



VIETNAM VETERANS' FEDERATION OF AUSTRALIA NATIONAL PRESIDENT REPORT APRIL 2022

Suicide

Fussing around on the surface of the problem will not reduce ADF suicides in the long run; the government and DVA must bite the bullet and fix the structural and systemic problems in the Repatriation system.

In November 2021 we made a presentation to the Royal Commission into Defence and Veteran Suicide round table conference for ESO representatives.

This is what we told them.

‘We believe that without solving the following structural and systemic problems, permanent remedy is impossible.’

First Issue:

Once it became normal for military personnel to be deployed 4,5, 6 and more times to Afghanistan and elsewhere, it was clear to us there would be a tsunami of trouble in the years after the fighting was over. It was simply inevitable.

DVA's failure to accept and plan for this seems to have been caused by their naïve assumption that whilst the war was being fought, no large numbers of veterans were coming forward with problems. Of course, as everyone else understood, the military personnel were bottling up their problems, so as not to miss a redeployment. Then, when the war was over, they began hitting the wall in droves.

But DVA could not be told so they were ill-prepared.

And there is the question of *why* military personnel, particularly from the combat units, were redeployed, time after time, sometimes without even the recommended gap between deployments.

Should the government have raised another SAS Squadron and another Commando battalion so redeployments of individuals would be kept at a reasonable level?

Was the government just waging war on the cheap to the detriment of those who fought?

Does this make the government and its accountant advisors partly responsible for so many suicides?



Second Issue:

Three 2005 government studies examined the health of Vietnam veterans.

The most important of these compared the death rate (mortality) of National Servicemen who were sent to fight the war in Vietnam with those National Servicemen who were kept in Australia.

These two National Service groups were, of course, very alike groups having been selected by the same process. So comparing them made statistical sense.

The difference in mortality between the two groups turned out to be significant.

Overall, the mortality rate amongst those National Servicemen who were sent to Vietnam was 23% higher than those who were kept in Australia.

Most importantly for the Royal Commission, those who had fought the war had a 43% higher suicide rate and 31% higher rate of motor accident deaths (the latter often a form of suicide).

This clearly showed a simple truth: fighting a war increases the combatants' risk of later suicide.

Another vital statistic emerged.

Overall, the mortality rate of National Servicemen who served in Vietnam was 19% lower than their peers in the general population.

How can this be explained?

The selection process for recruits was thorough. Anyone with a hint of a physical or psychological condition was not selected.

So National Servicemen formed a much healthier group than their peers in the general population.

This meant they could be expected to have a much lower mortality rate including a much lower suicide rate; so much lower, it turned out, that even fighting a war was unable to rise their suicide rate above that of their peers in the general community.

But in 2015 when the suicides of Iraq and Afghanistan veterans became an issue, these clear-cut facts were ignored.

Statements were made by spokespeople for the Department of Defence and DVA that, tragic as veterans' suicides were, their rate was no more than their peers in the general community, implying that their military service had no part in it.

They were, of course, wrong twice.

Firstly, regardless of what statistics they might have dug up, the Vietnam example showed fighting a war **does** increase the individual's risk of suicide. Secondly, even if ADF suicides were at no greater rate than that of their peers in the general community, it was a matter of concern because that suicide rate should have been very much lower.

As it happened, those suicide statistics were, over time, revised upwards, showing the ADF suicide rate eclipsing even their civilian peers.

It was only then that the Department of Defence and DVA linked the high suicide rate with ADF service, having wasted valuable years.

We would ask that the Royal Commission keep these two salient facts in mind.



Commissioners at work
The Hon James Douglas QC, Mr Nick Kaldas APM (Chair), Dr Peggy Brown AO



Afghanistan war veteran Jesse Bird committed suicide on 27 June 2017 aged 32.

'significant failures by the Department of Veterans' Affairs (DVA) that increased his risk factors'...

Third Issue:

The suicide of Jesse Bird exposed the failings of the Repatriation System..

Whilst Jesse's suicide was preceded by DVA bungling and dysfunction, there was, and remains, a deeper problem.

Sick veterans from more recent wars, as exemplified by Jesse Bird, can be kept waiting for a year or more for a decision on compensation because they must wait to establish their condition is stable and permanent, a very long wait for the traumatised. It is a process that makes many veterans sicker.

DVA justifies this torturous wait by saying we must not discourage rehabilitation by granting compensation too early. DVA justifies this often tortureous wait by making the obvious point the best outcome for a sick veterans is economic rehabilitation; that is, for the veteran to recover so they can return to full time work.

Of course, that is true. But it misses the point that very many war traumatised veterans, no matter how long they are kept waiting, no matter what rehabilitation they may receive, no matter to what sporting events they may be sponsored, will never again be able to rejoin the normal workforce.

Keeping them waiting so long for a decision on compensation can be itself traumatic.

The need to wait so long is a relatively new feature of the Repatriation system. It replaced a workable, more humane system which was tried and tested over decades.

Under legislation governing Vietnam veterans, TPI compensation is granted by a medical judgement that the veterans' condition is permanent and veterans' capacity to work is limited. Under this system compensation has been granted much more quickly.

And, under this system, if the Vietnam veteran pensioner, after some time, believes his condition has unexpectedly improved so much that he can reenter the workforce, he can apply to the Veterans' Vocational Rehabilitation Scheme (VVRS) to do so. Under this scheme the veteran is taken off the TPI pension but left on 100% of the General Rate and he returns to work.

If later the veteran's condition deteriorates, he can cease work and return to the TPI pension.

This old but good system avoids the often destructive wait that younger veterans must suffer, yet allows a return to work for the few who unexpectedly recover.

But for so many veterans, economic rehabilitation is simply a fantasy. What we should be focusing on is social rehabilitation and this starts with a modicum of financial rescue with a TPI or equivalent pension.

Giving such veterans fast financial peace of mind and encouraging them through VVCS and veterans' organisations to reenter society, should be the priority. It is certainly better for their mental health.

The current system is harmful and should be replaced by its predecessor.

Fourth Issue

There is a long history of backlogs of veterans' disability pension claims building up.

This is a separate but additional factor in making veterans wait unreasonably long times for a decision on their claim, causing anxiety in many already suffering war caused anxiety.

In recent times, it can be months before a claim is even looked at.

A full year seems to be the standard time for an uncomplicated decision.

Leaving sick veterans waiting for so long for a decision so vital for their future life is not only cruel but could well be a factor in decisions to suicide.

The current unacceptable backlog is several years old.

Fifth Issue:

There has been much talk of creating a smooth transition for injured and sick ADF members between their military service and being looked after by DVA.

And we believe such a smooth transition must reduce aggravation encouraging suicide.

But even recently we had an instance of the Navy discharging a sailor before the link had been secured.

It is important that this dysfunction should cease.

Lastly:

There is a mistaken view being expressed in some circles that many veterans' suicides have nothing to do with their war service. Causes such as family difficulties, financial concerns, alcohol consumption are cited.

But these proximate causes may well be within a context of reduced ability, caused by the trauma of war service, to cope with the stresses of life. Indeed, it is probable that this is the case.

It should be assumed, then, that in any suicide by a war veteran, their war service is a factor.

Other relevant points made at the Round Table:

- There should not be three Acts covering veterans, compensation. It makes the system many times more complex and time consuming than necessary. Our concern about combining them, is that, going on past performance, the DVA will pick the worst aspects of each rather than the best

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- There is a high rate of Suicidality amongst Vietnam veterans as well as their spouses (see the work of epidemiologist Brian O'Toole). It must be remembered that for a veteran to be healthy, he/she needs to be supported by a healthy family..
- Any centralizing reorganization of Advocacy should have appropriate veterans' organisations (those who are expert in the field) well represented in the governance structure. It should not be governed only by DVA.
- Professional soldiers are not paid market rates for the danger they face; nothing like it. Soldiers, after a tour in Afghanistan were being offered three and four times their army pay to join commercial security organisations. So any claim that our military personnel are paid upfront for the dangers they face is nonsense. There should therefore be no hesitation in compensating war caused injury and illness generously and quickly.■



The famous 'Image of a Dead Man' by Vietnam veteran artist Ray Beattie