



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



**THE SENATE**

**COMMITTEES**

**Foreign Affairs, Defence  
and Trade Joint Committee**

**Report**

**SPEECH**

**Monday, 24 June 2013**

BY AUTHORITY OF THE SENATE

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## SPEECH

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**Questioner**  
**Speaker** Fawcett, Sen David

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**Senator FAWCETT** (South Australia) (17:15): I also rise to take note of the Defence subcommittee of the Joint Standing Committee on Foreign Affairs, Defence and Trade inquiry into care for wounded soldiers. I wish to thank the Department of Defence but particularly the servicemen and women who, in some cases, allowed us into a fairly intimate part of their lives and talk with them about the treatment they received. I wish to note the significant investment in advances the Defence department, particularly Army, has made in the area of caring for wounded soldiers.

The 3 Brigade commanders, particularly, sponsored and personally intervened and made resources available for the operation of the soldier-recovery centres. It is an initiative that has clearly paid off for the servicemen, women and families who have been affected, and I commend them for that. South Australia's 7RAR has serving men and women and RAAF Base Edinburgh has its RAAF servicemen and women. I encourage Defence not to forget to support the networks that are there in South Australia and the good work that is done for veterans. It should provide the same kind of support it does for soldier-recovery centres in the other 3 Brigade Headquarters areas in South Australia.

The issues of post-traumatic stress, depression, anxiety and, in some cases, alcohol abuse that has accompanied the wounds of some of these soldiers have received a significant increase in attention, which is very pleasing to see. These sometimes take a period of time to surface. In the culture we have—and we saw this from a number of young servicemen who said that they wanted to continue to serve with their mates—soldiers suppress pain from physical injuries and pain and relational issues that come from mental-health injuries so that they can go on further rotations. Some of these issues will take time to come out. So my plea for the community and particularly for the Defence department, as we move beyond the period of conflict, is for the focus to continue and develop so that families and those who have served have the opportunity to put their hands up and receive the same kind of focused help that we are getting for those servicemen and woman right now, during the conflict.

The last point I make is for DVA. I recognise that they have made a number of steps forward, particularly to work with Defence, in the smoother and more effective

transition for servicemen and women who have to leave the service because of injury, but we are still seeing a number of people who have left the service without identifying that they have a medical problem—and that surfaces some years down the track. Many of them are still going through a harrowing experience. I have had correspondence from a number of them. One man and his wife were quite open about the fact that this has put an incredible stress on their marriage and family. And DVA, at the end of a two-year process, has finally said, 'Yes, you were right. You are entitled to everything you have asked for.' That should not be

Someone who has served their country and been wounded as a consequence, whether in terms of mental health or physical wounds, should get support far more quickly. If we are still putting servicemen and their families through a two-year process that is causing them unnecessary angst, then that is still not good enough. We need to continue to work to improve that system of assessing and recognising claims. We had some interesting suggestions. Susan Neuhaus, a surgeon in South Australia who has a long service history herself, came up with some quite different suggestions around a continuum of Commonwealth care and the ability for somebody to receive care through DVA if they are a veteran, regardless of the status of their claim.

I would commend the departments, both DVA and Defence, to look carefully at the recommendations and put the resources into the modelling that was requested in terms of the true cost of that to the Commonwealth. Veterans need to be able to put their hand up and say, 'I need care' and then receive care on a continuous basis, with a focus on the best interests of themselves and their families. If we get that outcome from this report, it will have been a few months very well spent. I commend the report to the House and I seek leave continue my remarks.

Leave granted; debate adjourned.