

Submission for Rehabilitation.

By Peter Hawes

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- There are problems and issues within the whole Defence medical discharge system. I have had issues not just with DVA. Issues with MCRS (DVA), Com Super (DFRDB), and even the whole Defence final med board discharge system. Many times I have been in the situation where I have felt so depressed and confused with frustration over the number of “hoops we have to jump through”. Just getting the correct and legal advice of what to claim, how to correctly claim and what evidence that is required. Even to get the correct wording in the statement of evidence or even the correct “SOP”. For example, just to get my major depressive disorder with chronic pain factors. It has been applied for and reviewed several times over the years because the various delegates have disallowed it, as I have either not worded the statement correctly, or proved any link to a PTSD trigger / stressor! A condition which I had not even applied for.
- Throughout all of this discharge and DVA/ DFRDB approval, no one has ever considered what impact that all of this mucking around has on our relationships with our partners and families. Let alone the financial hardship and strain that all of this has on our families and even relationships with others. The first time my wife and family have ever been considered or even contacted is when we signed up with Mates 4 Mates, in 2015!
- I believe there are a lot of the DVA SOPs that have a specific wording that will exclude many sufferers of many conditions. Unless you can convince the public servant (not a doctor) on the other end with the correctly worded evidence in you statement that matches exactly that what is written in the S.O.P’s you will never get any claim approved. For example I am unable to get Tennis Elbow accepted as I cannot substantiate performing forceful and repetitive activities with the hand or forearm on the affected side for at least one hour per day, on more days than not, over a period of at least the three months before the clinical onset of epicondylitis. Yet I was a heavy vehicle mechanic for over 17 years. Performing field repairs on tanks, trucks and heavy earth moving equipment. Often moving / lifting the larger repair parts into positions with no cranes or forklifts. Using only hand tools as no air operated or electric tools were available. Changing large truck tyres and tank tracks using the vehicle C.E.S., sledge hammers, large crow bars. Carrying 2 x 20l water or fuel jerry cans, or even armoured vehicle radio sets and weapons alone as no one else was available or it was accepted practice to do these tasks alone. Isn’t tennis and golfers elbow a RSI?
- Even before discharge, defence culture has a poor understanding and management of personnel with physical and / or mental health issues. In my last 2 postings the OC’s did not know what to do with me. I spent 3 years in 5/7 RAR (Mechanised) as a Cpl Vehicle Mechanic and even 6 months as acting C Coy, Sgt Vehicle Mechanic (without any H.D.A), while I had a Med Class of B.E. (Base Everywhere, old med class system). Because SCEMA were unable to get anyone to accept a posting to 5/7 RAR, and as they had no spare postings slots for me to go north to Brisbane, to a base workshop. When I eventually was posted to Bris log Group for 5 years, I was being passed from pillar

to post. Working in the various repair departments and locations. Often due to staffing shortages, of both military and public servants, I was performing duties up to GSO 9 / WO2 level without any H.D.A. Or even recognition from the hierarchy, of what I had tried to do or even managed achieve with little if any assistance. Again at this DVA were unable at this stage to find any significant stress levels in my job to substantiate any claim for I.B.S. or even depression. All because with my many conditions no one knew what to do with me or how best to employ me. They even tried to post me twice out of there once to the old 4 Base Workshops in Victoria and then even 7CSSB at Enoggera, but when I contacted the units and informed them that I was Med Class 4 and discharge date was set as 13 Jan 2002, the units themselves then cancelled these pending postings.

- My final med board I feel was a total joke. Having to wait for over 3 hours, to see the civilian RMO Dr for approximately less than 20 minutes. I left feeling that he seemed to disregard a number of my conditions and even left out on my Med Board a number of others that were diagnosed and / or even undergoing treatment at the time.

- I was discharged in Jan 2002 under DFRDB and was classified as "A" class Med Discharge. I was then reviewed in Aug 2004. I did send them a list of my current symptoms and issues. However based on the medical information that they received in 2002, I was reclassified as a C class medical discharge. I had been deemed capable of working in a number of alternative professions some of which I only had a recreational endorsement, not a commercial licence or any industrial endorsement. I had tried twice to get them to review this decision and point out that there were missing conditions, however they refused. I am still on the "C" class medical pension. Even after being given an orthopaedic surgeon, 2 occupational therapists and an occupational physician opinions stating that I was only cleared to work 10 – 15 hrs a week with only a possibility of extending up to 20hrs if the right conditions job constraints were met, in a sedentary role with restrictions on lifting, bending, standing and sitting. I have even had tried to use lawyers on a "no win no fee" basis and they have gone as far as they will go for free, I was told that the next step for any appeal/review/reconsideration is to appear before the A.A.T and I would have to pay up front for them to act any further on my behalf. In Nov 2015 I found a sympathetic person in the reconsideration section at Com Super. So I reapplied for a review of retiring conditions, submitted medical evidence from my medical files. So they then had to receive original medical files from defence. Which then took over 6 months. Com Super then had to get defence to admit that each of these conditions on their own would have made me Med Class 4 and would be a reason for medical discharge. In Jan 2018, Defence finally accepted that I was suffering these 6 conditions and that they were missing from my DM 42 and even my Medical Boards, even when they are clearly written in my Med files. So now fast forward 5 months and I am still waiting for this matter to go before the board to see if Com Supper will now accept these "New" conditions and reinstate my A class pension as well as change the lies that were written during the MLCOA Medical reviews from 2004, when they changed my Med Class to C Class stating that I could now miraculously work 40 Hrs a week!

- I have been recently informed by a level 4 advocate, that due to the "excellent advice and assistance" I have been given by all the "so called discharge experts" I had handling my discharge process that I am basically "stuffed". Apparently I should have appealed to the A.A.T in 2002 to have the number of retiring conditions changed. Again in 2004 when I was reviewed and had my medical

classification downgraded, and again in 2008 when I had the lawyers involved. Now it seems to have anything “changed” or anything else “considered” I have to get all “new” medical evidence and reports (at my expense) to prove how my conditions have deteriorated, and how any other condition/s are service related / caused and should have been a condition which on its own would have been sufficient to have been medically discharged for. Then go to the A.A.T to appeal / ask for reconsideration / review Com Supers Medical Classification.

- I only ever received “Incapacity” payments from MCRS (D.V.A) (all of \$70.71 a fortnight) for my knees (as I received a lump sum payout for spinal issues, and as suggested by my lawyer at the time, I accepted their offer) for less than 2 years as at this time I was receiving an A Class Med pension from Com Super and a 50% General Rate pension for conditions accepted under VEA. They reviewed my case and “deemed me able to earn over \$122.50 per week in the retail industry”. Again even after being given the same information of an orthopaedic surgeon, 2 occupational therapists and an occupational physician opinions stating that I was only cleared to work 10 – 15 hrs a week with a possibility of extending up to 20 if the right conditions job constraints were met in a sedentary role with restrictions on lifting, bending, standing and sitting mainly due to my spinal conditions. I again have been deemed “capable of working full time.”

- With the whole DVA process it has taken 3 Reviews, 4 different advocates and 2 lawyers involved and over 16 years so far to be reclassified from 50% to 100% disability of the General rate. Since 2008 when I was granted 100% I have been unable to receive or be considered for either the Intermediate or Special Rate payments and will be unable until I reach the age of 65. The reasoning for this is I fail the “Alone Test”. I have not held any job for over 5 years and had to leave the paid employment due solely to my D.V.A accepted condition’s, or I find more doctors that will say that I am unable to work for more than 8 hours a week due solely to my accepted condition’s. DVA already have a report from 2007 by psychiatrists stating unfit for 8 hrs work, a week due to major depression. Yet I still fail the “ALONE TEST” as I also have “NON ACCEPTED CONDITIONS” contributing to my inability to work? Namely Irritable bowel, flat feet and tennis elbow!

All because I stayed home to be a “househusband” for the last 14years to raise our children, run our household, assist at school etc. While my wife returned to the workforce to financially support our family as I was physically and mentally unable to do so. I have also been informed recently by an advocate to be careful as due to my age (now over 53) that any further appeals or applications for increase will more than likely result in a reduction to my whole person disability percentage. As it is expected that as we get older most people will have some conditions naturally e.g. joint degradation, hearing loss, arthritis. In Oct 2015 my wife was made redundant and we had to survive on my meagre pensions and Centrelink unemployment over the Christmas period. Now my wife have found employment. Now we are both reached 53 and looking to our financial future in retirement. We really need some help and direction as to what we can do to help fix our situation. As combined we have only about \$70,000 in personal superannuation.

- the “Independent” MLCOA doctors I have seen just seem to ignore over half of what is being said, miss what seem to be critical information and also copy and paste information from other reports. One review I had with a so called “independent specialist” I was sent to for DVA, which Com Super have also used his report, most of the questions asked consisted of a yes or no answers. Can I

run, can I stand and can I sit etc. I tried to elaborate as to the distances, or any time limits I have found that I can do, but was told to answer with only a yes or no! What hope does anyone trying to explain what issues their conditions impact on daily living or even in the workplace have when the only answer you can give is a yes or no! He was even of the opinion that I was able to work as a heavy vehicle mechanic full time. 40 Hrs + without any restrictions or limits! Another said in his report that he had not supplied any Med files, reports or X-Rays and scans, however I brought with me an almost complete copy of all my medical files, rehab reports, X-Rays, Cat Scans, MRI's and he refused to look at any of these!!

- Even Centrelink has problems. I applied for a disability support pension knowing full well it would never be very much, due to the other payments that I receive. However what I got was, due to the delegate being unable to talk to my GP and Psychiatrist on the phone (1 phone call), and as I am unwilling at present to have a subdermal neuro-stimulator inserted in my neck. Which "MAY" only help with my neck chronic pain / tension head-aches. But it will have absolutely no effect on any numbness, muscle cramps or pins and needles down both arms and into my hands. This is caused by the damage to the nerve roots in my neck. Nor will it assist with the pain or other issues from the rest of my spine, he was unwilling to implant 2 devices. I was told by the delegate, "at present my injuries are classified as unstable and cannot be assessed at this time, new medical evidence may be required and you have 3 months to present it" as all my specialist's reports were over 2 years old and can no longer be used.

- I was happy and healthy when I joined the services and ready to do my duty. To go were ever I was asked to go, and to do repairs and other military activities in the field and while at home base that would make even the most liberal union or OHS representative cringe and run away in horror. What I got was a whole different story. So here am I am stuck in a form of limbo, too young to retire and too old to start again. Too experienced to have funding to be re-educated in another new career, too broken to work but not stuffed enough to convince the various review boards. Needing vast financial help to get all new specialists reports and a good legal team to combat any and all of the previous medical options that the various review boards have and still use against me.

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