuming that the expected conclusions are reached, the Archdiocese's position is that Medicare should be claimed whenever it is available. The Vicar General and I also agreed that it was important that all claimants follow the established procedures. In other words, if they want bills paid, then they need to work through Carelink.

I am in the process of drafting a letter to the Fosters from the Vicar General that makes these points, and I will circulate this draft shortly.

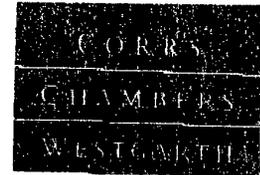
2 Mandatory Reporting:

Sue Sharkey noted that although Peter O'Callaghan was not subject to mandatory reporting requirements, Carelink is. Accordingly, situations could arise where Carelink receives information about a matter from Peter O'Callaghan which then needs to be reported.

I commented that this highlighted the importance of complainants signing the appropriate consent forms. The Carelink forms all make it clear that mandatory reporting requirements will be complied with.

3 Compensation Panel:

I reported on progress in relation to the Compensation Panel. The procedure being proposed by Alex Chernov and I was that a complaint would first need to be made to Peter O'Callaghan. If he found that abuse had occurred, then an application for compensation would be made. Applicants would not be required to submit any particular forms of information, although many would obviously wish to put in material from Carelink. We discussed the degree to which applications should be required or encouraged to submit



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medical and psychological reports. Professor Ball commented that it was important to ensure that applicants did not feel that their complaints were being "minimised". In other words, that the Church had failed to properly or fully investigate complaints. Professor Ball said that it therefore may be desirable to require reports in support of an application for compensation. However, there were also good reasons for leaving this decision up to applicants themselves.

Professor Ball and Sue Sharkey will review the proposed Compensation Panel brochure, including the consent to Carelink form, and will then discuss it with me further.

4 Medicare:

Professor Ball's only contact with Anthony Foster comprises two telephone calls on the same day. Professor Ball told him that he should claim on Medicare. Sue indicated that sometimes Foster has claimed on Medicare, and then sought payment of the gap from Carelink. On other occasions, he sends in the whole account.

Professor Ball confirmed my understanding that there was no way that Carelink could claim Medicare. The claim must be made by the patient. I said that my preliminary view was that if Carelink was only paying the gap, then there was no "compensation claim" within the meaning of the Medicare form and the relevant legislation. We discussed the matter at some length, and Professor Ball agreed that assuming that I was correct on the law, then there were no reasons at all why people should not claim on Medicare.

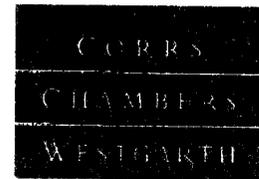
There are two possible scenarios relating to claims. The first is that a patient receives an invoice from a doctor, pays it, and then seeks reimbursement from Medicare. In that situation, the patient would be seeking reimbursement of the gap from Carelink. The second possibility is that a patient receives an invoice from the doctor, and submits it to Medicare. In that case, Carelink would draw a cheque payable to the doctor to cover the gap.

It was agreed that what people should be required to do is to send in the bill or receipt from the doctor together with the Medicare cheque (which would be payable to either the doctor or the patient). Carelink would then draw a cheque for the gap, payable to either the doctor or the patient. The options are for Carelink to send the cheques back to the patient, or straight to the doctor. My preference is that, to reduce the prospects of fraud, Carelink send the cheques directly to the person to whom they are payable.

Professor Ball and Sue agreed, but asked that I check whether the Archdiocese has a specific view.

5 The Fosters:

Again, our discussion then returned to the Fosters and in particular to the publicity that Anthony Foster attracts. I said that I would recommend to the Vicar General that, as a precaution, Peter Mahon be briefed.



S O L I C I T O R S

6 Helen Last:

I asked Professor Ball whether he was aware of how Helen Last was occupying her time. He said that he was not. I said that I would check with Peter O'Callaghan and then discuss the matter with the Vicar General.

7 Treatment Centre for Priests:

Professor Ball told me of a national program that has been established for the treatment of priests. It is headed by Alex Bazynsky of the Department of Psychiatry at the University of New South Wales at Liverpool. Seed funding has been provided for two years to establish one centre in Liverpool, covering NSW, Queensland and the Northern Territory, and a second centre in Melbourne, covering Victoria, Tasmania, South Australia and possibly Western Australia.

Bazynsky is the National Director, and Professor Ball the Melbourne Director. A Project Director is to be appointed in Melbourne. The centre will provide outpatient and day treatment facilities for priests and religious. It will accept referrals for assessment. It is envisaged that there will be a treatment program taking approximately 3 months full time, with accommodation provided.

Initially at least, the focus of the centre is directed at sexual issues involving priests. However, it will also cover other medical issues, such as alcoholism, and may in due course be expanded to cover other professions.

I asked Professor Ball whether there would be occasions where Peter O'Callaghan might wish to have a priest professionally assessed. Professor Ball indicated that this had already occurred on one occasion. I said that I thought it was most undesirable for such assessments to be conducted through Carelink. Professor Ball agreed, and said that in future, he imagined that such referrals would be directed through the centre.

8 Sue Sharkey's Contract.

Sue raised this briefly. Professor Ball expressed his concern that her contract had not yet been finalised. I said that I understood there to be an issue as to whether her employer should be the Bureau or the Archdiocese. She said that it should be the Archdiocese, and I said that I thought that there were complicated financial consequences that could flow from this. I said that based on my understanding of the situation, the solution appeared to be that she be employed by the Bureau, but be on full time secondment to Carelink. I said that so far as I understood, there was no issue relating to accountability. It was clearly understood that Sue was accountable to Professor Ball on a day to day basis. I said that I would discuss this further with Ted Exell.

9 Support Group for Mothers:

I asked whether Professor Ball or Sue Sharkey were aware of where Helen Last's support group for mothers program was at. Professor Ball said that he understood that there was some suggestion that the program be repeated. He said that there were important professional reasons why the entire program was misconceived. Briefly, there is a serious



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danger that parents "feed off each other", and that the program therefore was counterproductive.

I commented that the reason why Carelink had been established was so that the Archdiocese received professional advice from him on issues such as this. Sue Sharkey emphasised that group counselling sessions were entirely different from pastoral care. Sue said that if the pastoral care was controlled through Carelink, then the Archdiocese could ensure that there was no overlap between pastoral care and treatment.

I concluded the meeting by saying that I thought that it had been important for us to meet. In particular, I had not previously known about the treatment centre for priests. We would in due course need to follow this through with Peter O'Callaghan, to ensure that any assessments relating to priests are not done through Carelink. I also was grateful for Professor Ball's comments about the compensation panel procedures.

It was agreed that, once the Compensation Panel is up and running, it might be useful for there to be a meeting between Carelink, the Panel, the Commissioner and the Archdiocese so that information of relevance of all could be shared. Such a meeting might be appropriate in the next month or two, when the initiatives will have been running for about six months.

RAL
15/3/97