

Veterans Compensation and Rehabilitation inquiry  
Productivity Commission  
GPO Box 1428  
Canberra City ACT 2604  
[Submitted electronically]

7th February 2019

Dear Commissioners Fitzgerald and Spencer,

I thank you for the opportunity to provide a response to the Productivity Commission Draft Report into the system of compensation and rehabilitation for veterans dated December 2018.

The topic of compensation and rehabilitation to the sailors, soldiers and airmen/women of the ADF is one of high emotion, national importance and is reflective of Australia's core values. We are a proud nation and few subsets of Australia's population are more respected and held in higher esteem than our former serving ADF members. The manner, methods and mechanism by which these people are treated, post-service is one of complexity and as you have rightly pointed out in your summary of key points, not currently fit-for-purpose, nor will it be fit-for-purpose into the future.

The demographic of "what a Veteran is" has evolved. Crudely the veteran community has been separated into those who served prior to Vietnam War, and those who have served since. This artificial segmentation is reflective of the age gap of Veterans between major conflicts, yet all those who have served in the intermediary years should not be excluded.

You have correctly identified that someone seeking compensation or requiring some form of rehabilitation may not have acquired this status from active conflict. Overseas service, deployment or war-like situations are not the only contributing factors where someone may need rehabilitative services. Training, peacekeeping, domestic humanitarian operations or even the rigours of military service can all be the source of physical or mental injury requiring treatment.

I am a former member of the Royal Australian Air Force, I provided assistance with the Aeromedical Evacuation (AME) of Australians and foreigners from the "Bali Bombings" when they arrived in Darwin in October 2002. I was 21 years of age at the time and my actions surrounding this activity have resulted in clinically diagnosed Post Traumatic Stress. I discharged (voluntarily) from the RAAF a number of years later, however I would like to use this as an opportunity to provide an overview of my experience during the ensuing years.

Immediately following my diagnosis, my colleagues and superiors in the RAAF treated me with contempt and what, at best could be described as ignorance and at worse bullying and harassment due to their naivety and perhaps fear of the unknown around mental health. Unfortunately this wasn't in the 1920's or 1940's, this was 15 years ago. I commend the ADF for making deliberate steps to remove the stigma around mental health over the last decade, however I do believe there is still room to do more.

On my discharge I submitted a claim through DVA to be recognised for my mental health condition. I remember a very "nominal" amount of money being offered to me to assist with

medication or treatment. The amount being so inconsequential that I have never made a claim, not sought reimbursement for any of the expenses I have incurred.

I remember the onerous paperwork, the loss records, the number of phone calls and assessments I had to endure, each interaction forcing me to relive my story and in some cases retell it from start-to-finish, a highly traumatic and, to be honest, scary thing to do.

For a number of years my Post-Traumatic Stress was not an issue, or so I thought. As years progressed I realised that a number of other symptoms (such as anxiety, addiction), would present themselves. From time to time I sought professional assistance, for these other symptoms at my own expense and in all cases - self referred. As an estimate, I would imagine that out-of-pocket I have probably spent \$10,000-\$15,000 on my mental health from the time I discharged (approximately 13 years). In all cases my psychiatrists, psychologists and counsellors have determined that my presenting symptoms were most probably related to PTS acquired from Operation Bali Assist.

Fortunately I am in a position to be able to afford this, I have the resources, health and support at my disposal to allow me to do this, I'm cognisant that a lot of ex-ADF members aren't so fortunate. It is quite evident to me, from your draft report that the fact that DVA do not actually know how many Veterans are in our community demonstrates that the system is not working, the system is broken and the system needs root-and-branch redesign to achieve effectiveness. It's evident that it is not a system to support veterans.

My story is one of tens of thousands that are out there. Not all are from deployments, not all are physical and not all those suffering from Post-Traumatic-Stress are suicidal, unable to care for themselves or are at risk - but many are.

I would like to offer up some additional thoughts on your report and especially the "key points". I hope that I have demonstrated satisfactorily that I have a story that allows me a voice in this topic and believe and hope that I can contribute to allow for the next generation to have "A Better Way to Support Veterans".

1. I applaud the commissioners for their first key point, using blunt, straight-talking language to admit that the system is not fit-for-purpose. I would go one step further and state that the system is failing our ex-ADF men, women, their families and our Community.
2. \$13.2 billion dollars in one Financial Year is an astronomical figure. At \$47,000 per client this bears belief. It is evident that there is low value care being performed, waste and complete inefficiency being offered by DVA. This figure, prima facie, should be able to fund a cohort of our Veterans efficiently and effectively, however as you state - DVA are not really able to precisely identify how many veterans are in Australia - so we can only assume that \$13.2 billion dollars is high.
3. The many different cohorts of veterans that require compensation and rehabilitation is complex. Some require surgery, medicine, mobility aides and/or constant care. Some like me need to access services from time-to-time, some may never actually access the service but would like to have the cover there for the eventuation that they do (a safety net if you will). One size doesn't fit all, one system doesn't fit all, and one set of stringent rules and policy about who is and isn't entitled, who can and can't have a white card or gold card, is in itself "not fit-for-purpose".

4. The transition from Defence to DVA needs to be coordinated. The ADF relinquish responsibility the day of discharge. It's at this time that Veterans are the most vulnerable. Joint Health Command have limited systematic interaction with DVA. The health record of a member of the ADF should be able to be immediately transitioned from the Defence eHealth record to DVA early and in advance of a discharge/ separation date. For the ADF to cease support of a Defence member the day of discharge shows a true lack of empathy, duty-of-care and demonstrates the colloquialism that an ADF member is "just a number" (I was 8144103). The Joint Transition Command proposed is commended. It is of my opinion that "Care Coordination" needs to be enacted - a method by which a Coordinator works as an advocate and coordinator for the transitioning member ensuring that sufficient care is given pre and post separation and that the transition to Civilian life and where appropriate into the DVA system is managed as seamlessly as possible.
5. Some Veterans don't want to talk to a counsellor. Some want to talk to mates and former colleagues. Some want the service and support to be anonymous. Some just want someone to check in on them every so often. Some want the system to be digital and as easy to order as an "Uber". Some want someone to call around and just talk to them. Some want to spend time together with other veterans and participate in social events. Some want to make a difference and talk about their service. Some want to completely forget their service and just be absorbed back into the community. Some want constant support, day in, day out care - high dependency and high levels of guidance. Some would just like a phone call every 3 months or so to see how they are. There is no silver bullet, there is no simple answer - there needs to be a system that will adapt to the changes and unique needs of their requirements. After all, they're not just a number.
6. I have accessed a number of mental health practitioners over the years. I have been lucky to have very good experiences with these clinicians, they have all had a positive impact on my mental health. I still try and see a clinician at least 2-3 times a year to "maintain" my PTS. I will never be cured, I will never not have PTS - it will forever just be about the degree of suffering I am experiencing at any given time. I have had at least 3 different clinicians in different states over the years claim that they "do not do DVA work". I have been told that "they [DVA] pay terribly low rates", "have no clinical governance or oversight of the work provided" and that "you will be governed by their care plan and what your entitlements say you can access". I am admittedly not an expert on the entitlements or whether any of the above statements are factually accurate, however all of these are not conducive to best practice mental health support. For DVA to pay mental health experts low rates, without governance or any form of credentialing for appropriateness, and to only allow funded support to services that their doctrine and policy dictates, is a manifest failing in providing support to the vulnerable.

In closing I am grateful for the opportunity to share my story, share my thoughts and comment on the draft report. The report indicates that a number of inquiries and reforms have been commissioned over the last 40 years, however we are still operating under a system that is predominantly structured around the arrangements required after the First and Second World Wars. Australia is transitioning from our longest war, we are about to see an influx of Veterans, of the scale we haven't seen for a long time. As advances in diagnoses and the stigma on mental health in society is reduced, this system will burst at the seams.

I am hopeful that the final version of this report is not put in the bottom drawer for the next Government to deal with, that it is not read and acknowledged and paid the “lip service” of other reports and that someone stands up and shows leadership and drives real generational transformation to a system that is complex, difficult to navigate and yet profoundly important to the society of Australia. I hope that we don't aim to just provide a Better Way to Support Veterans, I hope we give it the attention, resources and time required to ensure we do it right and we find the Best Way.

If any sort of reform, however minor, saves the life of a veteran - this entire process will be worth it.

I sincerely thank you, your staff and all those involved for the work completed to date.

Kind Regards,

[Original Signed]

Ben  
Ben Walker

,

---