Submission to the Productivity Commission inquiry into Compensation and Rehabilitation for Veterans, by R.P. Redenbach

I was an infantry soldier for 6 years in the Australian Regular Army. After serving overseas as a Junior NCO, I was medically downgraded due to service-related injuries and subsequently discharged as Below Medical Standards. The Directorate of Military Medicine has since acknowledged that the delegate of the Chief of Army under Defence (Personnel) Regulations (DPR) 99 has determined I could have justifiably been discharged under Australian Military Regulations (AMR) 176(1)(h) 'medically unfit'.

Since leaving the army I have gone on to earn a Master of Arts (with Distinction) with studies in counter-terrorism and post-graduate law. I also completed Executive Education at Harvard. These statements of fact are not intended as a boast, rather they provide background to the fact that despite a successful tertiary post-military education I have found the process of dealing with DVA extraordinarily difficult.

Over a period of many years I have experienced every phase of the veteran claims process, including s31 reviews, VRB (on multiple occasions) and the AAT. I have had claims accepted under VEA, yet simultaneously rejected under DRCA (formerly SRCA, and not to be confused with MRCA), while other claims have been accepted under SRCA and DRCA and rejected under VEA.

Along the way I have had to get a second mortgage on my home to obtain legal advice. In theory, the claims process is free for veterans. Analysis of published AAT Bulletin archives statistically shows, however, that veterans who do not have paid legal representation have particularly poor prospects of achieving a successful outcome. Of course, there are legal providers who advertise 'no-win, no-fee' services for veterans, but in my experience they have been predatorial parasites. (Among others, a Canberra-based solicitor I hired started off as a 'no-win, no-fee' provider but, over time, introduced relatively small fees that he claimed were needed to progress my case. $30,000 later I was no better off and only then did I cut my losses and start afresh with a new legal team consisting of a solicitor and a barrister . . . hence, the second mortgage on my home.)

I have lost count of the episodes of ineptitude, indifference and incompetence demonstrated by not just representatives from DVA, but also from the Commonwealth Superannuation Corporation.

By way of a single example, the following illustrates my point: I have a hip condition that according to a DVA approved orthopedic surgeon is related to a knee injury I sustained while taking part in military parachuting. Earlier this year I applied to DVA to have the hip condition accepted as service-related under VEA. My application was rejected because, and I quote, ". . . other factors contained in the Statement of Principles do not apply in [my] case." Interestingly, the official DVA rejection letter makes reference to "chondromalacia patellae" as being one of the "other factors" I do not have, and yet chondromalacia patellae is indeed one of my service-related conditions that has been accepted by DVA under VEA.

While I acknowledge my very low opinion of DVA may appear overly cynical, I am not alone in my view.

If you have not already done so, you would benefit from reading: 'Care of ADF Personnel Wounded and Injured on Operations' (June 2013), 'Mental health of Australian Defence Force members and veterans' (March 2016) and 'Review into the Suicide and Self-Harm Prevention Services Available to current and former serving ADF members and their families' (March 2017).

Here is a small sample of the (many similar) findings from those reports:

> *Slater & Gordon Lawyers describe "witnessing Veterans being drawn into a system of combative legislation with a bureaucracy of Departments shifting responsibility. My team can attest to the voices of other Veterans advocates and ex-service organisations that lodging claims . . . for compensation and treatment of physical and mental issues is 'like going through a meat grinder, it grinds you up'."*
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> *The Senate committee received "considerable evidence regarding the difficulties that many veterans, especially those struggling with mental ill-health, have when seeking assistance from DVA, and the detrimental impact that the claims process can have on their mental health."*
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> *The support group, Soldier On, highlighted the overwhelming nature of the DVA claims processes, noting that it "routinely aggravates existing mental health conditions."*
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> *The RSL told the committee that the "DVA Compensation process complicates, aggravates and perpetuates the psychological distress suffered by veterans."*

The more I am forced to deal with DVA the more I am left with the dominant impression that the experience itself of dealing with DVA doesn't just aggravate or perpetuate mental illness, it actually generates mental illness (see Category 2 Stressors of RMA Statement of Principles No. 23 of 2016).

Whether it is by design or by default, the practical outcome of DVA obfuscation is that it serves as a type of campaign of attrition. Veterans are forced into a combative and seemingly deliberately drawn out process where 'the system' is geared in such a way that too many veterans eventually give up or, in tragic cases such as Jesse Bird, see suicide as the best solution.

Clearly, something has to change.

The current system is seriously flawed.

Improvements would start by applying the following principles:

1) De-clutter the confusion between the various Acts. For example, if a veteran has a condition accepted under one Act (such as DRCA) and he or she has qualifying service under another Act (such as VEA) then it should be automatic that his or her condition is accepted under both acts.

2) Empower veterans to be able to choose medical specialists rather than having to report to specialists of DVA's bidding. My experience mirrors those of other veterans who hold the view that DVA actively participates in 'doctor shopping', i.e. DVA will subject veterans to multiple medical examinations until they eventually receive a report that strengthens DVA's ability to reject a claim – even when previous medical reports support the veteran's claim.

3) Empower DVA staff to give advice and make decisions that genuinely helps veterans. For example, when dealing with a veteran who – because of less than polished research and communication skills – struggles to navigate the labyrinth of DVA bureaucracy, there should be dedicated specialists within DVA whose role is to help them. Telling the veteran to "go to your local RSL and see if someone there will help you" falls far short of applying a true duty of care.

4) When asking for submissions from veterans, DVA should proactively reach out to the full veteran community via DVA's data base. At the time of writing this I am one of fewer than thirty veterans who have provided a submission to the Productivity Commission. In my case, it was only because I have an ongoing dispute with DVA that a point-of-contact there (perhaps through exasperation or good intentions, or both) made me aware of the Minister for Veterans' Affairs Darren Chester's initiative to seek submissions. It is unrealistic (or complacent) in the extreme to expect a Media Release posted on a single page of a multi-page government website to attract any attention from the wider veteran community or from the media generally.

Sincerely,

R. P. Redenbach
1 June 2018