

Royal Commission into Defence Personnel and Veteran Suicide

Warragul RSL Submission

Part 1 Preface and Introduction

References:

- A. Returned Service League (RSL) Victoria (Vic) submission to the Royal Commission for Defence Personnel and Veteran suicide.
- B. Letters Patent (LP) and Terms of Reference (TOR's) for the Royal Commission (RC) for Defence and Veteran suicide dated the 8th of July 2021.
- C. RSL Australia and Victoria Constitution & By-Laws.
- D. RSL National Constitution and Rules.
- E. Royal Commission into Defence Personnel and Veteran Suicide Interim Report August 2022 (RCIR).
- F. Commissioner Defence and Veteran suicide hearings report dated September 2021.
- G. A Better Way to Support Veterans Productivity Commission Inquiry Report Overview & Recommendations.
- H. Inquiry into transition from the Australian Defence Force (ADF) Joint Standing Committee on Foreign Affairs, Defence and Trade, Senator Molan.
- I. The Constant Battle: Suicide by Veterans Australian Government Response to the Foreign Affairs, Defence and Trade Committee Report 2019.
- J. The Constant Battle: Suicide by Veterans October 2017.
- K. Department of Veteran Affairs (DVA) Annual Reports 2018/19/20/21.
- L. RSL Vic Productivity Commission Issues Paper RSL Submission March 2009.
- M. AIHW Serving and ex-serving Australian Defence Force members who have served since 1985 suicide monitoring 2001 to 2019.
- N. AIHW Spreadsheet Veteran suicide 1985 to 2019.
- O. ADF Transition Guide¹.
- P. Transition and Wellbeing Research Programme
- Q. DVA Initial Background Paper to the Royal Commission into Defence and Veteran Suicide 1 September 2021.
- R. Royal Commission into Defence and Veteran Suicide Introductory Defence Briefing.
- S. AIHW Report Gambling in Australia. <https://www.aihw.gov.au/reports/australias-welfare/gambling>.
- T. Royal Commission into Crown Casino Victoria 2021. <https://content.royalcommission.vic.gov.au/sites/default/files/2021-10/The%20Report%20-%20RCCOL%20-%202015%20October%202021.pdf>.
- U. AUSTRAC: Money laundering in Australia 2011 . <https://www.austrac.gov.au/business/how-comply-guidance-and-resources/guidance-resources/money-laundering-australia-2011>
- V. SMH November 2021 The money laundry: Pubs and clubs the next frontier for crime. Nick McKenzie and Joel Tozer. <https://www.smh.com.au/national/the-money-laundry-pubs-and-clubs-the-next-frontier-for-crime-20211125-p59c0b.html>.

¹ The ADF Transition Guide has been revised and the new version is about to be published. It continues the theme that a successful Transition is vital to Veteran health.



“Australians need to be confident that their sons and daughters will be treated appropriately, and their health protected during and after their service in the ADF. Veterans need to be assured that service in the ADF will not prejudice their quality of life after service”.

Preface

1. Twice a year, on Anzac Day and Remembrance Day, most of the Australian community pauses to reflect on those who served in our armed forces throughout our history.
2. Politicians, local identities - usually those on the make - and Veterans bask in that reflection. Then, for the rest of the year we Veterans are historically forgotten except for those in our family or Veteran fraternity.
3. This Royal Commission has been opposed by the ADF, DVA, the previous Federal Coalition Government and ESO's, notably the RSL. Given the hostility from DVA and the ADF we Veterans are depending on the outcomes from this RC.
4. After more than a century of existence and numerous conflicts, the Royal Commission into Defence Personnel and Veteran suicide hopefully rights the historic wrongs of Veteran health management.
5. As outlined in Reference A, Veteran suicides are not a recent phenomenon². The current Veteran suicide epidemic should not be unexpected. There is sufficient historic evidence that Veteran suicide is an outcome of military service³. We simply have not conducted the forensic analysis⁴ required since our first deployments in the Boer War. We have observed the Veterans and their families, but we have not delved into reasons why Veterans have committed suicide.
6. Rightly, the Nation has been appalled at veteran's circumstances hence the RC.
7. Veteran suicide and suicidality are a leadership and health management failure. To get to the point of suicide and suicidality a number of indicators would have been presented to the medical or leadership fraternity. The eventual outcome means that we have failed to notice or act on these indicators. Nothing, no edict, or inquiry⁵ has mitigated the epidemic to this date. Veteran suicides and poor health continue unabated, in significantly greater numbers than civilian counterparts and it appears to be a result of military service.
8. The RC is a once in a century opportunity to inform the public of Veteran travails as a result of service, reassure Veterans that the community believes in their health and wellbeing and to right the wrongs that have littered our historical management of Veterans. The Royal Commission is not making recommendations just for the “now” but design a Veteran support structure that is enduring and wholistic.

² Vietnam Veteran Association have data that reflects similar percentages of the current Veteran cohort.

³ The current VICPOL experience is showing anecdotally that PTSD is an outcome of exposure to operational and training trauma.

⁴ Governments and organisations may have conducted the analysis, but the Warragul RSL is not able to locate the data.

⁵ Twenty-four (24) inquiries have been conducted into Veteran management since 1970 with little or no intangible improvement to Veteran health.



9. To do justice to our member's service and plight we intend to be frank and fearless in this narrative. We hope this is reflected in your recommendations to Government.
10. The Nation needs to put into place processes, procedures, and performance metrics to ensure that even if Veterans and their families are forgotten 363 days of the year, they will be protected and assisted as a result of the vicissitudes of service.
11. As a nation our mantra should be:
 - a. **Service in the Australian Defence Force should not incur a compromised quality of life. If they are injured, then we are, as a Nation, are obligated to look after their interests and that of their families.**
 - b. **When a service person leaves the ADF they must be transitioned effectively to enable them to fulfill their potential in the civilian environment with the consequent benefits to our economy and society.**
12. What will be evident in this dialogue is that despite the reassurance, posturing and spin from the ADF, DVA and RSL Vic during this RC, Warragul RSL Executive and members have had to navigate the quagmire of Veteran welfare alone without support.
13. The erosion of Trust, in our chain of command whilst serving, the duplicity and evasion conducted by DVA, the lack of Veteran focus and service from the RSL has challenged our core beliefs.
14. The Royal Commission into Defence Personnel and Veteran suicide is our last hope for effective intervention and assistance. The reasons for this submission are the collective lack of support⁶ and the erosion of our Trust!
15. **Warragul RSL Overview.** This submission captures the circumstances concerning the management of Veterans at a regional Victorian RSL sub-branch. The submission, whilst an adjunct to the original RSL Victorian submission,⁷ is necessary due to the pressures upon and the services provided by the sub-branch.
16. Warragul RSL should not be the first port of call for these Veterans. As volunteers we are not qualified to make medical assessments and we could easily make mistakes – with potentially lethal consequences. Additionally, most of the Warragul RSL's active members have their own medical issues, and management of Veteran problems as described exacerbates their conditions.

⁶ Find attached a folio of correspondence between Warragul RSL, DVA, RSL Vic and National and local politicians. The contents of this folio support our contention that neither the RSL nor DVA have a focus on Veteran welfare in the regions.

⁷ Also written by the principal author the immediate past President of Warragul RSL.



17. The RSL and its local activities are well respected in the community, however, as a result of a lack of health services in the district the RSL self manages an array of Veterans who have significant health challenges due to defence service. These health challenges have placed such a burden on the Warragul RSL Committee that is unsustainable in the medium term⁸.
18. The Warragul⁹ RSL, has two hundred and forty (240) members of whom approximately one hundred and fifty (150) are service members. As of January 2023, the Warragul RSL had eight (8) members with complex PTSD, one of whom, aged seventy-two (72) years suicided by neglect and another Veteran aged forty-two (42) years, recently died of a series of complex mental and physical injuries. One hundred and seven (107) members have been recognised by DVA as having PTSD and/or other injuries.
19. The Warragul RSL has no employees and is managed on a purely volunteer basis. It is financially stable with a strong balance sheet with income derived from sale of refreshments, meals, subscriptions, and functions.
20. Warragul RSL conducts the following regular activities:
 - General Meetings – monthly;
 - Wellbeing group – monthly;
 - Guided Meditation – monthly;
 - Mateship and fitness – weekly;
 - Veterans Hydrotherapy – weekly;
 - Veterans Scale Model Group - twice a month;
 - Guitars for Vets – weekly;
 - Pipes & Drums – weekly;
 - Ales on Albert – weekly;
 - Carpet bowls – weekly;
 - Glen Cromie Get Away (family overnight camp) - twice a year; and
 - Veteran and Family Respite Weekends - 8 per year.
21. **Doctrinal and traditional roadblocks.** The RC, Government, the ADF, DVA and to a lesser extent submitters have presented recommendations and solutions that pay homage to tradition and current structures.
22. Are they relevant and effective in 2023? It can be argued that Defence Personnel and Veteran health issues are taken for granted and the structures in place have failed to modernise and provide intended service.

⁸ Medium term is defined as five (5) years.

⁹ A regional Victorian town in Gippsland of fifteen thousand (15,000) people.



23. Transition, regarded as a vital component for Veterans and their families, is hamstrung by a lack of authority post discharge and a lack of coordination with DVA. If the ADF and DVA need to be restructured to meet this challenge – so, be it!
24. Solutions cannot reinforce failure and strategic solutions should not be steeped in 19th century military and Veteran compensation systems.
25. This RC is to recommend changes and constructs that will guide the administration of Defence Personnel and Veteran health to the next century. Accordingly, it should reflect and account for culture, social, and financial concepts to the 22nd century, not the 20th.
26. We also look to the RC to make recommendations to hold people and organisations responsible for Veteran welfare and health accountable. Just as Defence personnel and Veterans have been held accountable for war crimes it is our expectation that those who have contributed to the deterioration of Veteran health resulting in suicidality and suicide are named and held to account.
27. The construct of the submission¹⁰ will be:
 - Part 1 Introduction Preface Warragul RSL overview Introduction Issues Addressed by the Interim Report of the Royal Commission;
 - Part 2 ADF TOR's;
 - Part 3 DVA TOR's;
 - Part 4 ESO's TOR's;
 - Part 5 Transition;
 - Part 6 Recommendations and Summary; and
 - Attachments.

¹⁰ The authors of this report: Ben Vahland President of RSL Warragul currently a Senior Sergeant of Police in VICPOL, Ex RAN leading Seaman with fifteen years of service including Timor and Border Protection, and Bill Westhead ex-President of Warragul RSL, a recently retired Army Major, ex VICPOL with forty-five (45) years of combined service. Westhead is a 5th generation serviceman, his 27-year-old son is the 6th and family operational service includes Gallipoli, the Somme, Asian Pacific, New Guinea, ETO Bomber Command, Korea, Iraq, and Afghanistan. Westhead is the author of the RSL Victoria submission to the Defence Personnel and Veteran suicide Royal Commission.



INTRODUCTION

28. **The Royal Commission.** The Veteran community is obsessively interested in the process which is reflected by the number of submissions to the RC and the detail in those submissions. We acknowledge and laud the fact that the RC has been of benefit to defence personnel and Veterans. The Commissioners and the support staff are to be commended for the sincerity demonstrated during the Royal Commission to date.
29. The following is comment on some of the issues that have emerged from the Interim Report (IR).
30. **Reality of Service.** Our difficult and onerous circumstances are firstly a government's problem. The reality of service is that a member of the ADF is effectively programmed to be a professional service person. There are not many organisations or government entities that train their people to inflict violence upon those that the government determines should receive that violence. We are not public servants.
31. From the first day of training in whatever service, the service person is commended to be elite, professional, brave, serve their country with distinction, and enhance and maintain the reputation of the ANZAC legend. These characteristics, reinforced during training, endures for life. If we as a nation imbue, indoctrinate our service personnel it is incumbent upon the nation that when service finishes then the service person is able to be transitioned effectively into civilian life. Transition remains an unresolved problem within the Veteran community.
32. The reality of service life, particularly in the Army and the Navy, is that there is a better than a 100% chance of you being injured during training and service. In some parts of the Army the reality is you will be injured multiple times. And, if necessary, you may be killed.
33. No other employer including police forces has this truth to address.
34. **Access to Medical Treatment and Related Data.** The certainty of injury should mean certainty of treatment, and that treatment needs to be effective and world class. There has been an erosion of medical standards and medical supervision over the past 30 years. That erosion has occurred for budgetary reasons that has caused treatment disregard, but ADF Leadership has not forced the Government to reconsider. This is a leadership¹¹ failure.

¹¹ Not since 1983 has a General or equivalent rank been sacked for holding contrary opinion or position. By contrast in a period of intense operations the UK and USA have had many public sacking and resignations of senior officer. Only after leaving the ADF have senior officers shown the decisional bravery, we expect from our senior leadership.



35. There is a wealth of data in the ADF that has not been properly managed i.e., digitised. The officer producing institutions have been around in one form or another for over a century, with ADFA commissioned in the mid 80's. Organisations such as initial employment training (IET) schools have a wealth of data that should be made available to Government, the public and particularly the RC.
36. The sad fact is that this data is not readily available, nor is it regularly published or even acknowledged. Access to this data allows a government to get a snapshot of the health of entrants to the ADF and thoroughly understand the health of the youth of the nation as there is ample anecdotal evidence to show that we are as a nation softer mentally and physically than our predecessors.
37. The military is designed and practises for operational outcomes. This is hard, tough, serious work, if completed properly as preached over the decades by military professionals, saves lives and enables that effective force to win on the battlefield. The reality of service is combat victory.
38. To attain that combat victory requires intensive physical and mental training. History is replete with those organisations that don't understand this military fundamental. They lose the battle, the campaign, and their freedoms. Relatively, Australia is sparsely populated in comparison with its prospective enemies. Our ADF has to be professional, well equipped, ready to go into combat with little notice but professionally supported by the logistical tail.
39. That is an employment obligation unique in our society.
40. Currently there is a recruitment crisis in the ADF. Army and the Navy in particular are not seen as an employers of choice. This recruitment crisis is going to be ongoing and the ADF needs to repair the image portrayed at the RC and be seen as an employer that cares for its people in the short, medium, and long term.
41. **Unintended Consequences from the IR by DVA.** DVA Course of Action on the Harmonisation of Veteran legislation. Two significant recommendations were made by the RC to the government regarding DVA legislation and the reduction of the claims backlog. There has long been a call for the harmonisation of the legislation due to the convolutions, complexity, and prejudice inherent in Veteran legislation. Harmonisation was considered necessary and that was recommended to Government in the RCIR.
42. What DVA has done is take their draft of MRCA V2 that was to be presented to a previous DVA Minister¹² and they have used this as the template for "harmonisation". Whilst we concede that there is some element of discussion and consultation such is our mistrust of DVA¹³ that we believed a revised MRCA benefits DVA, not Veterans.

¹² Evidence presented to the RC by Ex-Secretary Cosson; We prepared a revised MRCA but didn't think it would be approved.

¹³ Evidence thus far produced at the RC highlights the absolute distrust of DVA by defence personnel and the Veteran community. It should be no surprise that DVA is held with contempt by these entities.



43. Shopping MRCA V2 is not harmonisation. Indeed, such is the degree of evidence and the detail that a completely new series of legislation is required. Such is the Veteran mistrust in this process we believe that this new legislation is being used to erase Case Law and legal precedence. On the 28th of February 2023, the Minister Keogh for DVA was asked the following:
 - a. “Why are we embarking on a Veteran Hub in Torquay when the RC may recommend structural changes to DVA?” Answer: “Our indicators are there will be no structural changes and that most of the evidence concerning DVA has been given and that the ADF will be scrutinised in the second half of the RC”.
 - b. “Why haven’t we considered a new set of legislation instead of using MRCA V2?” Answer: “We don’t have time”.
44. It is evident that the new Minister, who is clearly intelligent, across his brief is career driven and wants to be a member of full cabinet not the outer ministry. His answers and posture give rise to the suspicion that he has ostensibly been captured by the DVA staff and has not consulted enough with the Veteran community in this matter.
45. It’s conceded that the Veteran community is historically fractured and is unable to achieve a consensus. DVA are using that fact as a wedge to put in legislation that is suitable to DVA.
46. **Claims Backlog.** The claims backlog, a managerial disgrace, is purportedly being reduced. There has been a significant number of claims i.e., approximately 4,500 reduced over the past couple of months and DVA say this is evidence of their new efficiency. Any analysis of the claims backlog will show that the claim of efficiency is nonsense. They have merely achieved the reduction by refusing the claim, thereby closing out the claim without consultation or negotiation with the Veteran.
47. Based on evidence to date it is evident that a recommendation to the RC will be the need for an independent organisation to review the administrative and operational veracity of DVA and the ADF.
48. This recommendation, albeit from a small organisation, has been deemed necessary because the Warragul RSL has had to manage veteran’s welfare without assistance from DVA, the ADF and RSL Victoria. We need top cover!
49. These issues will be discussed in greater detail in conjunction with the Terms of Reference.

End