

## **Submission for senate enquiry - Suicide by veterans and ex-service personnel**

I hope my submission is looked at and the points identified, as I am not very good writing official documents.

As someone that has been diagnosed with depression after wanting to end the uncertainty and pain to give my family financial security. I have had friends take the only way out they knew. I've also got friends which I have concerns for, that I served with. This Senate enquiry is well over due and a topic I know all too well.

I hope you will understand writing is a lot harder than doing things face-to-face in getting things across for me. Reading this you probably will not get the full idea and understanding of me and my concerns and knowledge. As you will see it would be financially impossible for me to go to enquiry no matter how much I want to. I am prepared to speak to anyone involved in the enquiry. This can be achieved in multiple ways through video conferencing, going to my nearest senator's office (that is not from the 2 big parties). I do not know what, can come out of a Senate enquiry I have been pushing for a royal commission into DVA. My local federal member keeps telling me there is no problem and the government cannot afford one. we're losing veterans at an alarming rate most people that have served can tell you a few names of mates they have lost. The true number will never be known as some will be classed as an accident.

### **There are several reasons why veterans suicide.**

Some of the things our veterans see nowadays in conflicts and peacekeeping are far more traumatic than in the past. Before Vietnam a service person knew who their enemy was. Now they see women and children attacking them and killing themselves. How do you mentally prepare or recover from seen children blowing themselves up and killing your mates?

The discharge process when you are no longer any use to your service, through no fault of your own. Where you have put your heart, soul and life into your career just to get thrown on the scrapheap when you are no more use to them. The adjustment to civilian life after military life. The lifestyle of military is far different from civilian. The longer the time in service the harder the adjustment. Even prisoners have schemes and help to adjust to outside life. After 11 ½ years of service my resettlement training was 2 hours. Then told to pack bags and go, even though I didn't want to leave. There was no process to check on me or me to get the help I needed. It was like, your no use to us, so we don't want to know about you. I enlisted at 16 and had been told when, what and how to do everything, was top of my field, number 1 on promotion list. Then suddenly lost not knowing where to turn had only ever applied for 1 job which was the navy. Never written a resume never been to a real job interview, these are skills picked up when young and single not married with a family depending on you. This all helps to make a veteran feel useless and no self-worth.

I have no figures but talking to others I served with and have met since. A condition that doesn't seem to be claimed or monitored as we feel it's more nuisance value than anything else. Seems a lot of ex-service personnel can't sleep. From my doctors, psychiatrist and self-feeling its more than just nuisance it can lead to all sorts of medical and mental problems. If I get more than 2-3 hours' sleep in total a night, it is a great night. Tied in with this the medications. A doctor prescribed me, medication which led to an incident where I was going to do some major damage to CSA and staff.

When I contacted the doctor he said stop it straight away and it was unusual as one of the side effects was suicidal not homicidal. it would be interesting if that line was investigated too.

Another is the pressures from outside the service. The having every move and every minor incident plastered all over the news. The government has seen this and in the recent past the Minister of defence sent an open email to all service personnel and organisations stating how good the government believed everyone was doing, and ignore the bad press. This has a temporary feel good for service people but the people that read and make the press still hound service personnel for cheap headlines and thrills. This all contributes to the self-worth a military person feels. As I have been working on this, yet again the press calling for a court martial of the pilots that bombed the wrong troops. The pilots would be feeling pretty crap and they just get coordinates and targeting information just following orders. If the press finds out the names of these pilots, they will plaster it all over the news for cheap headlines calling for action.

The constant having to live with political correctness in a very political incorrect environment. This is only minor but all the little minor things add up.

All the above are contributors to some of the suicides, but by far the biggest contributor is the way the department that is meant to help you make you feel. DVA put so much financial and emotional pressures on personnel that are already having problems. When you put in a claim along with the delays you are made to feel like a criminal and a liar. The DSP is a lot easier to get but most veterans feel Social Security is welfare and below them, so don't go through that channel. The complexities of making a claim and the three different schemes depending what year you joined and where you served, adds to the confusion and mental state. And on top of that depending in which one of the three schemes you're in has a huge difference in your worth. The incapacity payments can have over \$10,000 a year difference between MCRA and SCRA. If you are VEA and reach the required disability percentage to get a gold card you receive full medical, free transport, and all entitlements a pensioner gets and more, many companies give gold card holders huge discounts. If you are under MCRA and SCRA you will only ever get a white card regardless of your disability percentage so you receive no benefits except discount on medicines and free doctors for the recognised conditions. You do not receive any pensioner cards or discounts until you reach the age of 65, when SCRA and MRCA cease and you go on to the aged pension.

One or more of the above can contribute to another major factor for suicide in adult males and the defence has more than its fair share. I am talking divorce. I can go on about this topic for pages and pages but in short the more of the above that brought it on the worst you feel. If you have lost or given up your service, income, house, wife and then children there is no darker lonelier place in the world. This is another time I contemplated whose life should end mine or hers but was lucky to have good mates aware of the signs and see me through it.

## **My history and information on my dealings.**

Coming from a family with great military history being part of every conflict Australia has served in till Afghanistan. Dad was in the Navy for over 20 years, in those days' fathers could take their children on the ships over weekends. I spent many weekends on HMAS Vendetta and Swan, so grew a love affair with the Navy from a very young age. All I ever wanted to do was join the Navy. On 14 July 1981 enlisted in the Navy. After basic training did two years on HMAS Brisbane including a Northwest Indian Ocean deployment, part of this deployment was around the Gulf as tanker escorts. This deployment is recognised under the awards scheme giving active service. When applying for it I

was informed that we had to be over the magic line for 30 days and we were not, it only adds up if you did more than one deployment. After that I did over eight years in submarines and loved every minute of it. Some deployments were classed as active service some weren't and as the secrecy act prevents discussion's originally 30 but now 60 years we will never know why. None of mine were classed as war like or dangerous.

On 1 November 1989 I had all four wisdom teeth removed. It was very common practice in the submarine Squadron as there was no Medivak for dental reasons, so all submariners deploying on a patrol had to have them removed. As part of the removal I was put on amoxicillin as a preventative measure, after a few days a rash appeared. I went to the sickbay where they said I had an allergy to something but didn't know what, (I now know MIM's states if any allergy happens stop all medication) and was given calamine lotion and anti-histamines. Over the next 10 days the allergy was getting worse and I was in sickbay every day to be checked. The rash was turning into blisters on every single joint on my body to the point my whole hands were one big blister, I was also experiencing loss of movement in joints and extreme pain in joints. After 13 days I was sent to a civilian dermatologist, he diagnosed I was allergic to the amoxicillin but I had also got a severe infection and many other big medical words, and that was worse than the allergy. So he doubled my antibiotics saying he will deal with the consequences after all the infections were under control. The next morning, I had movement only in my right hip and no other joints, I called my base and asked for an ambulance to be dispatched, I was informed I must make my way to the base, as I could not drive I got a taxi. During this taxi ride I passed out, up until recently I thought it was due to the pain but now know there was many things that could have caused it, and most probably blisters in throat limiting air flow. I spent the next three months in and out of hospital getting steroid based medications to enable me to move. I don't know whether the hospital situation is the same nowadays as back then, I was put in the repatriation Hospital at the back of Concord, at 25 I was the youngest patient in there by a great many years. One night I woke up and there was a World War I pilot urinating all over me, as I could not move I could not do anything. There were also regular occurrences of patients dying. This hospital was definitely not for younger patience. While I was in there I was diagnosed with auto immune arthropathy, (a form of inflammatory arthritis like Rheumatoid) in all my joints which is now my first recognised condition. After several failed attempts of changing medications and controlling the inflations and stiffness of joints, so I could go back to sea I was eventually discharged in late 92 medically unfit for service. I was made permanently medically unfit for sea. I applied for the perfect posting for a submariner that could not go to sea. It was a recruiting position in Brisbane, we had a shortage of submariners and who could sell that position better than someone that loved it. I was informed I needed to reengage for two years, I was prepared to do this but was then told I couldn't reengage because I was unfit for sea. I went to the medical board which was full of officers, we were always told we must follow orders. So I was informed I will be discharged medically unfit for service. I was then told that I had to work out where I wanted to move to. I was devastated and totally confused as all I ever wanted to do was be in the Navy and I had worked out a way to stay. I was informed and all my documentation stated that my conditions was the Navy's responsibility and I would be looked after (**See Attachment B and C**). From 1992 to 1994 I was fighting to get it recognised as my conditions meant I would have a limited work life and I wanted financial security. Through different schemes I fell under my claims were rejected due to in-service not because of service, even though it was navy dentist, medics and doctors that did all the work. So you could just imagine my mental state being thrown out on the scrap heap and being told go away we don't want to know about you. I hated the Navy the government and turned very angry and bitter.

I approached many advocates over the years and was always told too hard and they didn't want to know about it. There was a change in the acts that made unforeseen consequences of medical procedures covered which gave me an avenue to reapply for a claim.

In April 2014 I approached the Submarine Associations national welfare officer to see if he could advise an Advocate as I got nowhere with several RSL advocates. I was introduced to the ACT Advocate and because of the complexities he took me to the Vietnam Veterans and their advocate worked with me and the Submarine advocate. From May till August we waited for medical documents and then work on a case.

On the 21<sup>st</sup> August 2014 I submitted claims to VEA and SCRA both of which were rejected in September 2014. My advocate said it will get rejected as all claims do, so he started working on the appeal as soon as we submitted claim. I appealed both decisions and SCRA accepted my condition on 11 February 2015. I was advised from my advocate to drop the VEA claim as it would hold up the SCRA entitlements. The main difference between VEA and SCRA was the gold card, but I will receive incapacity payments and medical treatment. That was all I was after, financial security and medical as my specialist was costing \$180 a time and medication around the \$150 a month.

In May 2014 I sustained injuries directly associated with my accepted conditions. My left wrist collapsed tearing the ligaments in it. I had a full reconstruction which had failed because of the inflammatory component of my arthritis by the time it had come out of the cast (now accepted with SCRA). Whilst the left was in the cast the right started showing more pain consequential x-rays showed the right wrist had damaged ligaments as well (Now accepted by SCRA). Also whilst the wrists were failing my right ankle started collapsing (now accepted by SCRA) and I fall over regularly, one such occasion I received a stress fracture of the tibia (Rejected by SCRA). Following conversations with specialists, I knew my working life as a tradesman was looking as if it was finished. Over the next few months with the cutting work hours the injuries and seeming to get nowhere with DVA, it was looking as if there was only one way to guarantee financial future of the family. I was lucky I could not make it look like an accident without injuring others. This made me feel even more of a failure couldn't even take my life to help my family, I couldn't generate any income to support my family. I was lucky that I had a good GP prescribed appropriate medication to take the edge off. He referred me to a psychiatrist but they wanted \$500 for a visit I didn't go. I couldn't justify spending the money knowing the main problem was financial. I then found out that DVA would pay initial consultation. I was then diagnosed with depression as I have not had a day without pain since 13 November 1989 only the severity and joints changes. DVA has accepted depression as an accepted condition linking it to the pain, not the frustrations of not knowing future or the way I was treated before and since my discharge from the Navy. This was accepted 6<sup>th</sup> June 2016. Combination of depression, pain and lack of sleep makes my moods and actions very unpredictable. Medication can only take the severe edge off.

My Auto immune arthropathy, was accepted on 11 February 2015. So thought the fight was over, I was so happy what I have been fighting for so many years had come about recognition the Navy stuffed up and future financial security. That was then another start to more delays, once you have a condition accepted even if you have multiple specialist all saying same thing, you need a DVA appointed IMA to determine the percentage of incapacity, and comparing it to any other conditions you have. I was sent to Dr on the 7<sup>th</sup> July 2015 (nearly 5 months after my condition accepted) an Independent Medical Examiner to see the severity of my disabilities for the compensation and incapacity payments. While I was waiting a female ex-service person came out in tears saying he had put her through so much pain and they needed to get DVA to get her home because she couldn't get her own way home now. I went in he had all my documents including scans and multiple specialists

reports clearly stating my movement limitations including left wrist which has nothing holding it together. He made me take off all my splints and bracings. When he told me to move joints as far as I could move them, I moved to my limitations and he pushed the joints until he couldn't move them anymore. I said what the \*\*\*\*\* are you doing. His answer was "my job was to see how much movement your joints have, not how far you can make them move". I came out of there and rang DVA straight away and put in a complaint. It took every bit of my effort to get to my car, throwing up several times because of the pain. I spent the next few days in bed with ice packs as I couldn't move. I then received a letter from DVA dated 7<sup>th</sup> August 2015 stating Dr said I am not entitled to anything due to in his opinion. My Auto Immune Arthropathy was cured in 1992 and I now have Psoriatic Arthritis and the 2 are not linked. So yet again as you start feeling good, DVA give you another massive gut kicking. My advocate was shocked he said yes they always knock you back the first time but not once its accepted. My appeal went in on the 25<sup>th</sup> August 2015 on two grounds, first was if I was cured in 1992 why was I discharged in 1992 and why did the DVA IMA from 1994 say I had it but not due to service. The second 20 minutes of research I found out Auto Immune Arthropathy was a study of several arthritis's that had an immune component and was a patented name and a very common diagnosis in the early 90's. the first name on list was Rheumatoid arthritis the second Psoriatic Arthritis. So off to another IMA Dr' on the 4<sup>th</sup> December 2015, this one was great I walked in as usual scared of what they were going to do to me. He said he looked at all my records and he's job was to sort out the huge mess. We had a good talk and examination. He's report was that both arthritis were the same, no matter what you call it (so why did the first Rheumatologist not know, this goes to show how good some of the DVA specialists are. It is common belief that DVA selects specialists on the amount of knock backs they give). On the 16<sup>th</sup> December 2015 my claim for incapacity payments was accepted that's nearly 11 months after my condition was accepted by DVA and since I was forced to cease work. He also stated the permanent impairment decision can't be made yet because of the complexity of my case. I have so many problems and until there all accepted it would be extremely difficult which percentage would relate to which injury / disease He also states that I have definitely got permanent issues and when it all gets sorted I will be entitled permanent impairment payment.

While the DVA stuff was going on. I was laid off from my job on the 1st February 2015 on the specialist report saying that I could no longer and never again will be a tradesman and have lots of limitations in future work. I was lucky my employer put two-year income protection on me. This covered me from the May 2014 injury for my loss of income. Which proved to be very lucky as even though my condition was accepted on 11 February 2015, I did not receive any payments until July 2015 for a period of March to July. Payments then started again June 2016 backdated to December 2015 and now fortnightly. So if I didn't have insurance provided by a group policy (as I was classed as high risk, with my conditions I could never get it myself) I would have had 5 months with no income, then 11 months with nothing. I have had several motivation courses through my DVA rehab provider, and the question always gets raised from other veterans how does everyone here survive while waiting for DVA. I always say I am very lucky with the insurance. A motivational course has a negative effect when you talk to other veterans who are in a very bad way. One always rings in my head an Afghanistan veteran with back and knee injuries (very common in soldiers, from jumping out of trucks) and dealing with the demons of seen his mate get blown up. In tears saying he has no money left can't go out (PTSD) it was hard enough to go to course but it is compulsory and he will forfeit any chances of DVA support if he didn't attend.

Before my wrists gave way, I was told by two doctors and my physio, to get out and don't come back until I was prepared to give up work. They all were prepared to sign whatever paperwork was required to get on a disability pension. I like many other veterans can't stand to be in Social Security

offices, it feels like you're a bludger and a low life. Also the DSP would not be enough to support a family.

We joined the military fit, full of spirit and ready to do whatever ordered from superiors and government. Many of us come out physically and mentally broken and shattered dreams, not prepared to believe anything anyone in authority tells us. I knew that working so hard was going to do further damage, also knowing my illness meant I had a limited work life. So I had to work hard and earn enough to build for the future as DVA or the government wasn't prepared to help after they had broken me (Many veterans are not in a position to do this). The pain I was putting myself through to accomplish this was horrendous, it was not uncommon for me to finish work drive a few kilometres' then pullover and cry in agony. And yet again I wanted to end the pain. I have now got multiple accepted injuries stemming from their original conditions that I probably would not have if my claim was accepted in 1992. That brings up another way delays happen. Even if I have multiple specialists and doctors stating an injury is related to an accepted condition instead of adding it to the list you need to put in a sequela claim, as you can see from my **attachment D** it takes quite a few months. My wrist needs fusing and if it was accepted earlier, I could have got it done, I can't afford it and been on a public waiting list for 18 months to see a surgeon. Now it is accepted I have to put up with it because I am in a 3-month work trial through DVA hoping it turns into permanent so can't take the months of required to do it.

I understand my case is difficult as I constantly hear it from specialists and DVA representatives. My condition was accepted February 2015 it is now September 2016 and I still have not got a percentage of disability which means my disability can't be classed as permanent. Also noting the decision on February 2015 overturned the decision in 1994. It reads your condition has been accepted backdating to November 1989. here is more complexity of the system no one can tell me what having the decision backdated to 1989 actually means. I have been led to believe that the money I have spent over the years on doctors, specialists and medication can never be reimbursed even though DVA should've been paying for it. I understand that with the length of time we're talking an exact figure can never be determined. I can't give back the extra injuries nor forget the extra pain I suffered for 27 years and saving the government a lot of money for doctors, medication and incapacity payments. So what really is the point of it, there should be some way of finding out what it means to have a decision backdated 27 years.

I feel I am one of the very lucky ones, I was in a position that I could hold on through the delays to get my conditions accepted. I am also very grateful now with the support I get from DVA now it has finally been accepted. I am on incapacity payments and a rehabilitation program, both would have been so useful back in 1992. I have many restrictions in my work so couldn't do anything I was qualified in. So I have been retrained as an I.T help desk technician, through rehabilitation with a DVA contractor. I am limited to 15-20 hours a week and will never be able to do full time again. I can't sit for more than about half an hour and can't stand for very long, so have been given a sit and stand desk. I can't use a standard mouse so have a track ball, I can't type much so have dictation software, and I need to have supports on my forearms to hold my arms at the right height to use track ball and key board all were supplied by DVA. At the moment I am doing work trial of 19 hours a week. Yes, it is difficult and some days is very painful, (but so is just getting out of bed) but nowhere near the pain and difficulty of working as a tradesman. I believe once I finish this work trial if I am employed DVA makes up the difference between the incapacity payments and the wage which means financial security, but no one can explain exactly how this works. I am also not aware of what happens if I am not employed. I know incapacity payments stop for me if I don't do what DVA or my rehabilitation group tells me to do, and so they should. I am prepared to work within the restrictions

the specialists have given as both the DVA and mine agree, and now I have got some financial security I will be doing all my health professionals tell me. I know that the time will come where I can't work anymore and that time will be before my designated retirement age of 67 and have the safety net of DVA when it happens as long as I keep following orders. What no one can tell me is what happens if no one is prepared to employ me. As I am over 50, newly qualified and with lots of restrictions including work hours and conditions, it may be hard to find an employer prepared to take the chance on me and could take time. This is all due to my accepted conditions not from my doing, as I am doing everything I can and my rehab group recons I am one of their best cases because I do everything I am told and more. This brings back the whole uncertainty again. I understand if you do not look for work that rehabilitation has said you are able to do, or you do not do as ordered to then you lose the right for payments. I can't understand why you may not be looked after if you are doing everything in your power to fulfil your requirements but with the limitations of medical conditions that it can be difficult to find work, should be taken into consideration. The government's incentive for employers to take on wounded veterans is a bonus and probably the only thing working in my favour.

### **Some things that I think could be looked at in the DVA system to help veterans.**

1. Streamlining the three different DVA schemes VEA, SCRA and MCRA into one scheme. This will help by only needing to put in one claim form instead of multiple. It will also mean regardless what year you enlisted or where you served the same injury would be treated the same. Also huge savings in DVA less IMA's, decreased work load and resources.
2. All military service should be classed as warlike or dangerous. All military service is dangerous. Since the end of World War II more service personnel have been killed and wounded in so-called non-dangerous activities. I was on Oberon class submarines and we lost three in Australia and none on recognised Southeast Asia area deployments. The loss of sailors on Voyager, Westralia and other sea incidents. The army with live round incidents and chopper incidents.
3. All claims should be accepted temporarily while investigated and incapacity payments made for those with work restrictions stated by their specialist. This will relieve the financial burden on the veterans. Most veterans are honest and hard-working. I believe if someone is putting on an injury then they should be made to pay any payments back and charged with fraud. I will leave it up to the experts what would happen if someone has injury or illness that was possibly caused by the military service. Then in investigations found their injury or illness was confirmed but proved not to be the responsibility of the service.
4. As a lot of medical conditions lead to other conditions it should be looked at all white card holders should be entitled to the same medical treatment as the gold card holders. There has been a push for all veterans to have a gold card but financially speaking that would be a pipe dream. But all with a recognised condition should get all medical conditions covered. This could also cut claims as after my first claim the rest is just to make sure future medical expenses are covered.
5. As the DVA workers have none or limited medical experience they should believe the veterans specialist especially if the veteran has multiple specialists agreeing on the diagnosis. I had several specialists from two different states, agreeing on a diagnosis, but two DVA appointed specialists had differential diagnosis to each other, which meant having

to go to a third DVA appointed specialists. Every specialist has a waiting list, this adds to the delaying of a decision and increasing DVA associated costs for claim, and mind state.

6. The fact that all military serving or discharged can obtain mental health professionals paid by DVA should be made more known to military units and organisations like RSL. I only found out by chance during a conversation with a DVA representative. The fact that the psychiatrist and medication is provided has taken the severe edge of my condition, I will never be cured but at least I was caught in time before I became another statistic. I am aware that I need to keep it monitored.
7. Another big delay is the time taken for DVA and the veteran to obtain medical records. This can take months and are required first to make claim by veteran and then DVA needs to obtain to make decision on claim. Which brings another interesting point. I have got my medical records 4 times just to see if creative editing was being used. The first 3 were between 170 – 200 pages the last one received was over 400 pages, this one was just after records moved to Melbourne. This has many interesting reports I have never seen or been able to use before.
8. The ESO Roundtable idea was probably good in theory. Looking at the list of representatives, they are high-ranking to the point of nearly being political appointments, also going through the state meetings except for New South Wales there has not been a meeting in last year most for many years. With something like this need current advocates that know the difficulties that DVA posing.
9. The information ministers get back from DVA when questioned is only partial true. I enclose correspondence between me and my Federal Member and the response by DVA. See **Attachment A**

I have all my records, mail and correspondence scanned in electronic form so can submit any paperwork required either to prove my comments or anything that can help with enquiry. As you can imagine I have been dealing with the system for many years so have thousands of pages. I have included some of the more interesting and relevant ones.

I do not know what the enquiry will bring and don't think it will benefit me in any way, but if it saves one veterans life (it would be good to save them all) then it is well worth it. We are not talking generational unemployed, criminals or junkies we are talking about dedicated hard workers that gave their all to this country.

Thanks again for the opportunity to voice our concerns

William (Bill) Sim

3<sup>rd</sup> October 2016



## Attachment A

Conversations with federal member Started with Face Book Conversation then to Email.

Face book:

- Conversation started February 26

2/26, 10:05pm

Bill Sim

can you please explain why you voted against the gold card extension bill

- Feb 26 accepted your request.

2/26, 10:10pm

Which bill?

2/26, 10:15pm

Bill Sim

its all over face book that the extend the gold card to cover all veterans has been voted against by the 2 big parties. As a veteran with a white card waiting and fighting vet affairs to accept sequential injuries so I can get adequate health care this meant a lot to me. we have also lost lots of ex members that gave up the fight for basic needs and took their lives. we really need to start looking after people who followed orders for this country and struggle every day.

2/26, 10:16pm

Send me a link if you can. I am looking after other areas.

2/26, 10:16pm

Bill Sim

[https://www.facebook.com/  
/photos/a.284228488451353.1073741832.281624508711751/505465299661003/?type=3&th  
eater](https://www.facebook.com/photos/a.284228488451353.1073741832.281624508711751/505465299661003/?type=3&theater)



GOLD CARD BILL>> The automatic Gold Card has been DENIED by Turnbull & Shorten..... This legislation would give automatic FREE access to the BEST possible medical treatment in Australia. For the men and women of our ADF and Federal Police, who have served their country in war or war-like operations. This would properly address our nation's shameful veteran's suicide and homelessness crisis. Please contact the Prime Minister on (02) 6277 7700 and The opposition leader on (02) 6277 4022 to let them know what they have said NO to!!!!!!

2/26, 10:18pm

Sounds like something dreamt up. It never went to Parliament to my knowledge.

2/26, 10:18pm

Bill Sim

can you please check

2/26, 10:22pm

How can I. There is nothing to find.

• March 3

3/3, 8:59pm

Bill Sim

is your party going to support a royal commission to DVA .  
<https://www.facebook.com/WINNewsCanberra/videos/1005008286230869/?fref=nf>



3/3, 9:03pm

Bill Sim

if a civy gets hurt at work they have workers comp. Defence people follow orders do very dangerous jobs if get hurt bad, get thrown out medically unfit told by their officers good job you will be looked after sign here. you go to DVA and fight for years to get conditions recognised and then years more trying to work on percentages etc. On ANZAC Day's, remembrance days, returning from conflicts and getting sent to conflicts the over paid aver compensated politicians put their heads on TV saying how proud they are etc etc of us, but they wont come to help us when we really need them, the royal commission into the treatment of our service people by the department who is meant to look after us MUST GO AHEAD , and changes need to happen. If you want first hand knowledge I will be more than happy to come and see you. I was medically discharged after 11 years in submarines in 1992. finally got my main condition accepted 2014 and still no sign of any compo except \$6 per month to help with scripts and specialist paid.

3/3, 9:36pm

What job are you doing these days?

3/3, 9:44pm

Bill Sim

getting trained up to do an IT help desk as unable to use my trade papers due to accepted condition. Lucky I had loss of income insurance from my civy job for 2 years as I am unemployable until I complete the course. My body would not be as bad now if it was

accepted in 92 instead of accepted in 2014 backdated to 89. I have ben in pain since 1/11/89 and with no assistance I finally got laid off in jan 2015 un able to be a tradesman any more. so guess technically unemployed but capable of working 15-20 hours in an office job but huge restrictions. long story and too hard to type up.thats why to get job I will need voice control software and a few other aids

3/3, 9:45pm

Understood. Thats been a nightmare for you. Good luck in the course.

3/3, 9:49pm

Bill Sim

what people don't understand is defence people get trained to put pain and hurdles aside and get on with it. I have been told by many doctors to go on disabilities through centre link but I don't even like going in there to put in a doctors receipt because it makes me feel like a welfare case. DVA I feel is a right deserved with over 11 years in the submarines

3/3, 9:50pm

Bill Sim

so I worked hard all my life quite regularly in tears on side of road after work from putting brave face on

I have lost several mates from suicide and am on meds to stop me. I make lots of caslls to people iam worried about

3/3, 9:52pm

But we cant afford you to do 11yrs in a job and destroy your health. No one pays you to do that.

3/3, 9:56pm

Bill Sim

exactly .that's why I have suggested to several politicians in past and get no where . DVA should tempararely accept conditions until proven not an accepted condition. not deny all

cases until people get sick of it or die. yes there are raughters of every system but if you do that pay it back and help deserving people before we loose more good men

3/3, 9:58pm

Bill Sim

as I said if you need convincing its a wothy cause I can make an appointment to see you.  
thanks for replying. but please try to talk to your party

\* April 18

4/18, 10:16am

Bill Sim

Hi. While your working on policies for up coming election can you think of one I have suggested in past to my federal members but didn't get anywhere or if not can you explain why it cant happen. What I would like is money we spend on children's sport to be tax deductable. Living on the Islands low income kids get subsidized for sport but not many people take advantage of this cause it takes committed parents. Whilst committed parents not on low income have to do the maths. My children's activities cost over \$5000 a year but they would love to do more but I cant afford any more. In this day when everyone is talking obesity as a problem this could help that too. It will also increase numbers in struggling clubs, Eg islands can only field 3 age groups in Rugby and no Soccer teams.

\* April 18

4/18, 3:03pm

Let me call you Bill.

4/18, 3:05pm

Bill Sim

no probs

\* May 12

5/12, 6:07pm

Bill Sim

I am the president of Russell Island P&C we were led to believe you were going to take part in todays meeting. Was this true or was it misunderstood Thanks Bill

5/12, 6:20pm

Hi Bill, I wasn't free unfortunately but is there anything I can help with?

5/12, 6:30pm

Bill Sim

If you give me your email address I will send an email roughly of what I wanted to ask

5/12, 6:30pm

Bill Sim

5/12, 6:30pm

sure mate..

• \* June 2

6/2, 10:38am

Bill Sim

can you put on your facebook pages where and when you are having community face to face time. Like mobile officers

Emails between me and my federal member please read from bottom up

Bill

That's a very considered reply. I will chase answers where I can.

Sent from my iPad

Thanks

Looked up the National Consultation seems except for NSW and Tasmania the state meetings have slipped as there are no up to date meetings notes on the DVA site. The national round table seems to be made of high ranking officers, in my experience officers of these ranks are not dealing with DVA or the non-commissioned ranks, and are virtually a political appointment, there are no RSL representation. There has been a review of MRCA but there are 3 different acts SCA, MRCA and VEA depending what year you joined and what your deployments where. I understand a royal commission usually cost more than any benefit obtained. How else can the people having the problems have input to rectifying the issues? The simplest way to help and cut costs is simplify it change the system so it's one act not 3. Then the same injury gets the same compensation and not trying different acts to see who accepts my case I am under SCA and the same documents where submitted to VEA. VEA rejected it and SCA accepted it and I was advised not to appeal the VEA as that will hold up the SCA.

There must be means to take complaints to someone. If I have a phone problem not being rectified I can call the Communications ombudsman. If I get a DVA claim rejected I can appeal. If my case gets dragged on and no decisions getting made I have nowhere to go but wait. This is the part that the veterans find so frustrating and also the part that is causing the most stress and suicide the uncertain financial security and not knowing what's happening. A reconsideration as opposed to an appeal should take 100 days but when you ring up to check at 100 days to find out your file is in transit as someone else has taken it over and the 100 days start again isn't acceptable.

I know there won't be much hope of anything changing as we are in election mode. Hopefully you get re-elected and we can start again. Just a personal note wish Tony Abbott called a double disillusion within first 12 months so the government didn't have their hands tied for the whole term and we could have been better off.

If you have any advice on the questions it would be muchly appreciated

Thanks Bill

**From:**

**Sent:** Monday, 18 April 2016 5:16 PM

**To:** 'Bill Sim'

**Subject:** RE: DVA

We need to know the way to run the system better.

How does a Royal Commission find a way when there is a National Consultation Framework which is made up of representatives from a wide range of ex-service organisations... that doesn't.

Everyone calls for an RC without understanding what a RC actually is.

Perhaps these guys who want one can shed some light.

**From:** Bill Sim

**Sent:** Monday, 18 April 2016 4:25 PM

**To: Subject:** DVA

Hi

Here are a few links many more on the net.

If I hadn't had private loss of income insurance for 2 years, I would have been another statistic. I have not had a day without pain since 15/11/89 and my condition was finally accepted 13/2/15 but they haven't worked out a percentage yet. I have got all me squallers in their system since 3/9/15 haven't received any info but online they say investigating. One I am desperately waiting for so I can get an operation. I have lost mates that just couldn't make ends meet and saw no way out. It is a disgrace we served our country followed orders without question no matter how dangerous it was to get ignored by the government when we need their help. Yes the country is in huge debt and not all claims are legitimate but surely there has to be a better way to do things. Even accept claims pending investigations and if the claim is accepted keep paying and if not cease paying. Most Defence personnel are honest and hardworking its bread into us. it's not as if we are 2<sup>nd</sup> or 3<sup>rd</sup> generation unemployed seeking payment for nothing we are Veterans seeking compensation from our employer for conditions they caused.

[https://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&source=web&cd=4&cad=rja&uact=8&ved=0ahUKEwjkntrNvpfMAhUE7mMKHbqoAkQQFggTMAM&url=http%3A%2F%2Fwww.vvaa.org.au%2FA%2FDSO%2F20160122.pdf&usg=AFQjCNHGqRV\\_4a32MjG4Y4MJ5bfEGH8aLw&bvm=bv.119745492,d.dGY](https://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&source=web&cd=4&cad=rja&uact=8&ved=0ahUKEwjkntrNvpfMAhUE7mMKHbqoAkQQFggTMAM&url=http%3A%2F%2Fwww.vvaa.org.au%2FA%2FDSO%2F20160122.pdf&usg=AFQjCNHGqRV_4a32MjG4Y4MJ5bfEGH8aLw&bvm=bv.119745492,d.dGY)

[https://www.change.org/p/australian-federal-parliament-support-for-a-royal-commission-into-the-department-of-veteran-affairs?recruiter=470060182&utm\\_source=share\\_petition&utm\\_medium=copylink](https://www.change.org/p/australian-federal-parliament-support-for-a-royal-commission-into-the-department-of-veteran-affairs?recruiter=470060182&utm_source=share_petition&utm_medium=copylink)

<http://www.canberratimes.com.au/act-news/hundreds-of-angry-veterans-to-rally-behind-dva-royal-commission-call-in-canberra-20160301-gn74g8.html>

<https://www.facebook.com/RoyalCommissionIntoTheDepartmentOfVeteransAffairs/>

Thanks Bill



**Australian Government**  
**Department of Veterans' Affairs**

MC16-001379

Mr William S J Sim

[Redacted signature]

Dear Mr Sim

I refer to representation of 6 May 2016 to the Minister for Veterans' Affairs, the Hon Dan Tehan MP, by the Federal Member for Bowman, Mr Andrew Laming MP, on your behalf about your pending claims under the *Safety, Rehabilitation and Compensation Act 1988* (SRCA). Your correspondence has been referred to the Department of Veterans' Affairs (DVA) for response due to the forthcoming Federal election.



With the recent announcement by the Prime Minister, the Australian Government is in a 'caretaker role' and decisions are not taken, or advice given, that would bind an incoming government.

You lodged liability claims under the SRCA with DVA on 21 August 2015. Most of these claims were finalised on 6 June 2016, with two claims remaining under investigation. DVA wrote to your treating specialist, Dr Ng, on 6 June 2016, seeking further information. None of these claims have been determined within the DVA target timeframes of 120 days and the delay is regrettable. I understand that the diagnostics and causation in your claims are fairly complex, with the presence of conflicting medical evidence. Decisions on these remaining liability claims will be made as soon as investigation is completed.

I hope you can appreciate that all claims are carefully examined and investigated. This is not because of any doubt with regard to the truth of any individual claim, but in order that the integrity of the compensation system be maintained.

I can advise that there are no other pending matters for you with DVA at this time. Your claim for Permanent Impairment was initially determined on 22 July 2015 and consequently affirmed at an internal reconsideration on 16 December 2015. No further appeal has been received in relation to this matter.

Incapacity Payments have been made to you recently and DVA continues to assist you with vocational rehabilitation.

DVA understands that the various Acts it administers can appear complicated and overwhelming to clients and considerable funds and resources have been invested to try to

Internet [www.dva.gov.au](http://www.dva.gov.au)

*Saluting Their Service*

**Attachment B: Final Medical Board Minutes. Stating Constitutionally responsible due to service**

Department of Defence

## MINUTE

22/132074

63855

DGCM - for approval  
SO SUPER2 - for completion of Form D42  
DSCM - for attachment of PH14  
DNSC-I - to note long service leave  
DSCM - for note and posting action  
DGHHS - for note and records

LSEIS W.S.J. SIM  - FMS

1. The abovenamed Sailor joined the RAN on 14 Jul 61 and would normally serve until 13 Jul 92 with retention beyond this to 18 Aug 92. He has appeared before a Board of Final Medical Survey on account of one medical disability.

2. By Medical Board

The Board has found the following in respect of the disability:

Constitutional; due to and aggravated by Naval Service;

and has determined that the member is medically unfit for naval service.

The Board recommends that the member be discharged Invalided:

"Medically Unfit for Naval Service".

The Board finds that the total present disability amounts to 20% Naval.

3. By DNS-N

The findings, determination and recommendations of the Board are agreed. It is certified that:

- a. His condition is not due to his own wilful act.
- b. The requirements of ABR 1991 Paragraph 1003 and 1011-1015 inclusive have been satisfied.

- c. Appropriate authorities have been consulted and the requirements of DI(N) PERS 43-8, Annex G Paragraph 2 have been satisfied.
- d. A signed statement by the sailor held in this office confirms that he has no representation to make against his discharge.

23 Jul 92

**Attachment C: Final Medical Board**

NAME: SIM, W.S.J.

RANK: LSETS

OFFICIAL NUMBER S132074

**NOTICE OF RECOMMENDATION OF BOARD OF FINAL MEDICAL SURVEY**

1. You appeared before a Board of Final Medical Survey, convened at HMAS PENGUIN on 23 JUNE 1992 of which I was the President. The Board considered your state of health, and as a consequence, your fitness for continued service in the Royal Australian Navy. As a result of this determination and after discussion with you, the Board has decided to recommend that you be discharged as Medically Unfit for Naval Service.

2. The Board has made its Recommendation because the condition which you have, namely:

AUTOIMMUNE ARTHROPATHY

renders you unfit for sea service. A requirement of all serving personnel in the RAN is that they continue to remain fit for sea service, or evidence must exist which indicates that personnel will be fit for sea service in the near future.

3. Other matters were discussed with you by the Board, and I record these points for your future reference:

- a. The Board is making recommendations which have to be confirmed in Navy Office before a Discharge Date can be set. You are given two weeks to appeal against them if you wish. After this, the final Medical Survey papers will be sent to Navy Office. Their processing then usually takes from three to six weeks, and the final discharge date decided on takes into account your leave and resettlement entitlements. You should allow for this when planning your moves in the immediate future.
- b. The responsibility of the Navy to provide medical care for you ceases on the day that you are discharged. You are therefore advised to ensure that you are adequately covered for future health care. You will be eligible for membership of Naval Health Benefits Society at the time of discharge. You are advised to apply when you are informed of your date of discharge, or earlier.

- c. After your discharge, a copy of your service Medical History Documents can be made available to your civilian Medical Practitioner. You should forward to the Director General, Naval Health Services, your signed request, stating your full name, your service number, the date of discharge, and the full postal address of the practitioner to whom you wish the documents sent. You should address your request to:

Department of Defence (Navy Office)  
PO Box E33  
Queen Victoria Terrace  
CANBERRA ACT 2600

- d. Your condition should not alter your expectation of life, with the proviso that you abide by qualified medical advice for the management of your condition.
- e. You have been advised that the Board considers that it is in your best interests that you try to minimise the effects of your condition by not seeking employment or engaging in activities that involve the following factors -

physical effort including severe or moderate  
respiratory or cardiac strain or physical exertion,  
general muscular activity and agility,  
cold  
vibration  
rapid climatic changes  
inimical work arrangements such as irregularities due  
to shift work, high pressure periods etc

Please note that work involving these factors may worsen your condition, and thus may prejudice any further assessment that the Navy should accept further responsibility for your care.

- f. Please also note that traffic accidents, sporting, injuries, or disciplinary offences in the period prior to your final discharge date may prejudice any, or all, of your entitlements and possibly the discharge date.
- g. You are to consult the Resettlement Officer on completion of this Board. He LEUT SOUTH and you are to make an appointment to see him at the first available opportunity. His extension is 285. A List of your recommended occupational restrictions will be forwarded to him. Navy Office determines your entitlements, and, when these are known, he will explain them to you.

- h. As a result of Navy Office's determination of your degree of permanent incapacity, you may be entitled to an invalidity benefit from the Defence Force Retirement and Death Benefit Authority (DFRDB) or the Military Superannuation & Benefits Scheme (MSBS). This will depend on confirmation, or even redetermination, of your permanent degree of incapacity for civilian employment, by the Navy Office and by the DFRDB Authority or MSBS themselves. The class of benefit awarded depends on the percentage of incapacity. The benefits are detailed at Enclosure 1. to this letter.
- i. You have made a claim under the Veterans Affairs Acts (or Repatriation Acts) which may result in an entitlement to benefits and/or a pension. The pension entitlement requires that the incapacity is accepted as having arisen out of, or materially aggravated by or attributed to your Defence Force service. The Department of Veterans Affairs will determine the acceptability of your claim independently of the Navy. You may be required to see such Medical Officers and Specialists as the Department requires to make a decision in your case.
- Classes of Veteran Affairs pensions are notated at Enclosure 2. to this letter.
- j. You have made a claim under the Commonwealth Employees Rehabilitation and Compensation Act 1988 (CERC Act) details of which are contained in DI(N) PERS 9-1. As a result, you may be entitled to compensation.
- Details of the form of compensation are at Enclosure 3 to this letter.
- k. It is emphasised to you that this Board does not determine any entitlements that you might have from the DFRDB Authority, MSBS, the Department of Veterans Affairs or COMCARE. These will be decided elsewhere as detailed above in this letter. Please note that this letter does not imply any guarantee of any entitlement, or of Navy Office acceptance of the Recommendations.



4. If you wish to make representation as to why the Board's recommendation should not be accepted, you are to do so within 14 days of the date of this notice by completing the attached "pro-forma" letter and returning it to the Survey Department. You may consult a service Legal Officer, or have another person or persons assist you in drafting your response as to why you wish to appeal and this should be attached to the "pro-forma" letter.

5. Finally, if there are any aspects of the Board, its Recommendations, your physical or psychological condition, of which you may be unsure, please do not hesitate to contact me.

Medical Officer in Charge

Enclosures:

1. Benefit Entitlements under the Military Superannuation Benefits Scheme (MSBS).  
Benefit Entitlements under the Defence Force Retirement and Death Benefits (DFRDB) Scheme.
2. Veterans' Affairs Pensions.
3. Commonwealth Employees Rehabilitation and Compensation Act 1988 (CERC ACT) Benefits.
3. Veterans' Affairs Pensions.

ENCLOSURE 2 TO  
FMS LETTER  
DATED 23.5.1972

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## Veterans's Affairs Pensions

The classes of Veterans Affairs pensions are as follows:-

- (i) The general rate - payable in varying amounts from 10% to 100% of the maximum according to the assessed degree of incapacity.
- (ii) The intermediate rate - payable when the member can only work part time.
- (iii) The special rate of "Totally and Permanently Incapacitated (T&PI)" for the member who is that.
- (iv) In addition, the Department pays for the medical treatment of accepted conditions.
- (v) Veterans Affairs pensions are administered by the department's branch office in each state. Further information can be obtained from these offices, and the branches you will probably find relevant are/is:

Deputy Commissioner  
Department of Veterans' Affairs  
Box 87A GPO  
MELBOURNE 3001

The Argus Centre  
300 Latrobe Street  
MELBOURNE 300

Telephone: 03/284 4000

Deputy Commissioner  
Department of Veterans Affairs  
Box 3994 GPO  
SYDNEY 2001

Grace Building  
77 York Street  
SYDNEY 2000

Telephone: (02) 290 7777



Deputy Commissioner  
Department of Veterans Affairs  
Box 651 GPO  
BRISBANE 4001

Australian Government Centre  
295 Ann Street  
BRISBANE 4000  
Telephone: (07) 225 0122

Deputy Commissioner  
Department of Veterans Affairs  
Box 1762 GPO  
ADELAIDE 5001

Telephone: (08) 223 4868

Deputy Commissioner  
Department of Veterans Affairs  
Box F352 GPO  
PERTH 6001

11-13 William Street  
PERTH 6000

Telephone: (09) 21 0131

Deputy Commissioner  
Department of Veterans Affairs.  
Box 481E GPO  
HOBART 7001

6 Kirsway Place  
HOBART 7000

Telephone: (002) 20 5011

Deputy Commissioner  
Department of Veterans' Affairs  
PO Box 42496  
CASUARINA 5792

Suite 5  
Monterey House  
247 Trouwer Road  
CASUARINA 5792

Telephone: (089) 27 0044

ENCLOSURE 3. TO  
FMS LETTER  
DATED 23 2010 76

Commonwealth Employees Rehabilitation and Compensation Act 1988  
(CERC ACT) Benefits

- (i) Compensation may be in the form of weekly payments, or may be of a lump sum, or may pay for medical expenses incurred in the treatment of your condition, as determined by the Board.
- (ii) These benefits are assessed for personal physical or mental injury arising out of, or in the course of a member's service. Claims are also eligible for the aggravation, acceleration or recurrence of a disease in which service is, or was, a contributing factor.
- (iii) The amount of a benefit paid is taken into consideration when deciding a benefit under the Veterans Affairs Act.
- (iv) Assessment and determination of your eligibility is independent of Navy Office decisions. You may be required to attend such Medical Officers and Specialists as are deemed necessary to determine your eligibility for a decision to be made in your case.
- (v) Compensation claims and benefits are handled by the Defence Regional Offices in the various states. You may obtain further information from the nearest Regional Office, and the addresses of the relevant offices for you is/are

Regional Secretary  
Department of Defence  
Attention: Compensation Section  
PO Box 706  
DARLINGHURST 2010  
Telephone: (02) 266 2280

2-3

Regional Secretary  
Department of Defence  
Attention: Compensation Section  
MELBOURNE 3001

TELEPHONE: (03) 282 6874

Regional Secretary  
Department of Defence  
Attention: Compensation Section  
Keswick Barracks  
KESWICK 5053

Telephone: (07) 226 2627

Regional Secretary  
Department of Defence  
Attention: Compensation Section  
GPO Box D173  
PERTH 6001

Telephone: (09) 323 7211

Regional Secretary  
Department of Defence  
Attention: Compensation Section  
Anglesea Barracks  
HOBART 7002

Compensation Section  
Department of Defence  
PO Box E33  
Queen Victoria Terrace  
CANBERRA CITY ACT 2600

## Attachment D. Extract from DVA site showing length of time for claims to go through

Claim Number	Claim Type	Condition	Received	Determined or withdrawn
SIM0097-01	Permanent Impairment	Multiple Injuries. Auto Immune Arthropathy	30/03/2015	16/12/2015
SIM0097-08	Liability for Injury or disease (SRCA)	Multiple Injury Degenerative Arthritis (Wrists, Elbows, Shoulders, Ankles, Knee, Fingers, feet, Lwr Back,	26/05/2016	01/08/2016
QSM13518/103	Needs Assessment	CLAIM FOR NEEDS ASSESSMENT- ISH 05/08/2016: FORMER MEMBER, INCAP/PI/REHAB REQUESTED. PI REGISTERED. KE	25/05/2016	15/08/2016
SIM0097-07	Liability for Injury or disease (SRCA)	Depression	25/01/2016	06/06/2016
SIM0097-03	Liability for Injury or disease (SRCA)	Multiple Injury Degenerative Arthritis	21/08/2015	06/06/2016
SIM0097-04	Liability for Injury or disease (SRCA)	Right Wrist Scapholunate Diastasis Sequela to Autoimmune Arthropathy	21/08/2015	06/06/2016
SIM0097-05	Liability for Injury or disease (SRCA)	Left Wrist Scapholunate Diastasis Sequela to Autoimmune Arthropathy	21/08/2015	06/06/2016
SIM0097-06	Liability for Injury or disease (SRCA)	Tibia Brake due to R Ankle Parable	21/08/2015	02/08/2016
SIM0097-01	Incapacity Payment	Multiple Injuries. Auto Immune Arthropathy	18/05/2015	16/12/2015
SIM0097-01	Incapacity Payment	auto immune - overturn VRB	16/12/2015	18/03/2016
NSM13768/106	Needs Assessment	NEEDS ASSESSMENT - SRCA RECON (SIM0097-01)	13/02/2015	10/04/2015
SIM0097-01	Liability for Injury or disease (SRCA)	Multiple Injuries. Auto Immune Arthropathy	09/03/1992	11/02/2015

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