**THE NAVAL ASSOCIATION OF AUSTRALIA** 

**NATIONAL COUNCIL**

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Date: 01 June 2022

File Number: NAARCS 01/22 ABN 55 653 989 978

Royal Commission into Defence and Veteran Suicide

GPO Box 3273, Sydney NSW 2001.

**Royal Commission into Defence and Veteran Suicide**

1. The consequences and paramount importance of the task confronting the Commission is foremost in our thoughts at this time. It is our sincere hope that the information provided by the NAA is worthy of your consideration and that it will serve to further illustrate the frustration and anguish experienced by so many of our Association and their loved-ones in their efforts to navigate what is, in our collective experience, the entangled-minefield awaiting all who embark upon the Department of Veterans’ Affairs (DVA) Claims process.

2. It is acknowledged that the task of the DVA Claims Officer is complicated by the fact that there are three Acts and sets of Regulations to navigate, when assessing a veteran’s claim. The legislation is confusing and a veteran may have a condition that is accepted as being service-related by one Act, but rejected by another. However difficult, it is our contention that alleviating the plight of the veteran must be the singular aim and not, to embroil the issue in a mire of contradictory or complex doctrine.

3. That there is an ever-increasing number of failed or rejected attempts by those who solely endeavour to navigate the on-line DVA claims process, surely illustrates that there are elements therein that are proving to be unclear or an obstacle to the claimant in their attempt to complete the form to the satisfaction of the Department. We are told that up to 80% of claims compiled without the aid of an Advocate, are rejected by DVA. It needs to be remembered that reliving the life-changing consequences of having served their nation as a member of the Australian Defence Force (ADF), can be a harrowing experience for our veterans and their loved-ones. We are confident that when our veterans reach out to DVA, our ‘primary health-care provider’, the intent is not to gain access to anything other than what is seen to be a justifiable entitlement. That a determination as to the applicability and subsequent provision of appropriate support cannot be reached in a timely manner, is inexplicable and unquestionably it is impacting negatively upon the quality of life for so many veterans.

4. We see that our veterans continue to be subjected to what is in effect, a harrowing and long, drawn-out experience when seeking a determination in regard to their claim. Advice received indicates that claims may now be taking some years to be processed. Inevitably, should the claim be rejected and the claimant have sufficient personal strength and support resources at hand to mount a challenge, the time and toll taken assuredly continues to mount and take its toll. Regrettably, many who embark on this battle are not able to continue the fight and ultimately become yet another ‘casualty’.

5. The extent to which Ex-Service Organisation (ESO) advocacy support is available is continually being diminished with the loss of those providing this invaluable service. The primary cause cited by these volunteers for leaving this life-support mission, are the problems being experience in attaining accreditation through the DVA sponsored Advocate Development and Training Programme (ADTP).

6. Clearly, to now learn that DVA has acknowledged to the Commission, that the Department is not meeting its mission in support of veterans, adds greatly to our collective despair. The possibility that a veteran within our community, may not find within themselves the ability to ‘hold-on’ until these matters are addressed, is a cause of grave concern for our members. This dire-situation is not after-all what anyone who has served in the ADF would expect by way of veteran-support for themselves, or their loved-ones.

7. The NAA stands ready to assist The Royal Commission in its deliberations on this matter, or to provide clarification as to any aspect of our submission.

8. For your consideration.

Yours aye,

ORIGINAL SIGNED

David Manolas

National President

Naval Association of Australia

Attachment:

Royal Commission into Defence and Veteran Suicide

Submission by the Naval Association of Australia – ACT Section (dated: 01 June 2022

Attachment to NAA Letter: NAARCS 01/22

Dated: 01 June 2022

**Royal Commission into Defence and Veteran Suicide**

**Submission by the Naval Association of Australia – ACT Section**

**Introduction**

The Naval Association of Australia – ACT Section (NAA – ACT) has no objection to the contents of this submission be made public under its own name.

The NAA represents sailors past and present who choose to serve their country in the Royal Australian Navy (RAN). The NAA has Sections in all States and Territories of the Commonwealth and is pleased to contribute to the Royal Commission into Defence and Veteran Suicide (Royal Commission). The NAA-ACT hopes that the Royal Commission will also be of benefit to those members of the Australian society who, in the future, choose to make a career in the RAN.

Men and women join the RAN for a variety of reasons including to gain qualifications that will benefit them in later life, to travel, for adventure, boredom with civilian life, to join mates already in the Navy, to serve their country. Members of the RAN recognise that at some future time in their service they may be faced with danger and have to risk their lives in RAN service. However, they do not envisage that at some later stage in their lives they will contemplate self-harm or suicide because of their service.

Each life lost to suicide unnecessary and the impact has significant impact on those left behind; some of whom will experience trauma themselves for the rest of their lives. As well as emotional consequences there are also economic ones; the loss to society of the veteran who has died, the resources needed prior to and post suicide are all costs that are shared by society.

RAN sailors have every right to expect that in return for loyal service; the Australian government will take care of them if or when they fall ill or are injured by service; sadly, this has not always been the case.

The NAA-ACT welcomes any initiatives that will provide improved service to veterans and their families. However, it is concerned that ‘improvements’ will be judged as improvements for government which may not necessarily be improvements for veterans and their families.

The NAA-ACT is not only concerned with the facilities for current and past sailors but is uneasy that current initiatives may be short term and not designed to meet the needs of the sailors of tomorrow. To this end, the NAA-ACT would like to see increased support from both Navy and the Department of Veterans’ Affairs (DVA) to addressing the problems of suicide or mental health suffered by sailors past, present and future and their families.

Perhaps if governments and senior bureaucrats were to show as much commitment to veterans as their rhetoric indicates many of the issues associated with this Royal Commission could be overcome.

In developing our submission, the NAA-ACT has examined a number of issues that have impacted on government services to veterans.

The NAA-ACT wishes to make the point that whilst there are some criticisms of the DVA in this submission, the majority of DVA officers do a professional job in often very difficult circumstances. Some delays in resolving veteran’s issues are unavoidable and veterans can help improve the system by ensuring that when lodging claims and follow up information requests by DVA are responded to expeditiously.

Further, some delays are outside the control of front-line staff but need government and senior bureaucrats to accept responsibility for delays and not either ignore them or pass the buck down to someone who is unable to answer back.

Research into suicidality in Australian Vietnam veterans and their partners reported,

‘…relative risks for suicidal ideation, planning and attempts were 7.9, 9.7 and 13.8 times higher for veterans compared with the Australian population and for partners were 6.2, 3.5 and 6.0 times higher’[[1]](#footnote-1)

These figures represent a burden on the wider Australian community that need to be addressed if we are to see ourselves as a civilised society that values human life.

The NAA-ACT notes figures from the Australian Institute of Health and Welfare (AIHW) that ex serving ADF members are five times more likely to die by suicide than serving members.[[2]](#footnote-2) The research also showed that for males the greatest risk of suicide was immediately upon separation to less than 5 years; with < 1 year since separation showing 31.3 persons per 100,000 population per year and 1-<5 years, 30.9 persons per 100,000 of population per year.[[3]](#footnote-3)

For females the risk periods were <1 year since separation showing 27.9 suicides per 100,000 population per year with a marked decrease in the 1-<5 year period, but an increase in the 10-<20 year period showing 15.5 suicides per 100,000 population per year.[[4]](#footnote-4)

Like a stone in a pool there is a significant ripple effect by the death of a veteran. The death impacts on the family of the deceased, his or her colleagues and the wider navy family.

Generally speaking, it appears that in the first twelve months following separation, a veteran is at greatest risk of suicide. This finding is consistent with some US research.[[5]](#footnote-5) UK research found that suicide may have been at its highest in the first two years post discharge.[[6]](#footnote-6)

The research may indicate a greater role on the part of ESOs in conjunction with the ADF and the DVA in ensuring the [ADF] ‘family support’ many veterans have come to rely upon during service, can still be found in an ESO. Of course, to initiate and encourage the ESOs to become involved in this support will require some form of government assistance.

**Support for veterans’ families**

Social support is a significant factor in the health and well-being of sailors. The NAA-ACT raises the issue of veterans’ families early in its submission because it is particularly concerned with addressing the welfare of families in this Royal Commission. Many veterans’ good health both physical and mental is a direct result of the love and support they receive from their families. This bond is often devastated when a veteran commits suicide.

However, it is often the families who are the silent victims of a veteran’s mental health crisis. Families bear the loneliness whilst sailors are at sea and sometimes the distress of the sailors when they return home with an illness that is not readily apparent.

In order to support veteran’s families, the NAA-ACT proposes that families, particularly partners, be involved in the transition process which should not only help sailors transition from the navy to civilian life but also help them understand the help that is available for veterans and their families in sickness and in health.

**Defence culture**

Defence fosters a macho image amongst serving members. This is not unique to Australia but is a world-wide practice in militaries. ‘Toughen up’ or ‘Man up’ and other macho phrases are often used in the military to harden defence personnel to the tough life they face. Sailors in particular have a hard life even in peace time whilst at sea they battle the elements and may be called upon to undertake a variety of duties from anti-piracy, interdiction of drug and people smugglers or racing to the Southern Ocean to rescue a yachtsman in distress. All these examples and more place strain on the mental health of sailors.

However, the macho image has a down side like when mental illness is encountered. In the Navy like the other two services of the ADF there is a stigma associated with mental illness. A sailor who reports sick with a mental illness runs the risk of loss of promotion, limited career opportunities or even discharge. In addition, there is the possible stigma from shipmates who may believe the sailor concerned ‘can’t hack it.’

The NAA-ACT believes consideration be given to compensating those sailors who report a mental illness. This support to include the maintenance of all allowances that the sailor would have received had he not been ill. Maintenance of seniority in rank to prevent discrimination against those reporting sick.

**Costs of suicide**

The Australian Senate 2008-10 Inquiry into suicide quoted figures that if the monetary costs of road trauma were to be equated to suicide, then the cost of each suicide would be around $6 million.[[7]](#footnote-7)

Lifeline estimates ‘For each life lost to suicide, the impacts are felt by up to 135 people, including family members, work colleagues, friends, first responders at the time of death.’[[8]](#footnote-8) These costs to the Navy are significant not only in human life but in the loss of a valuable member of the nation’s defence team.

**Suicide relative to RAN service**

The NAA-ACT is particularly concerned AIHW studies show ex-serving RAN males are more likely to commit suicide than their Army and RAAF counter parts with 33.1 suicides per 100,000 population, per year Navy, 30.9 per 100,000 Army and 21.7 RAAF respectively. Figures for ex-serving females show 15.2 suicides per 100,000 population per year Navy, 16.6 per 100,000 Army and 9.5 per 100,000 RAAF.[[9]](#footnote-9)

These figures are based on the stated suicides of persons reportedly with ADF service. The years between a veteran’s ADF service and his or her suicide, the less likely it is that the suicide can be attributed to that service unless the veteran is in receipt of a DVA pension that includes payments for such conditions as PTSD, depression, alcohol disorders or phobias.

**Legislation**

The DVA is responsible for the well-being of veterans and their families. In order to achieve this DVA administers a number of Acts and Regulations. Of particular concern to veterans and their families are:

* *The Veterans Entitlement Act 1988 (the VEA)*
* *The Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988 (DRCA)*
* *Military Rehabilitation and Compensation Act 2004.*

The legislation is confusing even to those deal with it regularly let alone sailors who are unfamiliar with the concepts and operations of the various legislation. A veteran may have a condition that is accepted as being service related by one Act but rejected by another. The confusion caused by this often results in increased stress to veterans with many veterans not receiving the benefits to which they are entitled because the confusion causes stress with many veterans declaring ’It’s not worth the hassle.’ Where the veteran becomes emotionally beaten by DVA It is often left to the volunteer advocate to convince the veteran that in the long term he or she should persevere with the claim.

Some of the anomalies in the various legislation are significant. For example, under the VEA a veteran’s estate receives $2,000 in funeral expenses whilst under the MRCA and the DRCA the amount is $11,654. This is an anomaly that is not understood by veterans.

A veteran is eligible for a pension for an accepted defence related condition. However, under the DRCA, a veteran can only accept a lump sum payment whereas under MRCA a veteran can choose between a lump sum payment, a part lump sum payment and part pension or a whole pension; under the VEA a veteran can only receive a pension for a disability. Although under MRCA, a veteran is offered the free services of a financial advisor before making a decision on what type of payment he or she is to accept.

It is also possible that a veteran, depending on service, can have a condition accepted under the VEA, DRCA or MRCA.

There is merit in having an omnibus act which incorporates all veteran’s legislation.

**Transition**

Whilst in the navy, sailors have their lives regulated by their duties and the ship or shore establishment they are serving on. Meal times are regulated, sport and physical exercise is planned, working hours are scheduled, career and promotional training is prearranged, medical and dental is organised; in summary the whole of a sailor’s life is run on a strict schedule. The sailor comes to rely on this and to appreciate the bonds of friendship he or she establishes during naval service. It is perhaps the sense of belonging, self-worth and of mateship that are significant bonds among the sailors. This bond is often lost once a sailor discharges from the service.

Being cast adrift upon discharge can be a traumatic experience for the veteran. They may find their self-worth in question. In the navy they had an allotted place and that place, however junior in rank, was a significant part of the team. They were valued for their contribution.

The Australian Government through the RAN leadership has a responsibility for ensuring the process of transition is as painless and seamless as possible. Whilst the majority of sailors’ transition successfully and in a small space of time are adjusted to their new careers; a small percentage find this difficult.

The DVA in assisting veterans transition to civilian life has on base Veteran Support Officers (VSO) who can help veterans and their families find assistance if transition to civilian life becomes difficult. VSOs also advise veterans of the DVA benefits to which they may be entitled and help submit the relevant DVA forms. Anecdotal evidence is mixed as to the worth of VSOs on bases; some veterans have suggested that they were of little use and only served to confuse veterans, others have suggested the VSOs do a good job with limited resources.

All three services through the Department of Defence, conduct transition seminars for those leaving the ADF. These seminars cover employment opportunities and DVA claim procedures. For those veterans who have spent most of their adult life in the ADF, it is likely the transition seminars will have little impact. Unfortunately, because of the very nature of military service, veterans can become ‘institutionalised’ and when they enter the civilian world are confused with the myriad of issues, they have to address e.g., Medicare, private insurance, employment benefits and housing to name but a few.

ESOs can have a greater contribution to transition seminars emphasising not only the services they offer in relation to DVA claims but also the camaraderie that still may be found within such organisations as the NAA.

One welfare officer interviewed who had attended a number of transition seminars, said many serving members were not aware of claims they could make for injuries etc. through DVA and those who were aware had been told they were not allowed to lodge a claim whilst still serving.

US research indicates that those who have experienced post-traumatic stress are less likely to have a smooth transition than those who have not experienced post-traumatic stress.[[10]](#footnote-10)

In the US and the UK, it is reported that police officers involved in fatal shootings are immediately evacuated from the scene to reduce the effects of PTSD. Whilst this may not be possible with those ADF members involved in shootings, contacts or other violence, efforts could be made to undertake a psychological de-brief as soon as possible after an incident in and attempt to reduce the effects of trauma.

The Royal Australian and New Zealand College of Psychiatrists noted ‘The suicide rate of veterans is a critical issue, which must be managed through evidence-based support specifically tailored for veterans.’[[11]](#footnote-11) This presents an opportunity for the DVA, ESOs and interested employer groups to work together in assisting at risk veterans with a smoother process to transition.

**Recommendation.** Defence evaluate the effectiveness of transition seminars and where necessary update the messages given to participants including former service personnel who have exited the ADF recently.

**Recommendation**. VSOs be given a greater prominence on bases and the quality of the service provided be assessed to ensure an easier transition from the service to the civilian world.

**Recommendation.** ESOs contribute more in transition seminars and encourage ADF members to seek help and maintain elements the camaraderie experienced during service.

**Repatriation Medical Authority (RMA)**

The RMA consists of a panel of five practitioners eminent in fields of medical science. Their role is to determine Statements of Principles (SOPs) for any disease, injury or death that could be related to military service, based on sound medical-scientific evidence. The SOPs state the factors which "must" or "must as a minimum" exist to cause a particular kind of disease, injury or death. In order to succeed in a claim under the VEA or MRCA, a veteran’s claim must state which factor in the SOP is met before he or she can hope to succeed in a claim.

SOPs can be very rigid and not based on current research into a condition. Further a veteran who lodges a claim through the VEA or MRCA may have their claim rejected if either no SOP is in force or if a veteran’s condition is not reflected in the SOP.

DVA does not keep records of claims rejected where no SOP is in force or a veteran’s condition does not meet a factor in an SOP at the time the condition is claimed. This may result in a veteran having a claim rejected because it does not meet the SOP at the time of claim. However, sometime later, the veteran has the same condition and a new SOP has been introduced, that had it been in force when the original claim was submitted could have resulted in the veteran’s condition being accepted. Unless the veteran is constantly in touch with his ex-service organisation, he may well be denied full recognition for a service-related condition.

A claim under DRCA does not have to meet a factor of the SOP but must be proven on the balance of probabilities.

**Recommendation.** The NAA-ACT recommends that when new SOPs are introduced or amended this fact be widely promulgated in veteran’s newsletters and general media.

**Dealing with DVA**

The Phoenix Report[[12]](#footnote-12) found that 30 per cent of Australians seeking compensation for transport and workplace accidents claimed the claim process to be the most stressful aspect of the process. Although no research has been made into veterans’ claims with the DVA, there is no reason to believe that this percentage would be less for veterans and their families in their interface with the DVA.

Many veterans argue the DVA does not understand the community they are responsible to serve. DVA is described as being excessively bureaucratic, slow, requiring the same information time after time and being niggardly in their payment approvals.

The NAA-ACT appreciates DVA are bound by certain rules and regulations with numerous inquiries reporting on this. Unfortunately, DVA management does not seem to grasp the problems caused to veterans, some of whom may be in a delicate mental state, by unnecessary and seemingly pointless form filling and delays. Some of the examples provided in this submission have had unfortunate endings for veterans simply because of the bureaucratic nature of DVA and lack of empathy with veterans’ conditions.

An ANAO report[[13]](#footnote-13) into veterans’ servicing by DVA found there was excessive ‘inactivity’ (i.e. delays in the actioning of a claim despite the presence of required information and medical reviews) associated with claims with a high time taken to process (TTTP). Unfortunately, this is still a problem with many claims.

Having said this, the NAA-ACT also acknowledges that some veterans are also slow at responding to requests for information. This slowness by the veteran concerned in the claim may be because of a number of reasons for example, trying to establish a career in civilian life which is a high priority or finding it traumatic to relive distressing events associated with a claim especially if the veteran believes the questions are repetitive or pointless.

Nevertheless, DVA has greater resources than veterans in processing claims and checking if questions asked by the DVA delegate have already been answered in previous claims. Anecdotal evidence indicates that it will now be two years before a claim will be allocated to a DVA delegate for assessment. It should be noted that ‘allocated’ does not mean ‘resolved’. On current trends, it is feasible that a veteran claiming a condition in 2022 is not likely to see anything concrete before 2025 to 2026. This type of delay is unacceptable to the veteran community.

Predictions by DVA as to how long certain claims will take to process are unreliable. They appear to be more designed to quieten public criticism rather than a true indication of the situation. A DVA estimate that MRCA cases would be resolved within 90 days was recently described by Logan J in the Federal Court as ‘nothing more than cant’.[[14]](#footnote-14)

A welfare officer commented on the delays experienced in obtaining psychiatric help for veterans. The welfare officer who has a number of veterans on ‘suicide watch’ was critical of the lack of resources available in the ACT for those veterans who exhibit suicidal ideations. Most help came about because of the ‘old boy network’ rather that help from the DVA.

This welfare officer said many veterans do not trust Open Arms because it is associated with the DVA. The welfare officer also said that in the ACT there is a need for a dedicated mental health team that understands veterans’ problems.

Given the feedback and the following examples of inadequate service by the DVA, the NAA-ACT supports the recommendation made by the 2017 Senate Inquiry[[15]](#footnote-15) that ‘the Department of Veterans’ Affairs conduct a review of its training program to ensure relevant staff:

* have an understanding of the realities of military service;
* have an understanding of health issues of veterans;
* have appropriate communication skills to engage with clients with mental health conditions; and
* have sufficient training to interpret medical assessment and reports.’[[16]](#footnote-16)

Although only a few examples are shown below in this submission, they do indicate the criticality of having tailored support for Australian veterans. They illustrate that not only veterans become frustrated through dealing with DVA but the frustration

**Veteran A**

In a case involving a veteran claiming a number of conditions under the VEA and DRCA, the veteran who was formerly a senior officer with a good knowledge of military and public service procedures was advised that his claim under DRCA had been successful. An offer of compensation was made but he was told that he had 30 days in which to decide if he would accept or reject the offer.

The DVA letter of offer letter told him he had three options:

* Accept the offer; or
* Withdraw the claim due to the nil offsetting impact the receipt of the offer would have on other pension rights, or any other reason; or
* Forego the permanent impairment compensation and institute legal proceedings for damages at common law.

No mention was made in the letter of offer that, under s 62 of the MRCA he could request an internal review. This caused significant stress to the veteran who believed accepting the offer was the only real alternative.

In addition, the DVA introduced irrelevant considerations into the determination of the veterans’ claim and some of the ‘facts’ used by DVA in the determination were totally false.

As the determination was a DVA standard letter of offer, it is highly probable that it has been sent out to a number of veterans who, unless they seek some advice from an ex-service organisation advocate or a lawyer, could be denied the true benefits available under the MRCA. This may be construed as a denial of justice or a breach of faith with the Commonwealth Attorney-General Directions that requires the Commonwealth to act as a model litigant.

**Veteran B**

Another example was provided by a welfare officer with 15 years’ experience assisting veterans. The welfare officer said Veteran B was denied drop foot because he did not have a claim in for lower leg conditions. However, his condition was linked to the brain injury he suffered in November 2002 whilst in the ADF.

The welfare officer handling this case said the veteran was not adequately treated whilst in the Army. He was medically discharged without the Army showing any form of concern for his future.

Many of the specialists the veteran saw supported his claim in their reports. Neurologist and Podiatrist reports were ignored by the assessing officers at DVA. DVA was still denying the claim in 2014.

Twelve years of arguing for a pair of shoes, with ill-informed DVA officers who overrode specialist reports. The toll on the veterans’ mental health was inexorably increasing.

The veteran’s claim for hearing problems took 14 years from lodging the claim to DVA accepting this condition so he could get the special hearing aids required. DVA continually argued the veteran only had hearing loss accepted in one ear, but the tinnitus program would require aids for both ears; therefore, approval was continually withheld by DVA. Finally, the veteran went to the specialist asking if his ear drums could be removed because the tinnitus was driving him mad.

On one occasion the delegate refused to deal with the veteran because the delegate claimed the veteran was drunk. On other occasions, the DVA officer abruptly terminated interviews because she said ‘she felt intimidated’ [by the veteran]. The same DVA officer would tell the veteran ‘If you [the veteran] abstained from alcohol, you would be capable of doing more for yourself.’ The welfare officer argued in her submission for this report the veteran was trying to reduce his alcohol consumption at the time and this judgemental comment did nothing for the veteran’s mental health.

The welfare officer described the DVA officer as acting ‘as if the payments were coming out of her own bucket of money.’

In communication with the veteran just before he committed suicide, DVA advised him he had been overpaid a total of $76.00 over a period of fortnightly payments. Despite the error being made over a period of time, DVA advised the veteran that because the amount was so small, they were recovering the total amount in one debit. This pernicious action was just another obstacle in the veteran’s fight for justice.

The veteran subsequently committed suicide in 2017 by hanging himself. The comment by the veteran’s advocate was ’The bastards [DVA] got him in the end.’ This comment, common among those involved in the case indicates the view that DVA by its intransigence and lack of empathy cost the veteran his life. It also had and continues to have adverse effects on the veteran’s family, and the welfare and pension officers who dealt with the case.

Following the veteran’s suicide, DVA was examining the veteran’s file prior to closing it and discovered two claims lodged in 2013 and accepted by DVA had not been paid to the veteran. The amounts were for $89,782.30 and $40,781.65. The welfare officer contacted DVA to complain that the money, had it been paid earlier during the life of the veteran, may have made his life easier and provided with him some assurance that he was not abandoned by DVA. The DVA bereavement officer said I don't know why you’re upset it will be paid into his estate anyway.” The bereavement officer went on to tell the welfare officer that DVA was spending over one million dollars in rebranding the VVCS.

This case is a sad indictment on the treatment of a veteran by both the Army and DVA. It also illustrates lack of training by some DVA officers and an indication some DVA officers are totally unsuited for the role they are paid for and required to fulfil.

The welfare officer in this case said in her numerous submissions to the DVA for this and other veterans, ‘Beneficial legislation was very rarely used in any of the determinations … refuting specialist reports [and] using delaying tactics to avoid paying applicants.’ ‘A lot of veterans clearly did not have enough fight or energy left in them to continue fighting DVA.’

The welfare officer, upon request from Vietnam Veterans Counselling Service (VVCS) (later renamed to Open Arms) was asked by VVCS for comments on their efficiency. Her comments were not complimentary so, she contends, her comments were ignored. Examples were provided of emergency psychiatric help being promised ‘within a few days’, an appointment would be made then it would be cancelled by VVCS and another appointment substituted for six to eight weeks hence. These examples provided little confidence that the VVCS was committed to the welfare of veterans. They are also indicative of a lack of leadership at the highest levels.

Some advocates describe the DVA as just another insurance company. Others believe that ‘reject’ is the default position of DVA for most claims.

**Veteran C**

A claim by a senior sailor for cancer showed that ‘doctor shopping’ was still an accepted way of delaying a decision and that medical treatment in the Navy was not up to the standard expected in Australian society.

In this particular case, the veteran who subsequently died of cancer, was not afforded the treatment he should have expected from the navy, the DVA and the VRB.

The veteran had complained for about two years about pains in his back. It was diagnosed as muscular and physio treatment was recommended

The veteran collapsed in his cabin on board a RAN warship off the shore of NSW. He was in great pain due to his cancer which at that stage the Navy had failed to diagnose. He could not walk due to the pain. The veteran was put ashore at Nowra with a Valium tablet and told to use a bus and train to get to Sydney where he would have to report to the naval headquarters for any further treatment. Due to his pain, this travel was beyond his ability so he telephoned his wife who drove for two hours to collect him and then took him to Sydney.

The veteran with a number of tours in the Middle East, and his wife attended at an ESO for advice; they could not get any support from the Navy. A claim for cancer was lodged with DVA who were advised the veteran, based on medical advice, did not have long to live and could the claim be expedited. The claim was rejected.

An appeal was lodged with the VRB who sought a number of medical opinions in what can only be described as ‘doctor shopping’. The ESO Advocate sought on numerous occasions, updates on progress of the claim. Telephone calls were often not returned. On one occasion DVA requested some information which the Advocate promptly supplied. When he followed up with DVA he was told, ‘Action was delayed because the report you sent was received just before Christmas and was sent to the wrong area.”

On another occasion the VRB wrote to the DVA requesting further information. The VRB gave the DVA thirty days to respond; DVA took three months. On another occasion the VRB wrote to a doctor for an opinion on the cancer, although the doctor responded, he stated he was not well versed in cancer. All these and many more issues resulted in unnecessary delays.

The veteran died six months after initiating his claim which took over two years to resolve. The appeal was decided by the VRB in favour of the veteran’s family in two minutes. The decision of the VRB was that the veteran had been unable to receive appropriate clinical management for his disease. This was a sad indictment on the Navy which prides itself in looking after its sailors. The DVA and VRB also showed a lack of compassion in dealing with the veteran and his family. This sad case occurred in the year the Prime Minister announced his Australian Veterans’ Covenant.

In summary, the lack of assistance or compassion by the Navy, DVA and VRB in this sailor’s case can only be described as unconscionable

**Veteran D**

This veteran who enlisted at age 15 years and 8 months went to HMAS Leeuwin. He states he was bullied whilst at Leeuwin by the very people who were tasked to help and protect him. This has left him with a number of mental associated illnesses. He described HMAS Leeuwin as ‘The worst year of my life’, due to bullying and bastardisation. The veteran’s comments that he was bullied ‘by the very people who were tasked to help and protect him’ are not new, the failure of leadership resulting in bullying was highlighted in the 2016 DART Final Report[[17]](#footnote-17)

He argued the worst part was not having anyone to report it to. At the time he had attempted suicide on three occasions.

The veteran said that families of those veterans who have suicidal ideations or who succeed in committing suicide later in life may be totally unaware that it was service in the ADF that was the cause of his or her deteriorating mental health. He argued a lot of suicides could be attributed to a veteran’s service but go unreported as such.

This veteran said that he felt the only people he could talk to about his problem was advocates at the ESO. This veteran said that he believed that an assistance dog as recommended by his psychiatrist was a good step forward in addressing his mental health. He now spends the time when he would dwell on his past in the RAN, looking after his assistance dog with which he has become very attached.

**Recommendation.**

The recommendations of the DART be periodically revisited and reported to government to ensure they are not filed in the ‘too hard’ basket.

**Ex Service Organisations (ESOs)**

ESOs have a very important part to play in helping veterans adjust to civilian life and by extension their families. ESOs have a number of experienced advocates who volunteer their time and expend many hours helping veterans submit claims and where necessary appealing the decisions of the DVA. The advocate is often the one who the veteran turns to when experiencing difficulties with the DVA. The advocate often also becomes a mentor and confidant to the veteran. This role often puts additional stress on the advocate who has to continually reassure the veteran that the goal will be worth the journey.

Generally, ESOs do a magnificent job for veterans and their families despite relying predominantly on volunteers to undertake vital services to the veteran community. For governments allegedly committed to ensuring the best for veterans and their families, ‘their best’ is very slow in manifesting itself.

**Training of advocates**

Advocates are now trained to the DVA sponsored Advocate Development and Training Programme (ADTP). Whilst the ADTP is a vast improvement on what was done before for veterans, it too is becoming bureaucratic. One veteran who had a law degree with honours, had run his own business in security vetting and business continuity management for ten years was denied recognition of prior learning (RPL) for the interview component because ‘You have not done a VEA interview.’ Following a number of hurdles put in the veteran’s way by ADTP; he gave up the thought of becoming an advocate. A number of advocates have expressed the view that ADTP is not serving the needs of the veteran community in that it is too rigid in its operations.

**Recommendation:** The ADTP scheme be reviewed with a view to making it more flexible and in line with the needs of younger veterans.

**Conclusion**

The NAA-ACT believes there are a number of positive aspects to the current system. However, so far, a lot of the proposals by government and by the various inquiries into veterans’ conditions have not produced the tangible results veterans or their families have a right to expect.

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