

## SUBMISSION

TO SENATE COMMUNITY AFFAIRS REFERENCES COMMITTEE:  
P O Box 6100, Parliament House, Canberra, ACT 2600

### ENQUIRY INTO SUICIDE IN AUSTRALIA

\* \*

#### RESPONSES TO ENQUIRY TERMS OF REFERENCE

This is an **additional and** second submission with typos etc addressed,

The following stems from personal example relating to my suicide attempt. But the extent of the issues adversely affecting suicide and the way my suicide was treated would affect many people. Years of careful investigation and substantiating documents verify the issues.

#### **Re personal, social and financial costs of suicide in Australia:**

**Personal** (Example of personal cost - and risk factors) When I attempted suicide I was **stigmatised** as "*defective*." But Documents show Prejudice occurred when the Workers Compensation Office (W C O ) instead of applying required Procedure that would have correctd wrong and missing evidence - (W C O) misused the stigmatising term "*defective*" unfairly to withhold compensation. Documents available reveal this.

But the *eggshell skull* precedent shows a person's vulnerability should not be used like this to deny entitlement.

**Background to risks:** Lack of safety and protection at work left me exposed to shocks and pain from dangerous hot chemical fumes. This and Workplace bullying and sexual harassment over more than nine years resulted in my suicide attempt about 17 December 1971 - from cumulatively work caused "*anxiety depression*" (well documented). Work Chemicals also cause effects on the nervous system: for example carbon bisulphite affects people psychologically.

Document: Tests of my body fat show work chemicals are still in my body.

Document also shows I was compensated \$17 for work injury of Nov 1956 when work crippled me for a week. This happened because of workplace bullying. And Workplace bullying and harassment also triggered aggravation of Post Traumatic Stress from abuse and bullying in the children's homes when I was a child.

Systemic anomalies caused additional anxiety and depression as follows. When work injured as adult I applied for my workers compensation - the employer contradicted me - for example about work I said I performed. When such contradictions happen the W C O is required to inform the applicant. And it is the W C O's job to ensure it obtains all evidence correctly. But there was failure of the W C O system when as documents reveal the employer did contradict me but the W C O neglected to apply the required Procedure. I was never informed or given a

chance to have a say. Instead my genuine case was prejudiced and compensation unfairly withheld.

#### COSTS:

Costs include loss of my job, name, health, rights, dignity and humanity and I suffered years of imprisonment in a limbo of injustice. Systemic anomalies caused further problems and costs.

\* **Personally** I suffer Post Traumatic Stress Disorder. And my Atrial Fibrillation (fast and irregular heart beat) appears to be caused by the stress of said anomalies because no physical cause has been found. This was treated in Prince Charles Hospital, Brisbane, October 31 to 5 November 2009 and 8 November to 10 November 2009.

'I was never stigmatised as "defective" until injured working and I asked for my workers compensation. My medical certificate to W C O says work caused :"anxiety depression." But documents show that the W C O with prejudice - withheld this ,medical evidence from the assessment of my case. Document list by the W C O of that it sent to the assessment shows this .

Four reviews indicate errors and that redress is required. But these reviews are ignored. A few other reviews lacked rigor.

COSTS: **Socially**, I lost time to spend with friends and family. Because the W C O never informed me about the contradictions I had to find out by my own years of painful investigation.. .

Stress from all this was put on my marriage. I felt humiliated when my step father did not want to visit because my house became untidy because of all the paper work needed to try to deal with flaws and gaps in the system.

COSTS: **Financially** Ongoing costs include that I ended up on an invalid pension at the time for the same work injury that the W C O ironically claimed erroneously did not exist. I lost many years of wages and never worked again. But had the employer treated me fairly and helped with rehabilitation I feel that I probably could have returned to work. There are ongoing medicine costs.

I became a student. But it did not led to work. But my paintings have been in exhibitions. In the children's homes I was only educated to Grade five. I always wanted to go to university so working for university had meant a lot to me.

# #

#### UNDERREPORTING IMPEDING ACCURATE REPORTING AND RISK FACTORS

**Re accuracy of suicide reporting, factors that may impede accurate identification and recording of possible suicides ( and the consequences of under reporting on understanding risk factors and providing service to those at risk .**

The following impedes identifying and understanding risk factors causing suicide and leaves the victim unprotected.

A Failure of the employer to record work accidents, and injury reports is an impediment to accurately recording and understanding causes of suicide.

B Santo Santoro when an M P wrote that The Statutory Procedures Manual of the W C O requires natural justice - and that the W C O must inform the applicant when the employer contradicts the applicant. (This Procedure was never applied to my case so *I did not know about the employers contradictions and had no real opportunity to respond and have a say. Is that fair?*)

C Another impediment is evident in the following example: A Brisbane doctor is on the public record explaining that some doctors and psychiatrists act like "*hired guns*" of the workers compensation office (W C O). These said doctors misrepresent the applicant as "*lying*" or "*mental*."

D Years of investigation reveal that some employers and some officers of the W C O omit Processes and as a result prejudice genuine work injury cases. This saves on insurance premiums for employers, for example. But when the work causes of suicide are covered up identification of those work causes and understanding about risk factors are not addressed.

E Witnesses at work afraid for their own jobs erroneously withhold the reports about work adversely affecting us at work.

F TRIVIALISED: Document a review of my case by the former employer concludes that I do "*have work injury: hernia and depression.*" But adds, "*not to allow compensation because it would only be a small amount.*"

(This raises the question why the system allows the employer to dictate not to compensate genuine work injury?).

G A person whose partner is a doctor reveals that he said that, "*The workers compensation office told doctors to stop as many work injured people as possible from being given workers compensation.*"

H Stigmatising and misrepresenting the suicide person are impediments to understanding suicide issues. Blaming the victim covers up the real cause of a suicide.

**Consequences.** Are that a suicide victim and any person at risk of possible suicide is left stranded without protective services.

These are risk factors that could harm others if left unaddressed.

Further **consequences are that** not only is a genuine work injury denied compensation but the innocent victim of a suicide attempt can be in effect criminalised - or has their character and/or health misrepresented by the system.

. This procedure was not applied to my case.

The employer's failure to record work injury and accidents, and failure to inform the W C O, is Omission of Process. Later the W C O also failed to apply Procedures to correct errors by the employer. ( See item B above). These failures to apply Procedure definitely impedes identification and recording of suicide or possible suicide and

reasons it occurred. . .

**c) Appropriate role and effectiveness of agencies -such as police and general health services in assisting people at risk of suicide. -----**

Agencies should hear the suicide victim without prejudgement or blaming and stigmatising the victim for their vulnerability. .

When Agencies including government agencies do not understand what happened to the victim or do not want to listen properly to the victim's side they cannot be effective and can add to the damage. . Prejudice and discrimination against the sufferer needs attention first. No one should trivialise the situation. It seems that some in Agencies must be made to tell the truth and made accountable for covering up the mistakes of the system that further harm a suicide person. .

Some people in Agencies, including government agencies (whose job is supposed to be to do the opposite) - by covering up the truth revictimise and retraumatise the victim by blaming the victim and/or allowing the victim to be blamed because it saves paying compensation, and can protect others in wrong-doing.

**d) the effectiveness of public awareness programs and their success in providing information and in encouraging help seeking and enhancing public discussion of suicide .**

Advertising makes people aware of Beyond Blue and the Black Dog. But despite these excellent Associations the culture of cover up and harm to the victim, and a possible second suicide attempt remains. In my experience the system's protection of others in wrong-doing continues unabated. This leaves the victim at risk.

Understanding about reasons for suicide will not be complete until systemic anomalies herein illustrated are addressed.

**e) the efficacy of suicide prevention training and support for front line health and community workers providing services to people at risk.**

If training for front line community and health workers is sufficient - why is nothing being done to help redress my situation? Why is prejudice and injustice perpetuated? Why is the system not made accountable for failure to apply required Procedures.?

There seems to be little help in terms of stopping misrepresentation of the person who attempted suicide. And nothing to correct the misrepresentation and stigmatisation of a person who attempted suicide. . Once the victim is demonised the system runs with that and continues the false myth. The suicide victim is left to suffer without protection that works in practice. . . The trust of the system seems to be to protect itself in wrong doing and/or to cover up its mistakes.

**. g) The role of the current program of research into suicide and suicide prevention, and the manner in which findings are disseminated to practitioners and incorporated into government policy.**

In my experience research into suicide prevention is not adequately disseminated to

practitioners nor fully incorporated into government policy. Instead of documented errors of the system being addressed - the errors were perpetuated and covered up.

Even though four reviews support my case they are ignored and pushed under the carpet. . The culture of cover up of mistakes the system made needs addressing. Health workers, I feel, need to ensure that the suicide person is not again traumatised by anomalies in the system.

In particular the Workers Compensation Office and doctors they use, and some doctors in the community need training in order to understand that counting beans, and erroneously labelling and stigmatising the victim - to save paying them compensation entitlement - is a wrong. It leads to possible suicide and ongoing medical and social Costs.

LETTER TO EDITOR: I add that my letter to the editor brought about 40 replies from work injured persons who feel anomalies in the system prejudiced their rights. Some of my submission to Electoral and Administrative Committee was published in about 1990's - (name of the Committee is now changed ) Publication was in additional or late submissions.

I feel that the community is not providing sufficient service for people at risk. There is lack of belief about the victim's suicide, in my experience. And instead, the victim can be blamed, vilified and demonised, stigmatised so that compensation can be withheld - instead of giving recognition and service and protection...

Omission of Procedure also puts people at further risk of suicide

**h) the adequacy of National Suicide Prevention Strategy in achieving its aims and objectives, and any barriers to its progress.**

**Barriers** include certain government, some doctors and others attitudes that can have damaging effects on a suicide victim as mentioned herein. . .

. N B Systemic problems are also barriers.

Blaming the victim because they may have been vulnerable is a barrier.

For example, the Workers Compensation Office saw my application of May 1973 that said "*harassment at work to the point of suicide.*" This seemed to signal to the W C O that the suicide victim could be blamed for being vulnerable and so compensation withheld. .Further that work factors could be ignored, evidence withheld by the W C O omission to apply Procedures needed to correct wrong and missing work. This is false unfair reasoning as follows.

Because the already mentioned precedent of the *eggshell skull* applies.

A barrier is the system failing its duty to properly obtain evidence and apply **Procedure**. Work chemicals cause effects on the nervous system. None of this was obtained by the W C O . All this unresolved missing and wrong evidence are barriers to prevention of suicide or possible further suicide and add distress.

A significant example is that the W C O withheld my medical certificate from the assessment of my case. But that medical certificate shows genuine work “*anxiety depression*” injury ( that led to suicide). By selectively and wrongly leaving out medical evidence supporting my case the W C O prejudiced. As a result of such evidence being withheld by the W C O and the employer I was abandoned and left to be misrepresented, stigmatised and vilified as “*defective*”- instead of the work conditions causing suicide attempt being obtained, identified and assessed.

But is the system defective? After all it failed to apply all required procedures - as the documents show. . As it is the suicide victim is often left unprotected - and vulnerable. Thank you for trying to address this

**Solution:** Perhaps a court as they have in England where the citizens can present documents showing when public servants have not applied Procedures is needed. This court is free in England and is effective.

Other barriers are already stated on page three under the title “UNDERREPORTING IMPEDING ACCURATE REPORTING AND RISK FACTORS” The culture of cover up will continue to harm those who attempt suicide if it is not adequately addressed. I have published some of these anomalies twice in the The Whistle the national whistleblowers newsletter.

Another barrier is the system unfairly protecting itself for its mistakes or wrong-doing. It appears that to grant my entitlement now would reveal the long standing bungle, that was perpetuated instead of being corrected. And reveal the protection of others in wrong-doing that continued for too long. Why can't we have accountability?

REVIEWS Although four reviews support my case the authorities continue to leave me suffering and imprisoned in a limbo of injustice rather than correct its mistakes that unfairly prejudice. . .

I feel I have no choice except either to condone the wrong actions of others by my own lack of action, or to act to and speak out to try to alleviate the effects of injustice for the sake of others: To try to speak out so others may be given more adequate help to prevent suicide.

STONE WALLED: To day I continue to give agencies documents that clearly reveal anomalies herein mentioned that prejudice my genuine case for work factors leading to suicide attempt. But the documents and reviews supporting my case are ignored. I emphasize that four reviews support my case. But the system continues to stone wall showing little compassion, fairness or understanding for a person who attempted suicide because of work conditions that lacked of safety .and caused physical injury too.. ..

Permission to publish fully or in part is given..  
Documents herein indicated and further statement available if required.

Submission From Muriel V Dekker, 30 Allowrie Street, Stafford, Qld 4053.  
Contact Phone 07-33501741. 12 November 2009

To Senate Community References Committee  
Enquiry into Suicide in Australia  
P O Box 6100  
Parliament House  
Canberra ACT 2600

12 November 2009



Dear Committee members,

The enclosed additional and second submission is submitted to replace the first submission I sent.

The first submission was a first draft . It was sent in because I feared I may not get the finished submission done in time. This is because I was rushed twice to hospital an ambulance and it could happen again.

I want this additional and second submission to be my submission.

Please advise of receiving this additional finished submission.

Yours sincerely,

A handwritten signature in cursive script that reads "Muriel V. Dekker".

Ms Muriel V. Dekker

SUBMISSION

TO SENATE COMMUNITY AFFAIRS REFERENCES COMMITTEE:  
P O Box 6100, Parliament House, Canberra, ACT 2600



ENQUIRY INTO SUICIDE IN AUSTRALIA

\* \*

RESPONSES TO ENQUIRY TERMS OF REFERENCE

The following personal example relates to both my suicide attempt and possible suicide - Some issues are mentioned briefly to show causes of my suicide, as such causes may also harm others. ... Ongoing systemic anomalies are the cause of possible suicide. But I see a good counsellor.

**a) Re personal, social and financial costs of suicide in Australia:**

**Personal** Cause of work injury that led to suicide is that there was too little safety protection from shocks and pain at work caused by dangerous chemical fumes, workplace bullying and sexual harassment resulting in suicide attempt about 17 December 1971 - from cumulatively work caused "anxiety depression" (well documented). Work Chemicals also cause effects on the nervous system. Tests of my body fat show work chemicals are still in my body.

Workplace bullying and harassment triggered aggravation of Post Traumatic Stress from abuse and bullying in the children's homes when I was a child. Subsequently there was failure of the Workers Compensation Office (W C O ) system to apply required Procedures that would have corrected the unresolved errors.

Anxiety caused by being denied my deserved workers compensation places me in some danger of possible suicide.

**COSTS:**

Costs include loss of my job, name, health, dignity and humanity and years imprisonment in a limbo of injustice. Systemic anomalies caused further problems and costs.

\* **Personally** I suffer Post Traumatic Stress Disorder. And Atrial Fibrillation (fast and irregular heart beat) appears to be caused by the stress of said issues because no physical cause has been found. This was treated in Prince Charles Hospital, Brisbane, October 31 to 5 November 2009 and 8 November to 10 November 2009.

Another possible suicide results from having to struggle to try to find out what are the



full reasons and grounds that the W C O alleged work did not cause injury. And why the wrong 'injury' - an erroneous and devastating label of 'defective' was rejected when my medical certificate shows work caused "anxiety depression." I was never labelled 'defective' until I was injured working and asked for my workers compensation. Failure to fully inform is key to perpetuation of errors of others resulting in ongoing stress that cumulatively could lead to another suicide.

As a result of uncorrected errors the wrong year of disablement, the wrong work, wrong year of disablement and wrong injury was used to withhold my compensation for genuine work injury. DOCUMENTS CLEARLY REVEAL THESE ERRORS.

The W C O never applied the required Statutory Claims Procedure that is the safeguard when the employer contradicted work I did and report(s) of work injury and work accidents which the employer failed to record . My written report that I have work injury was withheld from the W C O .Four reviews indicate there are errors and that redress is required but these reviews are ignored. A few other reviews were not rigorous . The latter are acted on, selectively ignoring the positive support for my case

COSTS: Socially, some friends and family are affected because of my suffering and suicide attempt. This is because of their concern and because I could not spend time with them as they wanted because of the time I had to spend to trying to discover the full reasons for rejection of my genuine case - because I was never informed about the full alleged grounds and reasons. .

Stress from all this was put on my marriage. My step father did not want to visit because my house became untidy because of all the paper work needed to try to deal with flaws and gaps in the system that I feel unfairly prejudiced my case..

COSTS: Financially Ongoing costs include that I ended up on an invalid pension at the time for the same work injury that the W C O ironically claimed erroneously did not exist. I lost many years of wages and never worked again. But had the employer treated me fairly and helped with rehabilitation I feel that I probably could have returned to work. There are ongoing medicine costs.

I became a student. But it did not led to work. But my paintings have been in exhibitions. In the children's homes I was only educated to Grade five. I always wanted to go to university so working for university had meant a lot to me.

# #

#### UNDERREPORTING IMPEDING ACCURATE REPORTING AND

**b) Re accuracy of suicide reporting, factors that may impede accurate identification and recording of possible suicides ( and the consequences of under reporting on understanding risk factors and providing service to those at risk .**

Underreporting by the employer or his officers in failing to record my work accidents and reports about work injury and reports at work about adverse effects - impedes

identification of causes of suicide attempt caused by bad work conditions, and inadequate safety protection.

A consequence is that the suicide victim could be pushed towards suicide again. Others in the work situation may also be at risk when work conditions that lead to suicide are left unaddressed and not rectified. Some employers want to cover up that work injuries happened. This saves them higher insurance premiums, for example.

The following impedes identifying factors causing suicide and leaves the victim unprotected.

:

**Problem:** A problem is that there is a culture among some doctors, some employers and some officers in the W C O system that is largely against compensation being granted even to genuine work injured persons. This impedes reporting and recording of work injury and working conditions that could lead to injury including suicide - as follows .:

A doctor in Brisbane is on the record as saying there are “*hired gun*” doctors and psychiatrists who erroneously allege the applicant for compensation is “*mental*” or “*lying*.”

Witnesses at work afraid for their own jobs have denied the victims and others reports about work adversely affecting them.

Main impediments to identifying and recording possible suicide and offering a service Are as follows:

- i. Failure of the employer to record work accidents and reports about adverse work effects or injury. The employer can then deny the said reports were made. In my case even a written report was also denied but it is on my work record file nevertheless.
2. Statutory Claims Procedures (Manual) was not applied by the W C O when the employer contradicts the applicant about work and said reports, Natural Justice demands the applicant is informed but it did not happen in my case. So I did not know and had no real opportunity to respond.

The said Manual - a then Parliamentarian, Santo Santoro wrote, shows that the W C O is required to inform the applicant and also to ensure the W C O obtains all the evidence correctly. This procedure was not applied to my case.

3. Some officers in the W C O, some doctors and some employers impede reporting. There seems to be a culture of cover up. Some people dealing with work injuries seem to have a belief that even genuine injured workers should not be given compensation.

4. NB TRIVIALISED: A review by my former employer ends by stating that I “*have work injury, depression and hernia, but not to allow compensation because it would only be low amount.*”

This raises the question: Why is the employer dictate not to compensate while admitting there is a work injury?

CONSEQUENCE: As a consequence not only is deserved workers compensation denied but the innocent victim is in effect criminalised or has a wrong mental illness and/or character flaw subscribed to them. . This adds to the possibility of suicide. Others at work are not protected and are at risk when working conditions causing injury are not recorded or addressed.

I add that a person whose partner is a doctor said he told he that the "Workers Compensation Office speaks to doctors and tells them to stop as many work injured people as possible from being given their compensation."

# # #

REVIEWS: Even though about four reviews positively support my case is genuine this is ignored. Nothing is done about the serious anomalies and I am left to rot in limbo - vulnerable to suicide from the years of stress imposed on me both at work and in the struggle to get the truth out into the open. .

The serious issue: failure to record and failure to inform definitely impedes identification and recording of suicide or possible suicide and reasons it occurred. . .

**c) Appropriate role and effectiveness of agencies -such as police and general health services in assisting people at risk of suicide. -----**

When Agencies including government agencies do not understand what happened to the victim or do not want to listen properly to the victim's side they cannot be effective. Prejudice and discrimination against the sufferer needs attention first. No one should trivialise the situation. Some in Agencies must be made to tell the truth instead of acting in a way that has the effect of condoning a culture of cover up.

Some people in Agencies, including government agencies (whose job is supposed to be to do the opposite) - are covering up the truth and revictimising the victim by blaming the victim and/or allowing the victim to be blamed because it saves paying compensation, and can protect others in wrong-doing for example.

I feel this shows the need for understanding the risk factors, and the need to bring in measures that can stop the culture of covering up the truth. Bean counting ought not to be allowed to circumvent the applicants rights. .

I have already mentioned the problem with some doctors and health professionals.

**d) the effectiveness of public awareness programs and their success in providing information and in encouraging help seeking and enhancing public discussion of suicide .**

Advertising has made people aware of Beyond Blue and the Black Dog. But despite

these excellent Associations the culture of cover up and harm to the victim, and a possible second suicide attempt remains. In my experience the system's protection of others in wrong-doing continues. This leaves the victim at risk. Understanding about reasons for suicide will not be complete until systemic anomalies are addressed.

**e) the efficacy of suicide prevention training and support for front line health and community workers providing services to people at risk.**

If front line community and health workers have sufficient training in suicide prevention - why am I left to rot in situation of limbo of injustice after suicide attempt Why is the system not accountable for failure to apply required Procedures.?

There seems to be little help in terms of stopping misrepresentation of the person who attempted suicide. Once the victim is demonised the system runs with that and continues the false myth. The suicide victim is left to suffer in a position of persona non grata. Is that fair?

**. g) The role of the current program of research into suicide and suicide prevention, and the manner in which findings are disseminated to practitioners and incorporated into government policy.**

I feel that my ongoing unresolved suicide attempt and case reveals there are gaps and flaws and that the findings of suicide research are not adequately disseminated to practitioners nor incorporated adequately into government policy. Otherwise how could the errors others made in my case remain uncorrected despite reviews recommending redress? . The culture of cover up needs addressing. Health workers, I feel, need to ensure that the suicide person is not again traumatised by anomalies in the system.

In particular the Workers Compensation Office and doctors they use, and some doctors in the community need retraining in order to understand that counting beans, and erroneously labelling victims - to save paying them compensation by denying them their entitlement - is a wrong. It leads to possible suicide and ongoing medical and social Costs.

LETTER TO EDITOR: I add that my letter to the editor brought about 40 replies from work injured persons who feel anomalies in the system prejudiced their rights. Some of my submission to Electoral and Administrative Committee was published in about 1990's - (name of the Committee is now changed ) Publication was in additional or late submissions.

I feel that the the community is not providing sufficient service for people at risk. There is lack of belief about the victim's suicide, in my experience. And instead, the victim can be blamed, vilified and demonised.

**h) the adequacy of National Suicide Prevention Strategy in achieving its aims and objectives, and any barriers to its progress.**

**Barriers** include certain government and others attitudes that can have damaging effects on a suicide victim as mentioned herein. . .  
Barriers have been mentioned in this submission. Systemic problems are also barriers.

For example, the Workers Compensation Office saw my application that said "*harassment at work to the point of suicide.*" This seemed to signal to the W C O that the suicide victim could be blamed and compensation withheld on this wrong idea. Further that work factors could be ignored, evidence withheld by the W C O and Procedures not applied.

I also said I had a nervous illness (Post Traumatic Stress). I say this because documents show that the W C O failed to apply the Procedure to ensure it obtained all work factors, and my work injury report. . The W C O just did not bother with its duty of care to obtain all evidence and then ensure it is correct. Apparently W C O believed that suicide meant the person could be blamed.

**Shocks** and pain from hot dangerous work chemicals are also part of the work cause of my depression and **suicide** as well as workplace bullying and sexual harassment. . Work chemicals cause effects on the nervous system. None of this was obtained by the W C O . All this unresolved missing and wrong evidence are barriers to prevention of suicide or possible further suicide.

A significant example is that the W C O withheld my medical certificate from the assessment of my case. But that medical certificate shows genuine work "anxiety depression" injury ( that led to suicide). By selectively and wrongly leaving out medical evidence supporting my case the W C O prejudiced. As a result of such evidence being withheld by the W C O and the employer I was abandoned and left to be misrepresented and vilified as "*defective*"- instead of the work conditions causing **suicide** attempt being identified and assessed.

But is the system defective? After all it failed to apply all required procedures and breached the laws - as the documents show. . As it is the suicide victim is often left unprotected - and vulnerable. Thank you for trying to address this

Perhaps a court as they have in England where the citizens can present documents showing when public servants have breached laws or not applied Procedures is needed. This court is free in England.

Other barriers as already mentioned state how a doctor said that doctors are told by the W C O to stop as many people as possible from being compensated. Further unfair attitudes mentioned about culture of cover up and to do anything not to compensate - includes some employers and the Workers Compensation Office. But the barriers extend further than this. The culture of cover up has many tentacles. I have published some of these anomalies s twice in the The Whistle the national whistleblowers newsletter.

It appears that to grant my entitlement now would reveal the bungle, or possible protection of others in wrong-doing that continued for too long. But there needs to be accountability.

Although four reviews support my case the authorities continue to leave me in limbo and vulnerable to possible suicide again .

I feel I have no choice except either to condone the wrong actions of others by my own lack of action, or to act to and speak out to try to alleviate the effects of injustice for the sake of others: To try to speak out so others may be given more adequate help to prevent suicide.

Permission to publish fully or in part is given..

Documents herein indicated and further statement available if required.

Submission From Muriel V Dekke 30 Allowde Street, Stafford, Qld 4053

Contact Phone 07-5330 741

*M. V. Dekker*

12 November 2009

LETTER OF CLARIFICATION

To Senate Community Affairs References Committee Enquiry  
PO Box 6100,  
Parliament House,  
Canberra, ACT 2600

16 November 2009



ENQUIRY INTO SUICIDE IN AUSTRALIA

I refer to my submission to Enquiry into Suicide in Australia, dated 12 November 2009.

**SUICIDE RISK FACTORS** The submission gives examples of “systemic anomalies “ . I want to clarify that the only reason for illustrating these anomalies I experienced is to show that: the stress systemic anomalies factors add and heap onto a person who attempted suicide - can put them at risk of further possible suicide .

Further, anomalies in any system or agency damages the recording and understanding of the reasons for suicide .

**SUICIDE PERSON LABELLED “DEFECTIVE:** One anomaly is that my medical certificate clearly says work caused “*anxiety depression*“ - but this was misrepresented by labelling me with the term alleging that I was “*defective*”. This shows there is a need to protect anyone who attempts suicide - from being misrepresented

**INNOCENT:** I am innocent of any crime or misdemeanour in telling the truth about unsafe work conditions leading cumulatively to a suicide attempt and years of Post Traumatic Stress..

I want this letter added to my submission please.

Yours faithfully,

A handwritten signature in cursive script that reads "M. V. Dekker".

Ms Muriel V. Dekker.