



Royal Commission Update - Canberra Day 26 - April 2022

RSL References

Positive:

NA

Negative:

- 11:58 - Witness saw an RSL advocate - difficult experience - older male dealing with sexual assault - not great - process was difficult to understand - once the claim was submitted, no further contact

General Summary

- Lived witness testimony on intergenerational trauma and need for support for families
- Lived witness testimony on impact of sexual assault, poor DVA and rehabilitation processes
- Expert testimony of current legislative system, including possible reforms and how best to accomplish them - emphasised the urgent importance of administrative reform

10:00am - 11:15am - Teresa Pyne - Lived Experience

- Father served in Army - Vietnam Vet 2 tours - Battle of Long Tan - Later diagnosed with PTSD - impacted on mental health, including alcoholism and heavy smoking - frivolous spending of money
- No support provided to the family - one sister had a disability (muscular atrophy) - struggled with money, lived with grandparents - need better support for families with disabled children
- Father's behaviour got worse - separated from mother
- Following separation, mother was entitled to nothing - this needs to change - this led to mental health issues, but no counselling was available - VVCS counselling was linked to Ms Pyne also requiring help, and when she didn't, counselling support was removed
- Ongoing nightmares and vivid memories for the siblings - impacts of education and social development due to posting cycles - need educational support for children
- Now works as an advocate/counsellor after working in HR - sees ongoing impacts on Defence Members and families
- Believes there is still reluctance to seek help - 'I will be kicked to the kerb' - scared of different treatment - means no treatment is given, postings occur, families suffer and it is a vicious cycle
- In terms of claims, current legislation makes it difficult - vets are frustrated - DVA don't understand
- Need to accept more 'allowable injuries' - why should they have to reprove something if it's already in their ADF medical file
- Need better communications between specialists and GPs, better treatment protocols, and treating individuals on a case-by-case basis according to their needs

- Suggested that when officers recommend commendations/medals, they are automatically accepted
- Payments made for children should go into trust, not to the parents

Transition:

- Need to be trained back into society, to translate skills to the community
- Need to feel useful after the ADF
- Families need support particularly following a medical discharge
- Family members need education and avenues for raising concerns

Positive aspects of being a military child

- Speak and act with honour, equality and integrity
- Respect elders
- Independent and self-reliant
- Do the right thing according to her morals
- Improved her own life through learning
- Strong sense of personal responsibility
- Proud of those who have served in the military

11:30am - 12:45pm - CB1 - Lived Experience - Anonymised testimony as she was afraid of DVA reaction

Service

- Served in Navy 4 years - left as she got engaged and pregnant as way of leaving
- Joined because parents forced her once she lost a job
- Recruitment - fast, psychiatric exam was cursory, no extensive questions about her past
- Recruit training at HMAS Ceberus - horrific, traumatic, assaulted, abused, sexually assaulted and harassed by petty officer - didn't feel safe
- Posted to HMAS Kuttabul - awful - something had snapped, went off rails, including drugs and alcohol - long hours - shouting and bullying - ongoing sexual harassment
- Multiple suicide attempts - didn't seek help because was too scared of Chain of Command - felt dehumanised and so dealt with it herself
- Navy Culture - male-dominated, treated like a number, bullying - listened to orders, and if not, there were dire consequences - women treated poorly, harassed, spoken to derogatorily
- No support, no counsellors, no one to talk to - 'culture of silence'
- Mental health was poor after leaving - suicidal ideation and attempts - only after being formally diagnosed could she look back and see how damaging - diagnosed with PTSD and bipolar disorder
- Affected her entire life - relationships with partners and children - felt like she didn't have a choice in what happened to her - suffered other traumas as a result of initial traumas

DVA

- Initial claim was botched - sat in the wrong area - delegate couldn't be contacted - was on Centrelink payments - no money - affected mental health
- DVA gave no support through claims processes - no contact -
- Complained to DVA about the process and received a flippant response that made her 'angry'
- Lump sum payment eventually made - despite asking for financial counselling assistance, was not provided - \$80k was spent quickly as she had gambling problem
- Lodged multiple claims - did second one herself - terrible experience - eventually got complex case coordinator
- Provided peer support worker through Open Arms - far and away the best support - could empathise

with her situation

- Talking to DVA is like talking to robots who don't understand – part of a system with no empathy

Rehab

- Had 5 rehab consultants in 2 years – they don't understand DVA, and appropriate support isn't there
- Takes a long time – very bureaucratic – 'all about money'
- Couldn't access Psychiatry Assistance Dog (PAD) as she hadn't yet been diagnosed with PTSD – DVA delegate suggested she visit a dog shelter – finally got a PAD after diagnosis and it changed her life – gave her confidence to leave the house
- DVA only acted after complaints were made to the Commonwealth Ombudsman

What should change?

- DVA shouldn't outsource rehab – they need people who understand the system
- Delegates need more support and education about military service, trauma
- More credence needs to be given to women and the problems they face
- DVA as a whole needs a better understanding of the system and legislation

1:45pm - 3:45pm - Emerita Professor Robin Creyke AO (Australian National University) and Peter Sutherland (Visiting Fellow, ANU)

General:

- VEA is conceptually different to MRCA and DRCA – VEA is a pensions scheme, whereas the others provide a lump sum for impairment/incapacity
- In terms of wellbeing, MRCA and DRCA are currently more aligned with wellbeing, although this doesn't have to be the case – depends on culture of how scheme is administered – VEA has made some progress under the Veterans-Centric Reforms
- Grandfathering – certain existing rights are kept so no one is worse off, with doors to access being closed
- 3-act regime – doesn't work in determining when and where and under what the injury occurred – is essentially a medically-informed guess
- No certainty in the difference between war-related and non-war-related injury
- Philosophically the loss of freedom necessitated by service should be compensated for in beneficial treatment of Defence injury
- Defence service can often manifest particular injuries, sometimes with a long latency in appearing
- Current driver to wanting to serve overseas is sense of team, purpose of training, corps d'esprit and financial – not for compensation
- Vietnam era saw less acceptance of war – led veterans to not claiming – compensation took some time to catch up – not accepted by some ESOs – this increased the general complexity of legislation and administration, particularly under dual-entitlement scheme

VEA

- Grandfathering will continue under VEA
- Disability pension and medical treatment only after liability has been established – most allowances tied up with liability – series of decisions in sequence – continual need to apply for AFIs
- Veteran payments designed as a holding payment – 45 weeks – mental health only – should not be expanded to physical as this should be dealt with earlier
- Hard to make changes to this entrenched, legacy scheme
- May be some arguments for compulsory movement of younger vets to MRCA – although this will require a lot of work and education

MRCA/DRCA

- Practically, medical treatment can only be given under the acts following discharge
- Need to be provision included so that compensation includes superannuation - current compensation is generous - may fight against return to work

Veterans' Review Board (VRB)

- Less litigation against decisions under MRCA - more beneficial system - generous schemes well-administered are likely to draw less challenges
- Challenge with VEA is that it has often be governed under transitional legislation and there was a culture of challenges
- VRB is an important independent filter if there is a high volume of challenges - if VRB was rolled into Administrative Affairs Tribunal, would still need to exist in some form
- VRN should remain - strong case management and settlement culture - DVA needs to improve the number and nature of cases sent to VRB

A new Act

- One new act is probably not tenable - two scheme approach of the Productivity Commission is best - only realistic option practically and politically
- Combine SRCA/MRCA/DRCA together, leave VEA separate
- Legislative reform always creates grandfathering, or someone loses out
- Need to pick the best option and forward - maintain VEA as legacy legislation that eventually stops in around 2080/90
- The best current reforms to improve system would be administrative - i.e. SOPs, IT, processes - there is some extra cost to the Government, but this is likely balanced by improvements in health and wellbeing costs and outcomes - this is the most critical and urgent reform
- MRCA, while needing improvements, should be the grounding for the system moving forward

Other comments

- DVA should be dealing with the complexity of the system, not individuals or advocates
- Those who leave service should be assessed for conditions - communications improved between Defence, DVA and CSC so compensation process can begin immediately
- Should be encouraging rehabilitation and return to work - not 'feather bedding' a person for life
- Australian scheme is one of the most beneficially applied they have come across
- Gold Card may be overused - don't support its expansion
- May need some better SOPs