

Comments on Key Points

I don't believe the system is totally broken. Yes, it does need some fixing. Once a veteran has completed his journey through the claims process the system works well. I believe that the department is understaffed with experienced delegates and has been for some time. There are too many contractors that seem to come and go. I agree the computer systems are totally outdated and require upgrading which is happening.

A wholesale change of the system isn't required to achieve best practice features.

DVA should remain a separate department with its own Minister and secretary. Veterans policy should remain within DVA. Moving it to defence will only cause problems. Defence is there to fight and protect the country DVA is there to protect Veterans.

I don't agree with an annual premium being levied against Defence.

A joint Transition Command should be set up in Defence.

DVA's Veteran's Centric Reform should continue to be rolled out, however it should be recognized that Advocates need to still access the online claims portal. All claims should be lodged by the online claims portal when being done by Advocates. Some work needs to be done on the portal for it to work properly.

We should be moving to 2 acts sooner rather than later. It could be a 2-step process those electing option 1 could stay with VEA, while the others can lodge claims under DRCA and MRCA while the legislation for option 2 is being written.

Draft Recommendation 8.1

After considerable deliberation on this recommendation I disagree with this recommendation. Both SOP types should be retained. If the decision is to only have one SOP and that is the Balance of Probabilities (BOP) then this will disadvantage many veterans that have qualifying service. The Reasonable Hypothesis (RH) is more beneficial to veterans with qualifying service. SOP's that have time limits for lodging claims, e.g. Osteoarthritis claims either have longer time limits from end of service to date of clinical onset or no time limits at all. Passive smoking there are many SOP's that have passive smoking as a factor in the RH SOP's but not the BOP SOP's. Exposure to chemicals e.g. Benzene and Agent Orange are factors in RH SOP's but not BOP SOP's.

An example is a 68-year-old Vietnam veteran who has developed Osteoarthritis in the right knee and both hips as well as Lumbar Spondylosis, he has had no other Osteoarthritis claims accepted. He is on 100% of the general rate due to other accepted conditions. We lodge a claim for Osteoarthritis in the right knee and both hips as well as Lumbar Spondylosis using the RH SOP, he meets the lifting and carrying factor, the veteran receives enough points to give him 70 points and a lifestyle rating of 6, this veteran would mean the veteran would be eligible for EDA. If the BOP was used the claim would be rejected due to the 25-year rule not being met.

Information Request 8.2

I don't believe there is any need for the SMRC.

Draft Recommendation 8.2

Agree

Draft Recommendation 9.2

Agree

Draft Recommendation 9.3

Agree.

In addition, if a claim is to be rejected the delegate ring both the advocate (in the first instant) and the client to see if there is any additional information that will allow the claim to be accepted.

Draft Recommendation 10.1

Agree

Draft Recommendation 10.2

Agree

Draft Recommendation 10.3

Agree

Draft Recommendation 11.1

Disagree

Draft Recommendation 11.2

Disagree

Draft Recommendation 11.3

Agree, should at least consist of 1 junior rating from each service, compensation and welfare advocates.

Draft Recommendation 11.4

Disagree

Draft Recommendation 12.2

Agree

Draft Recommendation 13.1

Agree.

Draft Recommendation 13.3

Agree

Draft Recommendation 13.4

Disagree

Draft Recommendation 13.6

Agree

Draft Recommendation 13.7

Disagree

Draft Recommendation 13.8

Disagree

Draft Recommendation 14.1

Agree

Draft Recommendation 14.2

Disagree

Draft Recommendation 14.3

Agree

Draft Recommendation 14.4

Agree

Draft Recommendation 14.5

Agree

Draft Recommendation 14.6

Agree

Draft Recommendation 17.1

Agree, however speed up the process.

An example of VRB decisions not being passed back to DVA is in December 2017 the SOP's for Sinus Barotrauma and Otitic Barotrauma were amended to have a factor added working in a submarine. Since this amendment I have lodged 6 claims for Sinus Barotrauma, Otitic Barotrauma and Sinusitis, of these 6 only one has been accepted at the primary claims level, one is awaiting a decision, one is at section 31 review and three went to outreach. All 3 at outreach have been accepted. The one at section 31 review and one of the outreach claims are related to an engine run-on incident on HMAS Onslow in 1981 where a sailor died. Both of these claims included the board of inquiry where it discussed the engine run-on and the vacuum pulled in the Submarine.

Another Submariner that now has his claim for Sinusitis at the AAT, he is being frustrated by the attitude of DVA. As we have conducted a survey of 345 Submariners, as of today we have received 116 replies, of these 110 have had a Sinus Barotrauma, 3 unsure and 3 have never experienced a Sinus Barotrauma. In addition, 47 have been diagnosed with Sinusitis.

It is my intention to lodge claims for all those that have experienced a Sinus Barotrauma if they want.

Attached is the Questionnaire.

Regards

Ray Kemp JP

SUBMARINE SERVICE AND RECOGNITION BY DVA: SINUS BAROTRAUMA

Due to the great efforts of Ray Kemp, the Department of Veterans' Affairs (DVA) has added submarine service to the list of recognised causes for the condition of sinus barotrauma.

Sinus barotrauma is defined by DVA as “inflammation, oedema¹, or haemorrhage of the mucosa of a paranasal sinus arising from inequalities in the barometric pressure between the surrounding atmosphere and the air within the sinus cavity. Sinus barotrauma is also known as aerosinusitis, barosinusitis and sinus squeeze.”

In other words, sinus barotrauma presents as pain around the cheek bones, sinus pressure, tooth pain, nasal bleeding and similar, associated with rapid fluctuations in ambient pressure. Sinus barotrauma occurrences can lead to later complications in life such as sinusitis and sleep apnoea.

While it is welcome news that submarine service is recognised by DVA as being linked with sinus barotrauma, what is less encouraging is that DVA is refusing to accept many claims for this condition owing to the lack of medical records of Australian submariners specifically stating that the individual experienced any sinus barotrauma while serving in submarines. It is evident that most DVA staff dealing with these matters have minimal, if any, understanding of conditions in submarines, and refuse to acknowledge that for *Oberon* Class submariners in particular, medical records were simply not kept at sea. In the eyes of DVA, if it is not specifically recorded that a sinus barotrauma was experienced by a submariner on a particular date, then ‘it never happened’. In order to correct this misapprehension, it is intended to gather data to present to DVA to illustrate how common was the experience of sinus barotrauma, and how much it was simply a routine occurrence of life as a submariner that it was not reported and hence rarely, if ever, made its way into an individual's medical records. You can assist in this endeavour by answering the six simple questions below, and then e-mailing your responses to John (‘Polly’) Polglaze who is working with Ray on this project, or else to Ray himself

Please use the term ‘Sinus Barotrauma’ in the subject field of your return e-mail.

‘Yes’ or ‘no’ responses are all that are required for most questions. Names and contact details are not necessary, but are preferred in order to facilitate any follow-up or assistance with any future DVA claims. All the responses will be collated and only aggregated numbers, not names and details of respondents, will be presented.

Responses are requested to be submitted by no later than 21 Sep 18.

1. Did you serve in Australian submarines, and if so, for how many years?
 - a. *Oberon* Class?
 - b. *Collins* Class?
2. Did you ever experience sinus barotrauma (as defined by DVA) while serving in Australian submarines, such as while snorting, during a vacuum test, or similar?
3. Did you ever officially report experiencing sinus barotrauma to the Chief Cox'n onboard or to medical staff ashore in either HMA Ships *Platypus* or *Stirling*?
4. If you did experience sinus barotrauma as a result of submarine service, to the best of your knowledge do you know if this is formally recorded in your official medical records?
5. Did you serve in any of the following submarines when they had:
 - a. HMAS *Otway* 1979 engine run on?
 - b. HMAS *Otama* 1980 engine run on?
 - c. HMAS *Onslow* 1981 engine run on?
 - d. HMAS *Orion* 1986 excessive vacuum?
 - e. HMAS *Orion* 1987 excessive vacuum?
 - f. HMAS *Collins* 1994 on first engine run when both tunnel doors were opened at the same time?
6. Have you been diagnosed with sinusitis or sleep apnoea?

¹ An oedema is the collection of excess watery fluid in the cavities or tissues of the body, such as mucous membranes

Please forward this questionnaire to your submariner mates – the more responses the better for all of us. If you have any further questions or ideas, please contact Polly, either by e-mail or phone .
Thanks,

John and Ray