***Submission to the Productivity Commission: Compensation and Rehabilitation for Veterans***

I’m not a current or former Defence Member, however I’m the wife of an injured veteran. I present this submission under my maiden name to afford a modicum of privacy to my husband: his story is his own to tell (not that he is currently able), nevertheless I am determined to take advantage of this inquiry to highlight my own struggles.

This submission does not strictly fit the Terms of Reference and this is because the inquiry lacks scope. By focusing solely on veterans (ie serving and ex-serving Australian Defence Force members) the Government forgets, or ignores, the family members who stand alongside those veterans. As a military spouse I have no platform to voice my own concerns, yet I am resolved to be heard. I have read that 5000 members leave the ADF each year, creating 5000 new relationships with DVA. These ‘contemporary’ veterans are more likely to have dependent children than their older counterparts who have been managed in the system for some years; so those 5000 new relationships should rightly include and acknowledge the struggles and hardships of many thousands of other people (spouses, children and other family members). After all, as is often cited by the Veterans and Veterans Families’ Counselling Service (VVCS) military trauma ‘*rarely occurs in isolation’*.

By way of brief summary: My husband is a highly decorated veteran of more than 20 years’ service; he has had multiple deployments. He entered the Army straight from school (via the full-time Ready Reserve Scheme of the 1990s); he was a career soldier with an unblemished record. A born leader. About 10 years ago he experienced ‘Category 1A stressors’ while serving overseas in a peacekeeping role with the UN; this was the beginning of his struggles with PTSD. Around 3 years ago while on deployment to the Middle East he was retriggered and re-traumatised (and ultimately MRTA); this was the beginning of the end of his military career.

**Family Hardship**

My husband was medically separated in May 2017 after a lengthy period of leave without pay. He hasn’t worked in any capacity since April 2017 (he is presently medically unfit to work in any job) and his DVA claims weren’t finalised until November 2017. Although I was working full time and had cut back on expenses as much as possible, without another income stream we were unable to meet our financial commitments and were slipping further and further into the red.

These were extremely stressful times; we have four dependent children and a mortgage. We had to beg cap in hand for hardship considerations from a range of institutions: our bank, health insurer and other service providers. My credit card was declined in the supermarket when I was buying groceries to feed my children. I had several broken windows in my home – smashed by my husband during various rages – these were covered in cardboard as I couldn’t afford to have them repaired. Ultimately we relied on handouts from an ex-service organisation to pay for basic necessities until the DVA claims were finalised.

**Support for spouses and dependents**

My husband has the following accepted mental health conditions: Post-traumatic stress disorder, anxiety/depression, alcohol abuse disorder. He also has a range of accepted physical conditions including osteoarthritis from a broken lower spine (injured during a night time static-line parachute jump while training at the PTS). He is a good man and I love him very much, but right now he is struggling. He is unable to work or to study, and often disengaged from many aspects of family life. Family relationships are strained and various friendships ruined. He’s on heavy medication and struggles with the activities of daily life.

Over the past three years the burden has been solely mine to care for my (below school age) children, manage the household, hold down a full-time job and provide support to my mental ill spouse who often presented extreme symptoms and behaviours (I won’t go into specifics except to say there were a number of times when I was put in fear in my own home). I struggled on until my husband’s second psychiatric hospitalisation for suicidality earlier this year, when I basically cracked under the pressure. I used to be a happy person with a normal life; now I’m receiving treatment for anxiety, depression and adjustment disorder. I also cannot see anyone in uniform – even in innocuous circumstances, such as diggers collecting donations for Legacy – without having a panic attack. The costs of my own psychological counselling, prescription medications, GP referrals, time lost off work, etc must all be self-funded. Apart from the VVCS, there is no mechanism to remedy or even recognise the abuses I’ve suffered or the trauma I’ve endured due to my husband’s service related illnesses and injuries.

When my husband was medically returned to Australia during his last deployment, the Department of Defence determined that he should be sent to Brisbane (where I resided with our 10 month old twins) instead of Sydney per normal repatriation processes. It was determined that placement with family would best support his mental health; yet the Department chose not to inform me of his return or offer me any support to help me cope with his illnesses.

When I wrote to the Minister of Defence last year to demand to know why I received no notification, information or support when he was MRTA my letter was passed over to the Minister of Veterans Affairs (as by that time my husband had been medically discharged). It took 5 months to receive a reply from then-Minister The Hon. Mr Michael McCormack, and this reply was unsatisfactory. I received a one sentence response to that particular question – the nexus was that they didn’t notify me as they were not required to. Adherence to established procedure is all well and good, however this does not automatically mean that the procedure is inherently fair, reasonable or appropriate.

Most hurtfully, Mr McCormack signed off his letter to me with the words ‘*I hope your husband continues to improve*’. Continues to improve? I had just days prior to the signing of that letter informed the Minister’s office that my husband had been readmitted to psychiatric care due to a re-emergence of suicidality!

By making this submission I do not intend to minimise or in any way detract from the very really suffering of our veterans; I seek simply to make a point that unless veterans’ families are recognised and well supported we cannot adequately support our wounded warriors.

I will make myself available to attend any public hearing related to this inquiry, in this respect I put myself entirely at your convenience.

Yours faithfully,

Fiona Brandis