Royal Commission into Defence Personnel and Veteran Suicide
Warragul RSL Submission
Part 3 DVA

Any systemic issues in the current availability and effectiveness of support services for, and in the engagement with, families and others:

Affected by a defence and Veteran death by suicide; or who have supported a defence member or Veteran with lived experience of suicide behaviour or risk factors.

Any systemic issues in the nature of defence members' and Veterans' engagement with the Department of Defence, the Department of Veterans' Affairs or other Commonwealth, State or Territory government entities (including those acting on behalf of those entities) about support services, claims or entitlements relevant to defence and Veteran deaths by suicide or relevant to defence members and Veterans who have other lived experience of suicide behaviour or risk factors, including any systemic issues in engaging with multiple government entities.

1. The systemic issues with regard to DVA have been of long standing with little change over the century. The fact is that DVA is the organisation empowered to manage Veteran welfare. This RC has shown conclusively that DVA fails to meet its Mission Statements.

2. Warragul RSL as the First Point of Contact (POC)? Sadly, the local political, governmental, and Veteran world looks to the Warragul RSL for advice, assistance, and action with regard to local Veteran welfare and management.

3. Where is DVA in this paradigm?

4. According to Reference E, DVA doesn't even meet its own measures of effectiveness[1].

5. DVA lacks; professional mastery, responsiveness, empathy, and proactivity. It is centralised, city centric and arm's length from the Veteran – via telephone. Even email is eschewed and DVA employees have little or no historical perspective or interest in respective ESP cohorts.

6. Some advocates are even providing legal guidance from DVA guidelines to prevent immediate dismissal of claims as some of these claims have been dismissed without due diligence[2].

7. DVA doesn't have a tactical or a strategic plan[3] for either the individual or a Veteran cohort, is reactive, not proactive, regarding treatment and long-term planning. The significant staff turnover causes a lack of corporate knowledge increasing the Veterans frustration of having to relate identity and case history repeatedly during the same contact.

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[1] Reference E page 68 percentage of claims within target days 2018/19.
[2] See attached as Annex
[3] Not published or publicised to the Veteran cohort.

8. It is accepted that this may cut costs in the short term but exacerbates injuries, particularly PTSD, and costs the government in the longer term.

9. Yet the Warragul RSL remains the first POC because;

   a. RSL National and Victoria has failed to aggressively criticise DVA corporate laziness; and
   b. DVA has been an historical failure when communicating and administering its Veteran constituency forcing the Warragul RSL to pick up the pieces.

10. There is sufficient evidence produced at this RC that DVA's corporate culture not only exacerbates injuries to Veterans but has been a major contributor to their death. The evidence given by Secretary Cosson clearly showed that the organisation does not meet its mandate. Admissions from previous ministers, in particular Darren Chester to Warragul RSL members confirms Cosson's views. We are perplexed as an organisation that the two senior members from DVA can point to DVA inadequacies and yet DVA continues its policies and its culture.

11. **Presumptive legislation.** Defence Personnel and Veterans would be reassured that despite the certainty of injury at the completion of their regular service that if these illnesses and injuries were considered to be normal, they were automatically noted on their discharge papers and medical documents. On discharge, the service person would receive a cash payout, in accordance with current legislative payouts automatic for these injuries. This is recognition that military service is difficult and dangerous and also provide an incentive to stay in the service.

    Such injuries are:

    - Hearing damage i.e., use of firearms, shooting, explosions either caused or subjected, live fire of heavy weapons such as mortars, anti-tank, tanks round artillery etc. exposure to high-speed wind and water exposure, use of demolition and explosives and live fire in enclosed spaces;
    - Skin damage due to constant exposure to the elements;
    - Illnesses such as malaria, Berri Beri etc;
    - Back, shoulder, neck, knee, and ankle injuries due to Physical Training (PT);
    - Back, shoulder, neck, knee, and ankle injuries due to load carrying over distance training for courses, deployments, and promotion;
    - Combat and combat training injuries.

12. Despite the certainty of injury, neither DVA nor the Government accept that service has an historic legacy on the Veteran that lasts a lifetime.

13. It has been acknowledged in this report that Veterans can be a very difficult cohort to administer. Inevitably when contacting DVA they are suffering injury, be it mental or physical. The administrative processes of DVA mean that they have to talk to people from DVA who are generally uninformed on military matters, in recent years, unsympathetic to military service and with a politically correct public service viewpoint.

14. Currently the Veteran cohort and DVA staff are incompatible. There are a significant number of females who are rightly aggrieved when dealing with aggressive Veterans. When a Veteran is given a negative assessment or they encounter a problem, they are trained to go through/around that problem to get a solution. When they meet resistance, it is in their DNA to overcome it. Meeting resistance at DVA is a regular occurrence.

15. As published in the Annual Reports and 23/24 Budget pares the following are two (2) of the three (3) outcomes prescribed for DVA:

    a. **Outcome 1:**

       Maintain and enhance the financial wellbeing and self-sufficiency of eligible persons and their dependants through access to income support, compensation, and other support services, including advice and information about entitlements.

    b. **Outcome 2:**

       Maintain and enhance the physical wellbeing and quality of life of eligible persons and their dependants through health and other care services that promote early intervention, prevention, and treatment, including advice and information about health service entitlements.

    c. **Outcome 3:**

       Commemorations and not covered in this submission.

16. The Missions Statements clearly imply that DVA will be proactive. This is not the case. Our experience at the Warragul RSL is that we are having to act for Veterans and that DVA only contact Veterans when they are going to remove an allowance, or they need a regular proforma from medical practitioners. We have a number of Veterans with acute PTSD. One of those Veterans has seventeen (17) recognised injuries. None of these Veterans are case managed. Warragul RSL welfare staff, who are volunteers, are liaising with DVA or practitioners to organise treatment and Veteran families on their behalf.

17. We have written copious detail to all levels of Victorian DVA. We have spoken directly to the last two secretaries, and we've invited DVA to meet with us so we can explain our circumstances. At one of these meetings, the President and the Vice President assured DVA that if we lost another person as a result of Veteran suicide, we would give evidence at the Coroner's Court citing DVA's corporate indolence. Despite these appeals and communication, DVA remain detached from our Veterans and probably other Veterans in the community.

18. Most of our Veterans have not had case management for their injuries since their claims were accepted. If the Veteran is entitled to a Gold Card, the process is relatively seamless, indeed there is a suspicion of over servicing. If the Veteran does not have a Gold Card, then there is constant mail enquiry as to their eligibility for medical services. In neither circumstance does DVA contact the Veteran directly i.e., phone or face to face to ascertain progress through an injury rehabilitation regime. At no time during the war crimes investigations or the proposed removal of decorations were any of the serving members or Veterans at the Warragul RSL contacted by DVA to ascertain their condition. Again, when the Afghanistan withdrawal took place there was no contact from DVA to members of the Warragul RSL.

19. Medical services in the region are either non-existent or stretched. Medical practitioners, but particularly psychologists, are difficult to access and tend to eschew treatment to Veterans because they are difficult and DVA pay the minimum rate. Other medical practitioners are put off for serving Veterans because of the complex paperwork required. Open Arms are not available locally and are only available via the phone on a very limited basis. As previously mentioned, Veterans who are agitated do not use phone communication well.

20. Gold Card recipients can be on long term medical programs with no supervision or plan for their convalescence by DVA staff. As an example, the author has been attending an Exercise Physiologist (EP) for over twelve (12) months twice a week. Reports have been given by the EP to the authors doctor and the doctor has reported to DVA. There has been no monitoring by DVA on condition or effectiveness of treatment. Another example is of a thirty-three (33) year old female injured when she was twenty-three (23) years old. Her injury remains undiagnosed, her condition exacerbated by mental health issues due to poor DVA management, and she had no case manager. Senior DVA staff i.e., at Dep Sec level were contacted and they instituted a modicum of management, however, imposed privacy restrictions when we tried to gain more detail to assist her management. The fact is that she has lost a decade of her life over injury due to the fact that there is no plan for her rehabilitation. This Veteran is now being assisted by lawyers.

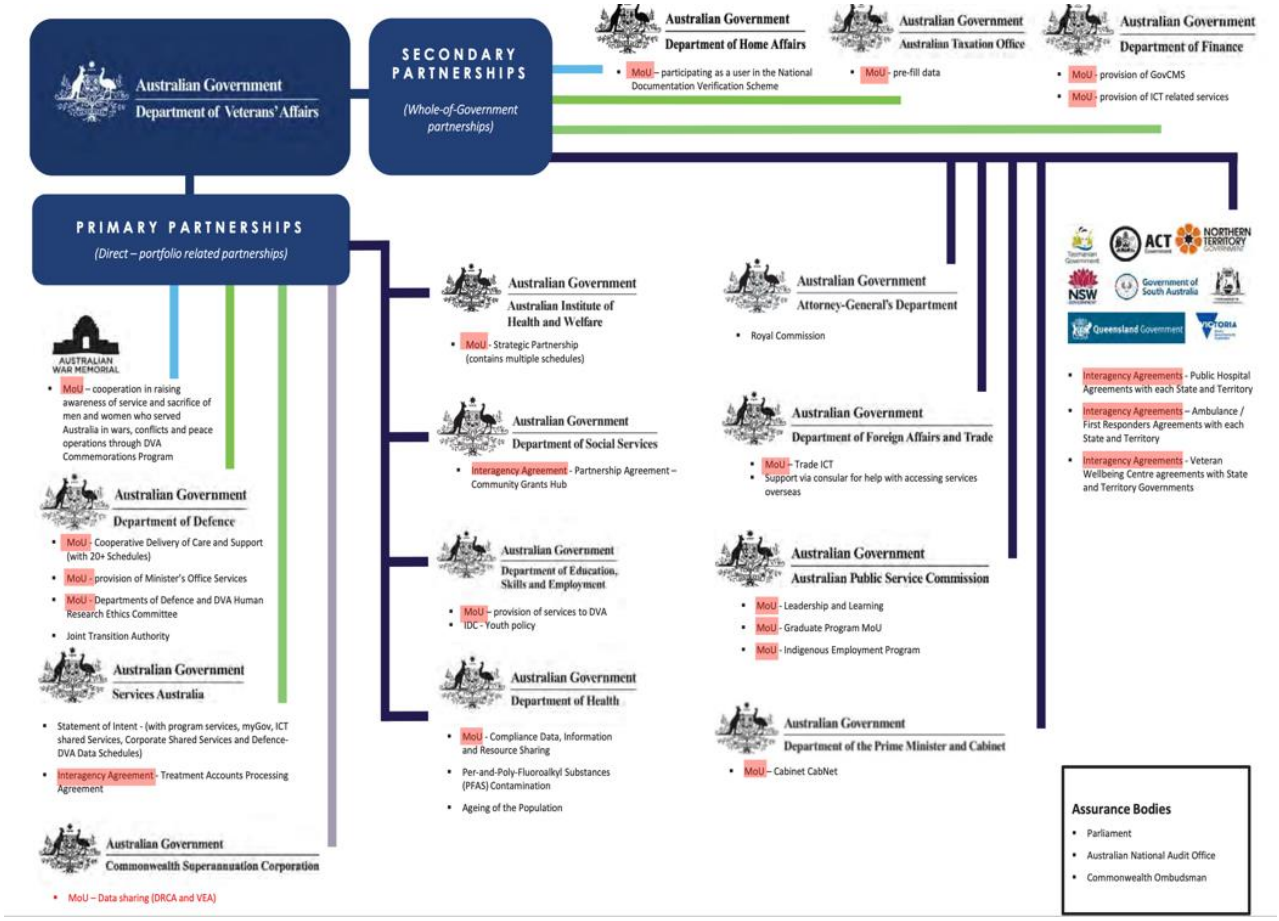
21. Warragul RSL has had to deal with the daily management of these Veterans because it is the only way that Veterans have been able to get assistance. We repeat that the RSL is not the first port of call for Veteran welfare, it is DVA. We arrive at these circumstances because of a failure of leadership during service and a public service type approach from DVA after the member leaves the ADF.

22. A number of our injured members are relatively young. Due to the fact that there is no plan for their rehabilitation. Is an expectation that they remain on benefits for the rest of their lives? We find it reprehensible that injury during service will compromise their income and quality of life for the rest of their life. Inevitably, these circumstances cause family conflict and prejudice the health of the family. This is the unseen collateral damage of poor injury management and is a financial burden on the community and inevitably leads to community conflict. These young members need to be rehabilitated and reintegrated to become productive members of society, not left on the scrap heap. It is one of the reasons why the RC has become so necessary and why the community is reticent to join the military.

23. The management observed at Warragul RSL as practised by DVA is completely contrary to the outcomes shown in earlier text. Those outcomes were recently produced at the budget sessions of Federal Parliament when discussing DVA, so they are valid and current but are clearly not part of DVA's operational culture.

24. The question also needs to be put, why are these Veterans leaving the Defence Force with unresolved injuries? It is due to a faulty Transition program that will be discussed in later text.

25. The relationship between DVA and the ADF is disconnected. Please see the chart below which indicates a number of departmental relationships, all of which are subject to Memorandums of Understanding (MOU's).



26. It should be noted that these MOU's do not bind either the DVA or ADF to provide the service or liaison and most of these MOU's will have get out clauses saying that either party is not bound if they don't require it. This is an issue of Authority.

27. The plethora of reports and inquiries in relation to Veteran welfare since 1995 have identified these issues, made recommendations but have not allocated authority to have the issues repaired. As previously mentioned, DVA and Transition require metrics to report performance but neither DVA nor the ADF are held to account for these metrics.

28. We are of the belief that DVA has a culture of denial. As mentioned earlier, injuries are going to occur in ADF service. We believe that DVA should be held to account similar to the other organisations in the worker injury sector.

29. The list of suicides and attempted suicides that have been published i.e., Jessie Bird[4], clearly show that there is a point of failure in Veteran health management at DVA. We are of the belief that this is not just due to a lack of care, process, or procedure, but a culture embedded in DVA. The line of enquiry should be followed to establish who has been responsible for these suicides and attempted suicides. Those responsible should be held accountable and their progress within the organisation limited within the public service. When one considers the structure of the senior executive of DVA, how many of these people have been promoted since the death of Jessie Bird? How many of these people were in the line of management for Jessie Bird and others? We as service personnel and Veterans are held accountable for our actions that may have caused inappropriate deaths. It is this same scrutiny that should be applied to DVA staff as they are mandated to provide a service to Veterans.

Claim type	Claims as at 30 June 2022	Claims as at 28 February 2023	Claims as at 31 March 2023	Claims as at 30 April 2023	Change from previous month
MRCA Initial Liability	16,909	14,430	14,177	11,680	-2,497
DRCA Initial Liability	1,315	1,048	1,041	756	-285
VEA Disability Compensation Payment	1,225	1,181	1,135	727	-408
Dual Act (DRCA / VEA)	1,454	906	805	533	-272
Tri Act (MRCA / DRCA / VEA)	14,572	11,593	11,351	9,341	-2,010
VEA Application for Increase (AFI)	180	74	70	37	-33
Total Initial Liability Backlog	**35,655**	**29,232**	**28,579**	**23,074**	**-5,505**
MRCA Permanent Impairment	4,053	5,006	4,845	4,705	-140
DRCA Permanent Impairment	3,961	6,940	7,364	7,687	+323
Total Permanent Impairment Backlog	**8,014**	**11,946**	**12,209**	**12,392**	**+183**
Incapacity (DRCA and MRCA)	**186**	**794**	**809**	**805**	**-4**
War Widows	**0**	**0**	**0**	**0**	**0**
Grand Total^	**43,855^**	**41,972^**	**41,597^**	**36,271**	**-5,326**

[4] Victorian Coroner's Court 2017

30. The claims situation listed in the IR for resolution by early 2024 should be heavily scrutinised by this RC. As previously mentioned, the apparent improvement in the claims is due to an administrative direction i.e., 'knock back this claim because it gets it off our books.' Who gave that direction? Is that direction corporate policy? Is that direction in accordance and the intent of the DVA Mission Statements? We at Warragul RSL are not committed to conspiracy theories, however, there appears to be an historic malevolence as part of DVA culture. Delays, obfuscation, lost material, benign DVA practitioners and an apparent prejudice against younger Veterans indicate a culture not in keeping with the Mission Statements.

31. Compare the claims position shown above to claims outstanding in November 2022. Apart from the fact that backlog will not disappear by 2024, as recommended by this RC, the time taken for claims to even be assessed is contrary to all Australian Workers Compensation metrics. If Workcover, ComCare and similar entities delay processing claims, the directors and managers of these organisations would be subject to litigation, the organisations heavily fined and the claims processed without prejudice.

Compensation claims: total claims on hand as at 30 November 2022*

Claims not yet being processed	0-90 days	91-180 days	181-270 days	271+ days
MRCA Initial Liability	2,644	2,727	2,259	7,312
MRCA Permanent Impairment	1,984	2,103	1,094	0
Total Compensation claims	**4,628**	**4,830**	**3,353**	**7,312**

Claims being processed	0-90 days	91-180 days	181-270 days	271+ days
MRCA Initial Liability	1,500	846	787	4,477
MRCA Permanent Impairment	617	494	939	1,315
MRCA Compensation following death	4	6	6	9
Total Compensation claims	**2,121**	**1,346**	**1,732**	**5,801**

Claims not yet being processed	0-100 days	101-200 days	201-300 days	301+ days
DRCA Initial Liability	329	346	214	474
#VEA Compensation Payment	391	336	240	395
^Dual Act Liability (VEA/DRCA)	289	264	193	311
**Tri Act Liability (MRCA/DRCA/VEA)	2,297	2,375	1,888	7,039
DRCA Permanent Impairment	2,729	2,748	783	1
MRCA/DRCA Incapacity	510	134	3	0
Total Compensation claims	**6,545**	**6,203**	**3,321**	**8,220**

Claims being processed	0-100 days	101-200 days	201-300 days	301+ days
DRCA Initial Liability	189	112	107	490
#VEA Compensation Payment	528	187	133	358
^Dual Act Liability (VEA/DRCA)	321	344	377	1,599
**Tri Act Liability (MRCA/DRCA/VEA)	1,094	626	490	3,592
DRCA Permanent Impairment	420	305	1,102	964
MRCA/DRCA Incapacity	323	120	71	48
VEA War Widow	84	23	12	11
DRCA Compensation following death	19	19	12	16
Total Compensation claims	**2,978**	**1,736**	**2,304**	**7,078**

Total Claims not started i.e. not yet being processed: 44412
Total Claims being processed but not completed: 25096
Total of Claims not started or process not completed: 69505

Total Claims not started i.e. not yet being processed 271+ days: 15532
Total of Claims not started or process not completed 271+ days: 12879
Total of Claims not started or process not completed: 271+ days: 28411

32. We believe the following solution outlined below is the only way the backlog is going to be controlled, be compliant with civilian worker's compensation standards[5], and provide the mandated legislative support to Veterans. The action recommended for immediate implementation is:

[5] Also be compliant with Human Rights Commission.

- When a claim exceeds 100 days:
    a. If the member is a Veteran i.e., he/she served; and
    b. Injury was as a result of service, an AC 563 and/or a Sentinel report[6] is supplied – compulsory; and
    c. The injury was reported to and diagnosed by a RMO or MO or **any** Doctor with a medical report; and
    d. Injury diagnosis was supported by **any** specialist report, that specialist report does not expire; then
    e. The claim is immediately accepted.

33. Both the total claims backlog at 69,508 and the 271+ days of Claims not yet processed or incomplete at 28,411 represents a tragedy for defence personnel and Veteran health. These figures indicate that Veterans are in injury limbo and their condition is likely to deteriorate. These figures represent a denial of justice for the claimants, further they are an indictment of the management at DVA at all levels but especially at the SES.

34. In a period where the ADF is struggling to recruit these figures represent a total failure of ADF and Veteran health care. When you consider that due to the nature of ADF service; 18%[7] of service personnel leave defence because of injury and illness and that over their service all members will be injured, or worse, we doubt that parents will support their children entering ADF the knowing that they will not receive the mandated care.

35. Warragul RSL intends to publicly campaign leveraging the vulnerability of ADF recruitment due to the claims backlog.

36. Whilst we have faith in the Defence Personnel and Veteran suicide Royal Commission (RC) to produce solutions and recommendations to government, at current rates of claims processing, the obvious implication of this data is that suicide and suicidality will only increase before the RC offers its final reports.

37. The recent Annual Reports from DVA have omitted performance metrics other than meeting the requisite public service policies on employment. There is no mention of the relationship between Veterans and DVA which is antagonistic. Veterans, their families, and therefore the community will benefit from DVA staff who are intimate with Veteran circumstances, compassionate as to their circumstances and it would save the government money if the culture at DVA was more Veteran compliant.

38. We believe there is a destructive and nasty culture resident in DVA.

39. In Reference Dr. Boss deduced that fraud by Veterans was at less than one (1) percent. That figure is so low that similar organisations would exercise corporate risk management, accept that loss and move on. Even the recent figures show that 73% of Claims are accepted. On these figures alone the question needs to be put; Why does DVA pursue litigation to the extreme? We are aware of an example where DVA spent over $600K in legal fees blocking claims from a Veteran. DVA lost in court and investigations reveal that DVA acted malevolently against the Veteran[8].

40. This corporate malevolence is a waste of taxpayer funds, the intellectual resources consumed and not to mention the negative impact on the veteran's life. The DVA culture has historical precedent. The legal opposition to claimants from the Voyager disaster consumed $100 million. Why?

[6] ADF Mandatory Report requirements.
[7] Figures published by Minister Chester and DVA Annual Report 2020.
[8] Documentation to prove this is available upon request, however, identity will be redacted.

41. The Repatriation Commission belongs to DVA. Essentially it is the Transition component of DVA. We would recommend that the Repatriation Commission is removed from DVA, and its funding and staff are placed under the authority of the National Commissioner for Veterans (NCV).

42. As with ADF, DVA would be subject to performance metrics and these would be collected and processed by the permanent Commissioner who reports to the Governor General annually on the performance of DVA, ADF and ESO's in relation to Veteran welfare.

43. A familiar theme has been the desire for "harmonisation" of legislation based on the data and recommendations from the Productivity Commission report of 2019 reference.

44. Whilst that report may provide context it is out of date; especially when considering the emerging evidence of a dysfunctional DVA as admitted by Ministers and the Secretary in evidence at the RC. Whilst RC Commissioners are to be commended for the effort to redress the obvious inadequacies of the legislation quickly, a failed DVA[9] is to be tasked with the formulation of the associated legislative framework and its subsequent implementation. Surely this is contrary to the precepts of prudent corporate governance?

45. Before legislative changes are proffered, DVA's culture, mission and structure needs to be completely modernised and future proofed. This is the first part of any new and related Defence Personnel and Veteran health legislation.

46. The Minister has missed the opportunity to provide an innovative holistic system of military compensation that will:

- Be a positive set of Conditions of Service (COS) for the life of a Veteran;
- Not prejudice any class of Veteran and/or service personnel;
- Frame robust but simple legislation;
- Remove the adversarial procedures from the Military Compensation system;
- Subject DVA, ADF and ESO's to a series of enforceable performance metrics for health management;
- Concentrate on quality and timely rehabilitation;
- Be a fundamental component of the Transition process;
- Provide face to face management of Veteran health;
- Ensure all health-related services are provided directly by the Federal Government; and
- Not extinguish case law or legal precedent.

47. We commend to the RC that any proposal by the RC should be based on the above and be cognizant that the structures and management of service personnel and Veteran health are completely dysfunctional as supported by RC evidence.

48. Additionally, the ADF is not a preferred employer[10] able to attract quality personnel for the short and long term unless it gets its health processes in order.

49. Legislative harmonisation as proposed may alleviate some of the issues, but it is not a long-term solution. That starts with a reconstructed DVA and a totally new Military Compensation Act.

50. The "Harmonisation" packages that are proposed are complicated, conventional and are revisions of concepts presented in 2019 based on unchallenged and incomplete data. It is "tinkering at the edges" of the problem and not a fundamental rebuild of DVA and Defence Personnel and Veteran health management processes.

[9] As shown in evidence put to the RC by Cosson and Chester.
[10] Minister of Defence quote from The Australian April 2023.