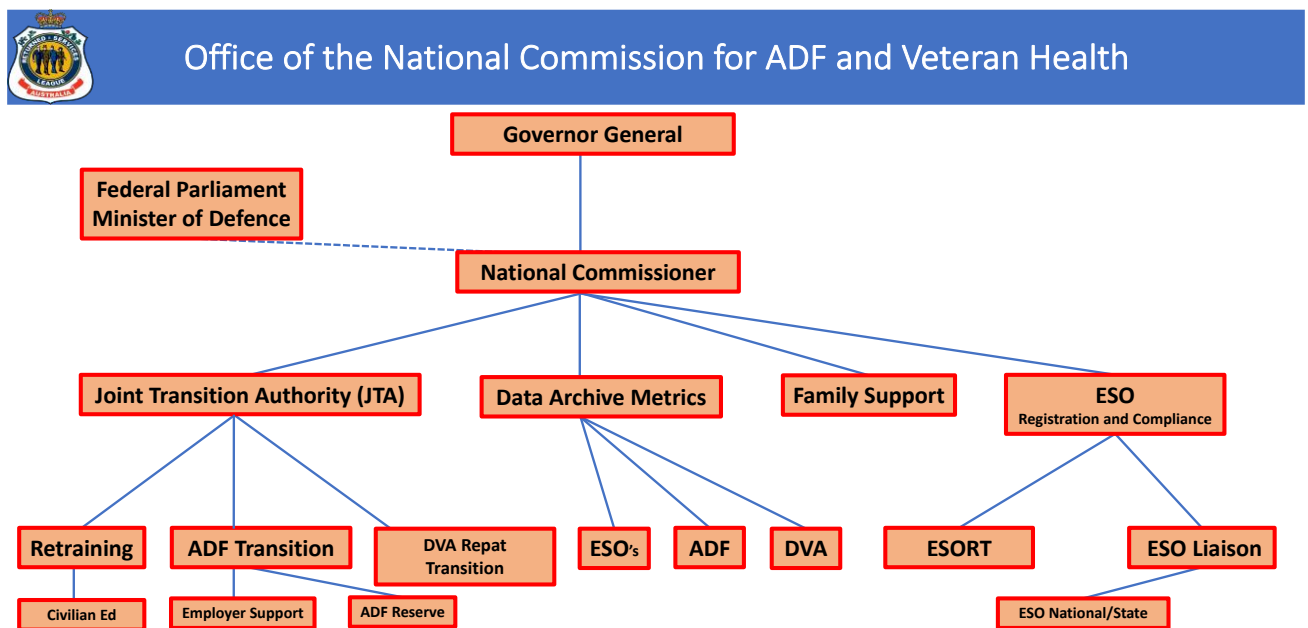


Royal Commission into Defence Personnel and Veteran Suicide

Warragul RSL Submission

Part 6 Recommendations

1. The Warragul RSL makes the following recommendations to the Commissioners:
 - a. That a permanent **National Commissioner for Veterans (NCV)** is appointed and its responsibilities, line of authority and reporting to the Governor General is as shown in the following schematic;
 - b. Evidence presented at RC has shown that it is difficult to put all of the elements of Defence Personnel and Veteran health together due to jurisdictional and departmental issues. The recommended construct provides that continuity and addresses the points of failure and the shortfalls of the current structures and processes.





- c. The office would provide annual reports to the Governor General and be empowered to direct:
- The operation and integration of both the ADF and DVA components of the JTA;
 - Report¹ annually on the health of defence personnel;
 - Report annually on the progress of Veteran health;
 - Ensure injury assessment and rehabilitation processes are conducted in the ADF before discharge;
 - Report annually on the performance of DVA² including the identification of potential Veteran suicide and suicidality and actions taken in these matters;
 - Plan, implement and monitor Veterans employment programs;
 - Collate and publish historical health related data pertaining to defence personnel and Veterans;
 - Report annually on and if necessary, provide support to military families in the event of their dislocation by operation, training, or breakup;
 - Be the governing body for ESO Metrics i.e., registration, regulation, and compliance;
 - That the NCV is to conduct ESORT meetings taking this responsibility from DVA;
 - Intervene where necessary to facilitate Veteran health outcomes;
 - JTA to ensure Veteran detuning/decompressed before returning to civilian life;
 - JTA responsible for the relationship with employers via service in the reserves and civilian environment;
 - Develop and offer a “GI Bill” for 10 years’ service. Veterans to gain qualifications in all employment spheres i.e., apprenticeships, to degrees to masters as part of Transition. ROSO via service in the reserves; and
 - Provide planning strategy for Veteran health.
- d. **ESO Metrics** as directed by the NCV The following are the recommended metrics to have ESO’s registered, genuine and able to access government funding and register for NFP status. These metrics would be the template for the NCV staff to rate performance and ESO’s would be required to submit proof of their performance to the Commissioner and the respective ESO membership at the ESO AGM’s.

¹ The key is data transparency. Both the ADF and DVA hide behind the FOI wall and data currently requested by interested party’s is effectively hidden by excessive bureaucracy and delay.

² Time taken to process claims, numbers of claims, type of claims, claim by gender, location of injury, service, etc.



The metrics are:

- The ESO is to have and publish a Constitution and/or Rules registered at ACNC and the NCV;
- The ESO is to be democratically elected by its membership as demarcated by the NCV;
- The ESO is to have a formal planning process with measurable targets and submitted to the NCV annually;
- The ESO is to have annual elections, those elections audited by an independent body and the results declared publicly;
- The ESO is to publish its payroll in detail to the membership and the NCV annually;
- The ESO is to comply with ACNC laws, intent, and direction and the ACNC and State Consumer Affairs departments are to report compliance. It is up to the ESO to liaise with those bodies to achieve certification of compliance;
- Any income derived from the use of an ESO trademark or name, or business income is to be directed to Veteran welfare in the first instance by that ESO;
- The ESO is to publish its financial results in detail, including to status of the ESO's "Estate" to the NCV and its members annually;
- The ESO is to detail its financial and operational details to the NCV twice per calendar year;
- The NCV is to publicly report ESO performance annually;
- The NCV is to monitor and report on profitability and financial viability of the ESO annually;
- The NCV is to make comment and recommendations on the financial veracity of the ESO;
- Failure to comply with the metrics will result in the ESO being deregistered and not able to receive government grants, DVA liaison and act on behalf of Veterans; and
- The ESO is to pay a registration fee to defray the costs of the NCV.



e. DVA. The recommendations pertaining to DVA are:

Recognition and Prologue. The preamble and prologue to the proposed DVA Legislation should include the following:

DVA Mission, Vision and Values as shown in the DVA Annual Reports³

Mission

To support those who serve or have served in the defence of our nation and commemorate their service and sacrifice.

Vision

We will be a responsive and flexible organisation, efficiently delivering high quality, connected services to all generations of veterans and the wider veteran community.

Values

DVA upholds the Australian Public Service values: Impartial, Committed to Service, Accountable, Respectful, Ethical.

DVA Outcomes

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.

Outcome 2:

Maintain and enhance the physical and mental 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.

Outcome 3:

Acknowledgement and commemoration of those who served Australia and its allies in wars, conflicts, and peace operations through promoting recognition of service and sacrifice, preservation of Australia's wartime heritage, and official commemorations.

³ The DVA Mission, vision, Values and Outcomes as outlined are not of Warragul RSL's authorship but taken from DVA and Treasury documents. These are DVA's own words!



- f. DVA is restructured to accept and comply with the legislated responsibilities and provide services as defined in Outcomes 1 and 2⁴;
- g. The RC investigates all Defence Personnel and Veteran suicides and attempted suicides that have referenced the performance of DVA and establish the line of authority and the point(s) of failure in each case;
 - I. Those members of DVA staff identified in the points of failure and line of authority are investigated to establish any commonality and provide justification for their actions in the matters;
 - II. That the RC authorises a public investigation of these matters and explains the career progress of those persons, if their actions were found to prejudice the Veteran's health and welfare, establish whether or not they had been disciplined, removed, or moved to another government department, or promoted since the suicide or attempted suicide;
 - III. That publicly the RC examines the lines of authority at DVA to establish the points of failure in these matters;
 - IV. The RC publicly examines the line of authority for the recent decision to refuse claims outright in order to lower the claim numbers;
 - V. The RC publicly examine the line of authority at DVA to explain why the outstanding claims were able to blow out to its current level and apportion responsibility and accountability for this circumstance;
- h. DVA accepts that "certainty of injury" during service is a reality and redesigns its policy, culture, processes, and procedures so that the corporate assumption is that any claim for injury is genuine⁵ and DVA adopt the universal policy of claims based on the burden of proof – "balance of probabilities";
- i. Post ADF service, DVA accepts and is structured to be the first point of contact for all Veteran claims and assistance;
- j. Federal Government does not devolve responsibility to States for any aspects of Veteran health it remains administered by Federal Government departments responsible i.e., the ADF and DVA;
- k. The Repatriation Commission, essentially the Transition vehicle in DVA, is moved from DVA to the office of the NCV and is responsible for Veteran Transition;

⁴ As shown in the 2023/4 Budget documents and the 2022 annual report and shown on Page

⁵ Purportedly 70% of claims are accepted on first pass and that the level of fraud is less than one (1%) percent. Bernadette Boss.



- I. Commemorations⁶ – be separated from DVA and moved into the Defence Personnel portfolio;
- m. That DVA management train and educate its staff to suit its Veteran constituency⁷;
- n. That DVA resumes face-to-face interviews and patient reviews with Veterans;
- o. Case management of each Veteran is conducted with the Veteran able to achieve a single point of contact with DVA⁸.
- p. That Claims are processed in a timely and professional manner with the timeline and conditions listed below:
 - When a claim exceeds 100 days⁹:
 - I. Based on the “certainty of injury” the DVA operational assumption is that an injury is legitimate;
 - II. If the member is a Veteran i.e., he/she served; and
 - III. Injury was as a result of service¹⁰, an AC 563 and/or a Sentinel report is supplied – compulsory; and
 - IV. The injury was reported to and diagnosed by an RMO or MO or **any** Doctor with a medical report; and
 - V. Injury diagnosis was supported by **any** specialist report, that specialist report does not expire; then
 - VI. The claim is immediately accepted.

Note: Due to the current delays DVA specialist reports, medical reports, etc. expire extending the claim times.
- q. That any Medical Practitioner who receives and/or derives income for their medical services from DVA is excluded from serving on a DVA Panel, Medical Board or Review Board;
- r. DVA rotate their contracted Medical Practitioners every two (2) years and they are unable to be contracted by DVA again for a minimum of two (2) years;

⁶ This has been a taxpayer gift to DVA staff – sending representatives across the world to commemorations. This reward should not be the prerogative of DVA due to its anti-Veteran culture.

⁷ DVA continue to employ untrained and militarily naive staff without understanding the demeanour or their constituency.

⁸ Case management is a basic but essential ingredient for successful Transition to civilian life and for Claims processing.

⁹ The standard for Workers’ compensation Claims such as Workcover Traffic Accident Commission (TAC) etc.

¹⁰ Including training “in own time”. ADF/Army training website lists the requirement “This cannot be achieved through organised physical training alone.” See documentation attached as Annex



- s. **Presumptive Legislation.** That DVA legislation accepts that members will be regularly injured during service. It also presumes that due to the nature of service certain injuries and illnesses will manifest the longer service continues. The legislation should reflect and accept that these injuries are inevitable and on discharge lump sum payments are made in accordance with extant values and charges. Payments should be made on discharge, retirement or to superannuation scheme. Such injuries are:
- i. Hearing damage i.e., use of firearms, shooting, explosions either caused or subjected, live fire of heavy weapons such as mortars, anti-tank, tanks rounds artillery etc. exposure to high-speed wind and water exposure, use of demolition and explosives and live fire in enclosed spaces;
 - ii. Skin damage due to constant exposure to the elements;
 - iii. Illnesses such as malaria, Berri Beri etc;
 - iv. Back, shoulder, neck, knee, and ankle injuries due to Physical Training (PT);
 - v. Back, shoulder, neck, knee, and ankle injuries due to load carrying over distance training for courses, deployments, and promotion;
 - vi. Combat and combat training injuries.
- t. **Case law.** That the RC recommend that as part of Legislative “harmonisation” All Courts - whatever jurisdiction - Case Law, Administrative Appeals Tribunal (AAT) or other DVA related Tribunal decisions made under previous legislation is to be grandfathered into the proposed legislation;
- u. In the event that the AAT is abolished the proposed legislation must anticipate and reflect a new legal jurisdiction;
- v. No means testing over “family” income if member receives TPI, pension or part pension;
- w. **ADF.** The following recommendations are made in relation to the ADF: The prologue of any new Veteran legislation should acknowledge that service personnel voluntarily relinquish some basic rights to the Government via the ADF chain of command during service. Service personnel are an instrument utilised to enforce government policy and if necessary, inflict harm. The ADF is designed for war with the winning wars are the logical outcome. That they are exposed to extreme conditions during training and service which changes not only their physical and mental characteristics but their cultural demeanour. Additionally, they can be deployed domestically and to overseas operational environments where physical danger, illness, injury, and death are endemic and unremitting;



- x. **Training.** The prologue must reflect the culture and methodology of the training and the attendant maintenance of training standards in order to prepare for war. Training methodology replicates warlike environments with the mission to prepare service personnel for war. Military training methodology is designed, from service entry, to be tough and relentless. Service personnel are physically, mentally, and culturally transformed to meet the Commonwealth's requirements for war;
- y. Acknowledge the facts that the statistics show that annually 18% of service personnel are discharged from the military due to injury. With certainty, in the Army and the Navy (less so in the Air Force) every member will be injured on duty and in some organisations, especially those that are combat related, are likely to be injured regularly. That the requirement of training for war means that the human body will be exposed to prolonged circumstances for which it is not designed. These circumstances promote the inevitability that humans break at some time with short- and long-term effects on quality of life;
- z. That the RC recommend that based on the circumstances shown in sub-paras w, x, and Y it is vital that service personnel are fully detuned/decompressed before reintegrating into the civilian environment;
- aa. Attendant to the acknowledgment that the ADF re-establish organic Unit medical support, triage, treatment, and management;
- bb. That the ADF hires medical staff to advise Unit Command on injury prevention and its rehabilitation programs;
- cc. The ADF provides organic, organised, planned, and managed rehabilitation to its members. ADF should report progress and monitor psychological and physical factors;
- dd. ADF produce data on injury, by employment, gender, unit, and location;
- ee. ADF encourage, without career prejudice a culture of honesty in relation psychological wellbeing with its workforce;
- ff. Participate effectively, fully in the Transition process by compliance with metrics listed previously; and
- gg. Research and public any possible effects on the health of its members and the intense use of legal stimulants and pain killing drugs.



Royal Commission into Defence Personnel and Veteran Suicide

Warragul RSL Submission

Part 6 Summary

1. Deliberately, not all the Terms of Reference have been addressed in this submission due to the fact that the RSL Vic submission adequately reflects our position. We see no valid reason for repeating good advice and analysis.
2. Military service imparts effects on service personnel and not all have been harmful. Patriotism, pride in serving the country aligned with life values, leadership, immediate action, valid assessment of situations, emergency organisational and people skills are learnt and practised. These characteristics have added significantly to the quality of our Nation. Conversely military service, particularly protracted and operational service, can have adverse effects in the short and long term. These effects may not emerge immediately on cessation of service, but the historic evidence is that they will emerge eventually. Every person who has had military service has been on-boarded, indoctrinated, inculcated with a martial spirit, belief in country, elitism, team orientation, aggression, will-to-win, bluntness, warrior culture, and the necessity of continuing the ANZAC tradition via brave and honourable service.
3. Are these personality characteristics suitable for reintegration into society post service? In today's social context no they aren't. The Nation is missing out on skilled personnel who when unemployable and unable to adjust to civilian life inevitably spiral towards trouble with consequent damage to themselves and their families¹¹. Before leaving the ADF, all members must undergo a series of seminars to ensure they are decompressed/detuned to be able to meet the social demands of the community.

¹¹ In the military lexicon onboarding is the process of receiving and integrating new personnel in an organization, ensuring they have the skills and knowledge to be effective members of the new team. Onboarding is different than occupational socialisation, which focuses on teaching people the norms of one's profession. Onboarding is also more than in processing and training; it is more than a "new arrival orientation", more than an in-processing checklist that gets completed in the first 5 days, and more than shadowing the person you're replacing for a week. Effective onboarding typically takes anywhere from a few weeks to a few months. It begins when a person is identified as a future team member and ends *once they have fully integrated into the group* and entails a variety of conscious actions that ensure new teammates understand the organization's mission and culture, are proficient in the skills needed for their specific job and understand all of its requirements and have established cohesion and trust with other members of their new team. See also definition of neuroplasticity.



4. As directed by government the ADF is committed to its operational imperatives. Intrinsic in its operation is the obligation for the health and welfare of its members. The certainty of injury¹² in service requires early intervention and management. Ineffective ADF health management and leadership has and continues to deprive its members of the ability to lead an effective life post service. A lack of organic and prescient Unit management of the injuries, non-reporting of injuries and poor rehabilitation tracks directly to defence personnel and Veteran suicidality and suicide.
5. ESO's throughout the country are operating independently. We are conscious of the desire of the Commissioners to achieve a unified voice for Veterans, but the presence of historical dysfunction and enmity within ESO's inevitability means that consensus and regulation will not be achieved without government intervention. Nationwide the RSL has lost its Veteran focus and concentrated on business, specifically gaming and lotteries.
6. We are of the opinion that RSL Vic is not meeting its legal and constitutional commitments. The evidence is that there is a lack of business acumen, corporate transparency, and desire to achieve constitutional change to reflect 21st century business culture and community expectation. Millions of dollars of assets have been liquidated by RSL Vic without consultation with the members. These assets, mostly accumulated over a century due to volunteer labour and community donation, were to provide for Veteran welfare and fellowship. The funding derived from these liquidated assets have not been invested but consumed by failing businesses in the RSL Vic structure. The necessity for community donations twice a year to fund Veteran welfare is at stark contrast with the income derived from gaming not being directed to Veteran welfare. The RSL Vic STEX and the 10A gaming sub-branches resist any attempt to have gaming directly fund Veteran welfare as required by our Constitution and obliged by Federal and State Government legislation.
7. RSL Vic will not reform without government intervention via ESO registration in a National Commissioner for Veterans.
8. With the exception of meeting public services standards at all other levels DVA fails to meet its designated legislated mission and outcomes. That evidence is overwhelming. What is required is reconstruction to restore trust in the organisation, the staff, and the role of the DVA. DVA's adversarial approach, couched in public service doctrine and bureaucratic obstruction makes a mockery of its legislated responsibilities. Cruelly and cynically, its 'modus operandi' is an insult to Veterans and therefore the Nation. DVA lacks external accountability and is overly protective of its operational ethos via an opaque informational wall designed to thwart transparency and delivery of effective service.

¹² See Text



9. We concede that Veterans can be very difficult. DVA have been historically aware of this fact yet continue to engage with its cohort without empathy, knowledge and most importantly - honesty. Some Veterans are wounded! Individual face-to-face consultation and case management are essential to provide support, planning and where necessary intervention by DVA.
10. The management ethos at DVA is: 'don't engage directly and face-to-face with Veterans because we fear poor treatment'. As stated, we agree that Veterans can be difficult but suitable leadership, worthy management and appropriate training will mitigate the difficulty. Despite this knowledge of the Veteran constituency DVA still employ untrained and militarily naive staff. It is laziness and contempt to simply revert to misbegotten public service culture.
11. Contrary the views of the Minister¹³, the historically inadequate performance of DVA validates the requirement that DVA requires a total reconstruction in order to provide its mission. Some Veterans who are serving now or are recently discharged are likely to live another fifty plus (50+) years. DVA needs to have its operational conditions set for 2070 and cultural expectation not those to the 20th century.
12. To date the evidence and experience presented by Warragul RSL has; supported by evidence presented by very senior politicians, public servants from DVA, officers from the ADF and witnesses lived experience, clearly shown that the defence personnel and Veteran health infrastructure and support networks are dysfunctional. The points of failure have been identified in the numerous reports submitted to Government since 1995. Yet those points of failure¹⁴ continue to exist, indeed the condition of Veterans has deteriorated.
13. The people responsible for these points of failure need to be named and their careers scrutinised.

¹³ See text on DVA.

¹⁴ Saturday 3 June 2023 0800. As this piece is being written a phone call was received in relation to a Veteran who was going to be removed from Vasey Veteran accommodation for the non-payment of rent. An RSL Vic sub-branch committee of volunteers were negotiating the outcome with Vasey RSL as the matter was going to VCAT. The Veteran in question, who served in Afghanistan, has a brain injury and a DVA gold card. He is under 40. The brain injury makes him forgetful of basic life skills. The first point of contact for this incident was not DVA or RSL Vic but a group of volunteers who were required to solve the problem. DVA case management would have, should have, intervened years ago to plan this Veterans life because, due to service his quality of life has been altered, damaged, forever. DVA is responsible but failed its mission! Vasey Veteran accommodation is owned 100% by RSL Vic and wanted the Veteran removed. Transition would be more effective and the number of claims to DVA would be vastly reduced lessening the requirement for DVA staff to be exposed if the Claim is reconciled before leaving the ADF. That is an ADF leadership responsibility.



14. These networks lack of authority and delineation of responsibility to prevent effective and transparent management or even discussion of the issues. We commend to the Commissioners that there is an urgent requirement for the appointment of a permanent National Commissioner for Veterans (NCV) who reports to the Governor General. That Commission becomes the authority for Transition, ESO registration, reporting of mandatory data from the ADF and DVA, and the management of post service education.
15. Warragul RSL acknowledges that there will be opposition from the ADF and DVA in relation to the appointment, allocation of Authority, allocation of personnel and responsibilities for an NCV. The bureaucratic advantage is that all change will be made within the Defence Department. That said, the current system isn't working effectively, for decades stakeholders have just tinkered at the edges; what is required is innovative and distinctive change and reform.
16. Defence Personnel and Veterans are under siege. The ADF is facing a recruiting crisis causing heavier workloads for those serving in order to maintain capability in a period of increasing threat. DVA is palpably dysfunctional and not providing the services required. ESO's are fighting internally and externally, the media is revelling in their courtroom win regarding war crimes allegations from Afghanistan, and the Government is considering removing awards.
17. Veterans are effectively alone.
18. The ADF, DVA, RSL National and RSL Vic opposed the Royal Commission. That opposition remains in their corporate DNA.
19. Evidence presented by these organisations have and will be "spin" to avoid responsibility to reform leadership and health management in and out of service. The last thing these stakeholders are going to apply is self-assessment and corporate introspection. These organisations will not self-adjust and therefore require a government authority to change their operational effectiveness and corporate culture. Indeed, evidence exists that they will ignore direction unless it is written and explicit. They also require regular reporting to ensure that the recommended changes have long term compliance.
20. Veterans are depending on this RC to recommend fundamental and profound reform to all these organisations, their management, procedures, and culture. Retaining the 'status quo' with the equivalent models or just tinkering at the edges will sanction suicidality and suicide in the Defence Personnel and Veteran cohort.
21. Warragul RSL has been left to its own devices to be the primary focus for local Veteran welfare. Designated stakeholders have been allowed to erode and betray the trust of Service Personnel. That is untenable, unfair and an historic national disgrace.

End