

Senate enquiry ADF Mental health:

Submission from:

Douglas Richard Steley

I wish to make this submission to the Senate enquiry ADF Mental health based on my experiences in the RAAF 1974 to 1981 and subsequent experiences of civilian life and later dealings with DVA and enquiries into the F-111 deseal reseal process.

I served as a photographer with the RAAF and was sent on operational deployments to Indonesia on 3 occasions, while these deployments were difficult and at times quite dangerous they are not primarily involved in my subsequent PTSD depression and anxiety. I was involved in activities in Australia like the F-111 deseal reseal process that required me to go into fuel tanks with a 9volt lead acid battery pack flash unit that was prone to sparking and photographing accident sites that are the primary cause of my conditions.

I know of several people who have PTSD from service within Australia and I believe this should also be investigated by the committee.

I am quite badly dyslexic and have problems with writing, what I give will be a brief outline, I would appreciate the possibility of talking to the committee if that was possible as I am more comfortable speaking than writing.

(1) Service history

(1) There was basically no support for psychological injuries while I was in the RAAF this was fairly normal for the time and we would get together after a bad incident and go to the pub, talking joking and drinking was the accepted way to deal with stress and psychological issues back then. I am delighted to see that this has changed significantly.

(2) Other than my discharge from the RAAF "Incompatible service life" because I was posted to a desk job that I could not perform due to my dyslexia I have no real major problems with how I was treated in the service. My problems came after leaving the RAAF. For 2 years after my service I was in deep depression and could not work, at the time there was no real recognition of this medically so it was undiagnosed and just happened. I survived it but it left scars on me for my future life and work.

(3) My main issue is with the treatment received from the first enquiry into the F111 deseal reseal "DS/RS" program and subsequent treatment by DVA.

(4) The first DS/RS enquiry was a very narrow and biased investigation with such

specific terms of reference that even though I had been involved in the DS/RS process my evidence was dismissed as it was not considered valid, the outcome was that it considered I was not part of the process and so not eligible for any assistance or compensation, the second enquiry was far better and far wider. That allowed me to begin the process of claiming care and compensation.

(2) Dealing with DVA

(1) The entire process of dealing with the department has been one long and continuous nightmare for both myself and for my wife and family.

I cannot adequately describe the degree of anger rage frustration desperation despair and hopelessness I have gone through trying to deal with this department and claim assistance and compensation.

As said before I am dyslexic, I have serious problems with reading and writing, I have depression anxiety and PTSD, made the department very aware of this on countless occasions but the effort taken to work with this monolithic bureaucratic nightmare has driven me to desperation and near suicide on many occasions.

(2) I will try to edit some notes I have made over the years to describe my dealings with DVA and attach them to this submission, please excuse their disjointed and rambling nature as trying to record what is happening when you are in the depths of despair frustration and anger is very difficult and trying to recall it afterwards is painful and depressing.

(3) The basis of my problems with DVA stem from the somewhat simple fact that the department employs skilled trained and expert people to deal with the forms questions and paperwork required by the department to allow the department to do what they do.

So often that level of skill and expertise simply does not take into account the fact that they are dealing with damaged ex service men and women, people who are not experts in filling in forms and replying to official questions in the correct manner.

We, the service men and women have very different skills, we are good at what we have been trained to do, we are not stupid we are however often very ill equipped to deal with the things other people feel should be easy and simple to do.

Add to this our mental state and frustration and I hope you get some feeling for the difficulties we face.

(for my own training I often think, "If these people were dropped onto a remote airfield and given 24 hours to set up a film processing lab and be ready to develop urgent films

from reconnaissance flights, how would they cope ? “ 30 years later I still feel capable and competent to do something like that but ask me to fill in a form or open a letter on a bad day or bad week or a bad month and I am totally incapable of doing things like that. Things that “ordinary” people find simple and ordinary. Asking for help is also difficult for many of us, we have a degree of pride and we hate to be a burden to others, we try to deal with things ourselves. The RSL advocates are well meaning but again they are often not experts and they are often overworked and under resourced)

(4) From memory I believe I have been dealing with DVA for over 10 years now on this one issue, I was assured by a senior DVA official that my case would be completely finished by 2010 some 5 years ago.

Every dealing with the department seems to drag on forever, every decision requires another set of questions and another form to be filled in or another appointment to be made. At times this becomes simply ludicrous and farcical.

Two examples from so many that I have experienced.

(A) As a photographer I have a collection of images with an image library in the UK that sells my images for me. I have 16,000 images for sale and they are on sale all the time, I get a monthly income from these sales that varies month to month depending on what sells that month. The DVA system is to have a “Single Point of Contact “ the “Client Liaison Unit“. For 3 years I tried to explain how my income worked to the Client Liaison Unit and to work out a way to send in my income statements in a form that I could deal with and that they would accept. I would try time and time again to explain over the phone what I did and how it was done, the client liaison officer would take notes and then try to explain a quite complex concept to the finance officer dealing with the case, endless questions and confusion, no solutions were ever achieved.

Somewhat by accident I was meeting with my RSL advocate in the DVA office in Melbourne, he called in a DVA officer and the person who was trying to get my income details. Face to face with this person (who was very nice and very understanding) I was able to open my image library account on a laptop, show her how the system worked, she showed me the information she required, in less than 5 minutes we had solved an issue that had taken 3 years of my time DVA time and endless frustration and anxiety, as well as lost payments for me because they could not calculate my income in the correct manner.

(B) I put in a claim for Irritable Bowel Syndrome IBS.

I was sent to a gastroenterologist in Melbourne to be checked and the condition diagnosed, he informed me that I did indeed have the condition and asked if I would like a colonoscopy. (no one likes colonoscopies) they are an unpleasant invasive medical procedure that involves some degree of risk. I asked him if he thought I should have one and he was clearly of the opinion that it would be totally unnecessary, an uncomfortable

thing for myself and an unnecessary expense for the DVA system.

he sent in his report and about 2 months later DVA informed me that “The Gastroenterologist who diagnosed me required me to have a colonoscopy”

I checked with DVA and I was told that the request was from the doctor and that if my claim was to go ahead I would have to have one.

I contacted the doctor who assured me he had made no such request and he was still of the opinion that the procedure was totally unnecessary.

Again I contacted DVA asking them what was going on and I simply met a brick wall, I was told that the doctor had requested this and that was the end of the story.

I asked and FOIed the doctors request and found a different name and signature on the bottom of the request form to that of the doctor.

After several more months of enquiring and demanding answers I finally found that the senior legal officer of the assessing medico legal company had requested the colonoscopy to rule out any other conditions that may be challenged by DVA legal department.

After almost 6 months of frustration I finally had an answer that made some sense, if they DVA had checked and actually explained the truth to me rather than simply sticking to a story I knew was untrue it would have made the process so much easier and less stressful.

When I did go in for the procedure my beliefs were confirmed by the gastroenterologist saying to me “ you do know this procedure is totally unnecessary ? “ I replied “ To you and me it is but to the people doing the paperwork it is essential”

I have no idea how much that procedure cost the DVA system but it was incredibly stressful uncomfortable and totally pointless.

(5) I do not believe I am in anyway an isolated incident, most of the veterans I have met have told similar stories some worse some not as bad, every doctor, specialist, psychologist and psychiatrist I have met or been examined by has expressed despair and dismay at how the DVA system treats veterans, they are in agreement with me that for some many cases dealing with DVA makes pre existing conditions far far worse rather than actually helping veterans or assisting them to get better.

(6) Actually speaking directly to someone in DVA presents enormous problems for ordinary veterans, DVA has developed the “Client Liaison Officer” system to keep veterans and the people who are dealing with their issues and problems separate, while this may be efficient for processing paperwork it is not an efficient process for solving the very real problems faced by veterans.

On a few occasions I have forced DVA to allow me to speak directly with the people dealing with a specific problem, I remember one DVA specialist being very upset at being forced to speak directly to a client, she complained to me that she NEVER actually spoke to the people who were having problems OTHER people did that, she did not like having to listen directly to their problems as it distressed her.

On another occasion I my problems became so complex and so many in number that I was the first person to meet with Neil Baylis the complaint escalation officer who is now in DVA, I believe that my complaints were partly the reason his position was created, I also believe that my insistence that the meetings be one on one and mediated by an independent impartial professional mediator was because of my insistence. (it was MR Baylis that assured me my case would be finalized by 2010)

It took me nearly a year of insisting that I actually be able to meet with someone who had some degree of power to make decisions and change things before I met Mr Baylis.

Even then on the afternoon before the meeting I was informed by DVA that they would have 5 of their officers attend the meeting to discuss the issues with me and that they had allocated an hour to discuss the problems that I faced.

Needless to say I did not agree to this and Mr Baylis, myself and the mediator spent some 6 hours alone in discussion before we had to leave.

I have had one subsequent meeting with him in the same manner.

On yet another occasion I wanted to discuss comments made by a DVA officer at a public meeting, I and others there were sure he said that "DVA follows up people who are distressed angry or possibly suicidal after phone contact with DVA "

I asked for the notes from the meeting and was told they were private, I put in an FOI and was given a copy of the notes of the question that I had asked that did not relate in any way to my request.

I was repeatedly told there was no way I could meet with the officer and discuss this issue. Finally and very grudgingly a meeting was arranged after my local member wrote to the DVA minister requesting he make himself available to be interviewed.

During the interview he assured me he had never said that DVA followed up on veterans who were distressed angry upset after contact with DVA, he said this was about Privacy for the veterans. He said that client liaison officers often suggested that veterans contact their mental health providers if they were obviously distressed, this has never happened to me or to any other veteran I have discussed this matter with.

At the end of the interview the officer very proudly told me “ you are always welcome to discuss issues like this with me, all DVA officers are available to assist you”

I am not a violent person but it took an enormous effort to just walk out of the office without saying anything or doing him any physical harm. I was stunned and speechless that he could say such a thing after the effort it took to organize a simple meeting with him.

(7) I have met with many other veterans who have encountered similar or worse issues with DVA, if you are homeless and that is quite common it appears impossible for the DVA system to cope with homeless veterans, being homeless does not fit with how DVA wants their paperwork done and if you do not do the paperwork correctly they cannot assist you.

(3) The Future

(1) ADF and DVA need to do a roll call of all ex service personnel, every contact for every person who has served for the last 50 years (since the first deployment to Vietnam at least) needs to be contacted and checked, if they cannot be found then next of kin must be contacted and their whereabouts and condition located, if this fails then death records need to be searched and cause of death established and recorded.

Suicide, suspicious death, single vehicle car accidents, or other death by misadventure need to be documented and placed on the record.

A system for keeping track of veterans also needs to be developed so their health and wellbeing can be monitored , my PTSD was not diagnosed until 30 years after I left the service.

(2) There needs to be a customer based review of the services offered by both the ADF on discharge and of DVA Clients.

This needs to be a comprehensive survey of as many people using these services as possible. It need not be complex but it needs to find areas where services are being delivered and used in a useful and appropriate manner and where services are failing to deliver adequate services.

Every business or service provider needs to get formal and informal feedback from clients. To my knowledge there has never been a formal survey of DVA clients to see if they are happy with the service or if they have suggestions for improving it.

For the most part ADF members and veterans are quite skilled, the department is well

placed to use those skills to improve their service delivery at a minimal cost.

(3) Radical changes need to be implemented in the DVA system to make it far more accessible to veterans especially veterans suffering mental health issues and young veterans who are inexperienced in dealing with government departments.

If veterans have serious or long standing issues or problems that have not been solved DVA should have a system for identifying them and rectifying them rather than ignoring them.

If a person has a serious and valid complaint there must be an open system for that complaint to be heard and dealt with in a reasonable period of time.

If a veteran is distressed angry or upset after contact with DVA then DVA needs to provide follow up by a trained professional to ensure the veteran is OK and is not violent or suicidal.

The culture of DVA should change from one where correct paperwork is the most important aspect to one where assisting veterans becomes their goal.

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Also Attached is a sort of dairy (litany) of complaints errors and frustrations I have incurred over the past years in dealing with DVA, they are in a rough chronological order, some are serious some seem trivial, the problem is when dealing with a person who has PTSD Depression and Anxiety on bad days any issues like this push us to the edge of our strength and ability to cope, they are just more unwanted and unneeded worries put onto us by the people who are supposed to be assisting us. Even if the person I interviewed at the DVA office in Melbourne told me very clearly that DVA was there to administer the veterans affairs act not to assist veterans. Perhaps if the emphasis was more on helping veterans and less on getting the paperwork correct they would have less problems and less paperwork ?

Yours Sincerely

Doug Steley

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Attachment #1

Please also be so kind as to read this article, it reflects the plight of some of the soldiers I met while in the PTSD ward in the Heidelberg repat Hospital Ward 17.

I would recommend that members of this enquiry go to the PTSD wards in the repat

hospital system and sit in on some of the group meetings of veterans. Discuss the issues with them and the staff, the nurses and the doctors.

http://www.thesaturdaypaper.com.au/news/defence/2015/04/25/the-other-face-anzac-day/14298840001798?utm_content=PANTHEON_STRIPPED&utm_medium=PANTHEON_STRIPPED&utm_source=PANTHEON_STRIPPED&utm_campaign=PANTHEON_STRIPPED#.VTsfXLvu6AB

[NB: This document, *The Other Face of ANZAC*, can be accessed separately as attachment 1 to this submission]

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Attachment #2

Questions I raised with Neil Baylis and other issues I have experienced since those meetings. Supplied as a background to the kind of issues that face veterans who are already suffering PTSD Depression and Anxiety.

I imagine many of these issues would be frustrating and annoying enough for anyone who is in good mental health and has good support networks, I trust you can imagine what distress they cause when you are already totally incapacitated by mental illness .

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Questions for DVA

Before the most recent F111 enquiry I lodged a claim for depression anxiety based on what happened to me during the last 18 months of my service. I received a letter from a Desley Zolars saying that my claim had failed because I was not eligible because I had not qualified for deseal reseal compensation status.

I phoned Desley and during the course of the discussion it became fairly obvious that my claim had been rejected because of my F111 status and that no one had even bothered to read the information that was in it.

I phoned the then minister Alan Griffin and within 24 hours my claim had been accepted.

Similar things happened several times during this period, Some claim would be denied I would ring and question it and it would be accepted or I would contact the minister and it would be accepted.

I had completely forgotten about the PTSD and hearing test until I was checking emails to bring with me (Does having PTSD diagnosed make any difference to my status or benefits ?)

I just find it amazing and wonder how many other service veterans have the same or similar experiences.

At the inquest I was introduced to a RAAF Support officer (Sergeant) who gave me his card and offered to meet with me and assist me. I phoned him and tried to set up a meeting but he was stationed at Amberley and said he could not travel all the way to the sunshine coast. I offered to meet with him half way in Brisbane he thought that may be possible but would have to check. I phoned him back several times and left messages but never heard from him again.

The local support person I went to see was in worse condition than I was and we spent time discussing his problems in dealing with the DVA system, I did not feel that I had the energy or capability to go back and see him again as I had my own problems to deal with.

In November 2010 I contacted DVA client liaison to see how my claim for Deseal reseal was progressing The person I spoke to said he would have to check and call me back. After 2 days I called again and was told they would have to check and call me back. I explained that I had been told this 2 days previously and that I would appreciate a return call ASAP. This time the call was returned and I was told my claim was in the process of being approved and that I should hear the results in early 2011.

In March 2011 after hearing nothing from DVA I called again and asked for the status of my claim. This time they did phone me back a short time later and told me that my claim was nearly finished and that I would be receiving notification within 5 to 7 days.

After waiting for 2 anxious weeks and receiving nothing I called again and asked what was happening. The return phone call told me that my claim had not even begun to be processed and that they had no idea how long it may take to process. (pretty shattering as I had repeatedly been told it should have been finished already.

I went to see Phil Head at the Morewell DVA office and he phoned on my behalf to see what was going on. He was told that I needed to attend 2 specialist medical appointments and so arrangements for booking those appointments began.

I attended both appointments as requested and was waiting to hear the results when I was contacted by DVA to say I needed to attend 2 medical appointments, I explained I had already attended them and I was told that these were 2 new appointments different to the last 2 and that it could take some months to get to see the specialists. (In the ensuing discussions it was finally agreed to fly me to Brisbane at DVAs expense to attend the appointments.

After attending these appointments and waiting for the results Dr Jacobovits office contacted me saying DVA had requested I have a colonoscopy. I checked repeatedly with DVA and was assured that the request for a colonoscopy had come from Dr J

I again phoned Dr Js office and asked and they assured me the request had come to them from DVA. This version sounded correct to me as during the appointment with Dr J he discussed the option for a colonoscopy with me and said it was unnecessary, intrusive, unpleasant, had inherent risks, was expensive and would not actually prove anything.

I finally agreed to the procedure and the first thing Dr J said on my arrival in theatre was "You do know this is totally unnecessary don't you?" I replied "Yes" and woke up in recovery where Dr J came in and told me he had discovered exactly what he had expected to find. No evidence of anything other than some diverticular disease. Something we had both expected I would have and something DVA had not asked him to look for.

Liz Barnfather had told me she would be on leave for this period and had introduced me to an anthony fakhri telling me to contact him if I had problems during her absence.

I phoned DVA to ask again as to who requested the procedure and asked to speak to Anthony I was told he was on leave. This was surprising as only the week before I had been told he would be filling in for Liz while she was on leave. I asked what had happened and was told "he can take leave if he wants to, he does not have to ask your permission" I tried to explain my situation but was given no further explanation. (it turned out later that he had had family issues and had needed to take leave to care for his child, this would have been totally understandable if it had been explained at the time but in my situation the conversation was very antagonistic and distressing)

Again I was assured that Dr J had ordered the colonoscopy and this just made no sense at all given his comments so I asked for confirmation in writing. I also asked if I could speak to one of the senior officer in the department to see if they

could find what was going on. A man who identified himself as "Dave" told me I would never be allowed to speak to the head of his section rodger siversen I asked for this to also be confirmed in writing. He agreed and said he would put a letter in the mail confirming that the next day.

About 6 weeks later after constant nagging phone calls on my part I finally got a letter that did not address the request at all. It spoke of the service provided by the CLU and how efficient and effective they were.

I rang the number on the letter and spoke to the sectary of the author _____ Who assured me that the letter had taken 6 weeks for her and her boss to write "because they wanted to be sure they addressed my questions and gave the correct answers to the best of their ability " This was pretty amazing information that 2 "Professionals" working in a senior position in a government department could take 6 weeks to write a letter that did not even come close to answering my original request for a simple confirmation in writing that I would never be allowed to speak to rodger siversen.

Some weeks after this some weeks later rodger called me I requested that we meet in person to discuss the problems I was experiencing with his staff his reply was "Well that is just never going to happen " I ended to phone call shortly after that and began requesting this meeting with a senior DVA official as obviously there are some serious problems with the systems that are in place for delivering services and care for Australia's service veterans.

In discussion with other veterans various doctors, psychologists, psychiatrists and other professional care givers the reputation of DVA is uniformly bad.

When I was informed that my claim would be complete in early 2011 and this changed who's job was it to inform me of the change ? Why was it not done ? Who was responsible for this not happening ?

When I was informed I had 2 medical appointments to attend and then subsequently I had more to attend why was there no full explanation of what had happened and why it had happened ? Again who was responsible and what actions have been taken to ensure this does not happen again ?

Why has no formal explanation or apology ever been given for the delay of over a year in processing my claim ? Would you reasonably expect an explanation and apology if you were promised an outcome and a year later you were still stuck in the same system ?

Can you comprehend the stress anxiety depression anger and total frustration

this causes ? If so what have you done to reduce this ? What actions have you taken so that things like this do not happen again to other ex service personnel? What reviews have you instigated of your staff and procedures to eliminate or minimise such things from happening in the future ?

Why did 2 staff members of Dr Jakobivts tell me that DVA had requested the colonoscopy while DVA insisted that the Dr had requested the investigation ?

Why subsequently did Dr J say to me “You do know this procedure is totally unnecessary and a complete waste of time and money”

I have reported this to DVA on many occasions, what investigations or reviews have been instigated to ensure that such occurrences do not happen again causing added stress and discomfort to veterans and expense to the system ?

Subsequently I was informed by DVA that my GP had in the past suggested that a colonoscopy may be worthwhile, why was apparently the advice of a specialist gastroenterologist ignored and the advice of a GP taken in this matter ?

how was the advice of the GP to have the procedure communicated to the specialist who had already said he believed the colonoscopy was unnecessary and would prove nothing except causing discomfort expense delay and some risk ?

Why were neither of the first 2 doctors I saw in Victoria made aware of the details of my involvement with the F111 desal reseal ? Why were they not given information about what conditions and symptoms they were looking for or could expect ? Why was it left to me to explain the background and to give them my limited understanding of the issue ? Why did both specialists comment that this was typical for DVA to send patients to them without fully explaining what was required ?

I note that Dr Jakobivts was quite “Angry” at me for wanting to use my service 30 years ago to make a claim for IBS until I explained the full circumstances of the condition. Again this just added more stress to an already stressful day. Once the issue was explained dr J then became a lot more approachable and understanding.

Why was I told by “David” of the client liaison that “I would never be allowed to speak to the manager of that section ? Who is “David” and apparently why did he use a false name after I asked him to identify himself? I requested he confirm his comments in writing, it took 6 weeks and repeated calls and requests before I received a letter that did not relate to my request why was this who is responsible how often does this happen ?

I contacted the person who signed the letter and was told “ The reason the letter took so long was the department head and his assistant had spent 6 weeks writing the letter so as to assure that my question was answered correctly “ What kind of professional staff take 6 weeks for 2 highly paid and highly skilled professionals 6 weeks to write a single simple letter ? Is this the average time for a letter to go out from their offices ? Why did the letter after taking 2 professionals 6 weeks to carefully write not contain the information I had requested ? Would you call this professional ? What investigations and reviews of this system do you intend to make ?

After many weeks of asking the manager of the Client Liaison Unit phoned me and asked what I wanted, I thanked him for calling and asked if we could arrange a meeting at his convince preferably with an independent mediator to keep the meeting (and me) on track so it did not become bogged down and I did not become angry. His reply was “Well, that is just never going to happen”

Do you think this is appropriate language for a senior DVA officer to use to a veteran ?

Do you think a person who uses language like this to a veteran is a suitable person to be managing the Client Liaison Unit ? It would seem as if he has a problem in talking directly to the very people his job requires him to ? I have repeatedly reported his comments to DVA what investigations have been instigated into this event ? what action if any has been taken ? If no action or investigation has occurred, why not ?

Small and seemingly insignificant things can become very upsetting issues to someone in my condition, recently Rodger Siverson called and my wife explained I was driving and could not stop to take his call, Fri Jan 27th 2012 Arrangements were made for him to call back after 2 PM, I wondered what this call could be about, almost a month later and I have still not had a call from him nor any explanation of why he called or why he did not call back as arranged.

Fri 17th Feb I called Martin McGlashan to ask if there was any progress in organizing this meeting. His reply was he did not know. I asked if he would be kind enough to find out as in my opinion and experience 10 working days should be sufficient time for a professional organization to at least know something about a meeting that is being arranged by them. He complained that it was 4:30 on a Friday and he would not be calling anyone to ask what was going on. After a somewhat heated discussion he agreed to get up and walk down the 2 doors to the office of the person who was organizing the meeting (who was not in) He said he would call me on Monday to let me know what was going on On Monday he had Liz call me instead of himself.

A lack of simple courtesies like this causes a great deal of stress and disappointment, I may be very old school about things like this but in my

professional life if I ever had an angry or upset customer I would do everything in my ability to ensure they were kept informed and treated as respectfully as possible.

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I was to have an interview with my GP to fill in a questionnaire from DVA about my claims and my general health, my GP told me to make sure they booked at least an hour long appointment to fill in the questions. I made the arrangements with DVA and attended the appointment at the time they had arranged.

The doctors receptionist told me "Someone at DVA had said an hour was excessive and unnecessary 20 mins would be sufficient " she had repeated the doctors request that the appointment be for an hour and told me the reply from the DVA staff member was "Quite Rude" the appointment was made for 20 minutes and when I attended the doctor explained that there was no way he could complete the task in that time, we answered as many as we could in the allotted time but that was his last day before taking 3 weeks off so it was 4 weeks before I could see him again and complete the questions. I contacted DVA and was told there was no reason for this and that an hour long appointment could have been arranged ?????? and that the staff member said she had not been rude ! It is this kind of constant event that causes distress, if it was a one off then it would not be a problem but it is a constant in dealing with DVA almost every time something is arranged or organized some part of the system fails or makes an error that needs correcting. Another GP I saw stated that it was his belief that DVA was attempting to create work for themselves so they did not lose staff.

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If I broke my nose during my service would I be eligible for sleep apnoea assistance ?

If I broke my nose on operational service 9 flying hours from the nearest RAAF medical facility should I have requested that they suspend the operation and stand down all the troops while I was flown to a medical facility to have my nose checked and confirmed that it was broken ?

On my return to base should I have reported to the base medical facility and said "I want the fact that I broke my nose a month ago recorded in case I happen to develop sleep apnoea in 30 years time ?

If every service person requested every injury or illness to be recorded every time they happened how many medical staff would be needed for a base ? How much work would get done ? How many people would be accused of malingering ?

If I suffered sinusitis during my service would I be eligible for sleep apnoea support ?

On my Sleep Apnoea claim I put chemical exposure as a possible cause, why has no one asked me what chemicals I was exposed to during my service ?

Attached is the safety sheets for 98% glacial acetic acid, a chemical used every day in RAAF darkrooms that had poor or no ventilation. Is constant exposure to this chemical and others similar acids and alkalies considered a probable cause of later upper respiratory problems in veterans ?

If I suffered sinusitis during my service and did not report it because I did not want to get accused of malingering would I be eligible for support ?

If I suffered sinusitis during my service and did not report it because of adverse treatment of a fellow photographer who reported the same symptoms and lost his job would I be eligible for assistance ?

If I suffered sinusitis during my service and did not report it because a fellow photographer had "Treatment" by a base medical officer and ended up in intensive care for a month in Brisbane to clear up a massive secondary infection would I be eligible for support ?

During my discussion with the delegates on the phone on wed 11 jan 2001 I was told that sleep apnoea could only happen once and that there was no treatment that can "Cure" it

What medical experience does this delegate have ? She was the female delegate.

How qualified is she to make such statements ? Why was neither delegate willing to discuss the possibility that I was telling the truth and that my sleep apnoea had gone away with treatment and had returned several years later ?

How does this affect my claim ? What difference does it make to the original onset of the disease ?

During this discussion when I explained that the depression prevented me from my normal exercise the male delegate replied " Can't exercise or don't exercise ?"

Does he fully understand the ramifications of depression as an actual illness ? Is he aware that it is a very real debilitating and often fatal disease not just something people can overcome by changing their attitudes ? Re depression anxiety how do you feel your staff could have acted better to reduce and

minimize my pre-existing condition ? Do you acknowledge that your staff and your department have made my condition much worse since I lodged this claim for assistance ? How would you recommend veterans cope with the stress of having to deal with your department ? Why should veterans need to deal with the added stresses of dealing with your department when the entire purpose of your department is supposed to be to help veterans ?

I do not want to get my local DVA people in trouble (Again) but after they offered to help me through some of the paperwork required I believe someone issued them a sever reprimand for attempting to assist me. They may have broken protocol but in an effort to help someone who was really having problems. I was forced to accept assistance over the phone from someone I did not know. I do not deal well with phone conversations they cause me added stress as I cannot see the person I am talking to.

Why is Paroxetine not considered a factor in weight gain when one of the specific side effects of the drug is weight gain ? Why does there need to be a 20% increase in weight for the disease to be recognised ? What support does this give to veterans who try to stay healthy and work hard to minimise weight gain ? This also goes for alcohol usage.

When my claim for neurological sleep disorder was rejected in my initial F-111 claim why was I not informed as soon as the claim was rejected ? Why were the reasons for this not explained to me fully ? Given that I had claimed neurological sleep disorder would it be reasonable to assume I was suffering at least some form of sleep disorder that may possibly need to be addressed ? Is DVA proactive in dealing with the health of veterans or only ever reactive to claims made by veterans ? Would it be a good idea to advise veterans of alternatives that may be available to them ?

Recently a series of documents relating to my various conditions arrived in the mail they were large and complex, I have stated on many occasions that I am dyslexic and have very severe problems coping with large and official looking documents I have repeatedly requested that if such documents are to be posted out that I would appreciate a courtesy phone call to give a basic explanation of the documents and what I am required to do with them. I have been told on several occasions that DVA will do this given the stress and anxiety they have caused over the preceding time, Why were these documents come out without any call ? Why when Liz Barnfather call several weeks later did she ask "Have you read the reports we sent out yet " when she knows full well I am dyslexic and cannot cope with such documents ? Why did she keep insisting that perhaps I could find someone else to read the documents for me ? Why can information not be provided in a form that is accessible and understandable to a veteran

especially after they have repeatedly informed DVA of their disability and DVA know they are suffering stress anxiety and depression ?

Fri Jan 27th 2012 Rodger Sivenson phones while I am driving and asks to speak to me.

My wife says it is not possible and asks if he can call back later, a time of around 2pm is agreed. I wait all Friday and Monday at 4pm on Monday Liz Barnfather calls to say there is no news. I ask about the Friday phone call and the call back she says Rodger is interstate today Monday and that she does not know what the call was about.

I would have thought it was just good manners to phone back when you say you will or to have someone call and apologize and explain that this is not possible for whatever reason.

With modern technology making phone calls from interstate is really no longer a great difficulty, a quick call would have saved me a weekend of waiting and wondering what the call was about and the increased stress that that involved. This is a common occurrence, people say they will get back to you and after waiting you finally chase them up to find out what is going on, often they have not even started getting the information you have asked for so you need to start all over again.

During service there are so many variables of jobs times places service and requirements what flexibility is built into the DVA system to accommodate these variables ?

Why are senior staff in your department so unwilling to speak to ex service personnel who do experience difficulties with problems ? Do you think discussing problems first hand with people experiencing them is a good way for managers to get accurate information and improve systems? If so what systems do you have in place for this to happen ?

Is there a system in place for mediation to take place between veterans who are dissatisfied with DVA decisions and the department ? If not do you think it would be fair and reasonable to instigate a system that allowed veterans (supported by family or support person if required) to have access to a professional mediation service to discuss problems they have with the department ?

How does your department review the degree of success or failure of their services to veterans ? How do they respond to these reviews ?

How many of the recommendations from the federal ombudsman's review of DVA have been implemented ?

Do you consider the actions of DVA over the last 18 months with regards to my claim have been adequate ? What has been done and what will be done to change and improve the system for all veterans ?

Would you expect this kind of treatment if you had been poisoned during service to your country ?

Would you be upset if your family had been put through this kind of process ?

What do you think would be a fair way to resolve these issues and to acknowledge mistakes have been made ?

My job in the RAAF was to photograph what I was requested /ordered to photograph If that included climbing into a fuel tank that had toxic chemicals and risk of explosion I still did my job. If my job required danger or hardship I did my job to the very best of my ability. I believe the job of DVA is to provide services and information to veterans, do you feel you and your staff have been doing their jobs to the same standards we did ours ?

What “act of **contrition**” do you think would be suitable to demonstrate your understanding of the problems I have faced over this period ?

How many of the other F111 claimants are in similar situations as me ?
IF we have identified problems with the system for one person what is going to be done to investigate possible problems for the rest ? How many other claimants are stuck in limbo ? How many are unhappy with the settlement but have given up bashing their heads against a brick wall ? How many have just given up ?

The F111 support group has collapsed We are the least able and least equipped to sustain this kind of action, we are the ones who need the support and the backing of the department that is set up to assist us (the charter of DVA is to assist veterans not to save money for the government)

Why do calm reasonable polite requests get ignored and sidelined and rude insulting and unreasonable behaviour get action and faster responses ?
Wouldn't it be easier for everyone if DVA staff responded quickly and effectively to calm reasonable and polite requests rather than requiring veterans to lose their cool before anything is done ? (so many many times I have been told something cannot be done or someone cannot be spoken to when I become rude and demanding I find that it can be done or I can contact that person)
Conditioned response ?

Over 8 weeks after initially requesting a meeting and 10 days after being told the meeting will happen DVA is still unable to tell me when, where and with who the

meeting will be and who will be mediating it. Does it really take over a week for a department of professionals to organize a simple meeting between a veteran a departmental official and an independent mediator ? After a week shouldn't they at least have some of this information ?

We are the least able and least equipped people to be dealing with this kind of stress and complexity At the Deseal reseal hearings I listened to the wife of a veteran talk in despair about how difficult exhausting and soul destroying dealing with the department was. How dealing with the department was actually worse than the symptoms of the poisoning (I can totally agree with her now) I am constantly left to wonder just how many other veterans both Deseal reseal and other injuries and wounds are out there having the same or similar problems with the department, how many have just given up and gone away because it is all too difficult. In my own mind I keep telling myself I need to keep going and that if my grandfathers and relatives coped with the trenches Gallipoli and the western front this is nothing compared to that but it is still a harrowing and exhausting process for myself and my entire extended family. They are all concerned for my welfare (especially my wife who has also suffered depression and anxiety since the death of our daughter) I have missed family weddings birthdays and births because of this, I have been totally preoccupied and increasingly short tempered and antisocial. I have given up on counseling because it can do nothing to stop the constant stream of issues and problems caused by the department.

As several psychologists and psychiatrists have said I am coping as well as they could possibly expect under the given circumstances. (to a person they are in agreement that DVA is a nightmare for anyone to deal with and toxic for many veterans)

I know other veterans of the deseal reseal who are having similar problems, one photographer who did the same work as I did who has failed to get tier 3 classification and who has given up. Others who have given up after years of trying to get help for their staff and co workers in the program.

DVA should be there to do absolutely everything possible to assist veterans to gain everything they are possibly entitled to not to fight us over every inch and cent.

I note the a discretionary payment made to 2 members of parliament the first in the 1980s for \$65,000 for injuries sustained when he fell from a pushbike and another that I am told recently totaled \$300,000+ for deep vein thrombosis caused by official travel. Both MPs were able to return to work and undertake full duties after their injuries healed.

Their payments were apparently quickly organized and processed with a

minimum of fuss or debate on the grounds that they were injured during “their service to Australia “

They were both highly paid professionals who had paid staff to assist them in lodging their compensation claims, for myself I am a lone disabled person who suffers dyslexia depression anxiety and general ill health, I have almost no support network and it would appear from my experiences I have a department that either does not care or worse is actively engaged in making this process as difficult as possible. (I do not that some DVA staff are exceptional and very very helpful but they also appear to be overwhelmed by the bureaucratic inertia demonstrated by the department

At our last meeting in 2012 Neil Baylis told me he believed my compensation claims would be finalised before Christmas that year 2012.

I took his assurance that DVA had all the evidence documentation and they required when I completed the forms and information with Phil Head DVA Morwell before my wife and I headed off for a much needed holiday.

On my return I was told I needed yet another psychological evaluation in Melbourne

I attended and was assessed as requested.

I heard nothing further from DVA until I contacted them the week before Christmas 2012 only to be told that there were forms that were not filled out and that permissions needed to be given for DVA to access my tax records

I was certain that I had given these permissions but I was told that DVA did not have them

I asked the question “If they did not have them why had they not been asked for before and if as I believed they did have them where were they? “ I have yet to get a reply to this question

All this resulted in yet another miserable and uncertain Christmas for my wife and I.

On the 30th of January I received a phone call from DVA to tell me I would receive a phone call the next day

After yet another sleepless night my RSL advocate rang me to give me a very brief outline of what was happening, telling me that to progress the issue further would require yet more information that DVA had not asked for before and that he was leaving for a month away and would post me the documents to READ

I am wondering if anyone has remembered I am dyslexic and suffering from depression anxiety disorder and that I am sick to death of being told to read things, write things and wait for answers.

After receiving the documents and being unable to read them I was advised to again drive to Melbourne and meet with the RSL advocate. This meeting was arranged and after some discussion I also met with 2 DVA staff members (who's names I cannot remember) The female member was from the financial side of things and advised me that DVA did not require any releases or permissions to access my tax information so the request for that had been totally incorrect but no one had bothered to inform me.

During the discussions I was actually able to finally explain to someone how the sales of my photography on an internet stock image library worked, she was able to explain to me what was required by DVA to work out my income and back payments to my compensation (a considerable amount) But for this almost accidental meeting and discussion I probably would never have been able to claim or be paid the compensation that I was owed.

It was also agreed that they would investigate the period of time that I was under employed 1999 to 2009 and see if I was owed anything from that period.

Something that had never been mentioned previously in any contact with DVA

There have been many other instances of what I would describe as just mindless petty annoyances and delays over the years, things that I would have assumed would be simple to solve that have escalated into major stressors for me and my family. I cannot remember the details of all of them, the ones described here are a sample that I can remember.

It is now well over 3 years since I was told this issue would be finalized (in late 2010)

While many things have finally been settled agreed and paid there are still ongoing issues and applications etc to be completed and assessed.

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It is now 2015 and my claims have still not been finalized, this is for several reasons including the lack of a competent physiatrist to give an honest opinion, while this is not DVAs fault it has added to the problems associated with my claim that there was up until recently only one physiatrist who worked in my local area. He was recently arrested charged and found guilty if fraudulently extending

treatment periods so he could claim extra income from workcover. I have a feeling he was doing exactly the same thing with DVA and myself.

The problem of this was he was telling me DVA was insisting I try different medications and DVA was telling me I needed to try different medications, what neither DVA nor the Doctor told me was he was telling DVA that he wanted me to go into his private hospital to change medications and charge DVA for the services.

Anyway the fact that DVA told me in several letters that I needed to change medications before I could be granted 100% disability status slowed the process, when I finally agreed to go off the medications that had kept me reasonably stable for 13 years I was prescribed a medication that had a side effect of giving me the taste and smell of aircraft crashes. This produced a very bad reaction with constant flashbacks and memories, I was hospitalized in the Austin Repat Hospital for 3 weeks while I changed back to my original medicine, it took me about 18 months to recover from this episode and I am still on double the dose of the drugs than what I was before and I am now worse than what I was before the episode.

Last year I attended a meeting at a local RSL where 2 people from DVA spoke and answered questions about the local VAN office and other issues.

One of the issues raised was that the VAN office provided a face to face environment when people were desperate and confused (suicidal)

The phone system of contact with DVA can leave people angry frustrated and desperate as they simply cannot explain what is happening and get decent answers everything has to be referred to another person.

We were somewhat stunned when the DVA officer speaking seemed to say " If someone sounds upset or desperate DVA staff always make sure that call is followed up by someone to make sure the veteran is OK " we spoke amongst ourselves about the comment and no one had ever heard anything like that before .

I followed up after the meeting asking for clarification but met a brick wall of silence. I finally asked my local MP to request a meeting with the officer who told me he had never said anything like that and that DVA did not follow up if people were desperate angry or frustrated on the phone.

I asked for a copy of the notes and was told I could not have them, I put in an FOI request and was sent a copy of my question to them that had nothing to do with my request.

At the meeting I was told that I could ask to meet with any DVA official at any time, I reminded them that I had been forced to go through my local MP to see them. They did not comment any further on that subject.

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I had what would have been a farcical conversation with a DVA officer one Friday

He phoned me and asked why I wanted to speak to him, I knew nothing about anything so I asked him why he had called, he said he had just been told to call me, I asked who had asked him to call and he said he was not sure, I asked him to find out and he told me it was Friday and there was no one there.

I insisted he find someone and waited about 2 hours for a call back, when none came by 4:30pm I called and asked what was going on, I was told there was no one who could answer my questions, as they were all out of the office.

I insisted saying I did not want to spend a weekend wondering about what was going on, I believe they phoned a senior officer on his mobile phone and he called me back on my mobile.
He seemed very angry that I had disturbed him so close to the weekend wanting to know what DVA wanted to know.

He had no idea and by this time it was 5pm on Friday so I spent the weekend wondering and worrying about why they had called me.

On Monday I waited until midday and called DVA no one knew anything about the Friday calls when I asked for the senior officer I had spoken to I was told he was unavailable, when I got onto his senior manager who also knew nothing he promised to call me back in an hour.

When he did it turned out that they had found the piece of paperwork they were looking for, I had sent it in a month earlier and there was no need for any of the calls to have been made. Again totally frustrating.

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Still small annoyances from DVA keep happening, I have not documented them all but several weeks ago on a Friday afternoon I had a call from DVA to say "Your delegate is being moved to Adelaide in South Australia "

When I asked how this would effect me and if Liz Barnfather would still be my point of contact I was given the reply, I don't know.

When I asked for further information I was told I would have to wait until Monday

I spent the weekend wondering what was going on only to be called on Monday and have Liz Barnfather apologize and explain that I should never have been called, that the person calling had not read the notes on my file before calling me and that nothing had really changed.

I again explained that this kind of thing causes me a great deal of stress and anxiety that I really do not need.

Last week 07/04/15 I visited my new psychtrist in Melbourne who showed me a medical request form from DVA, the form had my first name wrong, my family name misspelled and my date of birth wrong. For a department that has been dealing with me for over 10 years now I found this was also very annoying.

Small issues but they really show the level of care and attention to detail that is lacking in the system.

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<http://wwwsci.seastarchemicals.com/safety/06AceticMSDSRev201109.pdf>

Seastar Chemicals Inc MSDS – ACETIC ACID, GLACIAL

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Material Safety Data Sheet

ACETIC ACID, GLACIAL

Print Date: September 2011

SECTION 1 – Chemical Product and Company Identification

MSDS Name: ACETIC ACID, GLACIAL **MSDS Preparation Date:** 09-2011

Supersedes 07-2008, 12-2007, 02-2007, 02-2004, 02-2001 & 02-98

Synonyms: Acetic acid, glacial, Ethanoic acid, methanecarboxylic acid.

Chemical Names: DE Essigsäure; ES Ácido acético; FR Acide acétique; IT

Acido acetico; NL Azijnzuur.

UN / NA Number(s): UN2789

Formula: CH₃COOH

Molecular Wt: 60.05

Product Numbers: S010601, S020601, S010601-SSNC03, S010601-SSNC04, S010601-SSNC06, S010601-SSNC09, S010601-SSNC41, S010601-SSNC61, S010601-SSNC63, S010601-SSNC65, S010601-SSND13, S010601-SSNG04, S010601-SSNG09, S010601-SSNG41, S010601-SSNG61, S010601-SSNG65, S010601-SSNH43, S010601-SSNQ03, S010601-SSNQ09, S020601-SSNF01, S020601-SSNF02, S020601-SSNF03, S020601-SSNF04, S020601-SSNF05, S020601-SSNF06

Supplier: Seastar Chemicals Inc, 10005 McDonald Park Road, Sidney, BC V8L 5Y2 CANADA

Tel: (250) 655-5880, **Fax:** (250) 655-5888

CANUTEC (CAN): (613)-996-6666

SECTION 2 – Composition/Information on Ingredients

Chemical Name Percent CAS # EINECS/ELINCS

Acetic Acid, Glacial 99% 64-19-7 200-580-7

SECTION 3 – Hazards Identification

EMERGENCY OVERVIEW

Appearance: Acetic acid is a clear, colourless liquid above 16 °C and colourless, icelike crystals below 16 °C. Has a strong, pungent odour of vinegar.

Hygroscopic. COMBUSTIBLE LIQUID AND VAPOUR. Vapour is heavier than air and may spread long distances. Distant ignition and flashback are possible.

Harmful if inhaled or swallowed. Vapour is irritating to the respiratory tract. May cause lung injury--effects may be delayed.

Concentrated solutions are CORROSIVE to eyes and skin. Causes permanent eye damage, including blindness, and skin burns, including tissue death and permanent scarring. May be an aspiration hazard. Swallowing or vomiting of the liquid may result in aspiration into the lungs.

Target Organs: Teeth, eyes, skin, mucous membranes.

Potential Health Effects

Primary Route(s) of Entry: Inhalation and ingestion. Skin contact. Skin absorption.

Effects of Acute Exposure: May be fatal by ingestion, inhalation or skin absorption. Corrosive.

LD50/LC50: CAS# 64-19-7: Inhalation, mouse: LC50 = 5620 ppm/1H. Oral, rat: LD50 = 3310 mg/kg. Skin, rabbit: LD50 = 1060 mg/kg.

Eyes: Concentrated solutions are corrosive and can cause permanent eye damage, including blindness.

Skin: The degree of irritation depends on the concentration of acetic acid and the length of exposure. Highly concentrated solutions or pure acetic acid can cause corrosive tissue injury with deep burns, tissue death and permanent scarring. Less concentrated solutions can cause mild to severe irritation.

Ingestion: Causes severe corrosive injury to the gastrointestinal tract and stomach. Acetic acid may be aspirated (inhaled into the lungs) during ingestion or vomiting. Aspiration of even a small amount of liquid could result in a life-threatening accumulation of fluid in the lungs. Severe lung damage (edema), respiratory failure, cardiac arrest and death may result. Ingestion is not a typical route of occupational exposure.

Inhalation: Accidental inhalation of high concentrations may cause corrosive injury to the respiratory tract, inflammation, nose and throat irritation, shortness of

breath, cough, wheezing, and reversible lung injury in people exposed occupationally. Effects may be delayed.

Effects of Chronic Exposure: Repeated inhalation may cause pulmonary edema, bronchopneumonia, or chemical pneumonitis. Prolonged or repeated exposure may cause dermatitis, erosion of teeth, conjunctivitis and cumulative systemic injury. To the best of our knowledge, the chronic toxicity of this substance has not been fully investigated.

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SECTION 4 – First Aid Measures

Eyes: Flush skin and eyes with copious amounts of water for at least 20-30 minutes, holding lids apart to ensure flushing of the entire surface. Contact with liquid or vapor causes severe burns and possible irreversible eye damage. Get medical aid immediately.

Skin: Get medical aid immediately. Immediately flush skin with plenty of soap and water for at least 20-30 minutes while removing contaminated clothing and shoes. Wash clothes before reuse. Discard shoes.

Ingestion: Do NOT induce vomiting. If victim is conscious and alert, give 2-4 cupfuls of milk or water. Consult a physician immediately. Never give anything by mouth to an unconscious person. Keep patient warm and quiet.

Inhalation: Get medical aid immediately. Remove patient from exposure to fresh air immediately. Administer approved oxygen supply if breathing is difficult. Administer artificial respiration or CPR if breathing has ceased. Call a physician. Symptoms of pulmonary edema can be delayed up to 48 hours after exposure.

Notes to Physician: Treat symptomatically and supportively. Consult a doctor and/or the nearest Poison Control Centre for all exposures except minor instance of inhalation or skin contact.

Antidote: No specific antidote exists.

SECTION 5 – Fire Fighting Measures

General Information: COMBUSTIBLE LIQUID AND VAPOUR. Can form explosive mixtures with air at, or above, 39 °C. Vapour is heavier than air and may travel a considerable distance to a source of ignition and flash back to a leak or open container. Vapours from warm liquid can accumulate in confined spaces, resulting in a flammability and toxicity hazard. Closed containers may rupture violently when heated. NOTE: The fire properties of acetic acid depend upon the strength of the solution. In concentrated form, its properties approach those of glacial acetic acid. Reacts with most metals to form highly flammable hydrogen gas, which can form explosive mixtures with air. Firefighters should wear a positive pressure self-contained respirator (SCBA) and full-body encapsulating chemical protective suit.

Extinguishing Media: For small fires, use dry chemical, carbon dioxide, water spray or alcohol-resistant foam. Use water spray to cool fire-exposed containers or disperse vapours if they have not ignited.

Auto-ignition Temperature: 867-869 °F (463-465 °C); also reported as 516 °F (961 °C)

Flash Point: 39-43 °F (103-109 °C) (closed cup)

NFPA Rating: Health 3; Flammability 2; Instability 0.

Explosion Limits: Lower: 4% (also reported as 5.3-5.4%); Upper: 16% (also reported as 19.9%).

Special Fire and Explosion Hazards: Flash back along vapour trail may occur; eliminate sources of ignition. Emits toxic fumes under fire conditions. Empty container may contain explosive or flammable residue. Hazardous combustion products – Oxides of carbon.

SECTION 6 – Accidental Release Measures

General Information: Use proper personal protective equipment as indicated in Section 8.

Spills/Leaks: Restrict access to area until completion of clean-up. Ensure clean-up is conducted by trained personnel only. Use water spray to dilute spill to a non-flammable mixture. Avoid run-off into storm sewers and ditches which lead to waterways. Extinguish or remove all ignition sources. Provide ventilation. Do not touch spilled material. Contain spill with earth, sand, or absorbent material which does not react with spilled material. Remove liquid by pumps or vacuum equipment. Place in suitable, covered, labelled containers.

Steps to be taken in case material is released or spilled: Evacuate. Shut off all sources of ignition. Soak up spill with absorbent material which does not react with spilled chemical. Put material in suitable, covered, labelled containers. Flush area with water. Contaminated absorbent material may pose the same hazards as the spilled product.

Waste disposal method: Burn in a chemical incinerator equipped with an after burner and scrubber. According to all applicable regulations. Avoid run-off.

SECTION 7 – Handling and Storage

Handling: This material is a CORROSIVE, COMBUSTIBLE LIQUID. Inspect containers for damage or leaks before handling. Immediately report leaks, spills or failures of the engineering controls. Avoid all ignition sources. **Use in the smallest possible amounts, in a well-ventilated area, separate from the storage area. Avoid generating vapours or mists. Prevent the release of vapours or mists into the air.** Do not use with incompatible materials. See Section 10 for more information. Never return contaminated material to its original container. Keep containers tightly closed when not in use. Empty containers may contain hazardous residues. Never add water to a corrosive. Always add corrosives to COLD water. When mixing with water, stir small amounts in slowly. Never perform any welding, cutting, soldering, drilling or other hot work on an empty vessel, containers or piping until all liquid and vapours have been cleared.

Storage: Store in a cool, dry, well-ventilated area, out of direct sunlight and away from heat and ignition sources. Store away from oxidizers and corrosives and other incompatible materials such as most common metals. See

Section 10 for more information. Inspect all incoming containers to make sure they are properly labelled and not damaged. Keep quantity stored as small as possible. Keep containers tightly closed. Empty containers may contain hazardous residues. Have appropriate fire extinguishers and spill clean-up equipment in or near storage area.

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SECTION 8 – Exposure Control/Personal Protection

Engineering Controls: Use adequate general or local exhaust ventilation to keep airborne concentrations below the permissible exposure limits.

Exposure Limits:

Chemical Name ACGIH NIOSH OSHA

Acetic acid, glacial 10 ppm TWA (25 mg/m³ TWA);
15 ppm STEL (37 mg/m³ STEL) 10 ppm TWA (25 mg/m³

TWA);

15 ppm STEL (37 mg/m³ STEL); 50 ppm IDLH 10 ppm TWA (25 mg/m³

TWA)

OSHA Vacated PELs Acetic acid: 10 ppm TWA; 25 mg/m³ TWA.

Personal Protective Equipment

Eyes: Wear appropriate protective eyeglasses or chemical safety goggles as described by OSHA's eye and face protection regulations in 29 CFR 1910.133.

Skin: Wear appropriate protective neoprene or polyethylene gloves to prevent skin exposure. Apron or clothing sufficient to protect skin.

Clothing: Wear appropriate protective clothing to prevent skin exposure. Neoprene, PVC or polyethylene apron or clothing sufficient to protect skin.

Respiratory Protection: Follow the OSHA respirator regulations found in 29CFR 1910.134. Always use a NIOSH-approved respirator when necessary. Wear appropriate OSHA/MSHA approved chemical cartridge respirator. If more than TLV, do not breathe vapour. Wear self-contained breathing apparatus.

Ventilation: Use only in a chemical fume hood. Adequate ventilation to maintain vapour/dust below TLV.

Other Protective Equipment: Make eye bath and emergency shower available.

SECTION 9 – Physical and Chemical Properties

Physical State: Liquid

Appearance: Colourless

Odour: Pungent odour – acetic odour (vinegar-like)

pH: 2.4 (1 M solution in water)

Vapour Pressure: 1.52 kPa (11.4 mm Hg) @ 20 °C

Vapour Density: 2.07 (air = 1)

Evaporation Rate: 0.97 (n-Butyl acetate = 1)

Viscosity-Dynamic: 1.22 mPa.s (100% w/w), 2.39 mPa.s (90% w/w) @ 20 °C.

Boiling Point: 100% (w/w): 117.87 °C (244.2 °F)

Freezing/Melting Point: 100% (w/w): 16.635 °C (61.9 °F);
80.6% (w/w): -7.4 °C (18.7 °F)

Decomposition Temperature: No information available.

Solubility: Soluble in all proportions in water, ethanol, acetone, diethyl ether, glycerol and benzene.

Specific Gravity/Density: 100% (w/w): 1.0495 @ 20 °C;
80% (w/w): 1.08 @ 15 °C

Molecular Formula: C₂H₄O₂

Molecular Weight: 60.0268

SECTION 10 – Stability and Reactivity

Chemical Stability: Stable at room temperature in closed containers under normal storage and handling conditions.

Conditions to Avoid: Incompatible materials, ignition sources, sparks or flame, excess heat.

Incompatibilities with Other Materials: Reacts with most common metals to produce hydrogen. Oxidizing agents, acids, alcohols, alkalies, amines, peroxides. Acetaldehyde, 2-aminoethanol, ammonium nitrate, bromine pentafluoride, chlorine trifluoride, chlorosulfonic acid, chromic acid, chronic anhydride + acetic anhydride, diallyl methyl carbinol + ozone, ethylene diamine, ethyleneimine, hydrogen peroxide, nitric acid, nitric acid + acetone, oleum, perchloric acid, permanganates, phosphorus isocyanate, phosphorus trichloride, potassium hydroxide, potassium-t-butoxide, sodium hydroxide, sodium peroxide, and xylene. See NFPA Fire Protection Guide for specifics.

Hazardous Decomposition Products: Carbon monoxide, carbon dioxide.

Hazardous Polymerization: Has not been reported.

Reaction Product(s): Contact with incompatible materials may cause explosion or fire.

SECTION 11 – Toxicological Information

RTECS: CAS# 64-19-7: AF1225000.

LD50/LC50: CAS# 64-19-7: Inhalation, mouse: LC50 = 5620 ppm/1H. Oral, rat: LD50 = 3310 mg/kg. Skin, rabbit: LD50 = 1060 mg/kg.

Carcinogenicity: CAS# 64-19-7: Not listed as carcinogen by ACGIH, IARC, NIOSH, NTP, OSHA, or CA Prop 65.

Epidemiology: Standard Draize test: Skin, human – 50 mg/24H, mild reaction.

Teratogenicity: Effects of Newborn: behavioral, Oral-rat
TDLo = 700 mg/kg.

Reproductive: Fertility: male index, itt-rat TDLo = 400 mg/kg.

Mutagenicity: There have been no positive reports once the effect of pH on culture media has been controlled.

Neurotoxicity: No information available.

SECTION 12 – Ecological Information

Ecotoxicity: Bluegill (fresh water) TLm = 75 ppm/96H. Goldfish (fresh water)

TLm = 100 ppm/96H. Shrimp (aerated water) LC50 = 100-330 ppm/48H.

Physical: No information available.

Other: None.

Environmental: Substance spreads on soil surface and penetrates at rate dependent on soil type and water content. Substance readily degrades in water and shows little potential for bioaccumulation.

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SECTION 13 – Disposal Considerations

Dispose of in a manner consistent with federal, provincial/state/territorial, and local regulations.

RCRA D-Maximum Concentration of Contaminants: None of the components are on this list.

RCRA D Series – Chronic Toxicity Reference Levels: None of the components are on this list.

RCRA F Series Wastes: None of the components are on this list.

RCRA P Series Wastes: None of the components are on this list.

RCRA U Series Wastes: None of the components are on this list.

RCRA Substances Banned from Land Disposal: None of the components are on this list.

SECTION 14 – Transport Information

CANADIAN TRANSPORTATION OF DANGEROUS GOODS (TDG) SHIPPING INFORMATION

Shipping Name and Description: ACETIC ACID, GLACIAL; or ACETIC ACID SOLUTION, more than 80 per cent acid, by mass

UN Number: UN2789 **Class:** 8, 3 **Packing Group/Category:** II

Special Provisions: --- **Marine Pollutant:** --- **Passenger Carrying**

Road/Railway Vehicle Index: 1 kg or L

NOTE: This information incorporates the Transportation of Dangerous Goods Regulations SOR/2001-286, effective October 14, 2009.

US DEPARTMENT OF TRANSPORT (DOT) HAZARDOUS MATERIALS SHIPPING INFORMATION (49 CFR)

Shipping Name and Description: ACETIC ACID, GLACIAL or ACETIC ACID SOLUTION, with more than 80 percent acid, by mass

Identification Number: UN2789 **Hazard Class or Division:** 8 **Packing Group:** II

NOTE: This information was taken from the US Code of Federal Regulations Title 49 - Transportation and is effective July 1, 2009.

IATA (1 January – 31 December 2010)

**Passenger and
Cargo Aircraft Cargo
Aircraft Only
UN/ID
No. Proper Shipping
Name / Description Class or Div.
(Sub Risk) Hazard
Label(s) PG Pkg
Inst Max Net
Qty/Pkg Pkg
Inst Max/Net
Qty/Pkg S.P.
See 4.4
A B C D E I J K L M
2789 Acetic acid, glacial 8 (3) Corrosive &
Flamm. liquid II 809 1 L 813 30 L**

NOTE: Consult IATA DG Regulations for the most recent information, abbreviations and reference marks.

SECTION 15 – Regulatory Information

**US OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)
HAZARD COMMUNICATION STANDARD (29 CFR 1910.1200)**

OSHA Hazard Communication Evaluation: Meets criteria for hazardous material, as defined by 29 CFR 1910.1200.

US Federal

TSCA: CAS# 64-19-7 is listed on the TSCA Inventory.

Health and Safety Reporting List: None of the components are on this list.

Chemical Test Rules: None of the components are on this list.

TSCA Section 12b: None of the components are on this list.

TSCA Significant New Use Rule (SNUR): None of the components are on this list.

CERCLA Reportable Quantities (RQ): CAS# 64-19-7: final RQ = 5000 pounds (2270 kg).

SARA Threshold Planning Quantities (TPQ): None of the components are on this list.

SARA Hazard Categories: CAS# 64-19-7: Acute, chronic, flammable.

SARA Section 313: None of the components are on this list.

Clean Air Act – Hazardous Air Pollutants (HAPs): None of the components are on this list.

Clean Air Act – Class 1 Ozone Depletors: None of the components are on this list.

Clean Air Act – Class 2 Ozone Depletors: None of the components are on this list.

Clean Water Act – Hazardous Substances: CAS# 64-19-7 is listed as a Hazardous Substance under the CWA.

Clean Water Act – Priority Pollutants: None of the components are on this list.

Clean Water Act – Toxic Pollutants: None of the components are on this list.

OSHA – Highly Hazardous: None of the components are on this list.

US State

State Right to Know: Acetic acid can be found on the following state Right-to-Know lists: California, New Jersey (RTK# 0004), Florida, Pennsylvania, Minnesota, Massachusetts (100 lbs RQ).

California Prop 65: No information available.

California No Significant Risk Level: No information available.

CANADIAN WORKPLACE HAZARDOUS MATERIALS INFORMATION SYSTEM (WHMIS)

CCOHS WHMIS Classification:

B3 - Flammable and combustible material - Combustible liquid.

E - Corrosive material.

Seastar Chemicals Inc MSDS – ACETIC ACID, GLACIAL

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WHMIS Health Effects Criteria Met by this Chemical: E - TDG class 8 - corrosive substance

WHMIS Ingredient Disclosure List: Included for disclosure at 1% or greater.

Detailed WHMIS Classification According to Criteria:

Class A - Compressed Gas: Does not meet criteria.

Class B - Flammable and Combustible Material: Meets criteria for "Combustible liquid". Closed cup flash point: 39 °C.

Class C - Oxidizing Material: Does not meet criteria.

Class D - Poisonous and Infectious Material. Division 1 - Immediate and Serious Toxic Effects: Does not meet criteria.

Acute Lethality: Does not meet criteria. LC50 (mouse): 2810 ppm (4-hour exposure); LD50 (oral, rat): 3530 mg/kg; LD50 (dermal, guinea pig): 3300 mg/kg (28% solution) (unconfirmed).

Class D - Poisonous and Infectious Material. Division 2 - Other Toxic Effects: Does not meet criteria. See detailed evaluation below.

Chronic Health Effects: Insufficient information.

Carcinogenicity: Does not meet criteria. Not included in standard reference lists.

Teratogenicity and Embryotoxicity: Insufficient information.

Reproductive Toxicity: Insufficient information.

Mutagenicity: Insufficient information. No in vivo studies located.

Respiratory Tract Sensitization: Does not meet criteria. Not reported as human respiratory sensitizer.

Skin Irritation: Corrosive materials are not also classified as irritants.

Eye Irritation: Corrosive materials are not also classified as irritants.

Skin Sensitization: Insufficient information. One case report of occupational skin sensitization to acetic acid.

Class E - Corrosive Material: Meets criteria.

TDG Class 8; concentrated solutions are corrosive to eyes and skin. All concentrations of acetic acid are corrosive to type 1020 carbon steel up to 240 °C

(115.6 °F). Very high concentrations are not corrosive to aluminum alloys (not specified). Water increases the corrosion rate of aluminum significantly. No information for type 7075-T6 aluminum was located.

Class F - Dangerously Reactive Material: Does not meet criteria.

Canadian DSL/NDSL: CAS# 64-19-7 is listed on Canada's DSL/NDSL List.

EUROPEAN UNION (EU) CLASSIFICATION AND LABELLING INFORMATION

EU Index#: 607-002-00-6 **EU Pictograms:**

GHS05 GHS02

EU Signal Word: Danger

EU Classification: Skin corrosion – Category 1A

Flammable liquid – Category 3

EU Hazard Statements:

H226: Flammable liquid and vapour.

H314: Causes severe skin burns and eye damage.

EU Precautionary Statements:

P210: Keep away from heat/sparks/open flames/hot surfaces. – No smoking.

P233: Keep container tightly closed.

P240: Ground/bond container and receiving equipment.

P241: Use explosion-proof electrical/ventilating/lighting/equipment.

P242: Use only non-sparking tools.

P243: Take precautionary measures against static discharge.

P260: Do not breathe dust/fume/gas/mist/vapours/spray.

P264: Wash thoroughly after handling.

P280: Wear protective gloves/protective clothing/eye protection/face protection.

P301+P330+P331: IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.

P303+P361+P353: IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower.

P304+P340: IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.

P305+P351+P338: IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.

P370+P378: In case of fire: Use dry chemical, carbon dioxide, or alcohol-resistant foam for extinction. Use water spray ONLY to cool fire-exposed containers or disperse vapours if they have not ignited.

P310: Immediately call a POISON CENTER or doctor/physician.

P321: Specific treatment (see P310).

P363: Wash contaminated clothing before reuse.

P403+P233: Store in a well-ventilated place. Keep cool.

P405: Store locked up.

P501: Dispose of contents/container according to federal, regional and local government requirements.

Exposure Limits

CAS# 64-19-7: OEL-AUSTRALIA: TWA 10 ppm (25 mg/m³); STEL 15 ppm (37 mg/m³)

OEL-BELGIUM: TWA 10 ppm (25 mg/m³); STEL 15 ppm (38 mg/m³)

OEL-DENMARK: TWA 10 ppm (25 mg/m³)

OEL-FINLAND: TWA 5 ppm (13 mg/m³); STEL 10 ppm (25 mg/m³)

OEL-FRANCE: VLE 10 ppm (25 mg/m³)

OEL-HUNGARY: TWA 25 mg/m³; STEL 25 mg/m³

OEL-JAPAN: TWA 10 ppm (25 mg/m³)

OEL-KOREA: TWA 10 ppm (25 mg/m³); STEL 15 ppm (37 mg/m³)

OEL-MEXICO: TWA 10 ppm (25 mg/m³); STEL 15 ppm (37 mg/m³)

OEL-NETHERLANDS: MAC-TGG 25 mg/m³

OEL-NEW ZELAND: TWA 10 ppm (25 mg/m³); STEL 15 ppm (37 mg/m³)

OEL-NORWAY: TWA 10 ppm (25 mg/m³)

OEL-THE PHILIPPINES: TWA 10 ppm (25 mg/m³)

OEL-POLAND: TWA 5 mg/m³; STEL 35 mg/m³

OEL-RUSSIA: STEL 5 mg/m³; Skin

OEL-SWEDEN: TWA 5 ppm (13 mg/m³); STEL 10 ppm (25 mg/m³)

OEL-SWITZERLAND: MAC-W 10 ppm (25 mg/m³); KZG-W 20 ppm (50 mg/m³)

OEL-THAILAND: TWA 10 ppm (25 mg/m³)

OEL-TURKEY: TWA 10 ppm (25 mg/m³)

OEL IN ARGENTINA, BULGARIA, COLOMBIA, JORDAN check ACGIH TLV

OEL IN SINGAPORE, VIETNAM check ACGIH TLV

Seastar Chemicals Inc MSDS – ACETIC ACID, GLACIAL

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SECTION 16 – Other Information

The statements contained herein are offered for informational purposes only and are based upon technical data. Seastar

Chemicals Inc believes them to be accurate but does not purport to be all-inclusive. The above-stated product is intended

for use only by persons having the necessary technical skills and facilities for handling the product at their discretion and

risk. Since conditions and manner of use are outside our control, we (Seastar Chemicals Inc) make no warranty of

merchantability or any such warranty, express or implied with respect to

information and we assume no liability resulting from the above product or its use. Users should make their own investigations to determine suitability of information and product for their particular purposes.

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DVA's Complaints and Feedback Management System (CFMS)

Obtained from

<http://rslnsw.org.au/uploads/Con%20Pres/Con10%20DVA.pdf>

- DVA's Service Charter outlines range & quality of service that clients expect from DVA, including a 28 day timeframe to action or acknowledge correspondence.
 - Feedback data not recorded centrally with limited ability to monitor trends & emerging issues.
- Prior to 2010
Action To Date
- Funding provided for specific Complaints team, IT upgrade & training.
 - Project commenced late 2009.
 - Policy endorsed by senior DVA staff & relevant committees.

DVA CMFS Principles:

- Accessibility
- Confidentiality
- Fairness & Equity
- Effectiveness
- Regular Review
- Openness & Accountability

Complaints & Feedback Management Policy

- What is a complaint?
'A complaint is an expression of dissatisfaction made to DVA, related to its services or the complaints management itself, where a response or resolution is explicitly or implicitly expected.'
 - What is a compliment?
'A compliment is an expression of satisfaction about DVA's staff, services or service providers on a specific occasion or relating to a particular matter.'
- Complaints & Feedback Management Policy
- DVA values & welcomes feedback, including complaints & compliments.
 - All staff have an obligation to record complaints & compliments.
 - All complainants receive a CFMS reference number for tracking outcome.
 - **All complaints to be resolved within Service**

Charter timeframe (28 days).

Complaints & Feedback Management Policy

- Complaints in regards to VRB, VVCS & DSHI are managed outside this project.
- Anyone can provide feedback to DVA.
- Complaints & compliments can be received through various forms e.g. letters, phone calls, emails, in person, over the counter, from other agencies, MPs, Minister's Office. Complaints & Feedback

Management Policy

- **Complainants with complex matters must be kept informed of the progress.**

ONLY AFTER Contacting Graham Killer OAM

- Options for complaints if not satisfied with DVA response e.g. Ombudsman.
 - DVA's response will vary according to the type of feedback received.
- Complaints & Feedback Management

Policy

Future Directions

- DVA Annual Report
 - ü Average time to resolve
 - ü Level of satisfaction
 - ü Common areas of complaints & compliments
 - ü Expect increased numbers to be reported
- Quality Improvement program
 - ü Trends
 - ü Emerging issues
- Policy located on 'Complaints & Feedback' page on DVA website.
- Complaints & Feedback number:
1300 555 785 (staffed in business hours).
- Feedback email: feedback@dva.gov.au
- Article in 'Vetaffairs' –also being published in ESO newsletters.

Further information

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“What is hateful...is not rebellion but the despotism which induces the rebellion; what is hateful are not rebels but the men, who, having the enjoyment of power, do not discharge the duties of power; they are the men who, having the power to

redress wrongs, refuse to listen to the petitioners that are sent to them; they are the men who, when they are asked for a loaf, give a stone”

Wilfred Laurier

Attachment #3 Some further issues that have come up

Topics for discussion DVA

(1) the difficulty of dealing with DVA for dyslexics you are trying to explain the difficulty you face and you are told to put complaints in writing for them to be dealt with. DVA shows no willingness to understand they are dealing with people who are already suffering disabilities and mental illness. There is an expectation that veterans will have the same levels of skills as DVA office staff. If mistake are made in completing or lodging documents there is very little consideration given to the medical condition of the veteran at the time. We are expected to preform as trained professional office staff when in fact we are disabled service personnel.

(2) Your comment re client services officers referring distressed veterans to VVCS counselling services after phone contact. I have had many many distressing contacts with DVA I have been crying shouting and desperate; I have never ever had a follow up call or contact from VVCS. The veterans who were their said exactly the same thing. That they can be desperate and in tears and even express suicidal thoughts but they do not get referred to VVCS or counselling.

90% of survey respondents say they have never had this service, my VVCS counsellor says she has never heard of this and has never been contacted to make such a call from VVCS or DVA.

(3) The requirement to change medications recommended by a specialist to access 100% of the pension, and the disastrous consequences for myself. I have been repeatedly told that I need to have tried new medications before I can access 100% pensions. I am now taking double medication to cope with the effects of trying a new medication.

(My treating psychiatrist was recently charged and found guilty of criminal fraud by over servicing a work cover client and keeping her in hospital so he could claim the costs for his own services. I am firmly of the belief that this is similar to what he was trying to do with me. He was the ONLY psychiatrist available in my area I now need to drive over 5 hours in a day to travel to a treating psychiatrist.

(4) insistence that I needed a doctor to complete my forms until my physiatrist rang to find out what the forms were when he was told they were not needed and that I should complete them myself and return them.

(5) the letter from from Liz Barnfather that I wanted to talk to you “John Geary” was an attempt to change the outcome of a decision was just totally insulting.

(6) the ongoing saga of Dr Mark Newell and if I am eligible for some compensation for the 10 years in Maroochydore when I was suffering depression and trying to get a business running. I have been trying to get DVA to see if this is possible, I waited for 6 months for a reply and when I finally contacted them to ask what was going on they said they had lost the documentation they required about who my GPs were during this period. When I said only Mark Newell and that DVA already had this information they said that was all they needed and would investigate from there. I have heard nothing back as yet.

I took his assurance that DVA had all the evidence documentation and they required when I completed the forms and information with Phil Head DVA Morwell before my wife and I headed off for a much needed holiday.

On my return I was told I needed yet another psychological evaluation in Melbourne

I attended and was assessed as requested.

I heard nothing further from DVA until I contacted them the week before Christmas 2012 only to be told that there were forms that were not filled out and that permissions needed to be given for DVA to access my tax records

I was certain that I had given these permissions but I was told that DVA did not have them

I asked the question “If they did not have them why had they not been asked for before and if as I believed they did have them where were they? “ I have yet to get a reply to this question

All this resulted in yet another miserable and uncertain Christmas for my wife and I.

On the 30th of January I received a phone call from DVA to tell me I would receive a phone call the next day

After yet another sleepless night my RSL advocate rang me to give me a very brief outline of what was happening, telling me that to progress the issue further would require yet more information that DVA had not asked for before and that he was leaving for a month away and would post me the documents to READ

I am wondering if anyone has remembered I am dyslexic and suffering from depression anxiety disorder and that I am sick to death of being told to read

things, write things and wait for answers.

After receiving the documents and being unable to read them I was advised to again drive to Melbourne and meet with the RSL advocate. This meeting was arranged and after some discussion I also met with 2 DVA staff members (who's names I cannot remember) The female member was from the financial side of things and advised me that DVA did not require any releases or permissions to access my tax information so the request for that had been totally incorrect but no one had bothered to inform me.

During the discussions I was actually able to finally explain to someone how the sales of my photography on an internet stock image library worked, she was able to explain to me what was required by DVA to work out my income and back payments to my compensation (a considerable amount) But for this almost accidental meeting and discussion I probably would never have been able to claim or be paid the compensation that I was owed.

It was also agreed that they would investigate the period of time that I was under employed 1999 to 2009 and see if I was owed anything from that period.

Something that had never been mentioned previously in any contact with DVA

There have been many other instances of what I would describe as just mindless petty annoyances and delays over the years, things that I would have assumed would be simple to solve that have escalated into major stressors for me and my family. I cannot remember the details of all of them, the ones described here are a sample that I can remember.

It is now well over 3 years since I was told this issue would be finalized (in late 2010)

While many things have finally been settled agreed and paid there are still ongoing issues and applications etc to be completed and assessed.

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Attachment #4

At our last meeting in 2012 Neil Baylis told me he believed my compensation claims would be finalised before Christmas that year 2012.

I took his assurance that DVA had all the evidence documentation and they required when I completed the forms and information with Phil Head DVA Morwell before my

wife and I headed off for a much needed holiday.

On my return I was told I needed yet another psychological evaluation in Melbourne

I attended and was assessed as requested.

I heard nothing further from DVA until I contacted them the week before Christmas 2012 only to be told that there were forms that were not filled out and that permissions needed to be given for DVA to access my tax records

I was certain that I had given these permissions but I was told that DVA did not have them

I asked the question "If they did not have them why had they not been asked for before and if as I believed they did have them where were they?" I have yet to get a reply to this question

All this resulted in yet another miserable and uncertain Christmas for my wife and I.

On the 30th of January I received a phone call from DVA to tell me I would receive a phone call the next day

After yet another sleepless night my RSL advocate rang me to give me a very brief outline of what was happening, telling me that to progress the issue further would require yet more information that DVA had not asked for before and that he was leaving for a month away and would post me the documents to READ

I am wondering if anyone has remembered I am dyslexic and suffering from depression anxiety disorder and that I am sick to death of being told to read things, write things and wait for answers.

It is now over 2 years since I was told this issue would be finalized (in late 2010)

I have no idea what I am supposed to do or why, I thought that DVA was a department charged with assisting injured veterans like myself.

How do you suggest I proceed from here ?