

VETERANS ENTITLEMENTS – PRODUCTIVITY COMMISSION (PC)

To introduce myself:

Service: CMF, National Service, Regular and Reserve for a total of 23 years, including active service in Vietnam. Initially RAASC then transferred to RAAMC. Medical Assistant in Vietnam.

Civilian: Graduated as a radiographer in 1974 in UK, worked overseas and in Australia as a radiographer. Awarded a Grad Dip in OH&S Management in 1994 at UniSA, Acting Manager Safety at the Royal Adelaide Hospital (and party to the rehabilitation of personnel), then transferred to SafeWork SA as an Inspector.

ESO: Currently RSL Regional Coordinator for two regions in SA numbering 15 Sub-Branches with over 1500 service members.

DEFENCE TO BE RESPONSIBLE FOR REHABILITATION/COMPENSATION WITH A LEVY TO FUND IT

I would suggest that the PC may have overlooked the following:

The ADF

Mission **The Australian Defence Force (ADF) is constituted under the Defence Act 1903, its mission is to defend Australia and its national interests. In fulfilling this mission, Defence serves the Government of the day and is accountable to the Commonwealth Parliament which represents the Australian people to efficiently and effectively carry out the Government's defence policy.**

Role **The primary role of Defence is to defend Australia against armed attack.**

Australia's defence policy is founded on the principle of self-reliance in the direct defence of Australia, but with a capacity to do more where there are shared interests with partners and allies.

The Infantry

The role of infantry is to seek out and close with the enemy, to kill or capture him, to seize and hold ground and to repel attack by day or night, regardless of season, weather or terrain.

There will always be casualties.

A commander would be strangled in his/her mission if he/she had to try to balance the casualty rate against the financial cost.

Therefore I recommend that a Veterans department must be maintained whether named DVA or otherwise.

Defence cannot be responsible for the total rehabilitation of their personnel. It is contrary to the principle that Defence must wage war, if and when necessary and continue to do so without distraction.

Thus it follows that there must be a Minister for Veterans Affairs (not part of Defence).

COST OF EACH DVA CLIENT

On page 2 of the Overview the PC states that:

In 2017-18, the Department of Veterans' Affairs (DVA) spent \$13.2 billion supporting about 166,000 veterans and 117,000 dependants (about \$47 000 per client).

This "cost" should be adjusted downwards to reflect such items as eligibility for :

1. aged pension v service pension
2. disability pension v disability/compensation payments
3. widows pension v war widows pension
4. Medicare rebate v white/gold card cost
5. rental subsidy
6. RPBS
7. etcetera

It is the only way that a true figure for the "cost" of a veteran can be established.

Therefore the \$47000 figure appears to be alarmist because the PC has not taken into account the similar "civilian" benefits

What then is the true cost to the government when allowances have been made for comparable civilian personnel?

Surely, a veteran with qualifying service deserves a little more because he/she has put their life on the line for the benefit of all.

THE GOLD CARD

The PC has particularly singled out the Gold Card.

It would appear that the Gold Card is considered to be "generous".

However the Gold Card was introduced to enable eligible veterans to access health care when the Federal government closed the Repatriation Hospitals. Successive governments have since awarded the Gold Card to several deserving groups of veterans, most recently the civilian medical/surgical teams of the Vietnam War.

The cost of the Gold Card per person reflects the ageing cohort in that the PC has noted:

"This reflects the older profile of VEA clients, that almost all Gold Card holders (about 98 per cent) are under the VEA" p135/6 PC

"The most common eligibility pathways for the Gold Card are via qualifying service/age and being a dependant of a deceased veteran (under various circumstances). Each of these are concentrated in older cohorts of DVA clients" p136 PC

Once again, however the cost of the Gold Card has not been adjusted downwards by the amount which would have been met by Medicare or the PBS. (advice from DVA)

I recommend that the PC gain the appropriate data from Medicare to ascertain a comparison to a similar cohort so that an accurate figure of the real cost of the Gold Card be obtained.

Once that data has been realised, I further recommend that every veteran with qualifying service be given a Gold Card on discharge.

My reasoning:

1. I believe that the overall cost may not be that large once the Medicare and PBS portion has been taken into account.
2. A veteran's GP is his/her first point of contact and who builds a relationship with the veteran. It is often the GP who will detect signs and symptoms of PTSD and may be able to ensure that the veteran obtains appropriate treatment. This could mean fewer suicides.
3. The cost of going to a GP who doesn't bulk bill but accepts the Gold Card may be a deterrent to some veterans.
4. There may be quantitative cost savings in less DVA personnel due to being able to focus on the compensatory facet.

DATA

We do not know how many Australian service veterans there are whether residing in Australia or overseas. DVA and the PC have produced a best guess. My understanding is that at long last there will be a question in the 2021 census on that subject. It is something which should have been done a long time ago (and has been requested by several ESOs in that period).

I recommend that the PC and DVA have input into the "veteran" question to enable a rich data source.

The census however will not be accurate as there are many veterans who live overseas. There are of course many British citizens who were residing in Australia at the time of the first and second (ballot) national service, who served, and who may have returned to the UK.

I recommend the Government, by use of the UK media and internet, try to reach out to those persons who are entitled for benefits.

In other countries, whenever a person contacts an Australian embassy or consulate they could be asked whether they have served.

It is noted that there is a recommendation for Defence to share with DVA the details of future service personnel on discharge and also via the Transition Command.

ESO COOPERATION & COORDINATION

“The PC has found that the lack of coordination among them may be diluting their effectiveness”.

However in SA there are many examples of coordinated cooperation between ESOs.

ESO co-operation – one example

In [redacted] 2018, a [redacted] year old war widow living on [redacted] received an electricity bill for almost \$2000 FOR A MONTHS SUPPLY.

The lady has been suffering from [illness]. She lives alone, is reclusive but fiercely independent. Her home which is in the township is ramshackle and largely she lives in her kitchen with the rest of the house dedicated to a large number of [animals].

She is lucid and quite bright in herself but difficult to keep in contact with.

Informally some RSL ladies have been taking care of her as far as she will allow. Other members of the RSL community chip in to help from time to time.

As an economy measure she has for years, used an old wood fired kitchen stove for heating. She gets wood for free.

Some time ago the flue on the stove broke down and filled the house with smoke. It is also a fire hazard.

She was given an oil column heater which she has been using to keep her small kitchen warm. Her monthly electricity bill has remained at pre electric heater levels for months as access to her meter is very difficult and consequently her bill has been repeatedly only “estimated”. Recently an actual reading was made with the result she has been undercharged an estimated \$150 per month. She had no idea there was any problem. She cannot pay the outstanding amount without assistance.

She is a somewhat recalcitrant Legacy widow and when the bill was presented the RSL ladies contacted [redacted] Legacy for assistance. She has never previously sought assistance for herself. The matter is now being actively pursued by both organisations.

Legacy is presently negotiating with the power supplier, looking into possible direct financial intervention, seeking to find a cheaper source of heating , perhaps by repairing the flue (subject to safety issues) and attempting to negotiate with her to allow some form of domestic assistance (something she has refused several times in the past).

This is typical of the behind the scenes work that both the RSL and Legacy carry out continuously within our community. This one got a little out of hand but we are hopeful of a good outcome.

We have many other similar cases on our books.

Rod Murray, RSL Regional Coordinator, South Australia