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A BETTER WAY to SUPPORT
VETERANS DRAFT REPORT
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A BETTER WAY TO SUPPORT VETERANS

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Veterans Suicide “The Constant Battle” the draft was a real chance to achieve something other reports had failed to do over previous decades.

However, upon review, it soon becomes evident that this vast document had missed its mark completely, and yet another chance to get the good governance owed to veterans has gone begging, as the Foreword explains “the assistance that many people and organisations across Australia provided to us was invaluable”, **the question then, is how did the Commissioners get it so wrong**, in my opinion this document has the ability to do great harm to all veterans, if implemented, and I will explain that later in my submission.

To give some context to my comments, my military experience was via conscription in 1967, and then within an Infantry Battalion in Vietnam as a Rifleman between 1968 and 1969, and since that time multiple dealings with the Department of Veterans Affairs from the 1980’s up until recent times.

I am fully aware that this is a Draft Report, and the process of producing the final submission to government has a way to go, however, I get the distinct impression that the body of this Commissions work, no matter the extent of input from the veteran community across the rest of Australia, is not going to change its focus and assumptions made within. I fear in the end the governments overarching efficiency and simplification within the Terms of Reference will be satisfied, resulting in the deterioration of services and benefits that we require in order to live the remaining years of our lives in as close to a state of normalcy as is possible.

1. DVA vs DoD as a delivery model

We do not need two more layers of bureaucracy, as suggested by this Commission, the cost alone of such a proposal would indeed be prohibitive. **The system that is the DVA, by better nuanced and specialized policy settings, thus removing the adversarial culture, is the way forward for veterans.** All veterans at some stage of their lives would have been subjected to the adversarial system within the DVA in pursuit of claims, but I have to say from the outset, that if you can get the policy framework right, then the rest will fall into place. It indeed has been the intransigence of governments of all persuasions who, for whatever reason, usually dollar driven, have failed to deliver, and the upshot of that failure, once again falls upon the veteran.

2. Compensation and Indexation

This Commission, has chosen to take a narrow and mean attitude to the question of indexation, by including ‘other payments’ as a defence for not wanting to move on this point, if the Commission is serious about delivering a fit for purpose veteran support system, then it must address the indexation of veteran compensation payments, and **adopt some percentage based mechanism to keep veterans compensation at a constant against the erosion of any future payments, and male average weekly earnings seems to be the correct vehicle to achieve this.** The Commission on pp528 of the Draft highlights the erosion of veterans compensation payments, as evidenced by several of the participants to this Commission, where it clearly shows the level of decline from 80 per cent in 1950 to 43 per cent in 2014, a clear loss that cannot be tolerated, in fact at the time of writing, I note that the Veterans Affairs Minister Darren Chester has said **there is a case** for some “step up” warranted for veterans compensation payments.

3. Gold Card

The Commissions position on the gold card is that it is not needs based nor wellness focused and they opine that the white card is a better option because it appropriately targets veteran’s health needs similar to workers’ compensation healthcare entitlements.(Draft Finding 15.1 pp575)

‘For all conditions’ as it appears on the gold card, reflects the health complexities that the veteran faces and endures, and the lifelong consequences thereafter, of which **co-morbidity is a** factor, as a consequence, an important tenet in developing this card in this particular way. It goes to the absolute core of supporting the veteran in a holistic manner. To adopt the white card, which is **specific injury based**, would place the veteran in a never ending pursuit through government departments chasing their claims - there is nothing needs or wellness based in that.

The gold card reflects an intrinsic part of the veteran’s overall health care, and is a vital linchpin in the overall wellbeing of the veteran and the veteran’s family.

Based on my comments above it is my contention that the coloured card system should be retained in its current format now and into the future.

I have to comment here on the disgusting and insulting views by DVA and RSL NSW, organisations that have at their core, the mandate of care and stewardship of veterans, the comments attributed to them on pp19 and repeated on pp571 of the Draft, which says in part **“DVA’s health card system encourages a view of the system as a contest to be won, with the Gold Card as the prize”** and further **“The gold card nomenclature utilised by DVA reinforces a negative entitlement culture where success for veterans is the extraction of cash from the government”** these comments are totally unfounded, and have the ability to do great harm, not to mention stigmatizing the thousands of veterans that are gold card recipients. The people that proffer these particular views of the two respective organisations, are generally, and in my experience not from the service delivery level, and it highlights for the Commissioners the adversarial attitude that the many veterans have evidenced in their submissions to this Commission, these comments are usually borne out of self-importance, grandiose visions of power or Political Expedience;; these sort of comments cannot be tolerated, and should be dismissed out of hand.

If the above derogatory assertions have influenced the Commissioners policy settings on this particular subject in any way, as evidenced through the Draft findings, then it is incumbent on the Commission to have them remediated before the handing down of the Final Report to government. It is also evident to

me that this Commission seems to have used the RSL as the pre-eminent organisation that represents veterans, it does not.

4. Inaccuracies, Myths, Spin and Other Matters

4.1 For the unique risks and onerous conditions of military service? pp173

The report says, in part, the following **“It is therefore not clear cut that this aspect of military service itself warrants separate and/or more generous compensation and support arrangements for veterans.”** And further, in part **“it would seem inequitable that a veteran who suffers a particular accident – say loses a limb – should get more compensation for that loss than an emergency services officer, construction worker, truck driver or indeed any other civilian who suffers the same loss (in the same way that it is inequitable that military personnel who suffer a particular loss during war should get more compensation than military personnel who suffer the equivalent loss while training in Australia).”**

These statements by the Commissioners, in an attempt to satisfy the governments **simplification** mantra within the Terms of Reference, have, fallen at the first hurdle, there exists within the veteran community a very large cohort that were conscripted (legislatively forced) into service for the Vietnam War, to prosecute that war on behalf of the government of the day, then clearly the opined views of the Commissioners do not apply to this cohort.

I might add, this cohort of veterans, (which much is owed), many from single sibling families, many of whom did not return, absolutely devastating family units, those that did return were treated appallingly by the general public, indeed there are members within my own family that still have nothing to do with me because of my service , it is through that prism, that we will always be staunch guardians of veterans rights and conditions, and when we see bad policy we will always call it out, clearly, as we are doing here.

4.2 The particular needs of veterans pp174

In part, the Commission mentions here why the veteran does not like to use Centrelink as a service delivery option. To reinforce the points already raised in the Draft, it has been my experience, apart from the demeaning welfare stigma already stated, (and veterans should never be seen as welfare recipients), the mainstream delivery for the general public does not have the expertise to deal with veteran issues; the service delivery level is woefully ill informed, long queues, and if you have to phone them you have to wait hours, not to mention the ever changing manipulating and interference by governments, and as stated in this submission, if you get the policy settings right, and take the adversarial nature out of play, then **the DVA is a good vehicle for veterans going forward.**

4.3 Improving mental health care access and services pp33

The Commission states in part **“As the DVA said: The mental health of veterans has presented as a significant issue for the veteran community in recent years, particularly as younger veterans with recent engagements have faced circumstances – both as part of service, and in returning to Australia – unlike other previous engagements. These circumstances have contributed to many veterans suffering poor mental health”.** (my emphasis)

I take exception to the phrase ‘unlike other previous engagements’. Whilst it is true, no two conflicts are alike, I don’t think the commission appreciates the level of offence globalizing statements like the one above makes. This language demonstrates a lack of understanding, empathy, and acumen for the

subject matter. I would encourage those making these statements to conduct further academic research on the subject of mental health of all veterans across a number of conflicts, rather than singling out a recent cohort. It has always been an issue of significance for the veteran, and has wide reaching consequences for their families. I urge the DVA to be more careful in making incorrect statements, perhaps some further reading on veterans returning from Vietnam might be beneficial for the writer.

4.4 Information Request 15.1 pp64

My views on the coloured card system is to **retain the current model**, it functions well for the veteran and it's the veteran's welfare that should be uppermost concern of this Commission. After all, whatever system is charged with caring for the veteran, there is a mandate and responsibility of duty of care. As previously stated if you change this particular important health care card you will be placing the veteran at risk, in a never ending cycle of pursuit of claims within the system.

4.5 Information Request 15.2 pp65

I want to particularly comment on the **co-payments** aspect where, on the odd occasion I have been asked to contribute a co-payment by doctors. The genesis of this is, from time to time the government lets its funding adequacy fall behind the norms of what the medical profession interprets as a reasonable cost to their particular business model, where the veteran is asked to pay the difference. I definitely **do not accept** that there is any case for the veteran to pay a co-payment.

4.6 Information Request 15.3 pp65

The healthcare of veterans should never be put in the hands of Insurance Companies they are all profit based and as such will always sacrifice their client base for their bottom line.

4.7 The Acts – VEA MRCA DRCA (Chapter 17)

I must declare I am totally agnostic when it comes to this question, mainly because I don't know all the ramifications of change across the Acts; and this is the one question that poses the greatest dilemma for all veterans, it is indeed complex, and I guess that if indeed, change is beneficial (and should never be change for changes sake) then the question needs to be, do we necessarily have to move away from the Acts above? If indeed we do move away into a single Act, why can't the best pieces of legislation from each Act be achieved, this could and should be discussed through the filter of an ESO roundtable, and not through government or dare I say Commissions, let's be the masters of our own destiny, the only caveat being that ESO's are such a disparate lot that in itself is a challenge, and perhaps a question for another day.

The commission at pp635 cites an example from participants to the Commission wanting to adopt the single NZ model, 'Veterans' Support Act 2014, this poses more questions than it answers, with such a strong emphasis on the **ANZAC** bond, why are our NZ veteran cousins at such a disadvantage when it comes to veteran support systems when compared to ours?, This would be to accept a lower denominator, or to put it another way, a race to the bottom, truly illogical thinking.

4.8 What do we know about the costs going forward? pp137

Every veteran should read this and inform themselves how the government spend is **declining** overall where it (the Commission) says, in part: **“The total cost (in cash outlay terms)of supporting veterans and their families has been falling since about 2011 – 12, with this almost entirely being driven by declining VEA expenditure. VEA expenditure has fallen by 25 per cent in real terms between 2010 – 11 and 2017 – 18 – a trend that is projected to continue (figure 3.8). Over the same period, MRCA and DRCA cash expenditure together roughly tripled (in real terms). However, MRCA and DRCA**

expenditure is still much smaller than VEA expenditure, and the latter Act is likely to be the most expensive piece of veteran support legislation for quite some time – the VEA is expected to still account for about 91 per cent of all DVA cash outlays in 2021 – 22 (the latest year for which forecasts are currently available)." This should be read in conjunction with all the associated graphs in this Chapter, I have omitted them here for ease of process. It perhaps informs the veteran community that government, whilst giving lip service to veterans, and not to forget the never ending military photo opportunities, that they are spending less on our support needs, but as a positive, puts veterans in a better bargaining position with government, in that, any future benefit for the veteran community (and taxpayer) will be truly revenue neutral, over time.

4.9 The whole of life approach for veterans care

The Draft says in part at pp152 **"If this were to be DVA's central tenet for its operations, it would reflect a philosophical move away from focusing on payments, benefits and compensation, to a stronger focus on veterans' health, wellbeing, rehabilitation and productivity."** This view is totally subjective, it moves away from pre mentioned attitude of being holistic in nature. The veteran needs total care, that includes an even handed approach, the reality is that we are not living in a utopian world, we are dealing with individuals that have been prosecuting, and returning from war zones, and therefore, needs a regimen that reflects both the financial and rehabilitation aspects on an equal footing, it perhaps highlights here how ingrained the economic rationalization is, within government and the Commission.

Summing Up

The Draft Report is overwhelmingly skewed to its Terms of Reference of Efficiency and Simplification as placed on it by this government, and as such, if implemented, will absolutely destroy the fabric of a solid system that has served the veteran for decades. Was it perfect – No, but over time it had been enhanced, changed, modified but in the end with representation to government from veterans, ESO's, and advocacy groups, it was through that filter that improvements were achieved.

This Draft document is primarily about Economies of Scale, and, to take the care of veterans away from the government umbrella and place it ultimately in the hands of the private sector, it also seeks to take and replace major linchpins of the existing system notably, the TPI/SR category, and gold card among a raft of other hard won benefits, and replace them with a slick contemporary model that has its genesis in the **for profit** sector and insurance companies.

The veteran in recent times, has been asking government to have the word **INALIENABLE** placed in any new veteran legislation, to absolutely protect them from the kind of bad policy that these Commissioners are trying to advance here through this Draft, now perhaps we can see why government will not move on it.

In closing I would like to mention the last humiliation served up by the Prime Minister to the veteran community, and that is the proposed card and pin. At the time of writing this, it is in the process of being rolled out, as if the Terms of Reference settings weren't bad enough for us all, this shallow offering is disingenuous and simply done as a hollow gesture.

Thank you to both the Commissioners for their work, yes it was always going to be difficult, you were totally bound by the governments settings, and to that end produced a failed document.