

Dear Chair and Members,

1. I would like to share with you some aspects of DVA policy and certain events that have greatly impacted on my life and quite possibly hundreds if not thousands of other Veterans. I apologise in advance if my submission is seen as rambling and not concise. I am afraid my report writing skills have atrophied since my time in the military and the points raised cut quite close to the bone in most cases. This leads me to include way too much detail and my anxiety at missing something out makes me continuously revise and add content, often breaking the flow of a section. But hopefully you will be a forgiving bunch.

2. I have also pursued many of these points with various Ministers for Veteran's Affairs since 2005 which is when I first really became aware of the detrimental changes that successive governments had been applying to the SRCA and VEA. I have raised these points with both Ministers and Shadow Ministers. Responses from Ministers were in the whole dismissive, condescending or misrepresentative of the actual situations experienced by Veterans. The exception being the second to most recent Ministers response (sorry we have had so many I have lost track of names) which hinted at change though with very little detail. Anyway no change has yet been delivered that I am aware of. Please feel free to look at my earlier correspondence to Ministers and the resulting responses. They should all be on file at either DVA or the Minister for Veterans' Affairs Office.

3. To start with I am greatly concerned with the major disparity in compensation payments between Safety Rehabilitation and Compensation Act (SRCA/DRCA) and Military Rehabilitation and Compensation Act (MRCA) recipients. (Issues Paper section 4 paragraph 2 point 1)

3.1 The present large and growing disparity between SRCA and MRCA compensation payments has lead to what can only be described as second class Veterans. This financial discrimination lessens the value of our contributions, lessens any sacrifices a Veteran may have made for "our" country and lessens ones self worth and esteem. This financial discrimination leads to both financial and psychological stress for SRCA recipients and their families. Stress in any form can lead to or hasten the onset of depression and ultimately the taking of ones life. Would you be happy knowing your service was valued less than another ex service member not because of what you had achieved but just because of the date of your injury?

3.2 The Review of Military Compensation Arrangements Report was released on 18 March 2011 and did compare the benefits of the SRCA with the MRCA. It noted at paragraph 20.13 of volume 2 that "it is estimated that more than 90% of claimants will receive a higher benefit under the MRCA that they would have otherwise received" (under the SRCA). However rather than look at the benefits of paying SRCA recipients a higher rate of compensation and improving the recipients and their families quality of life the view was taken that it would be too expensive (paragraph 20.47). This would seem to be the tone taken throughout the report and was very disappointing to Veterans who felt,

yet again, that the Government that put them in harms way was not willing to compensate them for the damage the Governments decisions were ultimately responsible for. The government was again cutting corners at the expense of Veterans.

3.3 The Nitty Gritty. The disparity between SRCA and MRCA compensation payments exists because of the different ways of calculating base compensation and that MRCA recipients get a Remuneration Allowance of some \$7900 a year paid to them. SRCA recipients do not receive this \$7900 allowance even though they suffer the same loss of amenities that MRCA recipients suffer.

3.4 The October 2001 SRCA amendment de linked SRCA compensation payments from Military Salaries and instead instigated a yearly WPI increase. The MRCA came into effect in 2004 and adopted the military pay scale linked method (same as the SRCA pre October 2001) of calculating compensation as this was seen as best practice. That is individuals received the same pay increases that their peers who had not been injured were given. No change was made to revert the SRCA to Military Salary linked payments.

3.5 Every year the Military pay scales increase by greater than WPI the gap between the two compensation payments increases as well. That is 15 years of compounding difference thus far and the gap just keeps getting larger and larger. I am an SRCA compensation recipient and my calculations in 2008 put the difference at over \$15 000 per annum for myself and growing each year. Plus, of course, I do not receive the over \$7900 per annum Remuneration Allowance MRCA recipients receive.

3.6 The MRCA method for calculating compensation is the same as the SRCA method before the 2001 amendment took effect and is definitely the simpler method. It is transparent and recipients can actually check to see if they are being paid the correct amount quite readily. Under the SRCA checking if your payment is correct is almost impossible for the recipient and would take days of work for a top notch DVA staffer with full access to pay and reporting archives. Here are examples of what you would need to do to confirm your compensation amount under both the MRCA and the SRCA.

For MRCA:

- a. You take your discharge rank and pay grade and references it against the current ADF pay scales (Google will find these) include any qualifying allowances and hey presto you have the basic amount you are compensated;
- b. Then take off the percentage for the "step down" (presently up to 25%); and
- c. Add in the remuneration allowance (presently \$7900) and that is it.

3.7 If you want to check your outcome you just have someone follow the above steps. So all Able Seamen Pay Grade 4 Submariners will get the same base amount no matter how long they have been out of the Navy. That means the maximum total number

of "different" base compensation rates is probably around the forty to sixty mark with a few quirks regarding permanent allowance recipients (submarine allowance and the like). The same size as the ADF pay scales which fits onto 2 x A4 sheets with space to spare.

3.8 The SRC method is just asking for trouble as any increase has to be manually applied to each individual compensation amount. That is a different very complex calculation for each compensation recipient with no reference to check if the calculations are correct. A single early error will be compounded and there is no baseline or pay scale you can check any of the many steps against. So if we have 2 000 recipients there are probably close to 2 000 different rates, 1 000 recipients and close to 1 000 different rates. An Able Seaman Pay Grade 4 Submariner who discharged in 2001 the day before an ADF pay rise will have a completely different rate to an Able Seaman Pay Grade 4 Submariner who discharged 2 days later. And an Able Seaman Pay Grade 4 Submariner who discharged a year later would have a different compensation rate when compared to the other two. Confused yet?

3.9 And where it really gets ludicrous is what you have to do to check if your calculations are correct:

- a. Go back to when the veteran left the service and locate the pay scales for that year (in most cases Google will not do this);
- b. Check to see if the veteran should have increments applied or not (this may include looking up performance reports from Defence Archives);
- c. Check if the Veteran was eligible for any allowances (under the legislation existing at that time - again Google will most probably not help you);
- d. Work out their final pay amount at October 2001 (Amendment date) if they discharged before October 2001 or their final pay amount at actual discharge date if they discharged after October 2001;
- e. Manually apply each and every WPI percentage increase from 2001 or discharge date after 2001 till now (at the moment a maximum of 15). These are separate indexations for each year that need to be applied to each recipient and that number will grow with each passing year; and
- f. Finally take off the percentage for the "step down".

3.10 I really do doubt that this is done very often (if ever) or very competently by our overworked DVA staff. I also wonder if it is mandated somewhere that checks are to be carried out on a percentage of compensation recipients each year and if this is happening?

3.11 In fact one of my AAT challenges concerned the wrong calculation of my initial rate of compensation and DVA had major problems calculating my back pay because of the complexity of the system. More on that later.

4. Next I would like to look at the costs involved with challenging faulty DVA decisions, the lack of compassion and empathy in making these decisions and the way DVA actively pursues all available avenues to stop a persons compensation payments, including doctor shopping. (Issues Paper section 4 "claims and appeals process")

4.1 Around 1999 to early 2000 I was advised by an RSL advocate that I should apply for a DVA gold card and Totally and Permanently Incapacitated (TPI) status from DVA as this would give me a fall back should DVA ever decide to reject my accepted SRCA claim for work related stress and depression. At the time I did not understand that DVA had a reputation for attempting to have claims overturned, but luckily for me the RSL advocate had experienced this sort of DVA behaviour in the past. I put together my application for TPI status with the help of the RSL advocate and submitted it to DVA. Some time later DVA rejected my claim which left me very despondent and confused, noting that my case was well documented and had already been accepted under the SRCA.

4.2 The RSL advocate then informed me that this was the "normal" first response from DVA and that all I had to do was get a lawyer to draft a letter to DVA pretty well saying exactly what I had said in my application and in all likelihood I would be granted TPI status. I spent under 10 minutes with an RSL recommended lawyer, paid my fees and was given a letter to take to DVA. Within a much shorter time frame than the original application took to be processed I was granted TPI status.

4.3 In my view this was a complete waste of my time and money, an RSL advocates time and DVA time and money. Worse is that the RSL advocate saw this as normal practice. And please let us not forget the stress, anxiety, sleepless nights and worthlessness the initial knock back caused to me the Veteran, the person DVA is supposed to be helping. I was already in a pretty bad way with clinical depression and work related stress and really did not need this added pressure at that time or ever.

4.4 Lucky for me I listened to the RSL advocate and pursued TPI status as in 2005 DVA sent me to see a Psychiatrist in regard to my ongoing SRCA claim for service related stress and depression. This was around the 10th psychiatrist I had seen through DVA or Defence and I remember stating to my DVA manager that I found these ongoing interviews to be very disturbing as they dredged up a lot of unpleasant memories. There was a distinct lack of empathy and off I went to dredge up my past yet again.

4.5 The Psychologist instigated the interview by asking if I had heard of bi polar disorder (which I had not) and then set about asking me questions which (in his mind)

allowed him to diagnose me with that condition. In hindsight his whole interview from start to finish was solely focused on bi polar. The resulting report allowed DVA to stop my compensation payments (which they did) as bi polar disorder is not a compensable condition. I have always wondered if consulting doctors continue to be hired by DVA if they do not reject a certain percentage of applications?

4.6 In emails and phone calls I pointed out that the previous nine psychiatrists and numerous doctors and psychologists had all diagnosed me with work related stress and depression which directly stemmed from an incident on HMAS SYDNEY that was very well documented. I begged DVA to at least get another opinion noting the predominant diagnosis of work related stress and depression but they declined and my SRCA payments remained stopped.

4.7 At the time I was living in Thailand with my heavily pregnant partner and the stress levels the DVA decision to stop my compensation caused were unbelievable. DVA also declined to reimburse me for my plane flight from Thailand to Adelaide and back, even though they had threatened to cease my compensation payments if I did not attend the psychologist appointment. I was able to receive the TPI pension through this time but only thanks to the pre-emptive work of an RSL advocate as mentioned before.

4.8 Anyway, I managed to organise a lawyer to represent me back in Adelaide and lodge a claim at the AAT whose processes I knew nothing about. Then some two or so years later I flew into Adelaide to attend the AAT. This was a very traumatising experience and set my mental state back many years. We won but the problems did not end there. DVA seemed to know nothing of the AAT decision to reinstate my compensation when I phoned them from Thailand around three weeks after the AAT decision was made. At that time my compensation payments had not been reinstated nor had I received any emails or letters detailing back pay. I was then told by DVA it would be another month or more before payments would be processed as DVA had to get clearance to show I had not been claiming Centrelink benefits. I noted that I was not even in the country but again this had no effect on the DVA staff. So I phoned Centrelink myself from Thailand, explained my situation and DVA received a clearance the next day (now why couldn't they have done that). Listening to Centrelink hold music whilst watching my phone credit rapidly diminish was not much fun I can tell you.

4.9 Next came the totalling of my legal bills (some \$46 000) and the fight with DVA as to what they would pay (some \$26 000). This was a major blow as I had borrowed the \$46000 from my father (more family stress) and wanted to return the money ASAP.

4.10 So in summary DVA "doctor shopped" until they found someone to diagnose me with a non compensable condition, ignored all previous diagnosis, spent many tens of thousands of dollars at the AAT, completely mismanaged the re instatement of my compensation payments, then paid me only slightly more than half my legal expenses; whilst managing to put myself and my young family through a two year emotional and financial wringer.

4.11 The "silver lining" on all the above is that whilst looking at the back pay calculations (I am an ex Naval Supply Officer) I noted that I was being paid at the wrong increment level and that in 1998, whilst I was suffering major clinical depression, I had been wrongly docked some three months compensation for the sole reason that I was overseas. That is not a legitimate reason to stop compensation under the SRCA and is yet again another example of DVA actively pursuing any means/excuse to stop paying compensation.

4.12 I put these cases to DVA and after the normal lengthy wait was told I was wrong and did not have a leg to stand on. So back to the AAT I went, but this time I was a bit better educated and chose a lawyer who specialised in DVA cases. I provided him with all the facts and SRCA references and the AAT found in my favour and/or DVA capitulated. Either way DVA then had to work out what my back pay would be for the last 11 years. Initially they came up with around \$60 000 which I signed off on. DVA took this figure to the AAT who drew up the correct papers and then DVA backtracked and decided they had got it wrong (bit embarrassing really) and that I was to be paid only \$5 000. I informed DVA and the AAT I was not happy to sign off on \$5 000 as I believed it was incorrect. The AAT then directed DVA to try again and DVA then came back a further two or three times with different figures before a final amount was settled on and paperwork was sent back to the AAT to be signed. Of note is that the payment only included the back pay from DVA's original mistake not a component to compensate me for the loss of use of those monies for around 11 years (interest). I am sure if DVA had found I owed them 11 years of overpayments they would require both the overpayment and interest to be paid back.

4.13 Again money was spent on lawyers and my and my families emotional states were adversely affected. All because DVA would rather take the adversarial route than actually read the legislation and interpret it in favour of the client. Of note is that high level DVA staff found it so difficult to calculate SRCA back pay that the outcomes they submitted to the AAT varied by over \$55 000. Also I believe DVA then had the SRCA legislation changed to disallow other people from receiving increment increases - bit petty really.

5. Next is DART which may not be in your area of concern but is definitely in veterans sights.

5.1 I joined the RAN through HMAS LEEUWIN in 1981 at the tender age of 15. I was exposed to bullying and bastardisation, though not as badly as some Junior Recruits. I then went on to HMAS NIRIMBA as an apprentice whilst still 16 years of age and again was exposed to bullying and bastardisation. In 1986 I attended HMAS CRESWELL as a Midshipman and, you guessed it, was again exposed to bullying and bastardisation. Later in my career I served under officers who regularly belittled their juniors with the final straw being service on HMAS SYDNEY in 1995 as a Lieutenant where my mental capacity to cope was finally exhausted.

5.2 I related these incidents to DART (in much greater detail) reliving some periods of my life I would have much rather forgotten and was awarded some \$30 000 by DART in 2014 or 2015. Now I would like to compare that to the \$65 000 that was paid to the former Speaker Leo McLeary in 1990 for falling off a bike and hurting his arm. He had been warned he was too heavy for the bike yet still chose to ride it. He was not exposed to trauma over an extended timeframe and unlike bullying or bastardisation his trauma was generated through his own decisions, not through the actions of others. Yet his compensation was more than double that given to people like myself and if you factor in the intervening 25 years between payment dates probably closer to 6 or 7 times as much. This yet again makes Veterans feel like they are second rate citizens with the ones that put them in harms way again getting the much, much better deal.

6. The SRCA has also undergone a change in its medical coverage of accepted conditions. (Issues Paper section 4 "income support and healthcare")

6.1 The SRCA underwent a change to the way medical expenses were reimbursed to Veterans not that long ago (sorry I cannot locate the actual amendment but believe it was applied in 2014). The change was touted as being in the Veterans interest with all SRCA Veterans being issued Gold Cards to be used for any medical treatment of accepted conditions. This was supposed to streamline the system so that Veterans were not out of pocket whilst they awaited the processing of their claims. Nice spin, but here is the actual outcome of the changes.

6.2 Firstly the original system allowed for all medical costs associated with an accepted condition to be FULLY reimbursed. That is no co payment. So a person on six scripts a month would be fully reimbursed for those medications and not have to pay a co payment (around \$31.20 for six scripts).

6.3 The second part was that a Veteran could also buy non script items that were needed to treat their accepted condition and claim the cost of these items by submitting the receipts to DVA. For example if a person needed a bottle of antacid liquid to help suppress severe reflux they experienced due to their accepted work anxiety, they could buy the antacid that worked best for them off the shelf from a local shop when they needed it and then submit the receipt to DVA for reimbursement. This allowed the Veteran to get the relief they needed with the product that worked best for them at the time they needed it with little to no wait. Other examples could be dressings, prosthetic socks, over the counter painkillers and the like. The injury was accepted by DVA and in accepting that injury they also accepted the full treatment of that injury.

6.4 Now we have a system where a Veteran pays a co payment on all script medication AND has to get non script items via a script as well. So for the above Veteran to get his bottle of antacid he must now travel to his doctor, explain why he

needs a script to get antacid, noting that the doctor will have to phone DVA for a reference number. Then he has to go to the chemist, again explain why he is not just taking the antacid off the shelf. Wait for the script to be processed, which if the pharmacy does not have the brand and size as shown on the script can be days, then return to the chemist, pay a co payment and take the DVA accepted brand and size antacid home.

6.5 Their are quite a few problems stemming from this new, improved system. The Veteran has had to pay for a script and will not get this money reimbursed (please don't say the co payment is covered by a supplement as the supplement did not increase when scripts were brought in for all items). He has had to attend a doctor which would have involved travel and most probably involved a delay between booking the appointment and being seen. He has had to attend a chemist, possibly twice, which would have involved more waiting. He may not have received the brand of antacid that works best for him (DVA tend to only allow certain brands) and he may have had to wait for the days it took the chemist to get the correct stock in. And all of these new requirements would certainly have induced more anxiety and quite possibly a lot of pain and discomfort as he had to endure reflux whilst accomplishing all of the above. Yet this is supposed to be MUCH better than waiting a few weeks for DVA to process a claim which would have seen him fully reimbursed.

6.6 In my case it took three attempts with three different doctors till I found one that actually understood what DVA required to set up the script authority in the first place. And that was only after I organised a direct phone call with a DVA pharmacist who explained to the Doctor what he had to do. This took some time and was quite stressful. Next I was told I had to get scripts for mylantar liquid and tablets even though I explained that brand did not stop my reflux and that quick eze tablets (cheaper) and gaviscon liquid worked the best. Once I had these first scripts I presented them at the chemist only to find that they did not stock the tablets or liquid in the sizes stipulated on the script and that I would have to come back in two days. I then put my hand in my pocket and bought the gaviscon and quick eze I would normally buy as I could wait no longer.

6.7 That was a while ago and I still regularly buy my own remedies as the stress and time delays of the new improved DVA system are often too much for me to take on. If I become anxious and experience acid I do not have the time to make a doctors appointment followed by another delay if the chemist is out of the brand on the script. Waking up with acid dripping from your nose really does motivate you to attaining a remedy that works as fast as possible. DVA saves money and wins again whilst Veterans lose what was once one of the pillars of the SRCA. Or did DVA really save money? With the added doctors visits and travel costs it is probably more likely the costs just got transferred to a different part of the DVA budget.

7. I would also like to mention the following quirks of compensation, DVA and Government that are often not noted by those in power but are very detrimental to those of us unfortunate enough to be on compensation (not our choice remember). These points do affect a Veterans frame of mind, quality of life, income and overall feeling of worth.

7.1 After some 45 weeks those who are unable to work have their compensation cut by 25%. Yep if you earned \$40 000 in the Military you are now told to support your family on \$30 000. Try budgeting to cover that loss whilst keeping up the mortgage and car payments, kids sports and paying the utilities!

7.2 It would seem the 25% is levied as an "incentive" to get people back to work. All it actually accomplishes is cutting Veterans and their families standard of living by 25%. Nice saving for the Government, very hard on us. Please remember not working does not reduce our cost of living by any great margin and in some cases Veterans actually spend more to fill in their free time than they would have if still in service (think of deployments). What a 25% cut does do is put our children's swimming lessons, school camps or new shoes in jeopardy. No new cars or helicopter taxis for us! It can be the difference between saving a house deposit or not. As you can probably imagine this huge loss of income coming so soon after the onset of a disability causes major distress and hardship amongst compensation recipients and their families.

7.3 Really, if you cannot work, you cannot work and no amount of punitive measures will change that. I believe it should be the realm of doctors to decide if you are able to work not the role of bureaucrats to financially coerce unwell people into employment before they are capable. The pressures of work on an unready Veteran could actually set that Veterans recovery back and end up costing the government even more in compensation and treatment. But the Veteran has little choice if his mortgage is falling into arrears. What happened to providing incentives to get back to work rather than punishments for not being able to work? (Issue Paper section 4 para 2 point 6 "provide incentives to encourage veterans to engage in paid employment") Please do not explain this away as Veterans receiving a 25% raise for being employed. That would only work if you upped the original 100% to 125%, not going from 100% to 75% then "oh good boy here is a raise for getting work" back to 100%.

7.4 SRCA and MRCA both cover periods where people were in the same theatres under the same conditions, identical circumstances and in some cases even the same leaders. Yet compensation amounts differ greatly because of the date of their injury. The people who are being short changed fought in Afghanistan and Iraq and were present in Rwanda, Timor and Somalia. They were damaged in small training accidents and major training disasters such as the 1996 black hawk tragedy. We do talk amongst ourselves and to find out that your mate who you served next to is getting tens of thousands of dollars a year more than you is completely soul destroying.

7.5 We never receive advancement no matter how well we may have been performing prior to our injuries or how close to promotion we were at discharge. Previous Veterans' Affairs Ministers have told me this is because we cannot be assessed so do not meet the Indman (Pay and Allowances Manual) requirements for promotion. That is an uncaring response and a total cop out. Awarding an injured Veteran a higher rank/pay level is only a paper exercise as they will not be exercising or wearing the new rank but only receiving the monetary benefits. A reporting history would not be necessary and a "time in rank" method could surely be formulated. For many years some rank advancements were automatically awarded after a set period of time.

7.6 I would actually put forward that most injured personnel would have been promoted in due course but for their injuries and the present situation results in a great deal of financial and mental stress especially for lower ranks. For example an 18 year old Seaman who can no longer work will always be paid at the very low Seaman's wage he left the Navy with (well 75% of that). No matter that he may have been top of his class and would have expected to be promoted on time. He will be paid as a Seaman from 18 until he reaches retirement age or dies, which could well be quite soon noting the depressing prospect of life on this low income.

7.7 Most Australians consider employer superannuation contributions automatic and are covered by legislation that makes those contributions mandatory. Bill Shorten referred to "universal superannuation" in his LGBT speech on 12 September 2016. Yet superannuation is far from "universal" as unlike other Australians, compensation recipients are not paid any form of employer superannuation. Yep not a brass razoo! I understand that this is because the government does not consider us employed and has used this legalese loophole to wiggle out of paying to Veterans what other people take for granted. This means that a person who was damaged at a young age (take the Seaman above) will have little to no superannuation if he/she reaches retirement age. This is absolutely disgraceful. When I raised the lack of superannuation with an Honourable Member I was told we were free to contribute to private superannuation. I noted that this would be quite hard whilst being paid 75% of my 2001 salary with no promotions and as a single father trying to put together a house deposit. No further response was forthcoming from that Honourable Member.

7.8 When a Veteran sees a news report of \$80 million spent on trying to find a Malaysian plane predominantly carrying Chinese passengers, another \$150 million spent on resettling refugees or even tens of millions spent on failed Olympic or football bids we get despondent. We deduce that our service was not worth as much as any of the above in our political masters eyes. We then ask ourselves why DVA would spend \$150 million on ANZAC celebrations or \$100 million on a museum in France when we still have young LIVING Veterans sleeping under bridges or worse, dying by their own hands? Why would any Minister for Veterans Affairs think that spending DVA money on anything other than the welfare of living Veterans was a priority? Then we note the cuts to our compensation and entitlements that are sold to us as being in our best interest. Yet we see politicians of all stripes getting large pay increases, using helicopters like taxis and taking "bribes" that we would have been court marshalled for. Wasn't the true

ANZAC ethos all about looking after your mates? I am pretty sure if any of the first ANZAC's were still around they would heartily reject the idea that it is better to spend millions on the dead than the living or on unknown strangers than needy Australian Veterans.

7.9 I started a petition when it was announced that the SRCA was again to be changed to our detriment with long term compensation being cut by 5% on top of the 25% already in place.

https://www.change.org/p/the-minister-for-veterans-affairs-equal-compensation-for-all-sailors-soldiers-and-airmen?just_created=true

7.10 The announcement of a further 5% cut was exceedingly distressing, especially to those of us who are already experiencing the 25% cut from our compensation for being unemployable. To lose another 5% would have resulted in some very hard financial and emotional damage. It would have been a very low blow and may well have pushed a few more of us over the limit and into despair.

7.11 A short time into the petition I received a phone call from one of the then Ministers staff who informed me that a separate SRCA covering only ex military personnel would be legislated and would not contain the 5% reduction. He also said that the difference between MRCA and SRCA compensation payments would be studied at the same time and changes may be made to the new SRCA to bring the compensation levels closer together.

7.12 That was quite a while ago and little has been heard of this new SRCA legislation and absolutely nothing about bringing the SRCA compensation payments in line with MRCA payments. IF a new SRCA legislation is to be introduced (not just a name change) can we please speed up the process AND ensure that all compensation is linked to Military Salaries and the same Remuneration Allowance is paid to all recipients? Also a bit of back pay to cover our loses in compensation since the October 2001 amendment would be greatly appreciated. AND whilst we have this great opportunity why not look at paying superannuation to Veterans, putting us in line with every other working Australian AND axing the 1 year 25% cut and relying on our doctors to decide when people can return to work?

7.13. Lump Sum Impairment Payments under the SRCA/VEA (may just be VEA) would seem to be "paid back" to DVA as a "reduction" in entitlements which seems to go on until you actually die. Firstly why is there a requirement for an impairment payment to be paid back? And why is there no end to the payments even when the original amount has been repaid? Also why is this not fully explained by DVA when the lump sum is originally offered?

8. Last but not least I believe depression and suicide rates are increased when Veterans feel financially threatened or insecure, when they feel mismanaged or ill treated by DVA and when they are ignored by the very politicians that placed them in harms

way. Financial problems cause a loss in self worth, they cause families to break up and in doing so deny Veterans much needed family support. When DVA knocks back a claim or pays some Veterans at lower rates than others and continually makes changes to legislation that erode the "entitlements" of Veterans, you get an even greater lowering of self worth, increases in depression, family break up and suicide. When politicians ignore Veterans pleas for changes to better compensation, pensions and superannuation yet still pose for "warzone photo opportunities" and continue to improve their own benefits, Veterans feel dirty and used. When Ministers spend money on commemorations and museums in far lands whilst we still have homeless Veterans here in Australia; we can only wonder at the Ministers actual commitment to us the ones they are paid, nay sworn in, to help. Please take action to rectify the areas I have mentioned but especially the financial discrimination shown to SRCA recipients.

Thank you for your time and consideration.

Daniel Foley