

SUBMISSION TO PRODUCTIVITY COMMISSION INQUIRY INTO COMPENSATION AND REHABILITATION FOR VETERANS

I am an 85-year-old retired air force officer and have observed several factors that cause ex-servicemen and women problems when applying to DVA for recognition of injuries and compensation. For example, it took me five years and two applications to be recognised as a TPI. Although this was many years ago and conditions may have since changed, there is a feeling in the ex-service community that it is “all too hard” for older persons to lodge claims.

I want to make it quite clear that I am asking nothing for myself, although I cannot understand why TPI recipients cannot access rent assistance. A DVA representative once told me that rent assistance is part of the TPI payment. At the time I believed that but on later consideration I determined that all TPI recipients must be receiving rent assistance whether or not they rent a property – an unlikely scenario.

The process of obtaining help

To receive assistance from DVA is like going through a minefield. For example, let’s say a returned serviceman wishes to claim for a painful hip that prevents him from doing certain things and having a good night’s sleep. His GP has diagnosed a hip joint problem and the serviceman applies for recognition of this injury. On later examination the problem is diagnosed as not associated with the hip but caused by a nerve being pinched by a cancer. My understanding is if the serviceman’s claims for pain in the hip he will get recognition but if he claims for a hip joint problem, as incorrectly diagnosed by his GP, he will not – so it is back to square one.

The whole process of trying to get assistance is too difficult for many who require help. The above paragraph indicates that wording can play an important role in a claim and it is unreasonable for DVA to expect potential claimers to get it right. If applying for recognition of injury was easy, there would be no need for applicants to seek help from welfare officers.

I personally had a very bad experience when seeking home help through DVA. Not knowing what was available or how to go about the process I telephoned DVA just after 9 o’clock one morning. I spent the rest of the day on the telephone going from section to section, department to department until 4 o’clock when I was told to ring the number I first rang in the morning. I was so upset and frustrated that it took me a week to get over the episode, and what really hurt was that I still did not know how or where to get help. It was only after I wrote to the Ministers for Health and the Minister for Veteran Affairs that I was pointed in the right direction, although, the officer in the Health Department who answered my letter referred me to a website and documents that I had difficulty in interpreting. I had mentioned in my letters that some servicemen and women wishing to get help may not have a computer or be proficient in using one. This statement was obviously ignored.

I finally was shown the way forward and requested evaluation for home help through the Department of Health. Six weeks later I was interviewed and after a further six weeks was granted home help. You may think that that was the end of the story, well it wasn’t. It turned out that no-one could tell me the names of help providers in my local area. Also, the cost of help (2 hours a week) was going to be \$62.50 an hour. Obviously, that was ridiculous as the

hourly rate for the type of help I needed was about \$23/hr. As I lived in a city of 26,000 people, I would be better off hiring someone locally rather than going through the health department.

So, once again it was back to square one. I finally managed to wheedle two hours a week out of DVA. Interestingly, during my day of phone calls I was directed to the DVA of another state and they told me if I lived in their state I could have as many hours as I needed.

Apparently, there is no set ruling and each state makes up its own rules.

From the above, the term “all too hard” becomes a reality, and something needs to be done to help applicants, especially those that are old and feeble minded. The answer is obvious, someone needs to go and hold their hand – a case worker.

Another example of “all too hard” has and is happening right now to an 86 years old colleague of mine. I have telephoned him on many occasions and encouraged him to apply for additional compensation and help for injuries he received while serving in the RAAF. “Yes, I will do that” is his answer but he has never got around to doing it because it is “all too hard”. This particular ex-serviceman also suffers from a stress disorder to such an extent he can see no reason to get out of bed before midday. He is unable to apply for help and the current DVA system is of no help in cases such as his. I doubt that his is an isolated case.

One of the main problems experienced by veterans, especially older veterans, is trying to contact DVA by telephone. A person who does not recognise the veteran’s condition answers the phone and although they try to help can do extraordinary damage because they do not understand the mental condition of who they are talking to. To a veteran, the DVA response to a call for help seems to fall on deaf ears and indicates complete lack of empathy, whether or not this is so. DVA appears to be an enemy on the other end of a telephone. Faced with a fight, the veteran does not want to progress the situation any further, he or she having fought their war while in the service and are now reluctant to face another.

It is a matter of DVA bureaucrats talking to ex-servicemen and women, and vice versa, whose thinking could not be further apart. Bureaucrats and veterans live in two different worlds and their thought processes are entirely different. The question is, “how do these two get together and successfully communicate”?

An alternative contact system is necessary and having a case worker would solve many of the above-mentioned problems. Some of the qualifications of a case worker are discussed below.

Case Workers

Let us look at what could happen if DVA used case workers. An applicant telephones DVA and asks for help. A case worker is authorised to handle the case and within three days telephones the applicant and asks questions to determine what help is required. The case worker also arranges a visit to the applicant, which should occur within a week of this phone call. This allows the applicant to organise a family member or a friend to attend that meeting if he or she so desires.

At the meeting with the applicant, the case worker is now in a position to determine the type of help needed and complete the necessary computer or paperwork. Also, the case worker knows more about the problems of the applicant than anyone else in DVA and therefore, should be the person to approve the application. The case worker then does all the arrangements to ensure that the necessary help is provided. Total time elapsed since the

applicant first phoned DVA, less than two weeks. The stress on the applicant has been avoided and hopefully a satisfactory conclusion achieved. More importantly, the veteran has a personal contact with someone in DVA.

If the original claim is not for help but recognition of a service caused injury and compensation then the case worker, having determined this on his or her initial phone call to the applicant, can approach the home interview with this in mind. The case worker, having determined that the application should proceed, would arrange medical test/reviews as advised by DVA medical staff. The case worker would also arrange any transport needed to attend these medical appointments. Once again, this relieves the applicant of some of the stress of these medical appointments. When the medical evidence is provided to the case worker, he or she would attend a Board of Review who would approve or reject the applicant's submission. The applicant may attend the Board of Review if he or she so desired, or if required by the Board to obtain additional information.

The case worker needs to understand and be able to tip-toe around the vagaries of mental disturbed veterans. In reality, the only people qualified to do this are returned servicemen and women who have lived with and personally seen the problems associated with being a veteran.

By employing case workers, veterans have one person in DVA that they can contact. They know that that person knows their situation, is readily available to help and can be relied upon for help.

Providers of Assistance

How medium or long-term assistance is provided also poses a problem. In my case, to stay in my home I need house cleaning and clothes washing and folding assistance, personal showering and dressing and some help providing meals. Currently, these services are provided by three different organisations because there is not one organisation that does all three. I am left to co-ordinate these services and this I find to be quite difficult especially when public holidays upset the normal routine. It would be so much easier if one organisation was responsible for all three services. I realise that new services would need to be set up and being outside DVA that does present a problem. If this cannot be done, then the case worker should take on this organisational role.

In Summary

By employing case workers, the whole sequence of assisting ex-service members in making claims or seeking assistance would be made as stress free as possible and a result determined in the shortest possible time – all done by the case workers, not the applicant.

Preferably, case workers should be ex-service men or women, who are familiar with conditions in the services and know what stress service personal are subjected to. It would entail DVA increasing its workforce in this area but should decrease the office staff and middle management necessary to run DVA. Therefore, any increase in DVA costs should be alleviated.

Service providers would need to be set up so that they can be better co-ordinated by one identity providing all necessary services.