



Submission No 16

**Inquiry into the Care of ADF Personnel Wounded and Injured
on Operations**

Name: Name Withheld

Organisation: Private

Committee Secretariat
Joint Standing Committee on Foreign Affairs, Defence and Trade
Parliament House
Canberra ACT 2600

jscfadft@aph.gov.au

Re: Inquiry into the Care of ADF Personnel Wounded and Injured on Operations

THEATRES OF OPERATIONAL SERVICE: Iraq and Afghanistan

CONDITIONS OF SERVICE: Army Reserve Officer on Continuous Full Time Service contract

NATURE OF INJURIES: Psychological and Physical

**CLAIMS FOR WHICH LIABILITY HAS BEEN ACCEPTED BY
DEPARTMENT OF VETERANS' AFFAIRS AS ARISING THROUGH
OPERATIONAL SERVICE:**

- Post Traumatic Stress Disorder (PTSD)
- Major Depressive Disorder (MDD)
- Sensorineural Hearing Loss
- Tinnitus

**PENDING CLAIMS WITH DEPARTMENT OF VETERANS' AFFAIRS
SUPPORTED BY MEDICAL EVIDENCE:**

- Alcohol abuse associated with PTSD
- Significant weight gain (morbid obesity) associated with PTSD / MDD medication and depressive symptoms
- Bruxism (nocturnal teeth grinding) as a stress reaction relating to PTSD
- Obstructive Sleep Apnoea attributed to significant weight gain resulting from PTSD / MDD medication and depressive symptoms
- Knee injury

CURRENT EMPLOYMENT STATUS AND MEANS OF SUPPORT: Long-term sick leave since April 2011 while undergoing treatment. Reliant on Department of Veterans' Affairs Incapacity Payments at rate well below civilian earnings. Capacity to return to civilian occupation remains uncertain.

SUMMARY

This submission, from the perspective of a Reservist, addresses Parts c, d and e of the Terms of Reference, highlighting major systemic failures by the ADF and DVA in their support of members returning from operational service and subsequently presenting with significant health issues after ceasing Continuous Full Time Service (CFTS) and returning to civilian life. To be blunt, despite all the rhetoric of there being one Army and one ADF, Reservists are treated as second class citizens when health issues arise months or years after returning from operations. If a Reservist suffers a battle wound requiring repatriation to Australia they are kept within the ADF until rehabilitation is complete and/or all outstanding claims with DVA are finalised; yet in the case of psychological trauma or other injuries which often take some time to manifest, the ADF wants no part of the rehabilitation process except, perhaps, to downgrade the member's medical classification and showing them the door.

Although I remain serving in the Australian Army Active Reserve the ADF takes no responsibility for my rehabilitation, job security or income protection as it would for a member of the Permanent Force; instead I am forced into the DVA system and left at a significant financial and vocational disadvantage, fighting all the way to justify the requirement for treatment. With a very large proportion of deployed personnel coming from the Reserve since 1999, the rehabilitation of Reservists who present with injuries some time after being released from CFTS is one that is going to require more effective and compassionate management.

Having proudly served my country willingly and loyally in two theatres of war, I never would have imagined the struggle that has eventuated over the past 3-4 years dealing with two very large, faceless and uncaring bureaucracies as my symptoms (refer to cover page) presented and became progressively worse. As if dealing with trauma memories and emerging related ailments while fighting to restore my health to pre-operational levels is not difficult enough, I have also had to fight for my entitlements, my job and even my marriage, such is the toll this burden has taken on me and my family life. Instead of acting as a public service agency charged with supporting the needs of veterans, DVA operates like an insurance company, works at a snail's pace with no accountability for slow or non-response to claims, is adversarial and quite often incompetent in its administration. The Department of Defence is cold and uncaring. Prior to my health condition being known to the ADF my performance reports were recommending promotion and stating I was performing my duties at a level well above worn rank. Despite being reassured by one _____ at the time of confessing I was suffering PTSD, who said, "*Don't worry mate. You're wounded and one of us. We'll look after you,*" nothing could be further from the truth. I have learnt that the culture of the ADF makes it more likely that someone with psychological problems is shunned and considered 'damaged goods' and that years of loyal service no longer matters.

My experiences are not unique among the younger veterans I have met. Sadly not all have the capacity to write a submission for this inquiry. Even for me this is difficult and a distraction from my treatment, but the current dysfunctional system must not be allowed to continue operating as it is; therefore I write these words as much for those who remain silent, and who will follow in the years to come, as I do for myself. Younger veterans need to be treated with greater dignity, respect and fairness and not given the runaround by a bureaucratic system which is focused more on process and budgets than it is on outcomes for those it is supposed to support.

It is now 10 August. Since drafting the cover page and preamble above several weeks ago my health has deteriorated and I no longer have the capacity to make this submission as comprehensive, precise or as succinct as intended. That is the reality of my life at the moment. Instead, it will contain rambling dot point thoughts and a number of self-explanatory appendices. Ironically, a large part of the reason I am unable to fully deal with this submission now is as a result of continued stress created by DVA in the manner it is mishandling my current treatment and outstanding claims. Instead of focusing on my treatment my anxiety levels have been unnecessarily increased as a result of bureaucratic incompetence.

I have spoken with a number of veterans who find themselves in a position not unlike myself, but who simply have no capacity to prepare a submission; therefore it is all the more important that I provide the Committee with my perspective, albeit now somewhat abbreviated.

In addition to the brief points detailed below, I am appending letters written by my wife to:

- ***my case manager at the Department of Veterans Affairs (who has done nothing to progress a range of outstanding matters);***
- ***the Secretary Department of Veterans' Affairs highlighting the difficulties we face as a result of DVA's inaction and incompetence;***
- ***an email exchange between my wife and Chief of Army concerning the buckpassing between Army and DVA on rehabilitation matters; and***
- ***an email sent by my wife to the Department of Defence Senior Leadership in response to their mismanagement of my absence on sick leave from my civilian employment as a member of the Australian Public Service with the Department of Defence.***

I acknowledge the Committee's Inquiry does not intervene in individual matters, but I submit all the information is germane to the terms of reference because it highlights serious deficiencies - if not apathy, indifference and incompetence - in the manner veterans are treated by

DVA and the Department of Defence, both as serving and former military members as well as Defence Civilians. I draw particular emphasis also to my treatment as a Defence Civilian in the Australian Public Service because so many specialist positions are filled by former Regular ADF or current Reserve members. Unfortunately the Australian Defence Organisation is not yet mature enough to recognise that civilians are not ADF members in a suit and that a large portion of its civilian workforce may be suffering from conditions like post traumatic stress disorder. All of the correspondence goes some way towards highlighting the terrible inequities which exist within the system and the incompetence of the system – and some in senior leadership positions - to accommodate the needs of veterans returning injured from current operations. The correspondence regarding my civilian employment is relevant because I am but one of many veterans who have returned from operations and have a job as a Defence Civilian as well as being a serving Reservist or former member of the ADF. Despite serving diligently, flawlessly and loyally for many years and upholding all the ADF and Defence Values including loyalty, those in key leadership positions have totally abandoned me as soon as my health stumbled. I, and others like me, deserve better and the Department of Defence needs to be better prepared to support veterans in uniform and those employed as civilians who have operationally-caused illnesses.

I request that the appendices are treated as one with my own comments and given equal attention and weight. As with my own remarks, I request that no information which identifies my wife be made publicly available. My wife is prepared to be contacted by the Committee if further information is required.

Terms of Reference intended to be addressed:

- (c) care of wounded and injured personnel on return to Australia, including ongoing health, welfare, and rehabilitation support arrangements;
- (d) return to work arrangements and management for personnel who can return to ADF service; and
- (e) management of personnel who cannot return to ADF service including:
 - (i) the medically unfit for further service process;
 - (ii) transition from ADF managed health care and support to Department of Veterans' Affairs managed health care and support; and
 - (iii) ongoing health care and support post transition from the ADF.

Lack of Timeliness and Proactivity by DVA

- I have new claims, some submitted nearly 12 months ago, that remain unprocessed by DVA, despite all medical evidence being provided. DVA has provided no explanation for the delay, nor sought additional information. Three letters on my behalf written by a solicitor have been ignored.
- Even when waiting for doctors' reports DVA has requested, DVA staff have been reluctant to follow-up with the practitioners to ensure the reports are furnished, instead placing the onus on the veteran to pursue paperwork.

RECOMMENDATION: Impose statutory time limits on DVA to determine claims with a deeming provision that claims are automatically accepted if DVA fails to process claims within a reasonable timeframe. Require DVA case managers and delegates to exercise proactivity in their work.

ADF Culture and Identification of Psychological Trauma

- Despite the rhetoric, the ADF remains incapable of adequately dealing with those suffering psychological trauma. The organisation is happy to wheel out the 'trophy' cases involving unfortunate veterans who have lost limbs or suffered physical wounds, but those with psychological

injuries are treated as 'damaged goods' and either managed out or not adequately taken care of.

- In my own case, a psychologist in Kuwait identified that I was "highly aroused" when preparing to return to Australia, yet there was no active follow-up and the Post Operational Psychological Screen some months later was nothing more than a formality. At the time, as an Active Reservist post-Continuous Full Time Service, I was reliant on Army for an income and had no insight to the injury I had suffered but which was to manifest fully a year or more later. I was hardly going to admit to anyone, let alone myself, that I was struggling. Had the right questions been asked at that stage without threat of losing my Army career, early intervention might have been possible which could have prevented a very difficult period for me and my family, including the past 18 months when I have been too unwell to work at all and have come close to ending it all on a number of occasions.
- As a Reservist who deployed as an individual in a specialist role, I had no support from my own unit. I returned to Australia, missed my connecting flight home, was given a cabcharge voucher and sent into the night. Army had not even arranged a bed for me in Sydney. Having been under rocket attack in Afghanistan a mere 3 days prior, I was left totally alone in what, at that stage, felt like a foreign country. It was another 3 months before anyone from Army contacted me, and then only to ask me if I would deploy to East Timor the following week for 6 weeks. There was no de-brief, no thanks...nothing; at least not until Army wanted something again.

RECOMMENDATION: Greater support must be given to Reservists following their return to Australia, particularly those who have deployed individually without the support of a unit. If potential issues are identified they must be followed up and the veteran assured their career in the ADF will not be jeopardised if they speak up. Instead of boring service members with the same OH&S or Equity and Diversity lectures year after year, there should be mandatory training for all personnel, particularly commanders, in identifying the symptoms of post traumatic stress disorder. A good start would be to provide every commander in the ADF with a copy of the contemporary work written by members of the PTSD treatment team at Heidelberg Repatriation Hospital titled: *On Eggshells and Through Minefields*. For further details, go to:

<http://www.trauma.org.au/On-Eggshells-and-Through-Minefields>

The authors of *On Eggshells and Through Minefields* should be approached by the Committee to give evidence to the Inquiry. They see dozens of traumatised veterans and families every year and are regarded as the pre-eminent specialists in the field of PTSD treatment. They live the trauma with veterans on a daily basis and hold objective insights into the way veterans and their families have been treated by the ADF and DVA following their operational service. *On Eggshells and Through Minefields* should also be compulsory reading for every member of the Committee if

they really want an insight into many of the issues upon which the terms of reference of the Inquiry touch.

Fair representation for veterans dealing with DVA

- Volunteer advocates are often overloaded by caseloads and are not equipped to handle complex matters and the typically adversarial approach taken by DVA.
- It is appalling that some veterans, including myself, have to retain a solicitor to pursue matters with DVA as a result of the department's failure to process claims in a timely manner or deal with veterans in a fair manner. Every person lodging a claim should be provided with a professional advocate instead of having to rely on the RSL or private legal practitioners.

RECOMMENDATION: Impose statutory time limits on DVA to determine claims with a deeming provision that claims are automatically accepted if DVA fails to process claims within a reasonable timeframe. DVA should be compelled to act as a 'model litigant' and not unnecessarily or frivolously drag out matters.

Incapacity Payments for Active Reservists discharged from CFTS

- It is inequitable that DVA incapacity payments for Reservists who have left Continuous Full Time Service in the ADF following deployment do not adequately compensate for a loss in civilian earnings, are reduced by 25% after 45 weeks and make no provision for employer superannuation contributions.
- The ADF has undertaken not to discharge wounded or injured personnel until rehabilitation is complete or all DVA claims are processed, yet Reservists are released from Continuous Full Time Service immediately upon return to Australia. It can take months or years for some conditions, such as Post Traumatic Stress Disorder to present, by which time the ADF washes its hands of all responsibility. If the member was continuing to serve in the Regular Force and not the Reserve, they would receive their normal pay and allowances during treatment and not be forced into the inequitable system which currently applies to incapacity payment calculation and the serious financial hardship that creates.

RECOMMENDATION: Reservists suffering a debilitating illness as a result of their operational service should have the option of being taken back onto Continuous Full Time Service during their treatment and recovery instead of being forced onto DVA incapacity payments. DVA incapacity payments should not be arbitrarily reduced by 25% after 45 weeks, should more accurately reflect, where applicable, the loss of

civilian earnings and should include a component of employer superannuation so as a veteran undergoing treatment and rehabilitation can still have money invested for retirement.

Common Sense and Empathy required from DVA

- DVA is a faceless bureaucracy which behaves like a penny pinching insurance company.
- DVA's primary focus should be on the welfare and rehabilitation of veterans. Instead DVA does everything it can to avoid paying for treatment and entitlements and treats its clients as if they are Centrelink dole bludgers or criminals trying to rot the system. I can earn tens of thousands of dollars more per year in my civilian job. Being on DVA incapacity payments is not my preferred option and DVA needs to show a more empathetic approach towards veterans in my situation and the policies applied by the system need to better reflect the real losses incurred by an injured veteran.
- Many of the processes required for travel justification to attend medical appointments, acquittal of travel and provision of household services are simply bureaucratic madness.

RECOMMENDATION: DVA should be made to perform as a service provider, not an insurance company, and apply some common sense in the manner it deals with routine entitlements matters. Incapacity payments should properly reflect the real financial losses suffered by veterans as being incapacitated for work is not a choice but an imposition.

Access to Massage Therapy for Veterans with PTSD

- DVA's policy for entitlement to massage therapy does not extend to veterans with PTSD on the spurious basis it is not a musculo-skeletal condition.
- Accredited, professional massage therapists will attest to the fact that massage therapy has significant benefits in promoting relaxation and mental well being and is complementary to other forms of treatment.
- In my own case I regularly pay for massage therapy out of my own pocket and have found it very useful in assisting my PTSD and depressive symptoms.

RECOMMENDATION: The benefits of massage therapy as a useful form of treatment for sufferers of PTSD should again be looked at as a valid form of treatment and funded by DVA with doctor referral to accredited professionals.

Veterans and Veterans' Families Counselling Service (VVCS)

- VVCS is a very good organisation offering a wide range of programs and counseling services to veterans and their families.

RECOMMENDATION: VVCS should continue to remain at arm's length and independent of DVA and funding should be maintained, if not increased, to allow VVCS to offer the widest possible range of services to veterans and veterans' families in need of support.

Travel Entitlements (see attached letter from my wife for greater elaboration)

- DVA travel entitlements are out of touch and cumbersome on the veteran to administer.
- DVA staff continue to have the audacity to question medical opinion on the requirement to travel for treatment.
- It is offensive to have a clerk at DVA scrutinise every mouthful of food consumed in a day and its cost based on an outdated formula which supposes a person only eats breakfast, lunch and dinner and has the cheapest meal in the morning and the most expensive at night.
- CBD accommodation costs are out of step with what DVA will pay, yet the absurdity of the system dictates that a veteran would be knocked back overspending \$20 on a hotel next door to their doctor's rooms but would be paid \$150 in return taxi fares for the cost of travelling from a cheaper accommodation location miles away. This is false economy and does not meet the common sense test.
- A public servant would never be expected to travel away from home without having their travel allowances advanced, yet in my own case I am continually out of pocket for between \$1,000 and \$2,000 while DVA acquits and refunds travel expenses. Veterans are not criminals and come from a trusted background. Why not advance the funds until the veteran proves they cannot be trusted?

RECOMMENDATION: Apply common sense to travel administration and bring the system into the modern age. Consider issuing veterans with a credit card, similar to the Defence Travel Card, to pay for accommodation, meals, taxis etc while attending medical appointments. Any reasonable person would accept that fraud would be prosecuted. Veterans are not criminals. They have previously been issued weapons and given the power to kill people; why cannot they be trusted to spend within limits, decide when they want to eat and to remain within a daily limit?

MRCA Travel Claim Form

- By DVA's own admission and incompetence, there is not a dedicated MRCA travel claim form for overnight stays, meals and accommodation, making such claims cumbersome and ambiguous when using the form provided.

RECOMMENDATION: Fix it.

DVA is out of touch

- The article '*Debunking Myths*' Vet Affairs Vol 28 No 2 Winter 2012 p7 is laughable. If only this rhetoric was true.

RECOMMENDATION: The management of DVA needs to pull its head out of the sand and realise that its rhetoric is not reality.

List of Appendices:

- (i) Letter of 9 August 2012 from my wife _____ to DVA concerning DVA's attempt to withhold travel entitlements for treatment not available in my home location on the basis of DVA budgetary issues and a total lack of understanding regarding the nature of my illness and treatment.
- (ii) Letter of 9 August 2012 from my wife _____ to DVA Secretary _____ highlighting the maladministration within his department.
- (iii) Email exchange between my wife and Chief of Army which demonstrates that for all its rhetoric, there is very little meaningful action on the part of the ADF in rehabilitating injured Reservists.
- (iv) Correspondence from my wife _____ to the Defence Senior Leadership highlighting significant deficiencies within the Department of Defence in managing the welfare of civilian veterans who have been employed for their specialised skills developed in the ADF. A large portion of the civilian workforce within Defence is made up of former ADF members and the organisation must alter its culture and become better attuned to the potential health problems many of those employees are likely to develop as a result of operational service.

Appendix i

**Letter of 9 August 2012 from my wife
DVA concerning DVA's attempt to withhold travel entitlements for
treatment not available in my home location on the basis of DVA
budgetary issues and a total lack of understanding regarding the nature
of my illness and treatment.**

August 2012

Department of Veterans' Affairs
GPO Box 9998
Brisbane QLD 4001

Dear

**Re Letter of 3 August 2012 from
concerning transitioning of treatment from mainland to**

I write on behalf of my husband who is distraught at the latest attempt by the Department of Veterans' Affairs to undermine his treatment by suggesting it should be uprooted and moved to merely to save DVA a few pennies. My husband has an entitlement to treatment for his accepted conditions and those with the most appropriate experience and expertise to assist are located in and . There simply is no comparable treatment available in ; although is a capital city, it is in effect a provincial town lacking the professionals best equipped to treat my husband's specific and serious issues. By his own admission, a psychiatrist previously seen by my husband in has little experience treating war-related PTSD; the - based VVCS also supported my husband using the services in lieu of its own. I challenge you to justify why my husband should be forced to receive a lower standard of treatment on the basis of where he lives.

The letter of August signed by does not take into account the human element, specific treatment needs of my husband nor the progress being made under the current treatment providers. The fact is, my husband is having treatment interstate because the same level of expertise specialising in war-related PTSD is not available locally. The team and program at are the best in the country and in has vast experience dealing with war-related PTSD and is acknowledged as one of the best in his field. My

husband has good rapport with [redacted] and [redacted] has taken the time to get to understand my husband's specific issues. Not only does my husband require this continuity with all of his treatment providers now, they have been identified as being integral to his continuing rehabilitation should he be permitted to return to the workplace. My husband's treatment is long term and continuity and support from those he has been seeing is essential, particularly as he strives to return to work. In the event my husband returns to work, this is more likely to occur in [redacted] or [redacted], thereby making it sensible to maintain the current treatment arrangements. Appointments in [redacted] are normally scheduled in conjunction with trips to [redacted], thereby saving DVA costs in airfares. The same applies when, say, [redacted] appointments are spread across several days with a gap in between due to scheduling; instead of flying to [redacted] twice within the week [redacted] my husband will elect to travel just once, again saving DVA the expense of an extra trip and himself the added stress of flying back and forward.

It is totally unreasonable for DVA to apply a one-size-fits-all approach to treatment and to attempt to deny my husband the benefit of seeing those who have been treating him for more than a year simply because of where we live. It has taken some time to find the right people to manage my husband's condition and he has begun to make progress under their care. Instead of considering the needs of the veteran, DVA continues to act like an insurance company full of faceless bureaucrats focused on budgets rather than treatment outcomes. Treatment for my husband's conditions are not like having a car serviced, whereby a vehicle could reasonably be taken to any dealership in Australia to obtain identical maintenance; in the case of PTSD and related conditions my husband was referred to interstate professionals because similar levels of expertise and programs simply are not available where we live. Yes, there are psychologists and psychiatrists in [redacted], but they do not have the insights and experience into war-related PTSD that [redacted] and the team at [redacted] have developed over many years of specialisation. Furthermore, my husband has established relationships of trust with his treatment specialists built up over a period of time while dealing with extremely personal and traumatic memories and symptoms; he is not being treated for a sore toe. My husband's treatment is at a critical stage whereby his health will most definitely go backwards if he is forced to effectively start from scratch with a new treatment team. In the long run such course of action would be likely to cost DVA more money by keeping my husband out of the workforce for longer and potentially making his condition worse.

In relation to tinnitus treatment, my husband was referred to Audiology Centre because the specialised nature of the Neuromonics treatment being funded by DVA was not believed available in [redacted]; furthermore these treatment appointments are made at times when my husband is already in [redacted] for other treatment, thereby creating minimal additional burden for DVA or my husband. Treatment has commenced, the audiologist understands the impact my husband's tinnitus has on his anxiety and PTSD symptoms and it is

preferable for that ongoing supportive relationship to continue throughout the remainder of treatment.

It is worth noting that weekly travel is hardly our most preferred option and brings no joy for my husband. It is stressful on my husband, disturbs our family life and creates an administrative and financial burden through never-ending travel claims and acquittals, not to mention forever being at least \$1,000 out of pocket while we wait for reimbursements. However, we accept that this is all necessary in order for my husband to regain his health and for us to get back the life we once had. My husband is working hard to make his treatment a success; we are both angry that DVA would attempt to scuttle progress by threatening to pull the rug from under us.

Turning specifically to your policy guidelines under Section 295 of MRCA:

(a) the places where appropriate treatment was available to the person;

- As outlined above, the only appropriate places for treatment are where the current treatment teams are located.

(b) the means of transport available to the person for the journey;

- Airline transport, with taxi connections, is the only practical means.

(c) the means of transport appropriate for the person to take the journey;

- As per (b) above.

(d) the routes by which the person could have travelled;

- as per (b) and (c) above.

(e) the accommodation available to the person at the place to which the journey was made; and

- It is worthy to note that rather than utilising his entitlement to full commercial hotel accommodation in my husband chooses to stay in very basic accommodation close to Hospital reserved for interstate and country patients. This saves DVA in excess of \$100 per night, not to mention taxi fares to/from hospital appointments. Effectively, this choice by my husband more than subsidises the cost of flights between and .

(f) any other relevant matters

- refer to earlier contents of this letter.

It angers me that DVA is quick with its attempts to interrupt my husband's ongoing treatment for his accepted conditions, yet has failed to process a range

of new claims submitted many months ago, including some dating back to 2011, not to mention proactively informing my husband of where he stands in relation to accessing entitlements, including permanent impairment compensation. We are also out of pocket for well in excess of \$2,000 for treatment deemed medically urgent and for which my husband's dentist and sleep physician have each written more than one letter to DVA offering an unequivocal opinion that his bruxism and obstructive sleep apnoea are directly related to the accepted conditions and treatment for PTSD and depression. It is simply not good enough for DVA to sit on claims without making a determination. The resulting anxiety caused by DVA's inaction and failure to communicate with us is detrimental to my husband's health, not to mention the fact we have had to fund treatment ourselves due to DVA's refusal to make a timely determination on claims.

As you would be aware, my husband has now retained the services of Lawyers to pursue his outstanding claims and entitlements. It is nothing short of appalling that a veteran injured serving his country should have to turn to a solicitor, at his own cost, simply to get a government department to do its job. I also note with utter disgust that correspondence to DVA from Lawyers has gone unanswered. It is time for all outstanding claims to be processed or for DVA to explain why the claims are being ignored, particularly as no further information has been requested from us and we have been proactive in providing as much information as possible to DVA.

The public servants at DVA need to realise they are dealing with humans, not cases, and unwell humans at that. Veterans deserve more than DVA's unempathetic and adversarial approach.

I note that it is almost 12 months since my husband's last needs assessment for household services. Given that it took DVA several months to arrange the previous assessment, to our detriment, I expect that you will proactively do whatever is necessary to organise a review within the coming month so our entitlements are not interrupted. Please advise me, or Lawyers, what action you are taking with regards to this and when the referral to the occupational therapist is made. We will not tolerate this matter being dragged out.

Yours sincerely

c.c.

– Secretary, Department of Veterans' Affairs

Appendix ii

Letter of August 2012 from my wife to DVA Secretary Ian Campbell highlighting the maladministration within his department.

August 2012

Secretary
Department of Veterans' Affairs
PO Box 9998
Canberra ACT 2600

Dear

I write to you as an angry wife of a veteran having read your article in the edition of Vet Affairs Volume 28 No 2 winter 2012, 'News from the Department'. The rosy picture you paint of how DVA is assisting those suffering with a mental illness following deployment couldn't be further from what my family has experienced over more than 12 months of excruciation dealing with the department you are responsible for.

My name is _____ and I am married to _____ (or _____ as your system refers to him). My husband is suffering from Post Traumatic Stress Disorder (PTSD), major depression and a number of other conditions. I have been forced to write to you as quite frankly I have been exhausted in dealing with DVA and I've had enough of reading such articles where the hierarchy all pat themselves on the back for the great initiatives they think are in place and the rest of us who are actually entangled in the mess that is DVA wonder what the hell you are talking about. I feel you should know what many of us on the outside are actually dealing with when we fall into the hands of DVA. It's so far from how it's portrayed in your news article it's not funny. We have a number of issues that need to be resolved and we have been waiting for resolution for far too long. This has had an ongoing detrimental impact on my husband and is now having a devastating impact on our family life and it's simply, totally unacceptable.

My husband has a number of accepted claims with DVA for which he is receiving treatment, but there are a number of separate conditions, or conditions which are related to and exacerbated by the accepted claims, that DVA has failed to consider in a timely manner despite repeated letters from doctors, follow-up by my husband and even the intervention of a solicitor whose letters have been ignored.

They are detailed below.

- Alcohol abuse associated with PTSD (report written by _____ in support of claim in July 2011)
- Significant weight gain (morbid obesity) associated with PTSD / MDD medication and depressive symptoms (medical reports completed with claims paperwork in 2011)
- Bruxism (nocturnal teeth grinding) as a stress reaction relating to PTSD (Claim lodged with DVA in 2011 with medical evidence that condition relates to PTSD and warning of permanent teeth damage if treatment not provided. Further follow-up letters provided by dentist. Treatment sought at own expense after dentist advised further delay due to DVA inaction would cause long term problems)
- Obstructive Sleep Apnoea attributed to significant weight gain resulting from PTSD / MDD medication and depressive symptoms (claim lodged in early 2012 with supporting medical evidence. Multiple letters provided to DVA by emphasizing urgency of treatment and stating condition is related to accepted PTSD condition. Treatment commenced at own expense upon medical advice that to delay longer while waiting for DVA determination would be seriously detrimental to health)
- Knee injury (claim lodged with supporting medical evidence and statement addressing statement of principles in 2011)
The calculation of the correct incapacity payment rate has been outstanding for a significant amount of time and is now in the hands of my husband's solicitor.

And the fight goes on...

- We've had to fight to have an income paid, at a rate much less than what was earning in his civilian job before being deemed unfit for duties. If he was in the Regular Army he would have been paid as normal while undergoing treatment with superannuation paid, leave credits intact and no drop in salary to 75% after 45 weeks, but we now find ourselves at a disadvantage to the tune of hundreds of dollars per week because all his civilian leave credits are exhausted and we are forced to access entitlements through DVA which are less than what _____ would receive in the Regular Army or his civilian job. Grossly unfair given that _____ is still technically serving in the Reserve and his injury occurred while he was on CFTS.

It seems that a Regular soldier with a physical injury is able to be placed on full time rehabilitation duties with no loss of pay and entitlements and no pressure to leave the Army, yet a Reservist with a psychological injury accepted to have occurred on deployment and who spends most of his week receiving treatment is left to fend for himself and depend on lesser

entitlements provided by DVA. This seems rather inequitable. Nobody would deny anyone with a serious physical injury everything that the system can provide for them, but it is highly likely that over the coming years there will be a far greater number of returned service men and women who will develop psychological injuries as a result of deployment. Their wounds are unseen, but this doesn't mean they should be treated as second class citizens and denied equity during rehabilitation.

- We've had to fight to have claims processed and are still in the middle of this fight as the system is unacceptably slow and silent as I have detailed above.

We are currently in excess of \$2,000 out-of-pocket, having paid for a CPAP machine, dental splint for bruxism and related treatment ourselves as, on doctors' advice, we could wait no longer for the claim to be processed. Sleep and health was more important than a cumbersome process (until he started using the CPAP machine he was stopping breathing more than 50 times an hour during his sleep – this condition only arose following the emergence of PTSD and Major Depressive Disorder and medical opinion unequivocally suggests the Obstructive Sleep Apnoea is directly linked to those conditions and their treatment). We are now facing a similar issue with expensive dental treatment. DVA was provided an initial report nearly a year ago in which a dentist identified a new condition involving nocturnal teeth grinding which he attributes to PTSD. A further report from the dentist some months ago this year has been ignored and the claim unprocessed by your department. Rather than wait for DVA to make a decision, upon medical advice, we have paid for a splint to be made to prevent further teeth damage.

- We've had to fight to have a Needs Assessment completed to our advantage rather than that of the department and again unless you were aware of your entitlements no one provided the information or support to help navigate the hundreds of fact sheets you are expected to read and understand.
- We've had to fight DVA on a weekly basis and continue to do so. Whether it's through the reams of paperwork required to lodge a claim to submitting weekly receipts for reimbursement for travel that we now does on a weekly basis to receive treatment, or something as simply as obtaining refunds for household services. At any one time we are between \$1,000 and \$2,000 out of pocket waiting for travel, meals and accommodation expenses to be reimbursed. There is simply no way a public servant in Defence or DVA would put up with being made to pay for their own expenses when travelling for work and then waiting for

reimbursement. Funds would be advanced or a credit card would be issued and expenses acquitted afterwards. DVA fails to understand that its clients, by nature of their service in the ADF, are not scammers or criminals but decent, upstanding people with integrity who come from what is promoted as a values-based organisation. DVA clients are also accessing entitlements because they are unwell and need to be treated with some empathy and respect instead of in an indifferent bureaucratic manner.

- We've had to fight something so simple as having reply-paid envelopes provided as when added up over the course of a year the cost of posting claims and other associated paperwork to DVA adds up, not to mention the cost we incur in photocopying everything in the event one day they say they haven't received something. DVA staff actually advised me to do this. The administrative burden just to access entitlements and reclaim our own money is immense.

A recent response from DVA: "The DVA reply-paid envelopes are only to be sent to clients when we have requested further information from them, ie. when requiring a questionnaire form to be completed or if we need further identification documents to be supplied for a disability claim, etc". Perhaps if claim forms were to be sent without a signature or with a receipt missing, DVA would then respond with a reply-paid envelope? There is absolutely no common sense or discretion applied. could stay in a hotel costing almost \$200 every night he is in receiving treatment, but he chooses to stay in hospital-arranged accommodation at \$35 per night, saving DVA a fortune. Yet the cost of a stamp or spending \$2 more on breakfast than some bureaucrat says he is entitled causes us to be left out of pocket. Surely it is costing DVA far more money to administer and micro-manage such travel claims than it would to simply advance the costs of meals etc and issue cabcharge or credit cards to pay other expenses. Do they really think a client is going to buy a ticket to Hawaii if they are entrusted with cash?

- We've had to fight to have me attend the PTSD treatment program offered at Hospital even though the experts constantly emphasise how essential it is that partners undertake this program to better help themselves and the veteran. Despite there being no treatment program offered in I was required to provide written justification for my attendance.

We then had to fight for DVA to pay for my travel expenses when I travelled to . Currently they still refuse to pay my meal allowance or to accommodate me even though same day travel is not possible as I travel with .

- We've had to fight to get flights booked the day prior to appointments that [redacted] has to attend so that he wouldn't have to leave home at 4.30am and return home after 10pm.
- We've had to fight petty nonsense regarding food receipts and what might look to DVA like more food than one person can eat; despite the medication [redacted] is currently taking which increases his appetite we've had DVA quibble over what he consumes. This is insulting.
- We've had to fight for someone to be across our case and then DVA in their wisdom move staff around and you start all over again. It's like they have not bothered to invest the time to understand where your cases is at and you're forced to start from scratch. There is no, and I mean no, proactive approach from staff and if you don't ask then you don't get. Then when you do ask you are subjected to the excuses of 'process having to be checked' and the onus on you to follow up when staff put you to the bottom of the pile.
- We've had to fight for basic home services to be provided as part of our entitlement under the Needs Assessment. This process took approximately six months and much follow-up from us along with us having to acquire 3 quotes from each service provider before a single blade of grass was mowed or a shirt ironed.
- We've had to fight to have our grass cut as [redacted] can't handle machinery at this point in time due to the medication he is currently taking.
- We've had to fight to have some ironing done so that some of the pressures in keeping a house running are relieved.
- We've had to fight to get [redacted] a mattress protector so when the night sweats kick in he sleeps in a dry bed.
- We've had to fight doctors who promise reports but rarely deliver without a reminder and/or a phone call. Instead of following-up itself, DVA puts the onus back on the veteran to do so. In one instance a report for DVA took almost 6 months to surface and follow-up from DVA was infrequent unless I rang and asked about progress.
- We've had to fight DVA delegates who overwhelmingly have an attitude that veterans are somehow trying to claim something they are not entitled to. Veterans aren't dole bludgers, tax cheats or criminals but one

would think they were once you start to encounter the attitude that pervades DVA. The staff we have encountered are at best average and at worst totally incompetent and uncooperative. In my experience it seems the staff need to be reminded that these are men and women who have served their country and encountered the most extreme of circumstances and would rather not have to put their hands up for help.

- We've had to fight for reports from delegates and each letter from them leaves you with more questions than answers.
- We've had to fight to be provided with accurate information in a timely fashion.

As DVA does not compensate veterans receiving incapacity payments for their loss in superannuation, my husband has drawn on his leave accruals from his employer whilst on medical leave without pay to ensure there are at least some savings being put aside for our retirement. We provided payslips religiously on a fortnightly basis to ensure that the tax that was being taken from my husband's incapacity payments was correct. We even asked for DVA to provide fortnightly gross and net figures in the form of a 'payslip' so we could monitor what deductions were being made, but were told that is not the policy and we would be paid a net figure and receive a payment summary at the end of the financial year. The consequence of all this is we got at \$4,000 tax bill because someone at DVA had not done their job in ensuring enough tax was deducted. Once again a burden that we must shoulder as of course no one at DVA takes any responsibility. We are aware of another veteran who has encountered the exact same issue and when challenged, DVA staff simply threw their hands in the air and said not their problem.

- We've had to fight for our dignity.
- We've had to fight for respect.
- We've had to fight to just be heard.

And to top it all off, last week we received a letter from DVA telling us that they are looking at moving my husband's treatment locally. I have attached the letter and my response. Once again, another hoop for us to jump through and another fight with DVA to justify and defend our position. DVA, in its focus on budgets rather than the individual, fails to understand that the type of treatment my husband receives interstate is not available locally and that to pull the rug from under him at this point in time would set his progress back significantly and potentially have grave consequences.

So if this is how you feel you are supporting those suffering from mental illness then it is little wonder there is so much animosity towards DVA.

Each time my husband has dealings with DVA there is an escalation in his anxiety levels and consequently his overall wellbeing. I have taken on the role of dealing

with DVA as the stress and frustration was having a detrimental impact on my husband and consequently me. I'm not mentally unwell and it exhausts me. The impact this has on my husband can only be seen to be believed. He is trying so incredibly hard to get his health back to a level where he feels like he can cope in the world and hopefully return to work, then he has these unaccountable individuals in DVA slam him time and time again.

Our issues are complex. The impact on our lives now that DVA has become involved is horrendous.

Late last year our situation became so incredibly overwhelming that we engaged a lawyer to assist in the dealings with DVA. No one should have to resort to such action when dealing with a government department and particularly a veteran. Letters from the law firm have still gone unanswered and outcomes not forthcoming. It is outrageous that DVA staff are not held accountable and claims are not processed in a timely fashion.

I have had correspondence with Chief of the Defence Force and Chief of Army and they assured me they had been working with your department to improve some of the irritations. Exactly what I would expect them to say but I'm here to tell you there has been no improvement.

All we ask for is to have matters dealt with in a timely fashion with courtesy and respect and a level of awareness around the severity of the situation we all find ourselves in and coping with every single day.

I had no idea this is the way we would be treated by the system. I am saddened to think of the thousands of others who are also suffering at the hands of DVA and more so those that are still serving and will need to rely on DVA when they return. Little do they know of the nightmare they will face. Many will not have the capacity or the support around them to write letters such as this. This is real. This is hurting many. The load on families in supporting an acutely ill member of the family is immense. This sort of bureaucratic nightmare is unacceptable and a total disgrace.

I can be contacted on _____ or via email _____ and I look forward to a timely response and some action around the matters I have raised in this letter, however please do not respond to me with more rhetoric.

Regards

c.c. Joint Parliamentary Committee for Foreign Affairs Defence and Trade –
Inquiry into the Care of ADF Personnel Wounded and Injured on Operations

Appendix iii

Email exchange between my wife and Chief of Army which demonstrates that for all its rhetoric, there is very little meaningful action on the part of the ADF in rehabilitating injured Reservists.

From:

Subject: Re: CA Response [SEC=UNCLASSIFIED]

Date:

To:

Cc:

Dear

Thank you for taking the time to read and respond to my email of May.

You had offered a glint of hope, but once again when challenged the rhetoric doesn't match the reality for those of us dealing with the system.

From my perspective the 'system' seems clearly focused on what cannot be done for the member instead of what can be done. The public comments appear to be designed to have us all believe all is well while the reality for the veterans is far different.

As I'm sure you would be aware, those with mental health conditions can take some time to come to terms with the fact that there is a problem let alone seek help for it. The likelihood that someone returns from deployment and is straight away determined to be suffering from PTSD is slim. These conditions manifest over time as they try to assimilate back into life and resume employment. I have recently met Vietnam Veterans who are only now seeking treatment for PTSD and while I'm not advocating an open ended approach for the ADF to maintain responsibility there must be a realistic timeframe in which veterans can still be covered by proper entitlements, particularly if they remain serving in the Army, even as a Reservist; seems not. My husband was recently part of a group treatment program which included two other serving members, both Regular Army. Retaining them until their treatment was complete and DVA claims finalised was not on Army's agenda. In addition to the difficulty of undertaking an intense program these men were simultaneously fighting the Army bureaucracy over impending discharge, despite one of them being eager to be rehabilitated and remain serving.

Based on my understanding of your explanation of your policy these people will continue to slip through the cracks and be entangled in the nightmare we now find ourselves in as in all likelihood their conditions won't be diagnosed until some time after CFTS has finished. And basically my interpretation is then it's all too late according to the policy, the door has been slammed shut.

Your clarification of the policy regarding retention of people on CFTS until rehabilitation and claims are finalised and the reassurance my husband received when confiding in Brigadier [redacted] about his condition in January last year when he was told words to the effect of, "Don't worry mate, you're wounded and you're one of us. We'll look after you" seem very hollow. My husband believes the Brigadier was sincere, but in reality commanders have no influence over a 'system' which lacks fairness and is blinded by inflexible policy.

It is my belief for any real change to occur it will take someone in the top brass to suffer from PTSD, major depression or have a leg blown off and be totally reliant on the system to look after them to truly understand the hardship and burden placed on those caught up in the system. Until such time those who are still to come back or have symptoms manifest - and there will be plenty of them - and need support, others will fall victim to exactly the same frustrations and appalling treatment. I would never have expected such a cumbersome and heartless system to be in place had I not had first hand experience.

My initial email to you was not so much about our own situation but about how we are experiencing the systems so readily defended by you and the impact we have seen on other veterans who may not have the capacity, gumption or know-how to speak up and challenge rhetoric coming from the Defence hierarchy. There are a great many veterans and families doing it tough and who have no voice. They shake their heads every time they see or hear a media report telling the world how well the ADF is at treating and rehabilitating its injured veterans.

These men and women have not asked to be in the situation they currently find themselves in and nor have the families. I ask you to keep this in mind when making further decisions about policies that have such a dramatic impact on the lives of us ordinary people.

DVA incapacity payments do not cover superannuation or other entitlements one would receive if remaining in the Regular force throughout rehabilitation and it is grossly unfair that such payments are reduced by 25% after 45 weeks. By forcing Reservists into the DVA system you are creating a second class citizen among Reservists and inequities in the way they are rehabilitated. It seems everything is focused on the almighty dollar and achieving cost savings for the Government rather than placing the welfare of the human beings front and centre.

No doubt there are others out there who need [redacted] care, compassion and expertise more than we do at this point in time. I feel there is little more [redacted] can do for us and we know where to find him if we need him, therefore a meeting with him will not be necessary.

I urge you again to read my original email and take note of the issues I raised, remembering that they are typical of what a great many veterans and spouses are going through. Something needs to change.

I have recently read the SIIP report and will keenly watch for change.

I wish you well.

Regards

On _____, at 7:57 AM, _____ wrote:
UNCLASSIFIED

Dear _____,

I have had an opportunity to read your latest email and was pleased to hear that you are receiving solid support by _____, which does not surprise me. I know that _____ has worked hard to ensure that _____ is guided through the complexity of issues that he faces when dealing with Government support agencies including Department of Veteran's Affairs and ComSuper; not to mention his guidance through the issues that arise from time to time within Army relating to _____ acute health, welfare and Reserve employment. In order to enable me to discuss your husband's case more openly, I had _____ contact _____ to seek his authority for me to discuss his personal details directly with you.

I would like to address your comments relating to my clarification of the policy on support to Army Reserve personnel injured whilst on Continuous Full Time Service (CFTS). As I mentioned in my earlier email, I have clarified the policy so that Army Reserve personnel injured on CFTS are able to continue to serve on CFTS until medically cleared, DVA claims determined and pathways are established to return to civilian employment. Maintaining _____ on CFTS following his deployment in 2008 was not considered at the time because, as I understand, _____ did not present (at least to the ADF) with any serious health issues until 2010. In accordance with the current policy, he would be ineligible to be employed on CFTS from the point at which DVA accepted liability for his mental health conditions. Regrettably therefore, I am unable to retrospectively approve CFTS in his case. It is perhaps also worth noting that DVA weekly incapacity payments would normally be adjusted downward for any period in which a member was in receipt of CFTS salary, so this option might have financially disadvantaged you under current circumstances.

I will continue to have _____ oversee your husband's case. In order to discuss these and any other matters in further detail, I have asked _____ to seek a meeting with both you and your husband. Should you agree, this will afford you an opportunity to detail the issues frustrating your efforts to re-establish a more acceptable and workable routine.

Thank you again for bringing these matters to my attention.

Your sincerely,

LTGEN
Chief of Army

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From:

Subject: Re: [SEC=UNCLASSIFIED]

Date: _____

To:

Cc: _____

Dear Lieutenant-General _____

Thank you for your email of _____ May in response to the concerns I raised with you on _____ and _____ May and for the reassurances you provided.

I should point out that without _____ intervention in June last year things would have been a lot worse. _____ certainly is one of your best and has provided wonderful support and advice to _____. _____ care and compassion at a time of crisis in our lives will never be forgotten by me. He is a man we both trust and the only person in Army, other than Dr _____, who has shown any empathy towards _____ since his problems came to light. However that does not dispel our disappointment that those in leadership positions who once were served loyally, trusted and admired by my husband have all but vanished. This has been highlighted through their lack of contact and support. This abandonment is the reason _____ has only wanted to deal with _____, but ultimately he does not have the power to effect change.

Aspects of your email raise even further questions about how policy is being applied and whether my husband is being treated equitably. I am interested in

your comment about your recent clarification of policy, that:

"In short, Army Reserve personnel injured while on CFTS will continue on CFTS until they are medically cleared, their DVA claims are processed and they are able to return to civilian employment."

I would like to know where this policy leaves my husband in our current circumstances?

Although an Army psychologist considered [redacted] "highly aroused" the day prior to him leaving the Middle East, there was no proactive follow-up by Army once he returned home. He was left at the airport with a taxi voucher and so ended his deployment and CFTS. I noticed changes in [redacted] straight away, but he was in denial as his life unravelled around him and was unwilling to seek help through the Army system for fear his only source of employment at that time would be pulled from under him. There was a phone call from VVCS which [redacted] fobbed off, unwilling to admit or unaware of emerging problems. The 3-6 month post-operational psychological screening was clearly inadequate and, as mentioned previously, nobody from Army who [redacted] worked for even bothered contacting him until 3 months after deployment and that was because they wanted something. No de-brief at all. No thanks for a job well done. No query about how he was travelling. Despite deteriorating health, my husband performed nearly 300 days of Reserve service between mid-2009 and August 2010, receiving high praise for his performance. Had he not ultimately fallen apart while at his civilian work place at Russell Offices in 2011 he may not have entered the DVA system and would almost certainly have put himself forward for further deployments, despite his health and our family life being in a state of disintegration. Even now, [redacted] knows of colleagues who are suffering but will not put their hand up for help for fear they will lose employment and further deployment opportunities.

DVA has accepted liability for four of [redacted] conditions, most notably PTSD and Major Depressive Disorder, with effective dates backdated to commence inside the period of my husband's operational service overseas. Other claims with DVA remain outstanding and have been for some time. Had [redacted] been retained on CFTS, as your clarification to policy suggests should have been the case, a raft of subsequent problems may not have eventuated.

After joining the Australian Public Service with Defence in [redacted] my husband's health totally unravelled and he has not worked since [redacted]. He has exhausted his civilian leave credits with the Department of Defence and we are reliant on incapacity payments from DVA which do not have any provision for superannuation and will soon reduce by 25%. [redacted] service in the Reserve will be deemed non-effective for the current financial year and we are at a further financial loss as a result of my husband not being able to utilise his civilian employer's military leave entitlements. Yet, had he be retained on

CFTS, none of this discrimination would have occurred and the pressure placed upon my husband to prove his fitness for a return to civilian work in would be non existent as his CFTS service would permit him to take military leave without loss of entitlements or fear of losing his job due to an extended medical absence. still hopes to return to his civilian job but is not well enough yet and he will be utterly crushed if time is called in this year when his fitness is next assessed by his employer.

Considering your clarification regarding policy for Reservists who have been injured on CFTS, is there any reason why my husband cannot be placed on CFTS now while he continues full-time rehabilitation? Is there any reason why such a decision cannot be made and backdated at least until , if not the many documented weeks during and when my husband was unable to work, and was not paid, due to acute phases of PTSD and Major Depression?

I am encouraged about your policy clarification, but the reality is we are being left at a considerable disadvantage and in no man's land by being forced into the DVA system when those with conditions that are physical, but just as debilitating as PTSD and Depression, are kept within the ADF by virtue of their Regular status or, in the case of a Reservist, present with problems before their CFTS contract expires. Our situation poses a great inequity that could affect us for the rest of our lives.

Is this really the way to be treating someone who has served his country for a number of years and who has high hopes of being able to return to a state of health whereby his vast experience and skills will again be of use?

Grateful for your interest in our situation and I hope you can do something to return some equity to the situation my husband and I find ourselves in.

I look forward to your further response.

Regards

On , at 7:59 AM, LTGEN wrote:
UNCLASSIFIED

Dear ,

Thank you for your two emails regarding condition and your experiences throughout his treatment, although I am quite saddened to read the anxiety it has caused you. I was concerned to read that while aspects of condition appear to be improving he remains very sick. I have had my staff undertake some background research on case for me, and while for privacy reasons I am restricted as to how much detail I can release

to you, my sense is that his condition is now well understood.

I want to assure you up front that the Army's management of sick, wounded and ill soldiers should not discriminate between mental or physical injury or illness, but I also know that psychological injuries can be more complex and therefore often difficult to initially diagnose. Notwithstanding, I do believe that the ADF is improving in its ability to recognise the early symptoms of psychological injury, which enables the provision of a range of support measures. I have good confidence in our system of psychological screening, but as the symptoms may not manifest themselves until long after a deployment it is often the families that have to initially endure this struggle without assistance.

I stand by the comments that were attributed to me in [redacted] recent article and I continue to promote the care of our sick, wounded and ill as one of my highest obligations. Apart from contributing to the development of wider ADF programs in support of PTSD, I have also directed a number of initiatives inside Army, including the further development of the Soldier Recovery Centres in Darwin, Townsville and Brisbane. You might also be pleased to know that I have recently clarified the policy regarding the treatment of Army Reserve personnel who are injured whilst undertaking Continuous Full Time Service (CFTS). In short, Army Reserve personnel injured while on CFTS will remain on CFTS until they are medical cleared, their DVA claims are processed and they are able to return to their civilian employment. I have also recently been contacted by a high level delegation appointed by the Secretary of DVA to review the effectiveness of their current programs supporting members with PTSD, for which I have committed significant staff resources to ensure Army's view is understood. I will continue to seek out opportunities to engage on these issues.

In regards to [redacted] case, I note your concern that action has commenced to separate him from the Army Reserve on medical grounds. I have directed that no further action is to be taken until [redacted] medical condition and prospects for rehabilitation are better understood. I would not expect that any further assessment action will commence this calendar year.

I have no doubt that we still have some way to go, which your email reinforces, but I think we are on the right path. I would like to thank you again for highlighting your experiences, they have helped to reinforce the importance of this issue. I would also urge [redacted] to remain in contact with his Army Case Officer, [redacted], who is one of our very best. I have great faith that [redacted] will provide you and [redacted] with sound advice, especially in relation to your dealings with DVA. I will be asking [redacted] to keep me updated on progress. Please pass on my personal regards to [redacted], I am cognisant of the great sacrifice he has made for his country and I wish him a fulsome recovery. Lastly, thank you for your support to [redacted], which I recognise is not without great personal cost.

Your sincerely,

LTGEN
Chief of Army

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From:
Subject: Re: A spouse's response to your comments in The Saturday Age - 21 April 2012 - additional information
Date:
To:
Cc:

Dear Lieutenant-General

Thank you for having your Chief of Staff Brigadier call me this afternoon to acknowledge my email to you of . Whilst the matters my husband and I face are not insignificant, my reason for writing to you is not just about us; there are a great many others out there who are unable or unwilling to approach the Chief of Army to draw attention to how things actually are in the real world.

Since sending the email below to you last night I have come across the attached article from The Bulletin published in 2005 and I am left wondering if anything has changed over the past seven years, or if things will ever change? My husband's appalling treatment by the Defence and DVA bureaucracy aside, the situations described in the article are very similar to some others I am personally aware of; only the names, conflicts and years are different.

I am forwarding The Bulletin article in case you have not previously read it as I believe its contents are as relevant today as they were in 2005. I really do hope we will begin to see some positive and meaningful change under your leadership which is focused on supporting and helping unwell serving and ex-serving veterans in a fair and compassionate manner underpinned by ADF values rather than treating them as adversaries, malingerers and 'problems' to be dispensed with. As I think all now acknowledge (rhetorically at least), the incidence of PTSD among returned service men and women is only going to become worse in the years ahead. If the system is dysfunctional now, one can only imagine how serious the problem will be when increasing numbers of veterans present with problems, or run off the rails because they fear to ask for help and admit their problems to a system renowned as being unsupportive.

I realise my original email was lengthy, but these are matters which totally consume our lives and it simply shouldn't be this hard. Being placed in the DVA system puts us at a huge financial disadvantage, yet my husband is still in the Army and being treated for conditions accepted to have occurred on

deployment. If there are privacy concerns speaking to me, please contact my husband as I am sure he will provide his consent. These are matters which affect us both and it is me who is left to manage much of the burden.

I look forward to your further response.

Regards

Begin forwarded message:

From:

Subject: A spouse's response to your comments in The Saturday Age - 21 April 2012

Date:

To:

Dear Lieutenant-General _____

As I begin writing this it's 10.36am Saturday morning 21 April and I'm sitting reading *The Age online* as I do most mornings. My attention is soon drawn to the article "*Forgotten Diggers' lone battle*" by Dylan Welch and Liz Hannan. I read it and I shake my head.

While I read the paper, my husband _____, is still in bed. He's hooked up to a CPAP machine – used to treat sleep apnoea which specialists attribute to medication and other factors relating to PTSD - after yet another night of disturbed sleep that is eventually settled with a number of medications that have now become part of his daily routine. He probably won't wake until lunchtime. It's only been in the last month or so that any quality sleep has been possible. The fight and the expense incurred by us to get him a CPAP machine is paying off and helping make this possible, no thanks to the Department of Veterans' Affairs which continues to drag out the claims process despite doctors insisting the treatment is necessary and related to my husband's accepted service-related conditions. Because my husband is a Reservist, the Army medical system has washed its hands of him, apart from trying to manage him out of the ADF. An appalling situation given that his injuries occurred whilst undertaking war-like service on CFTS. For all the rhetoric we hear about an organisation focused on rehabilitating injured members, we are yet to experience it.

The article about the findings of the 280 page SIIP is an all too familiar story in this house. Having not even read the report I can just imagine what it contains if it is accurately detailing the experiences of injured veterans dealing with both Department of Defence and Department of Veterans' Affairs.

My name is _____ and I am married to a man who has served his country. A man who went overseas in _____ to fight the fight and returned home with major depression, PTSD, hearing loss, tinnitus and a host of other ailments that resulted from his deployment or, in the case of alcohol dependency, were concurrent with development of PTSD. Some of these conditions have been accepted by DVA; others have been submitted to DVA for an unacceptably long time without any determination yet forthcoming.

We were both under the impression that the real fight would take place whilst on deployment but little did we know the fight that was waiting for us on return was far greater than we could ever have imagined.

The real fight began once _____ returned home injured.

There have been many changes to our lives since _____ returned from deployment that I have had to accept including the fact that my husband will never be the same man who left Australia in _____. It's not so much the fact that _____ has been injured that is hard to reconcile; it's that the support and access to entitlements since returning home have been so incredibly tiring, endlessly frustrating, disappointing, cumbersome and slow for us both that I have great difficulty in believing anyone should be treated in such a manner, let alone someone who is injured.

I now realise this fight is not a fight I was ever prepared for. Not only has it involved _____ fighting for his own entitlements but it has increasingly fallen to me to carry as _____ tries to focus some of the little energy he has left on his own recovery.

_____ was initially fighting himself and trying to keep it altogether, performing to a very high standard and well regarded by his superiors as a Reserve Officer and _____, until it all fell apart. Since that time, those superiors have been missing in action.

And so the fight of our lives began...

We've had to fight the might of two very large faceless bureaucratic departments which in my experience basically serve little purpose other than to slow the entitlement process down and put obstacles in the way of those who interact with them. They work on the basis of letting people work it out themselves; therefore if you don't ask the right questions they don't offer the advice you may very well need. My experience has been overwhelmingly negative and I continue to meet people with very similar stories and experiences. Given the thousands of service men and women who have deployed on operations since the late 1990s, this is looming as a significant issue which can no longer be ignored. I am sure our experiences are not unique and that we are just the first of many who will require assistance and support in the years to come.

Department of Defence

- We've had to fight to retain [redacted] job in the [redacted]. Years of highly regarded unblemished service in the Army, but suddenly abandoned by his leadership when it became known he was unwell.
- We've had to fight the Department of Defence hierarchy that should have honestly known better and behaved more appropriately given the medical circumstances involved and the rhetoric that is constantly dished up via their public face. What they say publicly and what they do when it comes to the crunch are poles apart. Instead of warmth, understanding and support, we've largely encountered a cold, incompassionate bureaucracy.
- We've had to fight for the truth.
- We've had to fight incompetence, stonewalling, incorrect information and lazy management at the 1 and 2 Star levels.
- We've had to fight for reports to be delivered in a timely manner that then had an impact on other serious parts of [redacted] capacity to function.
- We've had to fight for someone to help [redacted] fill out basic paperwork related to his employment situation whilst in hospital in [redacted]. We lost that fight.

Army

- We've had to fight to get [redacted] correct Army pay rate instated due to a clerical oversight. After first raising this issue in 2008 it was resolved in 2012. In the meantime DVA has been calculating [redacted] entitlements at the incorrect rate.
- We've had to fight Army personnel who wanted to put [redacted] in front of an assessment board while he was in the acute stage of his illness as they wanted to wipe their hands of him. Colonel [redacted], someone [redacted] had never even met, obviously had no understanding of the pressure this would put him under to decide on his future in the Army. The only senior officers [redacted] knew or trusted have either been prevented or not been bothered in making any contact whatsoever, but this is hardly surprising given nobody at all within Army even contacted my husband until three months after he returned from the Middle East and then it was only because they wanted him to redeploy to East Timor the following week!

DVA

- We've had to fight to have an income paid, at a rate much less than what was earning in his civilian job before being deemed unfit for duties. If he was in the Regular Army he would have been paid as normal while undergoing treatment with superannuation paid, leave credits intact and no drop in salary to 75% after 45 weeks, but we now find ourselves at a disadvantage to the tune of hundreds of dollars per week because all his civilian leave credits are exhausted and we are forced to access entitlements through DVA which are less than what would receive in the Regular Army or his civilian job. Grossly unfair given that is still technically serving in the Reserve and his injury occurred while he was on CFTS. It seems that a Regular soldier with a physical injury is able to be placed on full time rehabilitation duties with no loss of pay and entitlements and no pressure to leave the Army, yet a Reservist with a psychological injury accepted to have occurred on deployment and who spends most of his week receiving treatment is left to fend for himself and depend on lesser entitlements provided by DVA. The question was asked why could not be placed on CFTS while receiving lengthy treatment, but no suitable answer was forthcoming from Army. This seems rather inequitable. Nobody would deny anyone with a serious physical injury everything that the system can provide for them, but it is highly likely that over the coming years there will be a far greater number of returned service men and women who will develop psychological injuries as a result of deployment. Their wounds are unseen, but this doesn't mean they should be treated as second class citizens and denied equity during rehabilitation.
 - We've had to fight to have claims processed and are still in the middle of this fight as the system is unacceptably slow and silent.
 - We are currently nearly \$2,000 out-of-pocket, having paid for the CPAP machine and related treatment ourselves as, on doctor's advice, we could wait no longer for the claim to be processed. sleep and health was more important than a cumbersome process (until he started using the CPAP machine he was stopping breathing more than 50 times an hour during his sleep). We are now facing a similar issue with expensive dental treatment. DVA was provided a report more than six months ago in which dentist identified a new condition involving nocturnal teeth grinding which he attributes to PTSD. Rather than wait for DVA to make a decision we now must pay for a splint to be made to prevent further teeth damage.
 - We've had to fight to have a Needs Assessment completed to our advantage rather than that of the department and again unless you were aware of your entitlements no one provided the information or support to help navigate the hundreds of fact sheets you are expected to read and understand.
-

- We've had to fight DVA on a weekly basis and continue to do so. Whether it's through the reams of paperwork required to lodge a claim to submitting weekly receipts for reimbursement for travel that now does on a weekly basis to receive treatment. At any one time we are between \$1,000 and \$2,000 out of pocket waiting for travel, meals and accommodation expenses to be reimbursed. There is simply no way a public servant in Defence or DVA would put up with being made to pay for their own expenses when travelling for work and then waiting for reimbursement. Funds would be advanced or a credit card would be issued and expenses acquitted afterwards. DVA fails to understand that its clients, by nature of their service in the ADF, are not scammers or criminals but decent, upstanding people with integrity who come from what is promoted as a values-based organisation. DVA clients are also accessing entitlements because they are unwell and need to be treated with some empathy and respect instead of in an indifferent bureaucratic manner.
- We've had to fight something so simple as having reply-paid envelopes provided as when added up over the course of a year the cost of posting claims and other associated paperwork to DVA adds up, not to mention the cost we incur in photocopying everything in the event one day they say they haven't received something. The administrative burden just to access entitlements and reclaim our own money is immense.
- A recent response from DVA: "The DVA reply-paid envelopes are only to be sent to clients when we have requested further information from them, ie. when requiring a questionnaire form to be completed or if we need further identification documents to be supplied for a disability claim, etc". Perhaps if claim forms were to be sent without a signature or with a receipt missing, DVA would then respond with a reply-paid envelope? There is absolutely no common sense or discretion applied. could stay in a hotel costing almost \$200 every night he is in receiving treatment, but he chooses to stay in hospital-arranged accommodation at \$35 per night, saving DVA a fortune. Yet the cost of a stamp or spending \$2 more on breakfast than some bureaucrat says he is entitled causes us to be left out of pocket. Surely it is costing DVA far more money to administer and micro-manage such travel claims than it would to simply advance the costs of meals etc and issue cabcharge or credit cards to pay other expenses. Do they really think a client is going to buy a ticket to Hawaii if they are entrusted with cash?
- We've had to fight to have me attend the PTSD treatment program offered at Hospital even though the experts constantly emphasise how essential it is that partners undertake this program to better help themselves and the veteran. Despite there being no treatment program offered in I was required to provide written justification for my attendance.
- We then had to fight for DVA to pay for my travel expenses when I travel to

. Currently they still refuse to pay my meal allowance or to accommodate me even though same day travel is not possible as I travel with .

- We've had to fight to get flights booked the day prior to appointments that has to attend so that he wouldn't have to leave home at 4.30am and return home after 10pm.
- We've had to fight petty nonsense regarding food receipts and what might look to DVA like more food than one person can eat; despite the medication is currently taking which increases his appetite we've had DVA quibble over what he consumes. This is insulting.
- We've had to fight for someone to be across our case and then DVA in their wisdom move staff around and you start all over again.
- We've had to fight for basic home services to be provided as part of our entitlement under the Needs Assessment. This process took approximately six months and much follow-up from us along with us having to acquire 3 quotes from each service provider before a single blade of grass was mowed.
- We've had to fight to have our grass cut as can't handle machinery at this point in time due to the medication he is currently taking.
- We've had to fight to have some ironing done so that some of the pressures in keeping a house running are relieved.
- We've had to fight to get a mattress protector so when the night sweats kick in he sleeps in a dry bed.
- We've had to fight doctors who promise reports but rarely deliver without a reminder and/or a phone call. Instead of following-up itself, DVA puts the onus back on the veteran to do so. In one instance a report for DVA took almost 6 months to surface and follow-up from DVA was infrequent unless I rang and asked about progress.
- We've had to fight DVA delegates who overwhelmingly have an attitude that veterans are somehow trying to claim something they are not entitled to. Veterans aren't dole bludgers, tax cheats or criminals but one would think they were once you start to encounter the attitude that pervades DVA. It seems the staff need to be reminded that these are men and women who have served their country and encounter the most extreme of circumstances and would rather not have to put their hands up for help.
- We've had to fight to be provided with accurate information in a timely fashion.
- We've had to fight for reports from delegates and each letter from them leaves you with more questions than answers.
- We've had to fight for our dignity.
- We've had to fight for respect.
- We've had to fight to just be heard.
- We continually have to fight to save our marriage and have taken active steps to help us adjust and deal with the new way of life we find ourselves living.

- We've had to fight to keep [redacted] at a level where he can function on a daily basis with the simplest of tasks.
- We've had to fight for those who can't or aren't able to fight for themselves.
- We've had to fight the stigma, social isolation and day-to-day difficulties that come with major depression & PTSD. This fight never seems to end.
- I've had to fight to keep my husband alive more days than I care to remember when all this fighting overwhelms him.
- I've had to fight to maintain my own sanity and well-being through this whole ordeal.
- I've had to fight to face the facts that our lives will never be what they were.
- I've had to fight to see some happiness and joy in amongst this monumental struggle.

We are still fighting because if we don't fight for what are rightfully our entitlements then there is nobody else who will.

And I will continue to fight because I am sure that your average person who lines the streets on ANZAC Day giving thanks and applause to those that march before them would be appalled to know the fight that many of us continue to face and the lack of support and access to entitlements that these heroes now face.

It's hardly the way to treat people who have sacrificed so much already and put themselves in harm's way for their country. Despite the hardships [redacted] now faces he has no regrets in his decision to deploy overseas (he would like to deploy again) and I have great admiration for anyone who can make such a decision, one that I could not.

The systems are not perfect but it's not perfection we are asking for. Do we all need to be fighting this hard to access a system that is supposed to be there for the veteran?

On occasion the fight became way too hard and I wrote to [redacted] who was able to create some movement for us but this shouldn't be necessary and others will not take that step, nor necessarily know how, to have their own situation resolved.

If, as quoted by *The Age*, while Chief of Army you are now going to take up the fight on behalf of all of us out there who have very little fight left in us then I applaud you, as why should our energy be expended fighting these organisations when really the priority should be on getting the veteran well again?

I am interested in how you will measure your success in dealing with those who return injured after deployment as the demand for treatment is only going to increase in the near future. The unbearable burden we, the families, currently carry as a result of inadequate processes and systems surely can't

continue.

I would be happy to talk with you further about our experience to date and can be contacted on _____.

Regards

Appendix iv

Correspondence from my wife to the Defence Senior Leadership highlighting significant deficiencies within the Department of Defence in managing the welfare of civilian veterans who have been employed for their specialised skills developed in the ADF. A large portion of the civilian workforce within Defence is made up of former ADF members and the organisation must alter its culture and become better attuned to the potential health problems many of those employees are likely to develop as a result of operational service.

From:

Sent:

To:

Cc:

Subject: Serious concerns regarding mismanagement of health issues

- Secretary
- Chief of Army Designate
- VCDF
- Head MSC

I have thought long and hard and hesitated a number of times before writing this email but I'm at the point now where enough is enough. I can't sit by and watch this appalling situation unfold any longer. I am angry, well actually I'm furious, aggrieved and most of all deeply disappointed in how the situation we currently find ourselves in is being handled.

My name is _____ and my husband is _____, a serving Army Reserve Officer and currently an _____ with the _____ working in the _____, _____, _____.

I am primarily writing to you as I feel it is important that you are aware and have some visibility around the poor and totally inappropriate people management practises _____ has displayed while dealing with current work situation.

I must point out this is the first time I have ever had to involve myself in a work issue that involved my husband, but the circumstances at the moment are unique and are having a detrimental and deep impact not only on my husband but also on me. I'm also afraid that if I don't speak up now the situation will continue to escalate into one where it will all be too late. I don't just say this for

dramatic effect; this situation is serious.

is currently suffering from Post Traumatic Stress Disorder and depression and is fighting not only for his health but his career. His health condition has been accepted by DVA to be a direct result of his operational service with the ADF. It has taken some time to fully accept his health issues as is common with many who suffer from PTSD. He is clearly injured and these injuries have been gained through serving his country.

I feel it is important to give you a brief background to the events that have led me to the conclusion that is operating in a manner not consistent with the APS Values and Code of Conduct and the Defence Values, Equity and Diversity Principals and we are suffering enormously because of it.

joined the in , but he has been a member of the ADO as an Army Officer – Regular and Reserve – since 1994. During that time he has not had a single conduct issue against his record. During his recent probation period he has been involved in a couple of incidents at work that have required him to take time off to receive treatment for his PTSD. The first of these was two weeks into his employment when he had worked 133 hours in a fortnight during the flood crisis. At the conclusion of that period a difficult discussion with about his entitlements and acceptable working hours occurred and became very distressed. At this point had not disclosed to that he was suffering from PTSD and to this day he still finds it very difficult to admit that this condition is part of his life now and potentially forever.

The facts remain that this sort of work load for any person healthy or otherwise is excessive. This event resulted in a Comcare claim and the introduction of a return to work plan to assist with a more reasonable workload to allow him to seek the treatment he needed and also work. Although distressing for this gave me a lot of encouragement that finally would be supported in getting his health sorted along with being able to maintain a sense of worth by contributing in the workplace. The full Comcare report can be provided for your reference if required.

On reading the Comcare report submitted to us last week I learnt that during a meeting that took place on involving , Case Manager , ARC Rehab Consultant , and , that once had left the room the following comment was made by . *“....she advised that she would support as much as possible and understood that he would have days when he was not performing to his full capacity due to his medical condition. However, she did advise that the workplace would not be able to tolerate another emotional outburst like the one he initially had on and if this did occur then he would be need to be removed from the*

workplace. advised this if she did develop concerns about how was managing in the workplace then she should request that a fitness for duties assessment be performed so the would be formally reviewed by a specialist to determine if he is fit to remain in the workplace”.

So much for an open and transparent process. Why was this not discussed in front of so he was aware of the potential next steps? If you know anything about PTSD you know it doesn't just disappear. I now see this as the start of the process in managing out of the workplace and basically set him up to fail.

Another incident did occur on the , where became very distressed and agitated after a phone call from DVA in relation to his pending claim. This time the incident escalated and became involved and an altercation resulted. has deep regret surrounding this incident and accepts full responsibility for his behaviour as detailed in his Probation Report. Again the 'flight or fight' response came to fore and this resulted in being taken to hospital.

I initiated contact with myself after this incident as there had been some misinformation relayed to me concerning how the incident would be treated. I participated in a phone hook-up with , Rehab provider and on . During this conversation confirmed that the events that transpired on Thursday involving would only be dealt with on medical grounds and not dealt with on conduct/performance grounds.

On Friday telephoned me to tell me he had given me the wrong information and misled me regarding the information provided a day prior. He told me the events on the were now being dealt with as a conduct/performance issue. As you can well imagine this caused a considerable amount of stress which was very unhelpful under the circumstances. We have since learnt that a complaint has been made by an employee following the events on the but have been provided with no further information nor has been given the opportunity to offer any information or mitigation in his own defence.

It was how this situation was handled and the back-flipping that was happening that caused me concern. I have attached the email I sent to for your information.

has not been able to return to work since this incident pending a fitness for duties assessment. On the fitness for duties appointment was secured for . Personal leave had been agreed and granted prior to employment from to due to a family trip overseas.

On the afternoon of [redacted] I was called by [redacted] who notified me that the fitness for duties appointment had been cancelled. When I questioned her as to why this was so she was unable to tell me and asked that I contact her team leader [redacted]. I rang and left a message for [redacted] on that day. I was also contacted by [redacted] via email that same day requesting a phone conversation with [redacted] and me after 8.30pm that night or the following morning. We opted for 8.30pm that night.

[redacted] probation period has come to an end and [redacted] was explaining to us what she detailed on the report and that she was unable/unwilling to sign off either way on the report. I have attached this report for your reference.

[redacted] claimed she was not sure what impact this would have. Strange in the extreme for someone in her position not to be aware of the impact this would have as it was very evident to me that this tactic would further stall the process, create more uncertainty in [redacted] mind and create a situation where we would need to fight harder than ever to save [redacted] career, and so we have had to do this.

I directly questioned [redacted] during our phone conversation regarding the cancelling of the fitness for duties appointment and whether she had any knowledge of why this had happened. She told me she had only just learnt that the appointment had been cancelled and I should take it up with [redacted]. [redacted] also made it very clear that she was about to leave the country until [redacted] and would be uncontactable.

The following day I spoke with [redacted] who informed me that the reason the fitness for duties appointment had been cancelled was because [redacted] had not provided the required supervisor's report by the stated deadline and the appointment couldn't proceed without it. This appointment had been locked in since [redacted].

I also had a conversation with Comcare on the [redacted] regarding the status of [redacted] claim and they had informed me they were still waiting for a report from [redacted] after granting her two extensions.

This sort of behaviour I find disgusting and I sent an email to detailing my disappointment. I have attached this for your reference.

Only yesterday [redacted] I called [redacted] to find out where things were at regarding the fitness for duties appointment only to be told [redacted] had still not provided the required report and therefore no appointment has been made.

This was the last straw for me and now I am writing to you.

I have totally lost confidence in [redacted] handling of our situation and I am exhausted. I have had enough of the games, insincerity, stalling and complete lack of empathy and understanding displayed by [redacted]. I

can no longer chase and chase and chase while my husband's health continues to deteriorate. All we have ever asked for in this process is to be treated with respect, in an open, honest and transparent way and I feel this has not been forthcoming whilst dealing with

This style of management exercised by is extremely detrimental and dangerous and no one should be subjected to this sort of treatment particularly someone with clear mental health issues. You only have to ask any health professional who deals with people suffering from PTSD or those living with them about the flow-on effect when people are placed in such stressful circumstances. The consequences can be far reaching and long lasting and it would seem has no awareness around how much her direct actions are inflaming the current situation.

seems intent on strangling us with the bureaucracy by slowing processes down, not producing reports on time, giving us misinformation to direct questions asked, being uncontactable for large slabs of time, making others in the process the scapegoat for her poor decisions, playing games both mind and administrative, stone-walling and avoiding the difficult decisions. This leaves those on the outside to put the pieces together and work it out for themselves or sink.

If this is how goes about ridding herself of a 'problem' employee then I'm horrified. I'm also at a loss as to how you can terminate someone based on clear health issues. Little wonder people with mental health issues are reluctant to speak up. It seems the stigma surrounding the illness is alive and well. I would expect better leadership and greater empathy from the leaders of the ADF.

has had no performance issues raised at all and in my eyes done nothing wrong. Yes there are some serious health issues, all relating to his war service, at the moment that impact on his capacity to work but what ever happened to sticking by someone in order that they get well and can then contribute at a level where all are satisfied?

What I would really like to know is, why are we being treated so poorly and do you see this treatment of an individual suffering from PTSD as acceptable?

How much worse does this need to get before someone steps up and says stop?

Of all the government departments I would have expected the Department of Defence to have more exposure to and empathy for such situations. We are bombarded with the brochures and rhetoric describing 'well-being toolboxes' and 'speaking up' and suicide prevention but when it comes to the crunch management turn the other way.

If you choose to do nothing in response to my email then so-be-it. I at least

feel comfortable with the fact that I have made you aware of the situation as it is for us at this point in time. Hopefully in raising your awareness this never happens to anyone again because not everyone will have the energy, determination and strength to follow this through as I have.

On a positive note I have received nothing but support and compassionate professionalism from [redacted] -Defence Case Manager, VVCS Counsellors and Psychologists in Hobart and Canberra, our GP's in Canberra and Hobart, [redacted] - Psychiatrist and more recently [redacted] - Army Casualty Advisor for that I am grateful.

As with most mental health issues they are complex, frustrating, and often unpredictable for all concerned. Managed with genuine understanding, patience, appropriate care, medication, coping strategies and empathy the outcomes can be positive. I have great hope that [redacted] can once again be the man he was before PTSD and depression entered his life.

The energy required to support my husband in getting well is immense. To then have his workplace impose an impossibly heavy burden on top of that due to mismanagement is unacceptable and intolerable. The very fact that I am sitting up at night writing such a letter tells me there is something terribly wrong.

As I said at the beginning of my letter, enough is enough.

I would be happy to speak with you regarding my email and can be contacted via email or on [redacted] .

Regards
