



Royal Commission Update - Hobart Day 44 - 5 August 2022

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RSL References

- Senator Jacqui Lambie, when discussing her experience transitioning out of service when she was medically discharged due to a back injury, stated she reached out to advocates at RSL Launceston for advice and claims support.
 - She noted the service was overwhelmed by Vietnam Veteran claimants around the time that she sought support.
 - After 12 months with no successful DVA claims lodged, Jacqui said she sought independent legal advice. It was around this time that Jacqui developed depression
- Counsel for Senator Jacqui Lambie asks Ms Lambie about her concern with ex-military or RSL persons being on tribunals or decision-making bodies
 - Ms Lambie's concern is that it is always the institution before anything else which is ingrained in them. When she has former Austral serving members and reserves listening to her stories and complaints, she wishes she asked the tribunal to put somebody else in there
 - She takes issue with the military hearing their own and believes they are not suitable to work in the DVA due to being ingrained and institutionalised
- Counsel Assisting clarified that AAT deputy president of the Tasmania tribunal was the person that was hearing Ms Lambie's matter - confirmed this person is now the national president of the RSL
- Dr Clarke was asked about the opening of a physical location for the Veteran Hub as part of the renew Burnie project using a peppercorn rent space. The space is used for veterans and case conferencing with DVA advocates
 - Received three docking stations, a photocopier, and a video conference device from RSL Tasmania from the RSL Queensland grant with the promise of more infrastructure for the DVA advocates

10:30am - 11:30am - Senator Jacqui Lambie, lived experience witness

Counsel Assisting Madeleine Bridgett interviewed Senator Jacqui Lambie as a lived experienced witness.

Context and considerations

- Before swearing in Senator Jacqui Lambie the Counsel noted that her testimony would be based on lived experience in two parts. The first would be her time serving in the Australian army and the second would be her key concerns relevant to the Commissioner's terms of reference

Opening address

- The Counsel acknowledged Jacqui Lambie as one of the 'architects' behind the Royal Commission
- Jacqui thanked her family for their support, making specific reference to her youngest son and the sacrifices he made to support her

Upbringing and training

- Jacqui confirmed she joined the army in 1989 at the age of 18. Jacqui referred to this experience as being "lifesaving." She confirmed that her pre-enlistment process took approximately 3 months. She stated she believed the current delay in the pre-enlistment process is resulting in the loss of potential ADF personnel
- Jacqui discussed she undertook training at Kapooka and became a truck driver like her father. She stated that she was pregnant approximately 2 weeks prior to attending her training. This pregnancy was not detected during pre-screening processes and no blood test was conducted, despite Jacqui reporting weight gain and a lack of periods. She requested another test which confirmed she was 22 weeks pregnant
- Jacqui discussed that when the army found out she was pregnant they wanted to discharge her. She stated she sought legal counsel, who confirmed this was not legal for the army to do.
- Jacqui stated she was grateful for her four Corporals who supported her through her pregnancy
- Jacqui stated that due to being under 12 months in the army, she was noted entitled to maternity leave. She stated the army supported her to access Centrelink and, when her son was born, to some of her pension
- Jacqui described her experience with pregnancy in the army as difficult but beneficial, as she was not institutionalised in a private mental health care facility in the same way other veterans were
- Jacqui discussed her struggles in 1997, after the birth of her second child, when she was serving in a field unit. She was charged for 'basically assault' and lost a stripe and was returned to Tasmania. Following this, Jacqui was posted to Darwin

Back injury

- Jacqui discussed an experienced she faced while attending infantry training. She discussed that during this training she was required to carry 40 kilograms of rocks, in addition to her pack. As a result, she injured her back and was taken to hospital. She received physio for her back
- Jacqui discussed that she did not want to be medically downgraded so she "considered all options" and took painkillers to ensure she could pass medical examinations ahead of being dispatched to East Timor
- 48 hours prior to leaving for East Timor, Jacqui's back injury became apparent to her superiors when a flat jacket was placed on her. It was at this time that her painkiller use and excessive physio sessions were investigated. She was medically discharged
- Jacqui stated the Army worked quickly to relocated her to ensure she could receive medical support
- Jacqui said that during her injury experience, she could not access DVA in Darwin to make a claim. The on-base DVA advisor told her advised it would be quicker to apply once she was in Hobart
- Jacqui said she was not aware of any transition programs available to her upon her medical discharge. The only program available were for people who had 20 years of service. She said she was not physically able to complete any programs, if they had of been available
- Jacqui said by the time she was medically discharged, after 10 years of service (around March 2000), she did not receive ongoing support for her medical needs

Discharge

- Jacqui said she struggled mentally upon her discharge, as she wanted to fix her injury and return to service

- Jacqui stated she reached out to advocates at RSL Launceston for advice and claims support. She stated the service was overwhelmed by Vietnam Veteran claimants. After 12 months, she sought independent legal advice. She stated it was around this point that she developed depression

CommSuper and DVA claims

- The Counsel asked Jacqui to discuss her experience with CommSuper. Jacqui stated she was advised she was well enough to pursue a career as a Security Guard or truck driver
- Jacqui stated she contacted 10+ GPs to request medical support, as she could not afford assistance
- Jacqui stated her claim to DVA was not accepted on the basis there was "nothing wrong with [her], according to them." Jacqui stated that MediCo determined she had shellshock due to her parent's separation at age 13. Jacqui said she had a positive upbringing
- Jacqui said in the 12-month period from her medical discharge she completely lost control of her life. She had a physical disability and had developed mental health issues
- After seeking legal help, she received Commonwealth Rehabilitation Services support to fund medical appointments. Jacqui said in 2010 Tasmania did not have the necessary medical specialists to care for her acute conditions

Surveillance

- Jacqui stated that around this time she was witnessed by someone from the Commonwealth Rehabilitation Services carrying bags from a shop to her car. It was determined that she would be under surveillance by the Commonwealth Rehabilitation Services
- She discussed that she was monitored via video surveillance during private moments in her home. Jacqui stated that these surveillance personnel spoke to her friends and community members without her knowledge
- Jacqui stated that when she received that report on the surveillance it contained personal attacks of her facial expressions and behaviour. She stated she believed the surveillance was done to "trap" her into proving she was capable of working
- Jacqui stated she believed her early dealings with her delegate made 10 years of her life "absolutely miserable," as it resulted in her being unable to get DVA claims. DVA ceased all of her entitled when she raised concerns with the surveillance and delegate
- At this time, Jacqui sought Centrelink support. Centrelink placed her on disability support pension. During this time, she could not get the medical support she needed. She was able to continue her private health cover, which enabled her to access Ketamine once every 3-months
- Jacqui stated that during this time she undertook a pain management course. She discussed this course as being beneficial in helping her acknowledge and manage her pain. Jacqui urged the department to consider this as a solution moving forward.

First AAT appeal

- Jacqui stated that during this time, the judge determined that DVA would have to pay her entitlements. Jacqui said the DVA continued to make it difficult for her to access support, which she believed was due to her delegate
- At this time, Jacqui started to receive Botox to help her nerve pain. Her doctor died in a skiing accident and DVA would not compensate her to travel to the mainland to receive support
- When DVA did pay her claim, she was back paid. This resulted in tax issues for her.
- Jacqui received psychological help at this time from around 2003 - 2015. She stated she received around 700 hours of psychological help

DVA Psychological claim

- Jacqui discussed her experience visiting a MediCo specialist. She stated that DVA hand picks the documents supplied to these specialists, which results in them not seeing the full picture of a veterans' health conditions.
- She said she believes the MediCo specialists have already made their mind up on a veteran's eligibility, prior to an in-person assessment
- Jacqui stated that her claim was deemed ineligible. Jacqui described this experience as devastating, as she received knock backs from the Department.

Second AAT appeal

- Jacqui stated she attended the AAT for the second time after she tried to take her own life. She said at this time she spent \$10,000 on trying to rectify a scar, lost tooth and injured leg that she incurred during her suicide attempt
- Following this, Jacqui found her own work placement with Nick Sherry. It was at this time that the Botox for her back was no longer available. Jacqui said this led to a significant deterioration of her mental health

Suicide attempt

- Jacqui discussed how this experience led her to suicidal ideation and an attempt. Around 10 months after leaving Nick's office, Jacqui said she wrote letters for her sons and decided she would try and end her life
- Jacqui said it was only after trying to take her own life that she felt she was taken seriously
- Jacqui said that now she can help other veterans with their DVA claims but that she still needs legal support to handle her own claims

Political career

- Jacqui said her life turned around after her suicide attempt. She went cold turkey and quit all pills. This is when she turned to politics, joining a local Chamber of commerce and toastmasters to gain confidence and learn about business operations
- Jacqui discussed that she sold her home and invested in her role as an independent political candidate.

Impact on family

- Jacqui discussed how her experience over a 10-year period impacted her sons. She stated that her older son was not significantly impact but discussed that her youngest son took on a role as her carer from around age 8. She said this led her son to drug use by age 13.
- Jacqui stated that her son hates the DVA as a result of the struggle he watched his mother face

12:30pm – 2:00pm – Senator Jacqui Lambie, lived experience witness (continued)

The Commission interviewed Senator Jacqui Lambie to provide her lived experience evidence.

Commissioner's questions

- Commissioner Brown asked if Jacqui Lambie was able to ask for a change in delegate
 - It was confirmed that Ms Lambie received support for two years from a delegate which helped her greatly in her rehabilitation process
- Commissioner Douglas asked if someone from security rank observed was Ms Lambie was going through. It was noted that this was not formally addressed, and everyone kept working through the exercises despite team shortages
- Commissioner Kaldas asked what sort of representations the DVA had during Ms Lambie's appearances before the administrative appeals tribunal
 - Ms Lambie has limited recollection during this time and was unable to answer the question

Financial strain after discharge from the DVA

- Counsel for Senator Jacqui Lambie asked looking back on Ms Lambie's discharge, if she had a longer period in the army before being discharged into civilian life
 - Once being discharged, the financial strain can take up to two years for claims to get a delegate
 - Mentioned the men who are psychologically affected struggle more, especially those with families to seek financial stability
- Counsel asked what impact the surveillance video had on Ms Lambie when it was sent to her being observed by an Occupational therapist in 2001
 - This is a break of trust and does not allow veterans to recover or trust again
- Counsel asked Ms Lambie if she had a mortgage and debts to pay while she was receiving Centrelink payments and whether she was able to financially recover
 - She had to pay for medical reports and ongoing treatments
 - Ms Lambie did not start to financially recover for ten years before she got into the senate
 - After 12-months' worth of wages the DVA took financial support away from Ms Lambie after she was elected to the Clive Palmer party - they claimed her as rehabilitated and ceased support payments
- Counsel asking about the further issues that arose with the ATT and journalists trying to access Jacqui Lambie's documents
 - Ms Lambie told her story to a journalist which included reference to her medical records over 13-years
 - The journalist came after Ms Lambie's medical files including psychiatric reports - shutting this down cost her \$20,000 so that her medical files would not become public
 - Questioned why a journalist can access these files through the DVA - noted it is extremely harmful and she is unable to recover the process
 - Ms Lambie confirmed this
- Ms Lambie urges veterans to come forward and tell their stories - notes that it's now or never to make a change

Recommendations to the Commission

- Counsel Assisting asked about Ms Lambie's concerns regarding leadership
 - When commissioners are not being promoted based off merit, it is extremely detrimental to the department
 - Former military becoming commissioner's or secretary of department is the fault of the Liberal party
 - 44% of contractors that come in after rotated every 12-months - this is an ineffective way of operations
- Counsel Assisting asking for recommendation or concerns around speaking out and a culture of silence
 - Claimed in defence if you speak out there will be retribution - reprimands culture in the military. High ranking officers speaking out for their diggers will result in being taken out
 - The culture of silence is institutionalised - even with the Royal Commission, people are too afraid of speaking out
- Counsel Assisting asking about recommendation or concerns of accessing and competing for medical specialist services
 - Very limited specialist services available as the DVA is paying a Medicare level and not any extra
- Counsel Assisting asked about Ms Lambie's perception on the role of ministers within the DVA
 - Ms Lambie claimed the secretaries run the department and ministers have no idea because it is so complex - this has been detrimental over the last decade
 - There is major resistance to be open to the ministers - fear of change. The commissioners have too much power
- Counsel Assisting asking for any comments on inpatient psychiatric services
 - There are limited services available in Tasmania - access issues are detrimental
- Counsel Assisting asking about recommendations or concerns on when payments are received by veterans and how the delays can impact someone

- The claims are not being processed quick enough – it is taking up to two years of getting claims processed
- More support is required outside of the DVA to ensure veterans are receiving payments on time
- Ms Lambie’s recommendation is that no one is left out of pocket and claims are processed right away
- Counsel Assisting asking about concerns on veteran suicide findings
 - There needs to be a central database to pick up on foul play with fact finds being processed by lieutenants and officers – people should be qualified to complete these to ensure compliance and accurate reporting
- Counsel Assisting asking about Ms Lambie’s thoughts on a coronial system for veterans
 - Ms Lambie would like to see a coroner that is dedicated to veteran suicides to confirm they are hitting the mark and keep an eye on the reasons people are taking their lives
- Counsel Assisting about behaviours in defence and the treatment of being a woman in defence
 - Recommends the Sexual Misconduct Office has better regulation and processes for submitting a sexual abuse allegation
 - Reports should be free to report off-base – it is critical this gets removed from department and out of defence

Commissioner’s questions following Jacqui Lambie’s recommendations

- Commissioner Brown asked about officers who tried to speak out ended up in mental health institutions – whether it was because of consequences they experienced in adversity. It has been suggested that if you speak out you are automatically sent to a psychological assessment.
 - Royal Commission is concerned if people are unable to speak to them freely – Ms Lambie noted there are case of retribution who want to speak to their manners and go to the Royal Commission
- Commissioner Douglas noted it’s been suggested to him that it would be useful to have police in the IGADF seconded from a group who had previous military so they would understand the culture and background
 - Ms Lambie agrees with the commissioner
- Commissioner Douglas asked about the problems that arise between discharge and DVA entitlements – should veterans not be discharged until the claims are processed
 - Ms Lambie confirmed that veterans should not be discharged until the claims are processed to avoid financial strain and the mental health issues this causes
- Commissioner Douglas asked about the want for psychiatrist wards in Tasmania and how much would the cost of such a facility be
 - Ms Lambie is not aware of the costings – veterans and first responders are happy to go to ward seventeen in Melbourne, however, the issue is in the availability of beds
- Commissioner Kaldas asked about Ms Lambie’s thoughts on the process of regulating coroners in the military or once they have retired from the military
 - The concern is that some deaths are not being investigated properly
 - There is no central repository for fact finding – this is a concern of the Royal Commission that the hotspots of abuse are not available in a central database

2:15pm – 3:45pm - Dr Andrew Clarke, The Veterans Hub

The Commission interviews Dr Andrew Clarke from The Veterans Hub to provide his experience as a general witness.

Summary of Dr Andrew Clarke’s time in service

- Served in the ADF for 20 years
- Joined in 1994 as an artillery driver
- Service included two deployments in East Timor in 2000 and Bougainville in 2002
- Discharged from the ADF in 2015
- Medical studies were at the end of Dr Clarke’s service

The Veterans Hub

- Counsel Assisting asked Dr Clarke about the foundations of The Veterans Hub, identifying its need in the community and its services
 - It was difficult to find veteran friendly services and a service available to meet veteran needs with sensitivity
 - Officially started up in August 2019 with 20 veterans
 - Started with a corporate governance team so that expansion could be managed with rules and a list of requirements to provide the service
 - The Veterans Hub provides DVA advocacy services, general practical services, pharmacy services, physiotherapy services – also works with Open Arms psychologists
 - Today, approximately 190 veterans are using these services – they are predominantly males
 - Most patients in the community found Dr Clarke through word of mouth
 - Patients are WW2, East Timor, Iraq, Afghanistan and Korean war veterans
- After receiving more funds, Dr Clarke is looking for a physical space in the Burnie CBD, to provide a space for veterans that they own and have an input in how its run and have people meet on their terms
 - Services are open to the families of veterans – following feedback from the community and created subcommittees for veterans and their families

Medical needs of veterans and DVA claims

- The claims process is complicated and there are multiple levels of assessment
- Engaging early with a DVA advocate has led to less information from DVA delegates when assessing someone's claim – adds you can move veterans through the assistance process quickly
- Counsel Assisting questions Dr Clarke on whether there should be a simpler DVA claim process
 - As complex and litigious as the legislation is, Dr Clarke believes putting in retrospective changes into legislation exposes the veterans already in the process to lose entitlement they already have under this act
 - There are workarounds including the use of rehabilitation officers
 - It is daunting for a medical practitioner to deal with the complexities of the DVA. Veterans can be moved through a model of care if there is an education model around this and veteran health needs – Dr Clark helped put this proposal in place to train over 100,000 medical practitioners per year
- Counsel Assisting asked Dr Clark about the financial barriers to doctors treating veterans
 - Medicare rebates have been frozen for five years which has placed enormous pressure on veterans
 - Dr Clark proposed how to quarantine a bed for a veteran in hospital for acute mental health care – costs approximately \$1,200 per bed
 - Proposing to put in a four bed Hobart crisis clinic that is specific to veteran mental healthcare needs

Funding as an ESO

- Funding has so far been secured from the goodwill and voluntary donations – no funding has been received from the state government
- With federal funding through the repatriation scheme, the plan is to make Veteran Hub self-funding in two years – \$2.5 million for operational funding to use for seed capital
- The board is comprised of former RSL presidents and families with lived veteran experiences
- The plan for the hub is to create a physical and virtual space to advertise other ESOs and what they are up to – to connect veterans to other independent ESO's who can help them

Recommendations for the commission

- Keep it local – the ESO needs to be a good fit for the veteran community for which it serves, rather than be instructed on what it must do or what macro level support it must demonstrate – they need to concentrate on what they are good at delivering
- DVA specific issues – there is currently the presumptive access to medical treatment which was inducted a few years ago. It is a good model by the department that allows Dr Clarke as a provider to bill the

department of veteran affairs for a raft of 20 conditions. Encourages this to be increased to stop the long waiting times for veterans getting a delegate appointed and claims processed

- Recommends investment in primary care as the centre of the healthcare model in Australia
- There is no veteran specific program, diploma, certificate provided by any of the collages at this time
- The funding that is provided to general practitioners under the repatriation scheme - specifically, younger people with complex health needs and significant mental health disorders need GPs to be trained to meet these increasing demands and therefore should be remunerated appropriately. Suggests that this scheme of the 115% of the Medicare rebate could be lifted to 150% - this should help reduce the reluctance of primary health providers in the support of veterans
- Encourage any other wellness hub to look to establishing the health networks needed to support veterans under their umbrella so that they have an insight of how to grow their ESO in a direction that better meets veterans' health needs

Commissioner's questions

- Commissioner Brown asked Dr Clarke to clarify the accreditation in cultural competency and were there other incentives he had in mind once someone is accredited. Confirmed training should be incentivised
- Commissioner Brown asked about the recording of all issues in the DM42, who is doing this and whose responsibility is it to make sure it's as complete as possible
 - It is completed by the defence doctor at the time - in most circumstances, is provided by a civilian doctor who is provided by the defence
 - In terms of who is responsible - it is the responsibility of the defence to ensure its captured as accurately as it can be. The importance can be lost on the veteran at the time - potential gap here if the practitioner is not supporting on complete health records
- Commissioner Brown asked Mr Clarke to confirm that as a GP who treats a lot of veterans, is defence given a copy of their medical record on a USB as well as their medical practitioner
 - Mr Clarke confirmed these records are received as a PDF file and it requires a lot of work before the information is useful as often past injury details are missing
- Commissioner Brown asked about the old repat system or advocating for a hybrid model for veterans
 - Dr Clarke sees a need to increase the cultural awareness around good training and education
- Commissioner Brown asks about Mr Clarke's proposal for how he plans to evaluate the success or otherwise of the veteran hub
 - There will be an opportunity for members to provide feedback on their service anonymously - this is encouraged by anyone using the service
 - The veteran sub community board needs to tell healthcare professionals what they should be doing and feeding back with recommendations to steer the direction they need to go in
- Commissioner Brown clarified that Dr Clarke is suggesting increasing presumptive access to medical treatment and expand beyond the current 20 permissions in the trial