

Submission on the Compensation and Rehabilitation for Veterans

RE: Draft report *'A Better Way to Support Veterans today, 14 December 2018.'*

Who Am I?

I am a TPI /disabled veteran and beneficiary of the proposed draft report

I am a primary stakeholder in the military compensation funding pool who has been caste to the periphery by competing secondary stakeholders

I am a triumphher of DOD & DVA injustices that have been allowed to go on for way to long

I am a qualified & skilled up professional disability welfare worker & self advocate who seeks to be part of the consultation process : by hook or by crook, to ensure my voice is heard and not silenced by my critics who I seek to call to account in a public forum.

INDEX

INTRODUCTION

SUBMISSION

Replacing DVA with defence as the military comp. service provider is not veteran centric

Hidden Concerns

DRAFT RECOMMENDATION 9.3 – ESO’ failing veterans

ER model in brief

Funding the ER Scheme.

INFORMATION REQUEST 11.1 – funding model

Other Concerns

Concern 1

Concern 2

Objection to ADF replacing the role of DVA

Good Person Assessment

Why I feel so scared- The basis of my concerns

Detailed Comments

My Experience and Pain

Other undisclosed features of the current military compensation architecture

Government Funding

Difficulty in the Pursuit of Entitlements

Need for presumptive legislation to be included in MC framework

Unethical workplace practices by the ADF

Reasons Not to Replace DVA with DOD

Compromised Privacy and Retaliation

My compassionate request to PC to acknowledge & consider my submission

ESO

The Cwlth. government is guilty of misleading the veteran community

Mitigating the Damage if DOD Replaces DVA

Abuse of Power

Conclusion

INTRODUCTION

This Submission's referencing relates to:

1. New governance and funding arrangement recommendation of:

- DVA's policy responsibility should be transferred to the Department of Defence within a new Veterans Policy Group - Veterans Services Commission (VSC) framework
- An annual premium to fund the expected costs of future claims should be levied on DOD

2. The Objective and principles of:

- DRAFT RECOMMENDATION 4.1 - preventing injury and illness/improved health outcomes
- DRAFT RECOMMENDATION 6.1 -6.3 - DOD as the primary driver of wellness and rehab
- DRAFT FINDING 7.1 – DOD & DVA failing there most disabled members of the veteran community.
- DRAFT RECOMMENDATION 9.2 – need to upskill claims processors to show compassion towards their disabled customers
- DRAFT RECOMMENDATION 9.3 – addressing defective error rates by recalling batches for reassessment
- DRAFT RECOMMENDATION 9.3 – ESO' failing veterans
- INFORMATION REQUEST 11.1 – funding model

The aim of this submission is to raise a number of compelling issues of concern that jumped out at me for your utmost attention and consideration. Namely

- those referenced above
- Concerns not covered in the draft report when they should have been
- No protective measures for veterans/service users embedded in the new architecture leaving us wide open for continued exploitation.

My position paper does raise itself as one of a protest and objection document to the new model as a whole. It ,for the better part , represents constructive criticism that offers remedial feedback that comes from a person with 10 years welfare sector working knowledge under my belt and from experience going down the military comp. mine field road

In addition to identifying the models limitations I offer insightful information that will ensure the remodelling direction moves towards its intended desirable outcome : that being 'service user friendly and centric' as the policy makers aim to achieve.

Overall, I consider the new military compensation 'architectural supporting' model the PC propose to be heading in the right direction but unfortunately, in theory only. It is one of the key foundations upon which it will be supported, that lets it down; and that I find extremely disturbing to contemplate.

That key failing is the proposal to replace military comp. service provider DVA with DOD.

I cannot think of a more moribund solution than to put DOD in charge of its own OHS systemic failings and breaches, with the 'incriminating evidence' (injured veteran) walking into their proposed 'under belly' VCS claims office alerting DOD to this fact.

There is something not quite right with this arrangement wouldn't you say!

I cannot express how mortified I feel knowing this behemoth of a dept. is being considered to look after my health and wellbeing for the long term.

I cannot express how distressing it will be for me having to go back to my mental, physical, sexual and financial abuser (torturer) and ask for DOD's care and compassion to treat the multiple injuries it inflicted on me!!! and be happy they are providing it.

I cannot express to the PC how humiliating, how injury aggravating and potentially dangerous it will be for me having DOD take ownership of my 'free will' yet again: when it has already taken me over 30 years to escape their traitorous and treacherous ways.

I cannot express to the PC how traumatising and life taking your choice of service provider will be for its future 'victims of abuse in ADF' who, like myself, will be dealt with very swiftly to ensure their presence is not noticed on record, so that it does not show up for public scrutiny and keeps their premium levy to a minimum.

In summary, the proposed model fails the scrutineering test. It is fundamentally flawed and will not translate into noticeable benefits at the coal face the reforms aim to deliver.

I submit , shifting responsibility of our injured and disabled veterans' health and wellbeing, rehab over to DOD is not a '**veteran centric**' idea. I cover the reason why in more detail in the body of the paper.

RE: The 'obscure and unaddressed' veteran misery drivers missing in the draft report

Most of the veteran's 'misery & suicide drivers' of the existing military compensation supporting architecture remain intact. It looks like only the façade is having a 'public make-over' to give the illusion positives are on the way.

These veteran misery & death drivers include:

- Alleged lawlessness within DVA's claims and legal dept that will carry over to ADF
- Exploitation of disabled veterans by the legal fraternity that will carry forward
- Mushrooming of veterans (fed crap, kept in the dark and siloed managed) by the ADF, ESO's and DVA at contact points that will carry over
- Huge Gaps in service provision by ADF & ESO's that will carry over
- ESO's that are not veteran centric and those rotting the system
- Unqualified advocates supporting complex needs clients -that will carry over
- Mental health industry that is controlled by the insurance industry and financial interests (is not patient centric) causing a massive road block for veterans
- Health care sector that is controlled by the insurance industry and financial interests (is not patient centric) causing a massive road block for veterans

While I note the aim of the new model is to correct some of the identified drivers listed above, it falls dreadfully short of fixing the endemic core problem. That's because:

- a) The draft report makes no recommendation to do some thorough 'house cleaning' before hand over in 2022. For the PC draft report proposed supporting architecture model to work, it will need to have a Royal commission into ADF and DVA first '. It needs to clean the alleged 'lawlessness' out that has set into the military comp system across the board. I cannot see anywhere in the report plans to rid the rot. This means the rot will carry over to the new model.
- b) The report favours the other DVA/ADF/lawmakers/financial stakeholders who feed off military compensation supporting architecture; thus watering down the 'veteran centric' focus. It is safe to say the proposed model direction will worsen veterans' outcomes, not improve it.
- c) The proposed model looks like it was conceived inside the ADF community 'boys club' vacuum. The PC draft report has at this stage, failed to look outside this insular bubble and look broader a field to find workable solutions to veterans' sufferances that are already operation and don't require reinventing the wheel.
- d) More importantly, no service user/ consumer protection provisions are being proposed to protect veterans from unscrupulous ' administration obstruction or rotting activity" Without deterring punitive measures imposed on those wheeling the pen over us, exploitation of injured vets/claimants will go on indefinitely.
- e) Disabled people need to be able to transact on an economic level playing field. That is what the discrimination act is for. DOD and DVA do not comply on many occasions and this needs to be properly addressed in the reform .

Productive feedback for consideration to improve service user experience

As a qualified community services sector worker, I can assure the PC that there are other more 'architecturally sound,' service user friendly/centric, self-sustaining, cost effective and

more practical options than simply recommending DOD fill in the 'chasm' discharging veterans are falling into. This is not reflective of lateral thinking: its tunnel vision.

The current draft report is not veteran centric as it favours the position of the DVA and DOD who both have personnel that have created a toxic culture affecting service delivery . Whether that culture has come about due to substandard middle management material left unchecked due to lack of public servant oversight agency powers or because there are string pullers in the finance dept who have put the thumb screws on the military comp funding source remains to be elucidated .

One experienced draft report submission author points to a pivotal point in historical legislation change , the introduction of SOPs that brought on the rapid decline in service delivery . I quote from this paper:

“1993 'Baume Committee' whose unjust Report resulted in anti-veteran VEA amendments. Those amendments, including the application of SoP's, were REJECTED by the Senate (Source: Hansard) but cunningly implemented in the context of the 1994 Budget! “

Might this be ground zero?

Might this be the bureaucratic obstructive piece in military comp. legislation that enables the government to **embezzle** the injured veterans money withheld in perpetuity for them , so that the money can be used elsewhere?

Technically speaking this is theft . If it was done by an employer in private industry who failed to pay his/her employees superfund contribution and instead funnelled the money into his privately owned business an employee can seek restitution and get the money back.

But when its being done by the Cwth employer, we the victim of this embezzlement get a draft report that obscures this 'fund embezzlement activity' and instead blames veteran poor outcomes on ESO failings and the messenger delivery (DVA)

Unless a deep throat investigation by the PC or a Royal commission is undertaken to expose the real facts of the matter, we the beneficiary of the draft reform will remain none the wiser and second guessing as to why we are being treated so abysmally.

Primary consideration of feedback should be placed on the submissions lodged by the stake holders who own the comp. money' the government is tasked to manage on our behalf of : pursuant of military comp. legislations in place.

Me for example . I earned my VEA/SRCA compensation provision from the blood sweat and tears I put into service work , which was rewarded with a suedo 'salary sacrifice into a perpetuity veteran fund arrangement tied to my service agreement.

It is not beggars money I am applying for off the government ! Therefore the process for me to retrieve my financial support money should be very easy. It is not.

What I am experiencing as a DVA claimant is the same as what a civilian injured claimant would expect when lodging their Income protection or TPI claim with a private insurance

company. Its called 'gatekeeping' to avoid financial losses for the underwriter . Its activity that is part and parcel to free market trading insurance/super fund management.

It is my summation, that constraints were imposed in 1993 to mirror those being used by the super fund/insurance sector to regulate their managed funds .Compulsory employer contributions into a super fund was set up in 1991 under the superannuation guarantee scheme . Seems the government of the day , liked how the cowboys operated in the financial sector. They wanted to apply the same bureaucratic gate keeping methods they used and so pushed through SoPs. It served as a fantastic withhold money held in perpetuity for veterans so it could be diverted elsewhere. How morally corrupted were they.

Veterans, we all know, are expendable and don't matter in the scheme of Australian's greater direction. We are at the mercy of incumbents and public servant policy makers and decision makers and is why we are powerless to affect positive change on our circumstances.

I will now challenge this myth and say to the PC. I want my money back you are withholding from me. If the reformed model does not take the appropriate steps to free up my money and make it easily accessible like it once use to be, I will be left to assume I havee been turned into a victim of embezzlement by public servants which is an act of misconduct in public office.

I therefore make a compassionate request to the PC to accept my submission, read it in its entirety and consider the solutions I have proposed to address the apparent limitations present in the report's supporting architectural model that need scaping or changing.

In doing this:

- It gives my submission (voice) the weight and consideration it rightfully deserves: but has not yet received.
- The PC will have greater insight into the community you are acting on behalf of to remain in keeping with community consultation requirements
- PC have greater insight into the deeply held concerns I have, along with other victims of ADF sanctioned abuses express, about the intended direction forward
- It will demonstrate to me, and give me confidence, that you are actually 'walking the talk' and being 'veteran focused; which sets the foundations for others to follow.
- Gets my 'lost in the wilderness yelling voice' heard above and over the other 'self-interested/not veteran centric stakeholders' I must compete with to gain access to your ear.
- I have successfully contributed towards my own better health outcomes which is in keeping with the PC's veteran centric rhetoric.
- Offers hope that there is light at the end of the seedy world of Military comp tunnel and I won't end up dead like those who tread the road before me if my concerns are not taken seriously.

SUBMISSION

With reference to

- DRAFT RECOMMENDATION 4.1 - preventing injury and illness/improved health outcomes
- DRAFT RECOMMENDATION 6.1 -6.3 - DOD as the primary driver of wellness and rehab
- DRAFT FINDING 7.1 – DOD & DVA failing there most disabled members of the veteran community.

Replacing DVA with defence (DOD) as the military comp. service provider is not veteran centric as seen through the eyes of a disgruntled employee .

1. Apart from the implicit reasons that come from being a ‘victim of abuse in the ADF, under no circumstances do I want that behemoth of an employer, the DOD to be responsible for my financial security and health & wellbeing, for all ‘the justifiable evidence based, and reasonable reason’s listed below. (all claims made are evidence backed and can be supplied on request)
2. Reason being:
 - ADF is an alleged human rights violator – evidence backed and supplied on request
 - ADF relies on abuse and torture to evade liability of injury of its service members -evidence based and supplied on request.
 - ADF deliberately ‘brain injures’ its servicemen/women as part of their ‘combat readiness conditioning’ practices. It’s the ‘nature of the beast’. One could reasonably argue, that this makes the ADF ‘not quite empathetically equipped’ and suited to taking on the Care provider role of its future casualties and victims it ‘spits out the other end’ by default. (implicit assumption)
 - ADF personnel are conditioned to ‘not care about life, their own life, or anyone else s life and most definitely not an injured veteran’s life. (implicit)
 - A ‘conflict of interest’ exists. Victims of ADF sanctioned abuse and OHS casualties quickly turn into a witness with incriminating evidence against its employer! This means DOD premium levied expectation to promote wellness clashes with their same need to mitigate the liability cost incurred.
 - No protections are in place to protect injured veterans (claimants/witness) from their employer/turned service provider’s nefarious activity they will be engaging in to mitigate fiscal fallout
 - I seriously doubt the ADF is going to ‘change its entrench ways’ to appease a reform package that places the dept as ‘chief in charge’ of its self.

3. Additional reasons include:
 - ADF harbours and protects alleged violators of abuse /criminals in its ranks - evidence based and supplied on request.
 - ADF is accountable to no-one as very few politicians has the intestinal fortitude (Gillard govt being the exception) to challenge the hubristic nature of the ADF and its barnacles embedded in the chain of commands who allow and promote 'abuse perpetration' to flourish. (evidence supplied on request)
 - ADF operates at 'dead horse 'speed towards positive change (evidence supplied)
 - ADF does not have an information retrieval system that actually works -evidence based and supplied on request
 - Put the ADF in charge of its own injured veterans is equivalent to putting the 'wolf in charge of the sheep' Its not what I call OH&S risk adverse policy.
 - Defence force ombudsman and the Commonwealth Ombudsman are 'toothless tigers ' with no powers to pursue dodgy defence employees who are reported to them for investigation. They hand ball the complaint over to the ADF internal police dept immediately. This means the complainant will endure escalation in bastardisation activity or receive 'dead horse speed' attention to make them go away - Evidence based and supplied on request.

4. ADF already have obstructive and divisive administrative processes in place to ensure:
 - Service related injury reporting is discouraged,
 - medical discharges never happen (evidence supplied on request)
 - Veterans found to be 'Not fit for service' are driven out of the force by stealth (forced attrition from bastardisation) (evidence supplied on request)

5. This already in place 'stitch up of the military comp. system' will ensure, for future insurance /compensation purposes the ADF:
 - don't get financially penalised via premium hikes for having high injury rates on the books.
 - Injury Claim lodgement post discharge have already been drastically moderated before they hit the DVA > VSC service desk

6. Most notably, the ADF is the employer from hell in my 'skilled up and sound knowledge based' opinion and lived experience working for the force.

7. For example: Its list of 'avoidable injury' causation factors is long and distinguished. It does not include those related to the 'theatres of war' or rigours of war like training to give it justification.

8. These **avoidable injuries**, veterans are most likely to sustain include; but not limited by:
 - 'Silent brain injury caused from rankism/ bastardisation and condoned use of physical, sexual and mental abuse/assault to condition service men and women or control their behavior for a range of reasons or to weed out weak links.

- Dereliction of duty by NCO's and CO (or are MIA) leading to assault of a subordinate occurring or accidents happening. Or for breaching protocols
 - Mal-practice by medical professionals working in ADF medical branches who destroy more lives than they save (-evidence based and supplied on request)
 - Being volunteered for government experiments – such as the melfoquin and anthrax vaccination experiments to name a few
 - Being exposed to poisons during the course of ordinary work activity – such as gammolin,(organochlorine/nerve agent) PFAS, asbestos/ desal etc, without being advised these agents are toxic or ordered to work with them regardless.
 - Accidents caused by substance affected personal in charge of machinery/equipment. (Drunk bastards at the helm)
 - Failed suicide attempts to escape tormenting conditions whilst imprisoned under indentured labour contract conditions (contracted time) while invalided.
 - Being a victim of abuse and not being able to escape a protected perpetrator for fear of retribution or departmental punishment . (evidence based and supplied on request)
 - Military induced substance abuse /addiction caused by:
 - a. cultural expectations imposed (smoking drinking, drug taking)
 - b. being brutalised for conditioning purposes causing silent brain injury or by one of the psychopaths embedded and protected by ADF (evidence based and supplied on request)
 - c. self-medicating to treat PTSD symptoms that the ADF don't want to see show up in troops; otherwise they face bastardisation treatment for having it. (evidence based and supplied on request)
 - d. over prescribing of pain killers the medical branch default to treat all known diseases and injury's with that present at clinic (evidence based and supplied on request)
9. I personally sustained multiple, systemic and permanent injuries both mental and physical to my person and I didn't event step foot ashore!! It all happened due to the RAN's sanction use of abuse against its members by default. Such as chronic malpractice activity by the health branch; OHS breaches and bastardisation to name a couple of causations off the above list. None happened through the rigours of war like training where one would expect work place injury to occur..
10. Surely this relevant and pertinent background info should have been made available to the PC for their awareness when they looked over DVA's data base of injury causation statistics. Appears not so! Had this been done, eyes would have popped out of heads!
11. Further valuable information could be extrapolated via 'qualitative research' data – aka conversations with the victims of abuse support group members who have been very vocal on this otherwise ADF deliberately hidden and silenced injury epidemic. Or taking to the streets and personally asking the 4000+ homeless veterans what their injury story is and how they were left destitute.

12. More perplexing is the fact the PC draft report has failed to take notice of ADF involvement in some very serious and criminal ‘work place violations and shenanigans that have also been at the centre of a number of recent inquiry’s looking into:
- Entrenched defence force sex abuse culture (Skype scandal and DLA Piper/DART action that flushed out over 2000 complaints)
 - Historical child abuse of its young junior recruits (Royal Commission into institutional child abuse) & Rapke report 1970
 - Drug related cluster deaths on Perth naval bases.
13. While I acknowledge the DVA>DOD choice , on the surface, looks like the easiest way to move forward to ‘bridge the chasm’ identified as a suicide factor , it can be strongly argued that it is full of holes, hairs and hidden caves . It is clear the PC’s investigation did not ‘ look under the rock’ before nominating DOD to be our ‘comp & care provider. I contend DOD are not ‘fit for purpose’ . DOD is not capable of being able to deliver the forward thinking objectives in the manner the draft report puts forth for the fair and reasonable /justifiable multiple reasons detailed in the body of this paper.
14. Starting with, my lived experience working for ADF which involved being systematically tortured, (evidence supplied on request), I believe those responsible should be charged for a range of offences. ADF is not assisting me with this outcome. They are obstructive.
15. It is suggested that the PC look more deeply into the ADF’s
- historical law breaking and violence against its members
 - entrenched ‘unsafe work place practices/GAF attitude in general towards its lower ranked members that leads to ‘ avoidable injury’ occurrences.
 - And its practice to ignore its permanently disabled veterans and only focus on those whom they can rehabilitate and get back to fight (as detailed in the report)
16. The decision to nominate DOD over another service provider choice , because of its recent improvements with ‘injury rate /reporting’ : that I will add was found by the PC to be “slow to get up and running and has bugs in it” is absurd.
- 17. There are not enough expletives to punctuate my expressed thoughts on the proposed moribund choice of service provider to replace DVA. Let me make that very clear! It would be much more humane to leave DVA in operation and leave us all alone.**

Hidden concerns and backseat death drivers we injured veterans need protection from the draft failed to factor in and should do.

18. Most notably , those self interested & very influential secondary competing stakeholders currently dominating the military compensation territory who exploit veterans disablement and circumstances to favour their own bottom line. They are:
- ADF' as the employer and its role as a military comp. authorising party re: medical discharges for CSA/DFRDB purpose (under current system)
 - Financial sector fund managers and financial sector lawyers who will be responsible for the VSC proposed compensation pool sustainability – no checks and balances are proposed to ensure these string pullers act consciounably.
 - DVA's alleged corrupt legal department and management who are impervious to persecution while lining their pockets with tax payer money. All done by unlawfully blocking/obstructing veterans' claims during the claims process which forces veterans into the appeals channel which generally involves securing legal representation with its grossly inflated service fees attached. (under current system)
 - The private sector legal fraternity who (under current system) circle in on injured veteran claimants and feed off them like carrion at the DVA slaughter yard. I allege DVA legal dept force feeds its contractor defence legal providers (their private sector buddies) as a matter of loyalty to their own brethren in the legal sector.
 - The 3400 plus registered ESO's in operation accessing tax payer funds through grants and funding allocations (extremely easy) who are failing their injured veteran beneficiaries as found in the report.
19. It astounds me that the PC report does not look into the above stakeholder interests as a matter for further investigation or reform. For example: particularly when veterans are being directed by DVA to seek private legal reps and ESO 'advocacy services 'when lodging claims or going down appeals channels. This DVA recommended referral indirectly implicates ESO''s into a veterans decision making and outcome experience: in either a positive or negative way. This implicates ESO's into military comp structural supports.

DRAFT RECOMMENDATION 9.3 – ESO' failing veterans

20. I agree with the reports finding in part: but stop short of making them the fall guy as the PC is attempting to do. My own personal experience trying to access RSL military comp. advocacy was met with inadequate assistance and misinformation, leaving me with a negative opinion . If I was not as resourced/skilled up as I am in my older years, my choice to seek RSL advocacy assistance most certainly could have been very detrimental indeed.
- .
21. It has been a national crime and shame of the Commonwealth to have allowed this ADF>DVA 'chasm' to exist for 50 years . Then leaving it up to 'unskilled ESO advocacy volunteers' to Shore it up' without being properly resourced to do so..

22. It is the vulnerable/injured veteran cohort the draft model could do more to assist in its new direction. One approach is to clean up the ESO sector first. Then adequately fund the ethical orgs. left registered to ensure their advocates are professionally qualified and financially resourced This benefits the end user directly .
23. I found the draft model failed to show contrition and instead shifted the blame of poor veteran outcomes on to ESO's without due respect of the 'shoring up ' role they play. This was a 'red herring' stunt to throw the veteran and public off the embezzlement activity that is really going on at the top end of town.
24. This side stepping manoeuvre is not what I call 'veteran centric. It is ADF & DVA/finance dept/ financial sector stakeholder centric as far as I am concerned,
25. None the less, as a disability advocate myself, I am very critical of NFP orgs that don't deliver a satisfactory service to their funded for service user. I have often found myself up against service providers trying to make them accountable to their funding body. This is why I call on the PC to look more thoroughly into government funded ESO's accountability .The missing 5 million dollars from RSL coffers, is squandered money that could have been used to house 100's of homeless veterans instead.
26. Majority of ' at risk 'veteran's lives hang on being supported the correct way for them . It is critical that the PC gives strong consideration to the information I cover below .
27. **The 'Shoring up' support role and responsibilities of ESO's presents as double edged sword – life saving for some, time wasting for others and in some rare cases , financial hardship inducing.**
28. Over the past century, ESOs have evolved to provide valuable services to the general veteran community. They have served the community well also. It is their military comp. support/ advocates who can and do, unfortunately come across as failing the veterans when it comes to crisis support.
29. I would like to see more done in the draft model to scrutinise the sector to keep out the unethical self serving orgs ; while ensuring those in crisis support/advocacy roles are resourced to a level that is seen in the civy welfare sector.
30. The fact ESO comp claim advocates have turned into 'veteran life savers' is demonstratable that DVA is:
 - not fit for purpose and hasn't been for nearly 20 years
 - ripping the veteran stakeholder off at the service desk – denying proper service
 - and being belligerent in its dealings with the public sector as general rule of thumb. (Not paying my ' health services bill' is one example I had happen to me)

31. This suggests that DVA

- has been denying their 'injured veteran' clients - the right to receive a satisfactory service which they ought to be getting. This breaches Australia's trades practices act and Australian consumer law.
- Has slyly shifted their obligatory administration costs on to 'an unpaid & unskilled' external workforce when they should not have. This is unlawful under work place practices.
- Acting as gate keepers for others and not service providers for veterans.

32. If DVA administrators acted honourably, ethically, conscientiously and productively towards its claimants as an Australian consumer expects to be treated by a service provider, ESO advocates would not be needed. Its as plain as that!

33. Lodging an insurance claim is not rocket science. It is a very simple task that anyone with basic reading & writing skills can do. What makes it complex for the injured veteran is DVA's nefarious activity they engage in that make the claims process hard work, stressful, time consuming, problematic, unjust and costly for claimants. I from here on refer to as 'gate keeping'

Its Public servant incompetent work performance & breaches that force a veteran to seek representation. Its done to protect ourselves from gate keeping subterfuge activity being orchestrated against us..

34. Lets 'unpack the facts' here, ESO advocates are:

- Genuinely good people doing a wonderful service to the vet community
- doing military comp. injury claims administrative work that ought to be performed by DVA delegates from the outset.
- In other words 'picking up the slack', left over by DVA service inadequacies and inefficiencies. Slack that is 'normalised', and turned into a permanent arrangement whereby injured veterans are directed by DVA to seek advocacy or legal representation assistance.
- are not being appropriately remunerated for this 'pick up slack work they are doing on behalf of DVA when they should be. In other words DVA is being propped up with 'slave labour' as far as I am concerned.

35. It does not stop here:

- ESO's can not provide their service user (injured veteran) with fully qualified paid professionals to do this 'admin pick up slack' work. This platform sets both the volunteer advocate and veteran up for poor outcomes in a range of areas.
- Advocates are volunteers who lack capacity to be available on call and cannot be committed to the level needed to navigate a veteran through a tough road. Nor

should they be expected to . They do the work out of community service motivations.

- ESO's operate on a shoe string budget and volunteering staffing ratio
 - ESO's are not engaging with the civilian community service sector when this ought to be happening to ensure homeless veterans are picked up and supported properly by the ESO community. (if that is what the can offer)
 - ESO's operate within the ADF silo with all its stereotypical attitudes and conditionings. This makes it very uncomfortable for female veterans to obtain non-discriminatory advocacy like I experienced trying to access RSL advocacy assistance myself.
36. The proposed model does not go into much detail re: ESO resources/services within the current supporting architecture when it should do. This is despite the fact that up to 8,000 veterans are homeless and Australia has on record over 3400 ESO's registered as being there for us ! Clearly a major player in the architecture is not being overhauled .
37. The statistics tell us that there are huge gaps in service delivery coming from their sector. It is relevant information for veterans and for the public to know about because the majority of the registered ESO's are in receipt of government funding/grants etc. or operating under tax exceptions and are accountable for their actions.
38. The appalling veteran homeless statistics show that that ESO funding is not making its way to the actual service user in a tangible meaningful way when it should be. It looks like much of the funding is going into the ESO's operating costs and watered down to the end user.
39. Others may very well be using the veteran as a 'cash cow' to gain access to grants or in the case of RSL clubs , funding lifestyles injured vets could only dream about. Either way, steps need to be taken to clean up the ' ESO shemozzle' that has been left to run in damage control & 'unchecked' for way to long.
40. Significantly cutting back the number of ESO's currently putting their hand out to receive funding should be a priority reform recommendation.
41. Those allowed to remain in operation need to be totally 'veteran centric and produce real benefit for their local veteran community. Just because an org is large e.g. RSL, does not imply it efficiently and safely meets the needs of all of it service users, most notably the 'injured veteran community. My experience with the RSL advocates has been one of disappointment on many occasions.
42. The benefits derived from regulating the number of 'approved' ESO's operating in the veteran support community are:
- Rids the sector of 'gravy chain boarders', and inept ESO's existing who are not performing in the best interest of their 'funded for 'cohort/service user . These limpets need to be removed out the system for the obvious reasons.

- It protects injured veterans/ in crisis, from wasting time being caught up in the ADF siloed/vacuum veteran community: that they really do need to escape to get the care and attention needed to transition into civilian life safely in certain circumstances.
 - Ensures those ESO's approved to operate will deliver a truly supportive beneficial service based on customer feedback and regular monitoring of funding outcomes and work performance /customer surveys.
 - It reduces the 'community services funding pool' disbursement spread to a manageable number that will save millions of tax payer dollars. With those saved funds being channelled in such a way to ensure the actual veteran him/herself experiences tangible /real positive benefits personally.
43. To ensure the above encouraged ESO changes actually serve the veteran community itself, and are not simply used to cap public money spending, the model would need to make recommendations to have the ' saved millions \$ of public money (that weren't missed) diverted across to the approved 'ESO service providers for their 'much needed ' financial support.
44. This 'veteran centric' driven approach ensures approved ESO's are generously funded from the outset. Access to extra funding allows them to pay for qualified social workers/financial counsellors/veteran advocates. All skilled up professionals and sufficiently resourced to provide optimum support to veterans in crisis, 5 days a week. This is how coal face improvements can be achieved and the puts the benefit directly into the pocket of the service user.
45. Further improvement to 'injured veterans' health outcomes' could be achieved with the addition of a veteran specific Emergency Relief fund ' being set up . This ERF could come under VSC frame work . They could oversee funding allocations to applying ESO's . Eligible veterans gain access to this ERF via their local ESO advocate
- 46. To be of tangible use, the ER funding scheme would need to very generous, unlimited in time frame easily accessible and would be administrated by the veterans local ESO's fully qualified financial counsellor/advocate. It is achievable, easily set up and cost effective. I know I have worked on such a scheme.**

CAPACITY BUILDING - ER model in brief

47. For this best practice 'suicide prevention strategy /solution to work, the ER money allocated for veterans in crisis needs to be:
- Generous in amount or sufficient enough to cover one or two high costing household expenses. Or delivered as a capped amount per month or year to be used at the veteran's discretion.
 - readily available and easily accessible to eligible veterans in crisis

- come with social support referrals and financial counselling support services provided by fully qualified and paid staff. (not volunteers)
- Not be restrictive in funding coverage. Meaning can be used to pay mortgage, rent, school fees for children , petrol etc, repair vehicles , dental work, keep the veteran connected to community and family supports , clear debts , cover health care needs etc.
- Be ongoing until veteran's emergency crisis is over; or a veterans claim for compensation has been approved, or their appeals avenues exhausted.
- This ' open ended access to ER financial assistance , will also act as an incentive for the comp. service provider to get its delegates to ' move a tad faster than a dead horse . It also avoids the fund being drained by one person fighting ADF for 10 years to get their broken back accepted while being taken for ride by 'inside rorters'.

My recommendation for Funding the ER Scheme.

48. Funding for the ER would come from 5 sources:

- i. Penalty infringement imposed on DOD military comp administrators paid directly into ER fund .
- ii. Penalty infringement imposed on DOD /ADF relating to work place indiscretions paid directly into ER fund.
- iii. Donations from the public
- iv. Government community service grants ESO apply for
- v. Government funding; surplus raised after the number of ESO's are trimmed down. A percentage could go into the ER fund with the bulk going to the 'left standing ESOs to improve their service provision as the primary source.

49. Infringements to be issued under the following conditions:

A. When the veteran:

- i. Is subjected to maladministration activity causing loss or delay
- ii. Injury claim goes missing from the system and delayed
- iii. Injury claim wrongfully finds its way into the appeals channel when it shouldn't be there, causing delay
- iv. Encounters multiple defective errors on their file that causes distress, financial losses and extra work to sort out .
- v. Has to seek costly legal representation because the service provider is obstructive with claims process or acting unconscionably

B. When ADF service members:

- vi. are victims of abuse in defence from bastardisation/ DV incidents
- vii. are victims of maladministration activity

- viii. are victims of malpractice in defence
- ix. When ADF injury rates are not under a specified threshold.
- x. experience avoidable injury /distress due to criminal activity orchestrated by ADF members
- xi. Act negligently in their duties and it is reported
- xii. Report OH&S matters and they are not followed up

50. Embedding a penalty system into the supporting architecture will

- Act as a veteran consumer protection mechanism and discourage exploitation activity
- Act as a government tax wasting drain plug .
- Minimise insider rorting and nefarious account keeping activity by the new comp service provider (who ever that may be) which is on the cards if a RC or good house clean is not done before handover.
- Sit comfortably within PC's veteran centric military comp model
- Will slow the homeless and suicide rate down drastically (provided other core drivers are addressed also)
- Actually be of practical use to veteran community that will produce tangible and quantifiable outcomes/results/benefits unique to each person.
- Will benefit the broader community
- Will motivate claims processor to act conscionably at all time, with due diligence and be accountable for their actions
- Make veterans happy that their health and wellbeing is actually being taken seriously.
- Avoids service user distress and incentives public servant to act ethically
- Reassure veterans like myself that the Government is in control of the ADF arm , and it is not the other way around.

51. I submit, that with the above supporting structures/funding schemes.& protective measures in place, veterans in crisis, or those who fall through the system, or permanently disabled, or on low incomes will find these 'system changes' extremely valuable to them personally.

52. This 'preferable structure to the one PC propose' will act like a 'safety net' for veterans in the event a Royal commission is not done before DOD take over . That I anticipate , will be heavily relied upon for reasons expressed earlier in this document.

53. I argue , that for the PC to proceed forward with their draft model proposal, without a 'back up plan' in toe, is foolhardy governance: especially in light of the ADF's appalling 'human rights violations' under its hat. I pressure the PC to reconsider their solution focus.

INFORMATION REQUEST 11.1 – funding model

Other Concerns

Concern no 1- the ‘adversarial elephant’ is still in the room’ !

54. Nowhere in the report do I see pro-active steps to remove the actual ‘ pillar of our gripe and sufferance ’, namely, **the adversarial attitude** we claimants are up against. Underpinned by:
- Circulating myths and false perceptions about military compensation and what it actually constitutes in account keeping terms.
 - Stigma attached to lodging injury compensation and receiving compensation for accepted injury’s
 - Default assumption by government that injury claimants are all fraudsters trying to steal off the tax payer who need to be stopped at all costs . (applied adversary)
55. It is this ‘umbrella of false assumptions’ and disparaging inuendo that accompanies medical discharges, claim lodgements, being on a pension or simply being a disabled person . It causes great distress, guilt and embarrassment for the veteran when it should not be happening at all for the following reasons.
56. 99% of this attitudinal adversity is perpetuated by the government administrative departments themselves such as the ADF, DVA, and the legal system who use it to their advantage.
57. The current draft report fails to correct the misinformation that is circulating about military compensation. For example: one DVA default adversarial assumption veterans are confronted with when they lodge there injury claim is :
- ‘ you are a thieving tax rorting fraudster and parasitic lazy arse who has no right asking for money off the tax payer and you will be stopped at all cost : regardless of the high threshold of supportive evidence you submit. (t’was how I was treated)*
58. This ‘ victim bashing & discrediting activity ’ at the DVA front door claim processing level, I argue was generated along the seedy corridors of litigation by DVA legal department whilst trying to ‘ block lawfully applied for ‘ compensable claims’ at the appeals end.
59. Sadly, the ‘discrediting of the witness’ (when all else fails /last ditch) tactic used by those court room bullies, found its way into the delegates training manual. Which then became the ‘first line of defence tactic’ upon which DVA drove their service users to death with. I am still licking my wounds received from their brutal forcing backwards
60. This statistically baseless attitude and activity, is what I was confronted with when I lodged my first injury claim in 2015. I am still being thwarted by it 4 years on. This is in breach of the discrimination act/disability act. It noticeably goes on at MLCOA

assessments where the MO is used to confirm the vet/patients identity by noting his/her features on case notes that go to the delegate (incase a swap is going on)

61. More to the point, this disrespectful attitude with corresponding treatment by DVA should not be occurring at all.
62. Simply because:
 - a) The exceptionally low rate of fraudulent claims detected(0.6%) suggest 99.4% of claimants are honest. Offering no statistical evidence to support DVAs default approach
<https://www.disabledveterans.org/2014/04/29/research-suggests-99-4-veterans-dont-make-fraudulent-disability-claims/>
 - b) That injury claimants must sign statutory declarations statements on their claims form claiming that what they say is true and correct .

(Stat decl. act as character reference, boundary setter and fraud deterrent in their own right. That's because it is backed up by the criminal justice. Threat of imprisonment makes it a very powerful agreement between parties to transact honourably within . DVA are the protected party in this transacting arrangement .
 - c) DVA houses an internal fraud investigation unit which serves to follow up on reports of fraud activity. This would be regarded as additional strong 'back up' for the department one would surmise.
63. These two protective measures in place and the fact veterans are typically an honest lot, should set good grounds for delegate's to feel confident the claimants claim is legitimate and is deserving of swift service with minimal obstruction and confusion involved.
64. Unless a veteran has a history of fraud on their rap sheet, the delegates and legal dept. has no justifiable basis upon which to be overtly adversarial towards any of its claimants during the claims process and appeals process. It is uncalled for and is being done for other subversive reasons yet to be revealed to the veteran.
65. Not only is it thoroughly despicable conduct being carried out, it is being done to a disabled veteran which breaches the disability act .
66. Its also being done against a backdrop of no regulating agency oversight in place that should be there to protect the disabled veteran/ claimant from maladministration/ unconscionable conduct activity . Commonwealth Ombudsmans office only refer mistreatment and maladministration complaints back to DVA for their investigation. This goes nowhere but up ones own arse. (evidence supplied on request) And ESO advocates are not overlords. The best they can do is be a buffer . Beyond that the veteran is on there own ' fighting a villain stealing from them.'

67. This is why I call this ‘elephant in the room’ alleged **‘unconscionable conduct** and ask why is it missing from the draft report findings?
68. I argue that by leaving it out , the authors are effectively condoning ‘adversarial fraudulent models ’; thus paving the way for its future usage by the ADF service provider. Clearly not a veteran centric move one would say!
69. *At best could be described as ‘suicide driver culpability’ by proxy.*

Concern no 2. Confusion about what military compensation actually is & the associated unwarranted stigmas generated from it. (referred as financial illiteracy)

70. This ‘guilt inducing’ secondary stake holder favouring ‘bug in the military comp. system, I see is not being put under the hammer in the draft report when it should be
71. I see no reference to any recommendations to correct false assumptions and misinformation circulating about what military compensation actually is in a financial literacy capacity . Meaning , providing a clear description of what it is under the terms of his her service agreement provision. This one simple task is all it takes to shift an injured distressed veterans negative self perception to one of optimism and motivation and remove stigmas that are not deserving.
72. This essential financial information needs to be out there in the public domain. So no serving and ex-serving veterans is ‘mushroomed’ and kept a ‘financial illiterate’ about the terms and conditions of their service contracts remuneration package contents: particularly those tied to CSA & DFRDB/VEA like I was , still am , and I understand many other veterans are as well. Widespread confusion within the veteran community is evidenced by the need for advocates to explain it to us. Limitation of which is that it becomes third hand information that was subjected to filtering and distortion before getting into my ear. As previously mention, incorrect information by an RSL advocate led to a muck up and delays with my claim lodgements. If I was in financial hardship this mistake could have cost me my housing security and put me on the streets.
73. Ensuring veterans are properly financially informed during and upon discharges assists in :
- Dispelling myths and corrects misinformation that favours the secondary stakeholders who profit off or gate keep for the budgeteers.
 - Setting the ground straight, to reflect the lawful facts about who the comp money belongs to and what the administrators /trustees role is overseeing it .
 - Improving general public financial literacy by removing the ‘mushroom affect most people function from. (fed crap and kept in the dark analogy)

- Assisting to remove unnecessary guilt and embarrassment for the veteran when lodging injury claims
- Resetting the delegates attitudes to process claims on the ‘veteran centric right foot and not the ‘limpet stakeholders claim blocking foot ‘ we are so familiar with..
- Removing fodder for ‘tunnel visioned serving or ex-serving ADF members to use against disabled veterans , who are named and shamed publicly on websites when this should not be happening.

74. Stigma shifting /valuable financial literacy information that should have been included in the draft report could have explained military comp. as being:

- ‘Financial protection/security’ for the eligible veteran for compensable injuries and illness that is both mandated by the Cwlth Gov. and provided by the Cwlth Gov. on behalf of the ‘fund member’/ pledged owner of the comp.money.
- Comprised of income and health support (as per proposed draft report two tier structure on the table)
- Is a consumer financial product (referred as military comp.entitlement) that indirectly belongs to the veteran personally under pledged terms and conditions.
- Is a financial product that he/she acquired (either in kind or paid for) by virtue of his/her service agreement remuneration package the veteran accepted .
- With the allocated/pledgd money ‘fund managed’ by the government on behalf of the veteran in the event the veteran seeks to cash in the government legal pledge (lodges a service related injury claim request to get access to it.)
- **It is not a ‘welfare payment ‘in the ordinary sense of the word and does not come out of this budget stream**

But then again I might be wrong. This admission reflects my own financial illiteracy regarding military comp funding origins and who it actually belongs to while it sits in perpetuity. Service user confusion is part of the repertoire of ‘gate keeping’tactics.

75. I did note the correct information I both seek and need to know was missing from the draft report. I did however read about its history in the context of legislation but not about who actually owns the pledged perpetuity funds. Is it me or is it the tax payer or does it sit in a honey pot being bought and sold on the stock exchange? .
76. My own RAN inflicted ‘financial illiteracy’ status has enabled the crown – to which I was a servant of- to get away with fulfilling its obligation to financial support me for 33 years. Mushrooming as I call it, coupled with the 4 years of gatekeeping practices enforced under SoPs embezzlement processes, I was met with when I did finally return to have the last part of service remuneration package fulfilled amounts to breach of contract! It runs against our Australia trades and consumer protection laws. Its also theft because money is involved that I have not yet received in its full entirety.
77. Stigma also happens when critical information is left out of public discourse(like this draft report did) when by rights it should have been included to set the stage straight.

Stigma and ‘Mushrooming strategies’ perpetrated by the crown/establishment/gov dept, impact on a veterans’ choices they make and the negative feelings they experience related to injury claiming. It wilfully contributes to their deaths, homelessness, domestic violence, financial hardship and permanency of injury which is abhorrent to say the least.

78. Gate keeping activity , is not saving the tax payer money , its more about being snide. It is actually stealing off us the veteran taxpayer and contractual purchaser of the allocated comp/ money and rehab services. All that is happening is the military comp. debt payment responsibility is being shifted over to the community services sector or health care sector for their tab collection.
79. The PC draft report can stop the perpetuation of stigma and ignorance by reframing military compensation literacy in a manner that puts the veteran at its centre of ownership (if this is in fact the case) Samples of clarifying financial literacy info could include :
- Advising that Military comp (MC) is a financial security product supplied by the Cwlth Gov. as an ‘inkind payment’ or ‘exchange offering’ (what ever is applicable) ‘ and forms part of the veterans remuneration package as a whole. (In otherwords, the veteran owns it by rights: but only if he/she meet the terms and conditions of the legislation that regulates its access.
 - MC is not coming off the back of some long suffering tax payers pay packet as the delegate would have the veteran believe it i
 - The role of DVA staffers is to administrate over all serving veterans ‘earmarked’ ‘fund managed/ financial security product they paid for out of their own pocket. Whose sole job is to process the paperwork needed to release the goods and services to the claimant when he/she seeks to utilise this part of their salary package deal.
 - The blocking and delaying of compensable claims and withholding money is unlawful and is an act of fraud or misconduct in office.
 - The veteran’s can report misappropriation of their money and have it investigated
 - That public servants can be persecuted for misconduct in public office and pursued personally for damages if they caused harm to come to their service user.
80. Veterans resourced with such useful, practical, factual information would
- Not need to resort to ‘begging in a public manner to get their claim accepted and money released.
 - Not feel guilty about being injured and lodging a claim for financial security
 - Not be treated as a societal parasite by the general community for being on welfare payments that Australia’s capitalist sector love to humiliate
 - Would be empowered to take action against dodgey delegates via external dispute resolution authorities
 - Would make the military comp service provide be more accountable and act with due diligence and process because they know they are on notice.

81. A military comp. service provider/administrators job is not to obstruct, delay, thwart claim acceptance, withhold money, deceive, lie to, ill treat or act corruptly at any time in their dealings with the claiming veteran: that is, if I refer to my own experience going through DVA.
82. According to the draft report , nothing is being done about this subversive activity that is bias towards the other stakeholders interests namely the governments. Which makes the draft report a 'pen over ' job to protect the budgetary embezzlers at the other end of the military comp. funding chain..
83. It's the secondary stakeholders involved in the gatekeeping/withholding of military compl from claimants that I argue constitutes' white collar crime activity' It encompasses other legal breaches that are in place to protect consumers' rights, the disabled community, workers' rights and so on. It can be called 'unconscionable conduct ', misconduct in public office, theft/robbery off the claimant, manslaughter by pen, and for me 'slow death from 1000 paper cuts . Regardless of its terminology , the primary source of our sufferance is not being addressed in the draft report. Why not?
84. Nowhere in the findings does there appear to be a desire to clean out this white collar crime activity or stake holder power play, or tactical move to divert money away from injured veterans , to prevent the core problem from being handed over to the ADF. It beggars belief to think it will all stop when ADF take over.
85. If a good 'huck out of DVA's top management and legal dept does not happen if the problem lay with simply being a toxic culture insitu then:
 - all the same 'rubbery public servants' at DVA and contractors , embedded in the system, will simply move office spaces and undergo a name change as the most disruptive aspect of it all.
 - be given an opportunity to upskill on how to be an efficient work avoider which the ADF personnel excel in.
 - Nothing tangible changes at the coal face for the injured veteran other than the degree of subterfuge, suffering and methods used to steal off them will get more sophisticated and harder to stop.
 - Make it easier for ADF protected criminals to get access to their victims' personal files and put them in danger. (discussed further on)
86. If the PC do have the power to call a Royal Commission into ADF and DVA before hand over , it would most certainly assist towards creating a level playing field in which both parties to the military comp arrangement can transact lawfully, respectfully, efficiently and in good faith with each other . Without one, lodging an injury claim remains a precarious choice: and quite possibly, a life taking one at that.

Objection to DOD replacing the role of DVA explained

87. While I commend the PC's overall decision to restructure military comp and organise it to

- make it more streamlined legislatively for fiscal purposes
- make it more 'user friendly'
- 'infill' the ADF/DVA chasm that too many veterans fall into
- And make it veteran centric delivered

I am in total disbelief to read that the proposed model has nominated DOD as the preferred care & comp. service provider to replace the 'not fit for purpose' DVA . It's a lot like jumping from the boiling pot into the sizzling frying pan one could say.

88. Main reasons for this objection relates to :

- i. The ADFs 'dead horse 'speed at administration movement capability. This criticism is derived from personal experience trying to get 'military service related injustices corrected' that has been going on for me for over 8 years now. This is a strong indicator, that ADF's hubristic and obstructive processes will remain a 'key killing feature' in veterans injury causation and suicide rate. Unless the PC have plans to 'castrate the ADF before hand over, and take back control of the behemoth' it is unlikely the injured veteran suicide rate will decline.
 - Further evidence of this disdain for accountability is the ADFs ' slow to get up and running OHS injury reporting system that was introduced several years ago.
 - Once again, the PC failed to acknowledge the 'slow to act' nature of the ADF's obstructionist modus which will impact negatively on future claimants.
- ii. The fact that ADF policy and procedures (both written and cultural) are the cause of hundreds of 1000's of veterans injury/claim for compensation post discharge being lodge in the first place . This activity alone , is enough to ring the alarm bells that something is not quite right with ADF administration capability and human resource management methods one would deduce.
 - a. For example: had the ADF, some 50 years ago , followed directions in the Rapke report (1970) to 'stop raping and sexually assaulting its junior members in the tens of 1000's ' it would be reasonable to surmise that VEA and SRCA claims would have dropped away over the years. Clearly not, as my DART case file can demonstrate and confirm.

- b. Because the ADF officers back in the late 70's took the 'Rapke report' and wiped their 'well kept by the tax payer' arses' with it, sexual and physical abuse of junior recruits and subordinates escalated. According to the DART report, the late 70's into 1980's was the decade of highest rates of abuse occurring. I am one of the 25,000 + junior veterans permanently injured by:
- a previous government inept policy making that placed me in danger of abuse and silent brain injury without my consent
 - the ADF's show of contempt for parliamentary involvement into their underbelly culture
 - 100 year old military establishment that operates, one rung below our penal (prison) system and refuses to change its bastardising ways
 - The government/ADF's sanctioned use of 'abuse and torture' to 'condition' its service men and women for combat readiness without it being 'scientifically proven' to be the safest most efficient cost effective way to achieve this outcome. What does exist is 100 years of evidence based conclusive research that proves 'conditioning through torture' is harmful to the brain and nervous system and induces Anxiety disorder/ PTSD. But the ADF self inflicted brain injured barnacles s at the top don't care too much about facts and figures and prefer to fall back on tradition that was founded on brain injured men's thinking process. It's a classic case of 'cycling abuse'.
 - This refusal to make changes to ADF subculture when asked to do so in the early 70's may explain why the very conservative number of 56,000 injured veterans are recorded on DVA's SRCA (1994-2004 - non war time period) accepted injury list. They represent the victims of the ADFs callous disregard for accountability and its disrespect of its serving members during that era.
 - This appalling injury rate demonstrates that the ADF has a preference to 'ignore defence inquiry outcomes recommendations' and instead , 'up the ante' This is of great concern as it means many serving members and injured discharged veterans will be subjected to administrative abuse and bastardisation from top down as the brass find ways to wriggle out of their accountability obligation: by hook or by crook.
 - According to more current media reports and numerous inquiries into ADF subcultures and shenanigans including DART, appears not much has changed since the 70's and 80's. It's the same core problem showing up time and time again, 'dereliction of duty by chain of command' and the use of abuse to shut victims up from reporting wrongdoing by defence personnel and their sleeping bosses. Its all

about protecting one's arse when the light is shone on it. ADF brass are experts at covering theirs up to avoid having it publicly kicked.

- My point being, if the 'commissioned officer' chain of command is impotent by default and take great strides to protect and encourage power abusers under their command : what hope does a young subordinate at the bottom of the chain have of discharging in the same 'tip top' state of health they enlisted with . None! as my lived experience taught me working for defence. (evidence supplied on request)
- Made more high risk by the fact that 'silent brain injured ' veterans are the ones put in charge of new recruits and young people's health and safety. (that the ADF don't care much for in the first place) It's the equivalent of putting a coma patient in charge of the hospital: the practice is inherently flawed as every one can see.

89. It is submitted that should the PC not make recommendations in their daft report to

- Put ADF under a Royal commission microscope
- or clean out its 'undesirables' in positions of decision making,
- or is prepared to impose a penalty infringement system for wrong doing; (alongside the incentive comp. premium levy proposed),
- or install a federal oversight agency who can persecute DOD staff on behalf of victims of abuse in defence or civilian claimants with complaints of wrongdoing

the foreseeable consequences will be that the veteran injury rate will remain excessively high for the long term.

Good Person Assessment as a protective mechanism in place

90. If a Royal Commission is not possible then best practice would be to implement a 'good person' character test pass before promotion is granted . This will need to be included into DOD policy and procedures of course.

91. The identifiable benefits of this safety net/protective measure for service members is that the test will:

- prevent the 'criminals and unsuitable types, from being promoted up the chain of command where they can wreck havoc on their subordinates mind and life.
- minimise bastardisation injury rates
- promote work morale
- create a safe work place free from sex abuse and avoidable injury's.

- Move the force into 21 century workplace standards that the new generation of youth are accustomed to . Nothing like dropping a frog into boiling water, it will simply jump out.
92. The character test will need to be administrated by an independent third party authority external to DOD to avoid the obvious from occurring.
 93. Military medical branch are tied up with the abuse of its service members. They would only sabotage the good that would come from installing a good person character test for promotional purposes if they were left to assess their own members character and emotional intelligence. (evidence supplied on request)
 94. Further reasons to ‘quality check’ DOD personnel going into roles before military comp/care provider role is handed over to them pertains to the fact that:
 - a) The ADF is a small world where members can be easily tracked down or are known widely among the ships company/squadron/platoon. The last thing a victim and comp. claimant of an alleged assault or bastardisation wants is the perp to find out information about them.
 95. Military personnel fly above the law. We all know this and they can and do commit many crimes with little or no consequences both within the ADF or civilian courts.
 96. One need only refer to the Skype scandal where the female sex assault victim was run out of ADFA and the perpetrator got a big pat on the back by his seedy bulbous nosed superiors.
 97. It is these sinister psychopath characters that occupy positions of power within the ADF that I for one, do not want being in charge of my health and wellbeing and financial security: which is what the remodelling is proposing should happen.
 98. Privacy laws are ineffective where they apply to ADF when it comes to their members. There is no overarching authority who can enforce privacy laws to protect the claimant/victims from the perpetrator getting access to their personal information where ADF service members are involved.
 99. The higher the rank of the officer the less likely the victim of their abuse will be safe from military comp. claim interference. (This is a topic unto itself).
 100. And not to mention the horror inflicted for a victim of abuse in defence, having to go back to the DOD/ ADF (the offender) to lodge their injury claim knowing that their information is not safe in the hands of incompetents and criminals overseeing the claims department. That it could very easily put them at risk of harm or retaliation by a serving member if a Royal Commission has not weeded the psychopaths out first.

101. Harm minimization for the veteran service user can be achieved by:

- Including recommendations for protective measures (enacting legislations) to be embedded into the remodelled architecture. Several if necessary.
- Giving the proposed military comp VS commissioner powers to press criminal charges against defence personnel in both administrative areas of DOD, found to be engaging in unlawful conduct that interferes with access to medical discharge, Comsuper / injury comp applications etc..

Why I feel so scared- The basis of my concerns

102. My fear and expressed cynicism re: choice of service provider (DOD) is based on lived experience working for the military and bearing witness to the great lengths it goes to shut down victims of abuse, cover up criminal activity, and ignore and protect their criminal element who are contributing to compensable injury claims being generated.

103. It is founded on the 'hard core fact' that ADF under belly culture that exists within it: that involves sexual, mental and physical abuse /rankism and bastardisation is routinely used against serving members to:

- Create super heroes who will gleefully take that sacrificial bullet for the nation when ordered to do so.
- Force attrition on those deemed 'unfit for service' but not disabled enough to be medically discharged. (for budgeting reasons)
- Discourage the reporting of crimes and OHS issues from being followed up on or investigated (to avoid liability accountability)
- Punish members who report misuse of power, (rankism) & physical, and sexual abuse offences. This guarantees the victim learns 'to put up and shut up' and let the perpetrator do his /her activity/jobs as part of ADF's mission to make their member combat ready, or to carry out personal transgressions.

Detailed Comments

104. The 'fact of the matter is:

- ADF have relied on 'silent brain injuring' their employees' for over 60 years. They have no intention of changing its 'unscientifically proven' training and conditioning method without a fight. It will involve lots of kicking and screaming from the barnacles at the top who will have to regrow the other half of their brain destroyed under their own training regime to make them follow the draft reports 'veteran centric direction.

- In other words, veteran centric approach is not going to be part of DOD's extension of service to the community .
- DOD has a branding image to uphold. It has always gone to great lengths to protect it. It will continue to prioritise this objective above the needs of its injured veterans' community. This will put many serving members in harms way.
- DOD has ways and means to circumnavigate and sabotage 'external intrusions such as the Drafts report's advice if they do not agree with it. Which will be to the detriment of current and future serving members
- If DOD do agree with their extended caring role, they will adulterate the core theme to make it fit in with their way of management: which is ADF centric & not veteran centric . Never the twain shall negotiate.
- If DOD do reject it – the draft model will simply become one more blip in military history that no one bothered to keep an eye on.

105. To give an example of ADF's unwillingness to comply with civilian progression , one need only go back to the early 1980's when the federal government made the military change its insular way and bring it into the 20th century.
106. The powers that be, thought it a smart idea to disband the military's women's auxiliary branches and amalgamate them into the (all male) permanent force against a back drop of :
- hatred for women in military service in general,
 - entrenched 'rape culture 'within the ranks
 - war ravaged/brain injured suffering veterans put in charge
 - Service members who were not welcome back into civilian life following Vietnam war era. This may have set up the anti-civilian mindset I adopted when I was in the military.
 - Collectively the working environment and conditions was not 'chicken soup for the soul
107. Subsequently young women like myself at the time, not familiar with the ADF anti-female and ' male on male' over-sexualised rape culture, were dropped into the thick of it: with all previous ' safety nets' dismantled. The result of this social experiment is detailed in other documents on public record (supplied on request) This was/is still a military atrocity the ADF is trying to keep hidden from the public; along with the other abuses it covers up to protect its marketing brand.
108. To brush my and other victims of ADF abuse aside, by not listening to the victims of these atrocities first hand and heed our warnings amounts to contempt. To move

forward with the draft model without replacing DOD will compromise our safety, health, and long term outcome across the board.

109. Installing DOD as care provider renders the restructure counterproductive. Therefore it is critical that the PC walk through their proposal with eyes wide open. I request that the PC ensure all gaping holes- like the few (but not limited by) examples I have raised in this paper - are 'shored up tightly' to protect the most vulnerable of the veteran community. They are the cohort you identified in your findings as being 'most at risk of falling through the system. They are the young, lowest ranked and medically discharged ex-veterans and the victims of ADF abuse .
- 110. I argue, filling in the ADF/DVA 'chasing' by extending DOD work load to bridge the gap is not smart thinking. It is lazy administrating.**
111. I consider it to be extremely fool hardy to approach the military as if it operates under sound governance; will be transparent in its dealings with its injured vets and claimants; and be accountable from top to bottom, most of the time.
112. History and its entrench traditions tells us that 'pipe dream' will simply not happen. For example: the ADF does not tolerate weak links and an injured veteran is no longer useful or wanted anymore. (confirmed in draft report findings)
113. Injured veterans are regarded as liabilities and can be forcibly removed in whatever means the chain of command can get away with. Its done ruthlessly and expediently as possible . Rankism/ Bastardisation is the time honoured method employed.

My Experience and Pain

114. I personally endured 12 months of bastardisation treatment when I made the 'double edged sword' mistake of seeking an RAN base psychologist to address an anxiety disorder I had developed from the bullying, sex abuse and medical malpractice I had been subjected to in the previous 3 years. The consequences of what should have been 'positive action to improve my health', turned out to be the stone that broke the camel's back. The psychologist reported my illness to my chain of command; and from that moment on, I was subjected to an escalation in abuse which forced me out of service.
115. I discharged, unsupported, homeless, without financial & mental support. I was a broken down disabled young woman. I had been rendered permanently mentally and physically disabled and have remained this way ever since. I was robbed of my quality of life, earning capacity, career in the Navy and everything else that comes with robust body and youthful good health.
116. Prior to my 'attrition forced' discharge, I was not informed of my entitlement to apply for injury compensation for the injuries I was being treated for at the time; nor was I

discharged medically unfit when I should have been. This was an act of financial abuse / or 'systemic induced fraud' on the crown's behalf.

117. What was done to me was an act of 'breach of contract' perpetrated by the government/crown. Done to me for reasons I can only speculate on.
118. It is still occurring to me at present time via DVA gatekeeping practice which turns it into a serious crime in my opinion. One that warrants federal investigation.
119. I have been fighting DVA for the past 4 years with all the resources I can muster up, to get access to my right to full pension -that I should have got some decades earlier. They continue to apply maladministration, breach legislation and engage in nefarious activity to thwart my claims process.
120. I allege DVA have defrauded me of approximately \$60,000 when they made an error on my accepted injury pension rate (the 30th error incurred so far incurred) I now have to go back and retrieve this wrongly made decision. . If its not paid back to me I will then have to pursue criminal charges via federal police as it then turns into stolen or embezzled money.
121. To exemplify the 'unlawful use of gate keeping to block the release of my pension entitlement to me , that I claim in breach of my service agreement with the crown, I will run you through my experience.

- ✚ Sustain mental health injury sought medical attention.
- ✚ Found to be 'not fit for service' but wasn't advise of this status
- ✚ Was not directed down the 'medical discharge route when I should have
- ✚ Was forced into voluntarily discharge from RAN instead
- ✚ This involved being Bastardised for 12 months to discourage me from signing on again. So I would leave. It worked
- ✚ Discharged an invalid as a result of service related injuries
- ✚ Had multiple systemic medical conditions that affected my ability to function , work and ability to return back to work force. Unable to work for 20 years.
- ✚ When I did return I could only work part-time due to disablement .
- ✚ System medical condition I suffer from includes : Anxiety disorder, somatic symptom disorder, fibromyalgia, Chronic fatigue syndrome ,multiple allergies, hearing loss, lumber spondiylisos. to name a few of my permanently set in sufferance. Apart from spondiylisis, the rest are all 'brain and nerve related and render me physically and mentally impaired.
- ✚ In a nut shell my whole body is stuffed. Anyone who looks at me knows I have problems.
- ✚ All are medically confirmed, diagnosed, backed up with evidence and they are connected to service with evidence found in my service records. I have witness statements crime, reports and other supporting evidence to prove my claims are legit and happened during service time.

- ✚ Despite this I have only got two of my claimed injuries accepted. Anxiety and hearing.
- ✚ When the time came to determine my pension rate it was set at general because apparently being TPI is not a justifiable excuse for being out the workforce. This was despite the fact I was on income protection provided by a private insurer which involves lodging monthly medical reports detailing my tpi health status.
- ✚ I am now fighting DVA to get my rate increased to TPI where it should be when one is so disabled they resemble a zombie: like I do.
- ✚ But still they fight me with an open cheque book, immune from accountability protected by SoP legislation and the ‘stand alone test’ and untouchable by the ombudsman’s office..

122. This is why veterans die. Its because they have been out manoeuvred by the crown on all levels of bureaucracy. Its a crime being perpetrated against all servants of the crown. Veterans being denied compensation are victims of embezzlement which is a criminal offence.

123. What the PC could do to help us aggrieved veterans is to name the public servant responsible for letting this crime go on. That is what being ‘veteran centric ‘ really means.

Other hidden undercurrent of the current military compensation architecture that need public airing.

124. The drafts report findings largely focussed on:

- the convoluted legislation and instruments that regulate the military comp sector (which is a hair puller to understand and does need fixing I agree)
- and the ‘chasm’ that exists (where veterans fall into by default) between defence roles and responsibilities and DVA’s roles and responsibilities

These were identified as the key drivers behind suicide, and need addressing. That finding I will not dispute.

125. The draft report did not focus on ‘ other key drivers or comp barriers’ we injured veterans must endure when confronted with service related injury.

126. For example, the ‘unethical’ act of forced attrition from ADF was done to me in such destructive way that involved:

- administrative abuse, (denied medical discharge).
- systemic abuse – command directed bastardisation
- bastardisation – NCO orchestrated
- Assaults- NCO inflicted
- Medical mal practice –

127. Collectively its called torture as defined by the human rights commission because I could not escape it , did not consent to it, and could not stop it. It was done for fiscal keeping purposes .
128. What steps is the PC taking to ensure other injured serving veterans are not fiscally managed the same way? I see nothing in the draft report to indicate this will be looked into .

Government Funding

129. The draft report does not give any clear insight into where the current source of military comp. funds is derived from, and who is in actual charge of it. Its kept obscured leaving confusion in its place.
130. This 'hidden funding source' stands out when clarity is provided on where the new proposed model funding source will come. Perhaps the report could give some further insight in the final draft for us 'mushroomed folk'!
131. I contend, it is these 'hidden stakeholders' ' who are directing DVA staff to act as 'gate keepers' and not service providers which is to the detriment of the service user .
132. Gate keeping for the sake of gate keeping is a tax wasting venture which puts it in breach of public servant act. Blocking the release of funds can have its origins in other areas of fiscal management that need to be exposed . I raised some plausible reasons earlier in the document that could be looked into .

Difficulty in the Pursuit of Entitlements

133. I personally have been fighting DVA to get access to my entitlement to a pension for 4 years now. This withholding of my compensation money is not because I am confused about legislation. Its because the delegates persistently engage in nefarious activity to block my injury claims from being successfully processed. 35 defective errors haunt my claims file to date. This high error rate can not be put down to poor training. It can only be willful and I have evidence to back this allegation up with.
134. It is the delegates at the front door doing tardy, sloppy, defective error riddled work performance that is causing me:
- Financial hardship
 - Mental anguish
 - Protracted delays with my pension being awarded to me.
 - Financial losses
135. Its all done to obstruct, thwart, loose me out the system, push me away and deter me from gaining access to ' military comp, funding pool where my 'perpetuity held' financial protection income stream would be drawn from.

THE NEED TO INCLUDE PRESUMPTIVE LEGISLATION IN MILITARY COMPENSATION FRAMEWORK

136. One effective solution to overcome SoPs obstruction and 'stand alone test' shortcoming is to include 'Presumptive legislation' into the new framework.
137. Presumptive injury legislation will allow injured veterans like myself with nerve, pain, and other somatic related disorders get accepted. Without it we remain strangled by paperwork.
138. As it currently stands, TPI claimants are being deliberately screened out the system because military comp. legislation is bound by a defunct rule book called SoPs, It is static, irrelevant, is behind the scientific times and fails to be of any use to claimants with systemic diseases or multiple disease/injury's which immune and nerve disorder often cause.
139. For example. I for one had my lumber spondylosis injury claimed declined because SoPs says I had to have been lifting weight over 35 kilo grams for X amount of hours. As a Wran I was restricted to lifting only 15 kg so did not make the qualifying threshold despite being a storeman lifting weight over 20 kilos on a daily basis as part of my job ordered requirements. To bad says SoPs so sod off. So I did.
140. Apart from disclosing ADF work place breaches I was doing, the SoPs legislation told me that I, as a Wran storeman, was not covered under military compensation for the injury I was most likely going to be suffering from due to the nature of my job type.
141. Storeman work is a recognised 'back breaker'. It's an identified work place hazard. It comes with the territory. So for the Crown to employ me to work in a storemans position without recognising me under its military comp is both :
- Discriminatory- men are covered but not the women
 - Negligent as under 'duty of care' legislation I was operating under during my time in service
142. MRA commission allowed this SoPs oversight matter to go unchanged for 18 years before they dropped the weight lift/carrying threshold to 20 kg. That only came about because I raised it at the VRB table in 2018. 3 months later they acted on it. I shudder to think of the number of ADF storewomen with back injuries who had their injury claims declined under 'defective SoPs ruling over these years. Its appalling standard of service delivery by those in charge of administrating our 'after care' is all I can say
143. Because my storeman service job related back injury was declined under the old SoPs I now have to go through the whole sordid paper work process to get it accepted under the new threshold. That means more tax wasting paper work to be completed, and my slow death from 1000 paper cuts continues.

144. All this pain and suffering could be avoided if MRA (or who ever is responsible for setting the rules for military comp) had in place 'presumptive legislation' . Similar to what the fire fighters union got up and running for their workers when they developed cancer from PFAS exposure. Its all about recognising inherent injury risk and providing financial protecting in the event does occur. Its called being ethical.
145. Presumptive legislation can be used for all industry recognised work place injury's. Asbestosis, Silicosis , are some of those disease that would come under presumptive legislation if they are not covered under existing compensation schemes.
146. Had presumptive legislation been in place, I could have used this get my back injury accepted. Instead I have been pushed back to the end of the que where I now have to waste tax payers money fighting to have it accepted under VEA SoPs red tape.
147. I would love to know how many lawyers and public servants I am feeding while I am doing this red tape paper work. Has the MRA bothered to do an audit to see how much it cost the tax payer to use SoPs legislation as a nano holed screening system to keep people like me out the system
148. It has cost me \$28,000 in legal fees so I would say it has cost the tax payer double that to fund DVA's legal dept to dig up dirt on me. (which they failed to do) in pursuit of blocking my SRCA claims I had in the pipeline.
149. Money I lost trying to access my financial security service owed to me by the gov. My list of greivence is exhaustive and can be supplied on request.

Unethical workplace practices by the ADF

150. It is my assertion, that had ADF been a responsible, compliant employer, and not used injury causing abuse (in all its forms) to manage my work performance standard and then push me out of service because the damage done was to far gone, I would have discharged a healthy young person . I would have entered civilian life as a productive economic contributing citizen : much like civilian youth do when they move in and out of their civilian jobs throughout their ordinary working life.
151. I would not have been left homeless and running for my life post discharge like I was. Along with me, are the other 4,000 to 8,000 present time homeless veterans that give testament to ADF's current failings to appropriately manage and support their injured veterans . (4000-8000 ex-veterans are recorded as living as 'at risk of homeless' or on the streets. That is close to 5% of the homeless population.)
152. Despite these statistics, the PC still saw reason to put ADF in charge of these very same complex needs cases. It defies reasonable logic if one were operating from a veteran centric stand point.

153. It is submitted that deep consideration should be given to the fact that a service member is locked into a mental cage by their service agreement: otherwise known as an indentured labour contract with the crown.
154. This contract condition involves the surrender of all rights. This allows DOD chain of command to successfully use abuse to control service member behaviour. That also includes using bastardisation to discourage injury reporting. Even if the injured member is willing to report the injury, the ADF medical branch will put a stop to it going on record correctly ,

Or worst still they will apply their malpractice expertise to push the patient over the edge or poison them with drug abuse or leave them with multiple injuries so when they do go to lodge a claim they wont past the 'stand alone test' that exists to screen out the most severely disabled of the crop.

Reasons Not to Replace DVA with DOD

155. The fact a veteran ends up on the streets when they started off extremely fit, healthy and financially secure productive employees of DOD is compelling evidence alone that :
- DOD is not fit for purpose to manage long term veteran health and wellbeing post discharge as the new model seeks to have them do.
 - The ADF is far from being a ' model litigant' with regards to self regulating, mitigating and managing its own service related injury risk factors as the new model proposes they do to reduce injury rates for fiscal reasons.

In other words, the DOD/ ADF cannot be trusted to do this extension ' care provider 'task lawfully and without further harm and injury. It simply does not fit with existing ADF cultural practices as my DART file proves. (supplied on request)

156. For example, all the ADF hierarchy need to do to keep injury claims lodgement numbers down is rely on their military lawful use of abuse and bastard (abuse of powers) as tactics to thwart serving members injury reporting. They have been using this method on injured veterans since the 60's .It was/is effective in keeping 'invalid status' rendered veterans from gaining a medical discharge with pension afterwards. It was done maliciously callously and was an act of robbery and theft of the disabled veterans and represents a human rights abuse /discrimination and exploitation of a vulnerable person in the community.
157. For an insight into how the ADF use abuse, torture and bastardisation on its serving members to keep TPI veterans from accessing their service contract remuneration entitlements, please refer to my application for retrospective consideration for invalid pension (supplied on request).This official document details the full sordid story on RAN mistreatment of me during my time in service.

Compromised Privacy and Retaliation

158. The proposal to make DOD the replacement for DVA, essentially exposes me and other victims of abuse to further abuse by criminals working in the dept.
159. Over 160 offenders reported to DART by victims are still active serving members.
160. Any one of these criminals could be posted to the claims department and have access to their victim's personal information. I know of one case in which this is currently an issue of concern.
161. This stat. figure does not include members who have not reported their sex assault to the DFO or DART for reason related to retribution which I covered earlier in this submission.
162. Some medical officers are required to advise on injury claimants' conditions. It is quite plausible to surmise that an offender gets posted to Comp dept. As such a DVA pensioner's file will be accessible to this person. I cannot think of a more compromised situation. The consequences for the claimant/pensioner could be dire.

My compassionate request to PC to acknowledge and consider my submission carefully

163. This submission brings to the surface many extremely emotional and painful events in my life and in my experiences with the military. They are very real to this day and the memories refuse to die. My submission at times reflects my pain and emotions. I don't resile from this as the victims such as I are real people who need to contend with the damage that they have been exposed to by the military and the DVA. My pain is reflected in the style of my writing in this submission. My submission includes the pain and is not a sanctified emotionless legal document.
164. I respectfully ask the PC to abide by its own veteran centric rhetoric and consider my feedback submission with high importance. So that it best serves the veteran community and not the other 'self-appointed experts' and stake holder who dominate the attention stage for their own financial benefit.
165. You will know who I refer to. They are the ones who manage to get the front row seats into the PC ear and push us small fry to the way side.
166. RSL/ESO organisation & advocates, DVA, lawyers, financial institutions and medical professionals who claim to be experts on veteran's lived experiences , but are not.

167. They simply have a ‘self-interested stake’ in how the funding pool is divided up that best meets their organisation/shareholders needs.
168. The veteran is merely the fodder these predators use as bait to catch the funding round fish.
169. This generalised criticism of the veteran supporting services sector springs up from :
- My failed personal experience trying to access ESO’s for injury claim advocacy assistance on a number of occasions that played into my financial losses and delays with claim lodgements and the receiving of incorrect information.
 - My own welfare /community service industry knowledge on resourcing funds and how NFP organisations keep their core business operations viable through funding opportunity’s: one of which is including programs for veterans. Funds obtained can then be used to ‘prop up ‘ other programs or services that are not funded as easily as others are.
 - The fact a huge number of charities and trust that nominate veterans as a beneficiary exist, 3474 to be exact, demonstrates that the veteran cohort garners accessible funds . This figure was extrapolated from an ESO mapping project undertaken by the Aspen foundation in 2015 that had located 69 VSO’s across Australia and 19 trusts all revolving around veteran cohort
https://www.aspenfoundation.org.au/sites/default/files/ESO%20Mapping%20Project%20Report_Screen%20Ready.pdf.
170. Despite this high volume of veteran community resources available for veterans out there waiting to throw support or assistance our way, between 4000 to 8,000 veterans have still fallen through the cracks.
171. This is a clear indicator to me, as a social worker, that a good many of those agencies do not have their ‘veteran cohort’ clients best interest at the fore. They may very well be using them simply as a cash cow as some recent media reports have revealed. (5 milion missing from RSL springs to mind)
172. This is a problem across the community service sector and not a veteran only issue
173. This ‘indirect’ exploitation of the ‘rather isolated’ veteran community contributes to the current disabled veteran’s poor outcomes.
174. It is the veterans voice who needs to be heard first and the strongest so the PC can hear what is happening at the real coal face in real time . That is what ‘veteran centric focus’ means. It should not be coming third hand, sanitised or biased in favour of self serving stakeholders perspectives: particularly from the faceless men in the financial sector who claim they are ‘acting in our best interest. Because the suicide death rate facts tell otherwise.

175. It is they, I argue, who have also ‘indirectly’ contributed to much of the ex-vets misery, the deaths , the suffering , we disabled veterans and DVA service users are being subjected to while navigating the dangerous road of compensation claiming.
176. Its these ‘back seat ‘drivers, whom seem to have too much say over their ‘clients’ health and wellbeing outcomes and should not have . They are not accurately representing the disabled community as very few walk in our shoes.

ESO

177. Recent involvement with several different ESO orgs had shown me that being ‘skilled up on both sides of the fence’ is not a job prerequisite to be a veterans advocate. In fact, I do know from my professional working knowledge as a crisis housing worker that RSL advocates are not trained in any welfare sector work beyond offering a sympathetic ear.
178. This ‘lack of capacity’ by the veteran supporting services sector adds one more indirect and avoidable reason why veterans are ending up ‘on the streets’.
179. The RSL is not a health care/social service organisation. They do not have specialist professionals on board supporting complex needs service users.
180. For many ex veterans, ESO’s turn into the guiding light when crisis befalls them. They act like a moth being called to night light. This has both positive and negative repercussions.
181. While the positives are implicit and I have covered them earlier in the paper, it is the negatives that need improving. Not having qualified health care or social welfare officers available 5 days a week doubling up as military comp claims advocates, or working alongside them, put veteran’s in crisis at ‘high risk of harm. It can contribute poor outcomes in the long term.
182. ESO, that offer counselling / advocacy work, that are not fully resourced are left wide open to failures and disappointment by the veteran community. For the ‘veteran in crisis’ it could very easily lead to an escalation in their health or housing set backs they many never recover from.
183. Disappointing experiences from ESO advocate happen for a whole range of administrative, volunteering and funding reasons that are too broad to cover. Its not about blaming ESO’s claim advocates ,who volunteer out of a genuine concern. It has more to with the fact they are :
- Under-resourced
 - doing lots of work that should be done by DVA
 - in ‘damage control’ mode
 - swimming outside their depth and in the shark tank without consumer protection laws on their side.

- are up against an adversarial legal system that operates from an ‘open tax payer chequebook’
- funding restricted
- generally only trained in military comp. legislation
- Are volunteers who donate their time to community.
- Who themselves have limited knowledge bases, time energy and skills on offer.

184. My point being is to highlight the limitations that ESO’s operate under that when combined with pervasive reluctance for the veteran community to step outside its own bubble adds to the burden of disease and poor prognosis for those veterans who find themselves in critical need of supports.
185. Disabled / incapacitated or medically discharged, war affected, veterans present as one of most complex needs members of the community . They require specialised supports, delivered by specialised workers and veteran friendly/informed agencies. (veteran centric) . It is for this reason, this community service agency employ highly trained social workers and professionals to deliver their services when working with the marginalised citizens of our community. They are sufficiently resources to deal with the presenting issues of at’ risk of suicide’ clients, medical crisis, mental health crisis, disability barriers, safe housing and so forth.
186. To my knowledge , ESO’s do not offer this level of intensive support. Had they done so, I would have been informed of their presence in the community ; as part and parcel of my social networking I engaged in whilst working in the civilian welfare sector. .
187. If I didn’t know they existed , what chance does a discharged veteran who breaks down years later have of finding out about supporting services both in the ESO sector and in the welfare services sector if no one informs of these free supporting services.
188. This lack of ‘veteran specific’ services information dissemination of , still occurred despite over 3,400 ESO’s and other veteran friendly service operating in Australia wide. Clearly, none of these ESorgs bothered to step outside their office to connect to their local community, to work together to improve their veterans long term outlook.
189. Had they done so, I would have been aware of who operated in my local area and referred veterans on to these agencies. Because I was not, I subsequently treated homeless veterans like all the other homeless men were treated. Referred onwards to a rooming house where they were housed with existing prisoners, drug addicts and other complex need people: which worsens mental illness.
190. This is why I am extremely critical of ESO’s who claim to be veteran focussed.
191. They could be more pro-active in their client support delivery and engaged with the wider community service sector such as financial counsellors and social workers networking around in the community more than they did.

192. Alternatively the larger orgs could have employed their own fully qualified social worker to work onsite from funding they receive . The RSL could easily afford to employ one. Why haven't they?.
193. In doing so, the skilled up and veteran centric ESO will be in a more resourced position to support the veteran in crisis towards a more favourable outcome.
194. Because the ESO architecture is reactive in operation, **it has led to very few skilled up and fully informed defence experienced/social work trained advocates circulating in the system.**
195. Consequently, much of the feedback the PC will get from these other stakeholders, (with the exception of a few very good and vocal disabled veteran advocates on the podium who need to be heard) will not necessarily be truly reflective of their service users perspective, as much as we would like it to be.
196. In other words , the actual injured veteran voices is coming to the PC table as third hand information that has been filtered through the lenses of someone else's biases , attitude and limited education or sector knowledge.
197. It is for this reason I lodge my submission . So that the PC have firsthand insight into the dual landscapes in which veterans discharging find themselves in, and how these territory's can be joined together to make it work for injured veterans as a whole supporting architecture. And not as the fragmented one that currently exists.

The Cwlth.government is guilty of misleading the veteran community.

198. Equally disturbing is the fact I knew nothing about the Dept of Veterans Affairs as a compensation agency or about military compensation or CSA/DFRDB income sources . This was despite being a veteran myself. I was totally ignorant of its existence.
199. Important information awareness that should have been part of my professional working knowledge base as a specialist social worker one would argue.
200. This constitutes an act of deception being orchestrated against the veteran community as far as I am concerned.
201. By not informing the financial counsellors/welfare workers working in the welfare sector, meant any veteran in crisis, who found himself/herself seeking community service support , was unlikely to be' adequately informed about whose door they should be knocking on' for tailored specialised support.

202. Adding more layers to this deficit of important financial literacy information, is the fact that ADF veteran cohort profile and its employment related injuries are very unique. They are not typically shared by the rest of the community. This means, civilian community service worker/social workers/homeless housing sector worker may lack the 'insight' needed to garner client rapport from the defence industry when veterans in crisis present at their agency.
203. This can create an obstacle or barrier to service access for the 'at risk' veteran and unless the civi welfare worker as the relevant resources to refer to immediately , he/she runs the risk of not picking up the client in a way that will elicit positive results for them.
204. It is well accepted in the welfare sector that a distressed clients very first point of contact experience with the community service sector, crisis support worker, or advocate, is the one that determines their attitude towards the agency from that point onwards. That encounter, determines whether they return back for more support, or run away from it to find their own way through. It sits at the foundations of best practice.
205. This first time client response is equally applicable to ESO advocates. **It is the reason why ESO advocates play an important role in the veterans health and wellbeing in its own right.** They can be pivotal in the veteran safely riding out a 'tough time' or scare them off asking for assistance again: if they had been met with 'unhelpful advice' or lack of interest' factors.
206. Therefore, it is critical , that both the civilian support services sector and the veteran supporting services sector communicate with each other. They both need to know who is operating in their local catchment area. This way when a veteran presents ' at their agency in crisis, the advocate can connect their client to all the services available around them, and not just those restricted to their customer base. And vice a versa.
207. Because this communication does not go on between the veteran community supporting services sector and the civilian welfare sector, I believe ,this 'gap in service provision , in directly contributes towards disabled veterans falling through the gaps in the broader sense.
208. Had the RSLs employed suitably qualified personnel / tertiary qualified advocates to manage veterans claims processing& offer crisis support, I believe that the veteran homeless statistics would be half of what they currently sit at. The suicide rate may also have been lower marginally.
209. I cannot speak highly enough about the importance of crisis support as an effective strategy to avert homeless, suicide or a persons circumstance from deteriorating..

210. Having these services free and accessible at the coal face has helped 1000's of family each year avoid homelessness and or injury to self or others occurring. They act as a 'safety net ' for when we fall down.
211. Community Crisis support, forms part of the 'emergency service sector (ambulance, fire brigade) and ought to be given the recognitions it deserves.
212. This tells me a lot about the ' mushrooming effect ' that currently goes on by:
- DOD
 - ESOs .
 - Mental health care professionals
 - DVA
 - The Cwth government

Mitigating the Damage if DOD Replaces DVA

213. In the event, the proposed model goes ahead as planned, I would like to see the following 'safety net' financial counselling service rolled out/set up , to capture those veterans who find themselves exposed to DOD's 'underbelly side'.
214. Financial counselling service operates from a client centred principle and practice and it works exceptionally well in supporting people in crisis and in financial hardship that precedes homeless.
215. I would like to see it fall under the governance of VSC if possible.
216. It could be a 'life saver ' for any veteran who finds themself in crisis if it was done in such a manner to be easily accessed .
217. Delivering a 'veteran specific' financial service in the wider community will ensure , low income earner/at risk veterans:
- Are referred onwards to the most appropriate NFP service provider in their local community for immediate assistance if required ie; D&A , mental health , DV support, ER. etc
 - Are sufficiently informed about financial resources available to them such as Centrelink, superfunds, insurance protections and military comp income supports
 - Assist them with the supporting documents and reports needed with claim forms
 - Offer advocacy support with paper work filling and communicating with authorities
 - Offer emotional counselling support that focus on self reliance and independence to assist them to adjust to civilian life and restabilise their disorientation.
 - Address financial hardship issues & Avert risk of homeless when in crisis

218. Qualified Financial Counsellors could operate from any NFP agency in any local community and do not need to be tied to ESO's. In fact it would be more practical to have them spread across both sectors.
219. Had I received such a service when I discharge decades earlier, disabled and in a terrible state, I would not have led a life of homelessness and mental decline like I did.
220. Counselling and ER saved my life when I was at the lowest point in life many years earlier. Had I stayed inside the veteran bubble , I would have died decades ago.
221. I now request the PC to introduce this critical service in your framework of reform for injured veterans. So that they have a 'safety net ' in place for when your model fails the vet community.

Abuse of Power

222. Namely, legal fraternity's and public servant domain alleged abuse of power and rorting of tax payer money that no-one seems to be noticing . (evidence supplied on request)
223. Making changes to the current system, without delving deeper into the murky world of legal representative /DVA misconduct activity will be pointless: unless the PC address this area in its house keeping agenda I request take place.
224. I allege that corruption activity by the legal fraternity and within the public servant domain, is a primary causal factor in injured veteran/claimants distressful experience they incur when attempting to lodge an injury claim.
225. This covers the DVA legal team / their subcontractors and the plethora of private legal representatives that are exploiting vulnerable veterans because they can and get away with it without consequences.
226. It is these' background stakeholders' who play a very impacting role in veterans outlook positively or negatively along with the main drivers covered above and thosed noted in the draft reports finding : who also need to be moderated and held to account beyond what is in place. They all make lodging a claim turn into a liability factor.
227. In actual fact, lodging an insurance/compensation claim is a simple task. It's when it lands on DVA's service desk that a claimant is met with mind blowing 'gate keeping' activity . Such as:
 - Work performance that goes way above and beyond what is considered fair and reasonable 'checking'
 - Multiple maladministration activity (I have over 30 errors recorded on my file I have had to sort out)

- Privacy breaches
- Dispute resolution delays & obstructions
- Doubling up of MLCOA assessments due to delegate errors
- Tax wasting legal defence case arguments that are baseless and go no where except generate a huge legal bill for the claimant.

228. My own experience navigating the appeals channel with legal representation was a negative experience that placed significant burden my mental and financial health. That I contend should not have been required in the first place had DVA delegates not acted outside parameters of law.

229. I have a background skilled in administration paperwork. Lodging an injury claim should have been straight forward for me: but it was not. This demonstrates to the PC that if I was not able to get my, since 'compensable injury claim' accepted, how difficult it must be for others unable to secure representation will find it. That is why they give up and end up on the streets or choose to die. They are quite literally being robbed by their employer.

Conclusion

230. I contend that the draft model has a long way to go before it can be considered 'veteran centric.

231. To get there, it will first have to:

- Ideally, choose an alternative service provider than the DOD.
- If this is not possible, put DOD through a RC before handover date;
- If not possible , have protective measures embedded into the final draft model .
- Remove or prevent corrupt and incompetent public servants, from finding a position in the new architecture using protective measures.
- Put in place a 'good and proper' persons character test that job applicants must meet. Police checks don't screen out narcissist , and psychopaths that are produce by ADF 's work place culture and training exercises.
- Install a Cwth Public servant crime commission agency so that victims of abuse, maladministration activity and misconduct in public office can be reported and investigated. Incl. powers to prosecute. (OCO & DFO) are nothing more than 'paper shufflers' .
- Work towards dispelling false circulating myths to remove the stigma attached to being an injured veteran seeking compensation or on a pension.
- Tidy up the ESO sector by reducing the number registered for funding and ensure those left on it have access to greater funding.
- Allocate any future veteran funding opportunities to ESO's so they can 'capacity build. I would go on further to suggest avoiding giving the mental health sector more money . They mainly contribute to the broader drug problem that plagues the low income earner cohort. What vulnerable & low income earners need is

overcome hardships and adversity is resources and quick access to them to stabilise their circumstance before they get out of control. Not more medicating. Medication for the sake of medicating in order to tick the 'treatment provided' box that the insurance industry requires claimant to be taking and psyches to be prescribing, is not veteran centric'. Mental health exasperations can be ameliorated with practical assistance, the correct advice, advocacy and Emergency Relief funding access. If this therapeutic intervention works quite well for the general public, it will certainly work for the veteran community.

- Clean up the legal fraternity and have those found to be acting unlawfully prosecuted or removed from the bar. Have lawyers sit the good and proper person character test yearly.
- Install and fully fund financial counselling services, who are trained in military comp. and locate across the broader community. They will bridge the gap that is clearly what the new model is striving to achieve.
- Set up a generous Emergency relief fund for eligible veterans in crisis can access administrated by VSC or ESO or FC's
- Add on to the premium levy idea a 'infringement for wrongdoing system' with payment going to ER fund. This ensures DOD engage conscientiously as both an employer and as the military comp. service provider and claimants have protective recourse in the event DOD deviates from ethical conduct.
- Adopt and Implement the Victims of Abuse in ADF' support groups 'The Plan' proposal. This will discourage the ADF from condoning the 'use of abuse' to manage its workforce with.
- Recommend, the Victims of the military comp. architecture system failings that have been offered a parliamentary apology. 50 years is a long time without correction, and the losses we have sustained have been profound.

232. Improvement to veterans wellness and long term productivity via a veteran centric framework can only be achieved if the reform model included the extra safety net systems, oversight agency, and disciplinary protective measure as part of its recommendations.

233. If this could be done, I sincerely believe the measurements of success would be:

- Massive reduction in the number of veterans seeking legal representation to lodge a piece of paper.
- Military comp claims will be processed within specified time frames, without error and case managed to maximise favourable outcomes for the claimant.
- Defence related Abuse injury's will be consigned to the history book
- A high rate of general permanent force veterans will discharge in the condition they joined up in - fit strong and healthy (if not involved in special forces work or theatres of war)
- Reduction in silent brain injury (mental health illness and nervous system diseases)
- Discharging veterans transitioning without duress
- Veterans feel supported and satisfied with what's in place. – have no complaints

- Drastically reduced number of veterans who fall through the gaps – end up homeless
- Huge Reduction in Domestic violence rates in the broader community
- Huge reduction in liver damage and silent brain injury from substance abuse
- Huge reduction in ex-vets joining the outlaw motorcycle gangs
- Huge reduction in need to seek mental health services
- Noticeable reduction in veterans needing to discharge themselves from life all together because they wont be suffering from brain injury from the outset.