

## **SUBMISSION TO THE SENATE INQUIRY INTO DVA AND VETERANS' SUICIDES**

### **Personal summary.**

Ex-Australian Army (Sergeant)

Length of Service 11 years 5 months

Deployment history: Kuwait and Iraq 2006/2007, Afghanistan 2013

Other overseas service: Papua New Guinea 2011

DVA accepted conditions: Alcohol abuse, Mild left chondromalacia patella, Tinnitus, Strain of left shoulder musculature, Leptospirosis, L4-5 and L5-S1 disc degeneration, Post Traumatic Stress Disorder (PTSD).

### **DVA issues.**

The following is a brief and by no means comprehensive summary of some of the issues I have encountered with DVA.

#### **Difficulty claiming for injuries clearly caused while in the Army, and documented as so on multiple occasions.**

On my medical discharge summary one of the contributing factors was knee pain, which, began while in the Army and was documented over a period of four years prior to my discharge. This was noted by more than one physician and the senior medical officer of my last unit actually went to the length of specifically stating this was a service related injury. Despite this evidence DVA rejected my claim for Mild chondromalacia patella and I was required to challenge this via the VRB, a process which took nine months to complete, at the completion of which the VRB ruled in my favour. This not only needlessly wasted the time of the members on the VRB, my representative, and me, it caused a massive and adverse impact on my mental health. If you go through the amount of red tape, difficulty and rejection that I have with DVA for every single one of the endless hoops you're required to jump through, you honestly start to ask the questions, "why bother?" and, "maybe I'm not worth it?". Not to mention the medical treatment I had on my knee during that time I paid for myself, and while DVA says they will reimburse me for that treatment, it's difficult to keep receipts for painkillers, anti-inflammatories, and physiotherapy for nine months, especially when you're not sure if the ruling will be in your favour.

### **Processing times.**

DVA in no way comes close to what could be considered reasonable processing times, I have waited months for appointments to be arranged, or letters to be sent. Last year I submitted a permanent impairment claim 10 Feb 2016 and had to wait until 22 Dec 2015 for a result, which was in fact not a result but an assertion that my condition had not stabilised. If this really was the case, which, I have evidence from my treating Psychologist that it isn't, then how could it possibly take over 10 months to determine this? Especially since it was based on one, one-hour interview with a Psychiatrist who I had never seen before and who hadn't read my history. DVA fall hilariously short on the meeting of the charter they created, and with no one to enforce them they go unquestioned and unrepentantly forward to do the same again and again. This constant waiting for an outcome is like living with the proverbial sword of Damocles hanging over your head, and when reinforced with the knowledge of the previous struggles inevitably encountered when dealing with DVA the weight of depression and sense of impending doom is crushing, it smothers everything.

### **Use of Psychiatrists with no interest on reading medical history of patients.**

In order to assess my incapacity, I have been sent to three different Psychiatrists who I had never seen before and who had not read my medical or psychiatric history. During a one-hour interview they returned a report to DVA, which, DVA have a policy of not forwarding on to me. From this report the delegate extracts what they believe to be pertinent points and makes a determination. I have to ask how is it possible for any medical professional regardless of qualification or experience to determine the full scope and permanence of a veterans' symptoms and quality of life in one hour without reading the history or reports from years of treatment. This process itself, involves forcing the veteran to go and see an unfamiliar individual with whom no trust or rapport exists and requiring them to spell out everything they have trouble admitting to themselves or their existing treatment network, it is a damaging experience to say the least. Perhaps using existing treating clinicians should be considered as an option.

### **Interim ratings that aren't interim.**

I submitted a claim 27 March 2014, I was given an "interim" rating 20 August 2014. I have been reviewed twice, I have attended PTSD cognitive behavioural therapy from June 2013 to November 2014, had sessions with the same Psychologist from that program after that, and have engaged with a new Psychologist in my local area from the same program who specialises in trauma. I have improved from my initial presentation and my Psychologists can attest to that because they have seen me over a long period of time and have some idea of my actual quality of life, I submit to DVA that my current level of impairment as of 7 September 2016 is permanent. I have no doubt they will contest this yet again, despite supporting documentation from my GP and Psychologist. More importantly though I also submit to you that the current DVA system of assessing permanent psychological impairment is borderline criminal negligence. That's a big statement, however, I am uniquely positioned to inform you of the extraordinarily destructive influence that has on a veterans' psyche, and I have to say, I may have undersold how big of a deal this is. An impairment rating to a veteran is not about points, it's about acknowledging the injury they have suffered, something especially important when the veteran is struggling to accept their injury themselves. By not recognising the suffering of the veteran you are saying to them "it wasn't that big of a deal" and

“you don’t matter”, I cannot possibly overstress the importance of this concept so if you remember only one thing from this submission make it this.

#### **DVA releasing sensitive information.**

In 2015 when DVA required me to attend a rehabilitation consultant they released sensitive information about my medical and service history without my knowledge or approval, this contained within it information I did not want disseminated. I was first made aware of this by the rehabilitation consultant when she rang me, DVA did not inform me this was going to happen or how the rehabilitation process worked in any way. My main concern was the release of details involving my activity as an interrogator while deployed, which, the consultant had no need to know, nor the security clearance to be informed of. This was very distressing to me and had a major negative impact on my psychological wellbeing at the time. I submitted a complaint 27 March 2015 which I received a reply to 28 April 2015, that apologised for not informing me of the process, but it did not address in any way the release of my details and activity to a random civilian with no medical training or security clearance.

#### **The take away message.**

As I previously stated these are not the only issues I have had with DVA in the last few years, and they certainly won’t be the last, but it should illustrate the difficulty a veteran can have with dealing with DVA. The impact DVA has had on my life in the last years has been enormously damaging, it has been a constant source of anxiety and depression. I have no doubt that enormous suffering has been caused to the veteran community by the current practices of DVA and that veteran suicide has increased as a direct result of this. The main problems I’ve experienced are the claims process takes far too long and is often restrictive in its definitions resulting in valid claims being rejected. The assessment process can involve repeatedly exposing emotionally and psychologically vulnerable veterans to unnecessary and damaging consultations. The veteran should have some control over who their information is released to. There should be a limit set to the amount of time allowed to determine permanent impairment.

The reality is that in the mind of a veteran once you leave the military, DVA becomes the authority on your healthcare, by this process they take on the authority of the service that you left. This affords them more power over the veteran than they deserve, and allows them to inflict great harm by incompetence and negligence.