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Productivity Commission

PRODUCTIVITY COMMISSION

COMPENSATION AND REHABILITATION FOR VETERANS

MR R FITZGERALD Commissioner
MR R SPENCER, Commissioner

TRANSCRIPT OF PROCEEDINGS

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Compensation and rehabilitation for veterans 15/02/19

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COMMISSIONER FITZGERALD: Well, we may get under way. Thank you very much for participating today. I'm just going to read a formal statement which we do at the beginning of each of these public hearings. So, firstly, welcome and thank you for spending the time with us this morning.

Welcome to the public hearing of the Productivity Commission's inquiry into veterans' compensation and rehabilitation following the release of our draft report in December last year. I'm Robert Fitzgerald. I'm the presiding Commissioner on this inquiry and my colleague is Commissioner Richard Spencer.

So the purpose of these hearings is to facilitate public scrutiny of the Commission's work and to get comment and feedback of the draft report and part of the public hearing is also to explain misunderstandings and in relation to this inquiry there are lots, so hopefully throughout the day we can not only hear your views and comments but also clarify some of the content of the report.

So far we've held hearings in Adelaide, Perth, Darwin last week. Earlier this week we held hearings in Wagga Wagga, Canberra, Melbourne, and obviously today in Hobart. We will be having hearings in Sydney, Brisbane and Townsville and perhaps one other place. We will then be working towards completing a final report which will go to the government in June of this year, having considered the evidence presented at these hearings, and in submissions as well as the consultations which have been ongoing and will continue.

Participants and those who have registered their interest in this inquiry will be advised of the final report's release by the government. So we produce and release the draft report, which you've seen, and the government will release our report after June, but it must do so within 25 parliamentary sitting days after the completion of the report, and it must be produced in full.

We like to conduct all hearings in a reasonably informal manner, although I'm sure some of you don't think this is terribly informal, but I remind participants that a full transcript is being taken. For this reason, comments from the floor can't be taken but towards the end of the proceedings today I will provide an opportunity for any person who wishes to make a brief statement or presentation. Participants are not required to take an oath but the Productivity Commission Act does require participants to be truthful in their remarks. Participants are welcome to comment on the issues in other people's submissions and other presentations.

45

5 The transcript will be made available to participants and will be available from the Commission's website following the hearings. Submissions are also available on the website, and as you know we've called for written submissions to be in this month, and we hope that people avail themselves of that opportunity.

If there are any media representatives attending today, then there are some general rules that apply, and they should see Brad at the back of the room.

10 To comply with requirements of the Occupational Health and Safety legislation I'm just required to draw your attention to the fire exits which is through the back door where you entered and to take advice through the PA system and there are multiple exits that exist on this ground floor. In the event of an emergency an alert tone will sound, and if an evacuation is
15 required please listen to those instructions.

Otherwise we'll get underway. I just want to make a couple of points, the draft report is very long and very comprehensive. It covers issues in
20 Defence and DVA and veterans' boards and others, and we understand that for many people it's overwhelming and it has led to some confusion. At the end of the day however this is a once in a sort of a generation opportunity to look at the whole system, and so as a consequence of that it needed to be very comprehensive. Nevertheless we do want to aid
25 organisations, ESOs and individuals to understand what we say and why we're saying it, and to that extent we have an ongoing offer to all ESOs and others if at any stage you need clarification in relation to what we are saying, or why we're saying it, we're available to do that.

30 But if we could start with our first participant today, and that is Barry Quinn and Vickie Gretz. No?

MS GRETZ: No, I'm not talking, no, today.

COMMISSIONER FITZGERALD: You're not talking, just Barry.
35 Please, if you can just come. Probably just grab the middle microphone might be easiest. These microphones are only for the recording, they don't amplify, so if participants can speak up that would be good. And if you are a bit hard of hearing, and this is not a caption organisation, so you can come down the front and that would be very helpful but there's no
40 amplification, so I can't increase the volume.

Barry, the process is if you can give us your full name and the name of the organisation that you represent.

MR QUINN: My full name is Barry Philip Quinn and I represent the Cygnet RSL sub-branch Incorporated.

5 **COMMISSIONER FITZGERALD:** Good. Thanks very much. And as you know the process is if you can give us about a 10 minute introduction of the key points, and then we'll have a discussion.

10 **MR QUINN:** Okay. I have a written statement which I have already provided to the Commission, and I will briefly go through this. My name is Barry Quinn and by way of introduction I am a fifth generation veteran who served in the regular army from 1991 to 2007 for over 15 years with multiple deployments. These include Rwanda in 1995, East Timor in 1999 and 2000, Bougainville 2002.

15 My age is 47 and by definition I am known as an older veteran. I would also like to acknowledge that I know many contemporary veterans who are up to 15 years my senior. I am here today to provide a submission to the Productivity Commission.

20 I understand due to time restraints I will not be able to convey my thoughts on every recommendation put forward by the Commission and as such I will restrict myself to what I consider to be some of the incorrect interpretations of your understanding of the needs of the veteran community.

25 As such I wish to discuss the following: governances of funding, draft recommendation 11.5; compensation for impairment, draft recommendation 13.6; healthcare, draft recommendation 15.1; and bringing it all together, draft recommendation 17.1.

30 Governance and funding, draft recommendation 11.5: I am confused by the Commission's statement on page 29 of the overview. Is it the intention of the Commission for the Department of Defence to pay the levy or uniform personnel? Most Defence personnel, by way of nature being in a Defence force, will incur an injury during their service. All personnel have access to medical and dental treatment and Defence already has a vested interest in preventing service related injuries or illnesses.

40 After their service Defence personnel pass on to the Department of Veterans' Affairs to become their responsibility for their after service care. By creating a levy on Defence one of two things will occur: either Defence budget moneys, which will be used for equipment, maintenance and training, will be siphoned off to fund the levy reducing Defence's capabilities, or the Defence budget will be increased to accommodate the

levy. Either way I believe there is no real incentive or purpose for this recommendation.

5 If it is the intention of the Commission for uniform personnel to pay a
levy this will be counter-productive and will promote unwellness within
the uniformed ranks. The thought that soldiers, sailors, airmen and
women pay for their own compensation scheme is unfathomable and
would potentially create a situation whereby personnel would use the levy
10 thinking that they have paid for it, and if they didn't use it they would lose
it.

The question will be if personnel did not use the levy would they receive a
refund and at what point would that refund be applied. We still have
15 Vietnam veterans who have yet to make a claim for potential service
related conditions.

20 Compensation for impairment: the sole purpose for the special rate
disability pension is to provide an income for veterans who are totally
incapacitated and permanently unable to work. Although veterans have
the option to receive incapacity payments unfortunately these cease
between the ages of 65 and 67 depending on the veterans' personal
circumstances and are not designed to support a veteran who is unable to
work. Incap payments are designed to assist veterans and their families
25 supplement lost income through disability, not as a replacement.

30 Healthcare, eligibility for the Gold Card: On page 19 of the overview
your report states that the Gold Card is poorly targeted support and can
work against the principles of wellness. Being in the Defence force
requires a great deal of sacrifice, time away from home, missing childrens'
births, first days of school, and most family occurrences, wedding
anniversaries and other family milestones. As soon as a person enlists
their priority or their first priority is to the Defence force. And every
soldier, sailor and airman and woman knows that their priority is the
Defence force and their families always come second.

35 The entitlement of a Gold Card is a small recognition of those veterans
that have performed their duty overseas on a mission. They have served
their country and sacrificed far more than most citizens in Australia.
Veterans should have and currently do have additional healthcare benefits
40 above those of a civilian population. The Gold Card is not a prize in a
competition. It is given to those whose disabilities require it and are
deserving of it.

45 I do not agree with RSL New South Wales' comments that the outcomes
sought for veterans should be rehabilitation not monetary settlement.

What happens if a veteran cannot be rehabilitated? The Gold Card is designed for health conditions and has no bearing on a contest where the success for veterans is the extraction of cash from the government. This is an insinuation which is false and very dangerous and not relevant to whether the Gold Card should be an entitlement. For example, during my service I have eaten combat rations in Australia on exercise as well as on operations. When I was deployed to East Timor I spent three months eating combat rations supplemented by vitamins and Doxycycline which is an antimalarial tablet. No fresh meat, no vegetables, no fruit. I supplemented my rations with rice or flour to make bread from my parents who sent it back from Australia. As you can imagine this was not the healthiest of diet for an extended period of time.

There was not a single year in my service that I have not been through a period of poor diet, and I also know that when I am older I will probably have health related issues which I know were caused by my service but may not be able to be proven as service related. At the age of 70 I'll be entitled to a Gold Card. This will cover those medical conditions that are not covered by specific conditions of a White Card. It is also noted that not all veterans are entitled to a Gold Card and therefore will never win the prize.

From a personal point of view I believe the Gold Card should be issued to veterans with qualifying service at the age of 60 at a minimum, the same time as veterans are eligible for the service pension, not to be taken away from them.

Bringing it all together: Stated on pages 37 to 39 of the overview of your report the Commission in its own findings has submitted that at this stage one Act is not possible. There are very few older veterans who are covered by two or three Acts, and MRCA is becoming the dominant Act today. If, as per the Commission's recommendations, there was a transition to another compensation rehabilitation system this would create more confusion within government bureaucracy whichever department has control and additionally confusion would be rife within the veteran community. As an example you could have a situation whereby two people who served together side by side on the same operation and two totally different compensation and rehabilitation systems, and I guarantee that one of the veterans will have the thought process that they have been disadvantaged and I imagine that that veteran would not use quite the same language.

There is no need or purpose to transition from what is already in place. Age and natural attrition will determine that the VEA and SRCA/DRCA

Acts, they have a finite life. My question to the Commission is what is gained and who benefits by speeding up that process.

5 In conclusion: on page 8 your report states are older veterans are more likely to require independent living assistance, aged care and health services while the needs of contemporary veterans are focused on rehabilitation, wellness and returning to work. My questions to the Commission are, what is your actual definition of wellness? What happens when a contemporary veteran becomes an older veteran? What happens if a contemporary veteran is unable to be rehabilitated and should not older veterans have the benefits of wellness as well?

15 The returning of broken veterans back to the workforce should not be the priority. Helping them and their families live all facets of a healthy life should be regardless of whether that is through rehabilitation, medical support or financial assistance. We owe that to all veterans.

20 I'd like to remind the Commission that the Department of Defence is charged with defending the nation and the Department of Veterans' Affairs is charged with supporting veterans, their families, war widows and orphans. This is the reason why the Repatriation Commission was created over 100 years ago and why they are separate entities. As with all support systems there are flaws and failures, however, our current system is still one of the, if not, the best and most beneficial veteran support systems in the world, and far superior to our allies. Do you wish for veterans to lose that support?

30 So my interpretation of this report oversimplifies veterans' needs and its intent is to provide a means of cost saving for the government. I believe that if the above recommendations are to proceed there will be catastrophic consequences with a significant deterioration of entitlements to veterans, their families, war widows and orphans now and for future generations.

35 Lastly, I wish to bring to the Commission's attention a statement made on page 5 of the overview, and I quote:

40 *Importantly, no veteran or dependant of a deceased veteran who currently receives a benefit or entitlement will be worse off under our proposal.*

45 I believe most of the recommendations within this draft report will be the detriment of current veterans, and this is to say nothing about the state of future generations of veterans and whether they will be better off.

5 **COMMISSIONER FITZGERALD:** Good. Thank you very much for that, and thanks for your statement. A couple of things, I'll come to your last statement first, which is a bit surprising given that you said most of the recommendations, because at the end of the day a person, for example, who's currently under the VEA I'll be interested to know how are they going to be worse off?

10 **MR QUINN:** You've put in your draft report that if they don't make a claim by 2025 they'll automatically - - -

COMMISSIONER FITZGERALD: No, no, a person that's currently entitled under VEA, how will they be worse off?

15 **MR QUINN:** If they're currently - if they've got an entitlement under the VEA you've said that if they don't make a claim by 2025 they will then move to the MRCA.

20 **COMMISSIONER FITZGERALD:** No, no, if they're currently entitled under the VEA they can continue to claim under the VEA forever.

MR QUINN: Well, that's not what your report says.

COMMISSIONER FITZGERALD: Yes, it is.

25 **MR QUINN:** It says there's a cut off at 2025.

COMMISSIONER FITZGERALD: For those that have never put in a claim under the VEA.

30 **MR QUINN:** But they still have the entitlement.

COMMISSIONER FITZGERALD: Yes. So that's another cut off. But a person that's currently under the VEA, you would acknowledge, that there's nothing in our report that detracts them.

35 **MR QUINN:** It is if they don't make a claim by the year 2025.

40 **COMMISSIONER FITZGERALD:** Okay. But you can see that at the present time a person who is currently entitled and receives benefits under the VEA is not going to be worse off. You accept that?

MR QUINN: If the system doesn't change then, yes, I accept that.

45 **COMMISSIONER FITZGERALD:** But if the system changes the way we've said it stays the same.

MR QUINN: Well, no, it doesn't because in 2025 you said if they haven't made a claim by - - -

5 **COMMISSIONER FITZGERALD:** Yes. But that's about the cut off. But can I just make the point is there's a large part of this system that is absolutely designed in order so that those who are currently entitled and have current claims are in fact not affected adversely in any way, shape or form. So I just want to be clear that I understand that there are elements
10 of that that you disagree with, but I just wanted to put on the record that a person that is currently entitled and receiving benefits under the VEA for example continue to put in claims forever, forever, until that Act disappears and is no worse off. So I just want to put some balance into it, but I'll come back to that point if I can because there's a couple of other
15 things that we just need to clarify. But I understand those concerns.

So just if we go back to the levy for a moment.

MR QUINN: Yes.

20 **COMMISSIONER FITZGERALD:** There's nowhere in the report that the levy would in fact ever be imposed on a uniform personnel. It's not in the Act.

25 **MR QUINN:** No, I understand that that wasn't in the report, but that was my question, because it just said Defence.

COMMISSIONER FITZGERALD: No, no, it's not. No. So let me just explain that if I can and then you can tell me what you think of it. At the
30 present time a levy is raised. You'd be aware of that.

MR QUINN: Which levy would that be?

COMMISSIONER FITZGERALD: There's a premium raised by the
35 Australian Government in relation to the costs of the MRCA scheme against the Defence force budget and that's been raised for some considerable years. The issue is, it's a nominal premium, and identifies the costs associated with some aspects of it. What we're looking at is whether or not a levy could be applied to the Defence force in order that
40 the Defence force has some sort of skin in the game in relation to the impacts of illnesses and ill health that arises during that time. So it's a levy that would be imposed on effectively Defence in relation to some aspects of the compensation scheme. But it doesn't apply to actual members, and we would never do that. And your points are absolutely

valid, absolutely valid. We would never suggest and never have suggested that.

5 But can I just ask this question, we understand that it does come at a cost to Defence. You're absolutely right, there would be an initial payment made to Defence to cover that initial premium. But do you have a problem with the notion that Defence should be held accountable in some way for the costs of the compensation scheme which arises from the injuries or ill health of its personnel?

10 **MR QUINN:** Absolutely. I do agree that, yes, defence has got a responsibility to their uniform personnel.

15 **COMMISSIONER FITZGERALD:** Sure.

MR QUINN: But bearing in mind as well is that the nature of being a soldier or a sailor or an airman it's expected that, you know, you're not sitting at a desk in a 9 to 5 job.

20 **COMMISSIONER FITZGERALD:** Sure.

MR QUINN: So with regards to Defence, yes, they have that responsibility and to a point, and I'm not - once again, it's like all systems, it's not perfect, but my understanding just prior to my leaving the Defence force was that they were changing towards looking after their members better. I don't believe it's obviously a hundred per cent. But they have acknowledged it and they are working towards it, the same as DVA has acknowledged that there are issues within their organisation, and they're attempting to fix things as well. It doesn't necessarily mean that the system needs to be completely overhauled and changed.

25 **COMMISSIONER FITZGERALD:** So just let's deal with the premium, just as in so the notion that Defence might be required to make a contribution to the costs of the injury and illness that occurs to its service personnel when they leave isn't something you'd fundamentally object to. You'd have concerns about how that applies and the impact on Defence.

35 **MR QUINN:** And it also depends on where the money comes from as well.

40 **COMMISSIONER FITZGERALD:** Sure.

MR QUINN: Because obviously you can't take away moneys that are put aside for equipment or training or maintenance of a - - -

45

COMMISSIONER FITZGERALD: Sure.

MR QUINN: You know, to fund veterans when we have a department that already does that.

5

COMMISSIONER FITZGERALD: So the notion of a levy which we're looking at at the moment is one that we have to work out, firstly, what are the effects of it, exactly what you say. Does it impact on the actual day-to-day operations of the Defence? And we would not want that to happen. But the second thing is what would it cover and, thirdly, how would it be applied over a period of time, so there's a whole lot of stuff that has to be done before that's - - -

10

MR QUINN: And where does the money come from?

15

COMMISSIONER FITZGERALD: Well, the same source as all the money comes from, it's the government. It's the same pot.

MR QUINN: So you're not talking about the - so in that circumstance the Department of Defence would then get an increase in their budget.

20

COMMISSIONER FITZGERALD: Yes.

MR QUINN: But not necessarily apply those moneys that have stated to veterans to go to veterans.

25

COMMISSIONER FITZGERALD: What happens is - I won't go into the technicality but basically government makes an initial contribution to the Defence department to cover that initial premium.

30

MR QUINN: Sure.

COMMISSIONER FITZGERALD: It's applied in the first year. That's then paid across to DVA, but over time there are incentives brought into the system to try to reduce the costs of injury overall, so it's a sort of an incentive system.

35

MR QUINN: Would that money come from the Department of Veterans' Affairs' budget?

40

COMMISSIONER FITZGERALD: No, no, quite the reverse. It comes from the Defence.

MR QUINN: Well, my question goes back to you, where does Defence get the money from?

45

COMMISSIONER FITZGERALD: Commonwealth Government. Same as it gets all money. But can I just go to a couple of other things and then Richard will have a comment. In relation to the two scheme
5 approach, just so I understand this, I understand the issue about the cut off, so that's a single issue. Do you or do you not have a cut off? So, that's fine. And we're looking at that at the moment and what the effects are. But in relation to the two schemes, we've now heard from hundreds of veterans, young and old. The one thing they wanted was if we could
10 get it to a simplified system where people were covered by one Act, not three Acts, over time, and that it was a much easier system to navigate. That would be in the interests of veterans generally provided that their benefits weren't curtailed.

15 So that was what we were trying to do with the two-scheme approach, that over time you have the older veterans remain in the VEA, largely unaffected or a few modifications and then you have another one which is simply a combination of MRCA/DRCA. We have to work out exactly the rates and all those sorts of things, but eventually people are only under
20 one Act, and going forward, as you rightly say, VEA will eventually disappear but that's a long way off. That's, you know, 20 - 30 years away. So our proposal is that you eventually get to a situation where people are only under one Act. They can in fact choose to move from VEA to the other Acts if it's in their interests and they want to do that. They don't
25 have to. They can stay in VEA. And no-one is worse off in relation to the benefits. What's the fundamental problem with that?

MR QUINN: It's going to happen anyway. SRCA and DRCA and VEA have a finite life.

30 **COMMISSIONER FITZGERALD:** So what's - - -

MR QUINN: So what' the purpose of expediting it when we know that, you know, the cut off for the VEA is 1999 or 2004 when MRCA was
35 introduced, and same with SRCA. The cut off for SCRA was 2004 when MRCA was introduced.

COMMISSIONER FITZGERALD: SCRA covers a different group of people.

40 **MR QUINN:** I understand that, but it still has a finite life because - - -

COMMISSIONER FITZGERALD: So - - -

5 **MR QUINN:** - - -when 2004 came around the other two systems or Acts were superseded and even now you have - I believe there's an amendment in the VEA that says if you served after 2004 if you've got pre-2004 service your entitlement to the VEA is reduced and you now under, for all of your injuries, illnesses and disabilities, under the MRCA.

10 **COMMISSIONER FITZGERALD:** So your view is, am I correct, that it's okay to continue to be under two or three Acts? That just should continue?

MR QUINN: Well, until the VEA - until all veterans that are a part of the VEA system and obviously war widows and orphans as well.

15 **COMMISSIONER FITZGERALD:** No, sorry, VEA is staying, but in relation to DRCA I'm not understanding what is your concern about bringing DRCA and MRCA together. The VEA, put that one aside, because we're not changing that. But the VEA and the DRCA and MRCA, what's the problem with bringing them together? I mean, there may be problems.

20 **MR QUINN:** Well, it's going to happen anyway, so what you're doing is you're putting in a recommendation to fast track a system that - a process that is going to occur.

25 **COMMISSIONER FITZGERALD:** Okay. I must admit - - -

MR QUINN: And I do know because I'm the last of the veterans that served overseas under the VEA.

30 **COMMISSIONER FITZGERALD:** Yes, I'm not worried about the VEA. It's just the DRCA and MRCA. I hear what you're saying and I accept you're saying that, but I must say that very few other people have that view about DRCA and MRCA.

35 **MR QUINN:** It's going to occur.

40 **COMMISSIONER FITZGERALD:** Yes. In relation to other aspects, and Richard may have some stuff about the health and what have you, you made your last statement about the majority of recommendations, so our recommendations cover injury prevention, they cover much better transition, they cover improved rehabilitation, they cover a more specific approach to mental health for veterans, they include better resourcing and funding of health services for veterans, they include increased access to the Minister through a Ministry or Advisory Council, they include a better way of administering the scheme using modern practices whilst retaining

45

the benefits. Are those recommendations you think are a disservice to veterans?

5 **MR QUINN:** My apologies on that, I should have re-written that to say that the recommendations that I was speaking about, not the whole recommendations.

10 **COMMISSIONER FITZGERALD:** No, I understand that. And I'm not trying to be critical. Can I just make the point, a number of organisations have stood up and said, "Oh, it's all shocking, this is terrible". Somebody said to us that this does a disservice to young veterans, and then when we went through all of the recommendations they agreed with most of them., not all the recommendations. And so what we're trying to do is say, and you've done this and I appreciate it, you've actually targeted the
15 recommendations that are of greatest concern.

MR QUINN: Yes.

20 **COMMISSIONER FITZGERALD:** And I'm pleased you've done that. It was just when you came to the very end I thought - - -

MR QUINN: No.

25 **COMMISSIONER FITZGERALD:** - - -can we really hold that to the line, because actually despite what you might think of the Productivity Commission, Richard and I and the team have actually tried to come up with a system we think better serves veterans, and there's a couple of things about that. The first thing is this scheme will cost more. It will put more money into veterans' hands and services than previously. So the one
30 thing this is not, is a cost cutting exercise. In fact, ours are going to be more expensive. Because if you're improving rehabilitation, if you're improving health services, if you're improving mental health services, if you're improving transition ultimately they must cost and they will.

35 So we deliberately didn't start off with a cost cutting exercise in mind at all. What we did and unashamedly is try to say, could we make it a more efficient system, and there are ways of doing that we think. So I just want to reassure you and your members, we didn't start from a cost cutting
40 exercise at all. We did say could the system be made more efficient and I don't think that's a terrible thing, and of course people like yourself can agree or disagree with that.

45 **MR QUINN:** Do you think by disbanding DVA and folding it into the Department of Defence it's going to be more efficient?

COMMISSIONER FITZGERALD: Two things about that: the first thing is the only thing we were folding into Defence was policy. The administration of the scheme is not in the Defence Department. You'd be aware at the moment that DVA is currently within the Defence portfolio.

5

MR QUINN: Yes.

COMMISSIONER FITZGERALD: Technically. And our proposals don't change that, so that basically policy goes to the Department of Defence but the administration of the scheme we saw that a statutory authority dedicated to the needs of veterans, Veterans' Services Commission might be a more efficient way of doing that, yes. So that was the change. But that's not under the control of the department. That's just what's called the Defence portfolio and it's still responsible to its Minister and it's still accountable in the way that you would hope.

10
15

So there's been some confusion about that. That's probably our fault, but we were never going to put the administration of veterans into Defence. All we moved in Defence was policy. But people have got confused, not yourself, but others, they see the words "Defence portfolio" and they've interpreted that as Defence Department, and that's not what we intended.

20

So the scheme we see as sitting outside independent of Defence, yes. But the policy we did, and I just wonder about your view on that. I presume you would have difficulty with putting policy into Defence, or would you prefer it to remain in a DVA?

25

MR QUINN: I would prefer it to be held within DVA.

COMMISSIONER FITZGERALD: And why is that?

30

MR QUINN: Because, as I said in my statement, the Department of Defence is charged with defending Australia. The Department of Veterans' Affairs with the Repatriation Commission its responsibility is to veterans, and that's why we created a Repatriation Commission in the first place, and that's the reason why it was never part of the ADF or Defence, so that it would be kept separate and then you then have the potential for a conflict of interest to be reduced because Defence is self-serving and everybody knows that and that's why it's separate and it shouldn't be all under the one umbrella.

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COMMISSIONER FITZGERALD: Is that because - there's two reasons. Obviously you've indicated one is about the primary purpose of defence which is around effectively force capability for deployment into, you know, warlike or non-warlike operations.

45

MR QUINN: Yes.

5 **COMMISSIONER FITZGERALD:** But the second one is it that there's a concern that Defence isn't the right place in terms of actually policy, making good quality policy?

10 **MR QUINN:** With regards to its own expertise within defending Australia and its national interests, yes. Yes.

COMMISSIONER FITZGERALD: Sure.

15 **MR QUINN:** Yes. But with regards to looking after veterans there are issues within the Defence Force obviously with the transition they face as you are quite well aware of. Putting more responsibility on Defence when they can't handle things as well as they could now I think would be worse.

20 **COMMISSIONER FITZGERALD:** Okay. Yes. And just in relation to transition we're picking up a lot of the recommendations that have come out of various task forces on transition and we've tried to come up with a systematic or structural approach to that which better coordinates and pulls all that together called the Joint Transition Command. In that proposal one of the things we have said is that Defence, which is largely responsible for transition now - - -

25 **MR QUINN:** Yes.

30 **COMMISSIONER FITZGERALD:** - - -with DVA's involvement people that have left Defence should be able to continue to access those transitioned services for a period of six months. You haven't got this in your thing. Do you think that's a reasonable period? Is it too short, too long or you may not have a view on that?

35 **MR QUINN:** It depends on the circumstances. When I discharged from the military it was time based. So for example if you did 10 years in the military then you would have X amount of transitional support based on your time in service. I'm not up-to-date as to how that works now with Defence. When I was discharging I was - by probably at the end of - and I'll excuse the members of other services here, I mean no disrespect, from
40 a soldier's point of view, I was probably at the end of the long career soldiers. It was pre-Iraq and Afghanistan where we had gone through a period, and it is mentioned about the long peace between Vietnam and East Timor with some minor - I won't say minor operations, but smaller operations in between. Soldiers now I believe are doing far less time than
45 what they used to. They're enlisting, doing their six years, deploying

overseas, coming back, having families, and then identifying that the Army is not a career. From a personal point of view I do know that once you come back from operations it is very hard to go back to digging holes in Shoalwater Bay for another three years. And that's what's happening now is that we're coming to a period of time at the end of operations, high tempo operations. We'll still do low level operations. The guys are going to not want to dig holes in Shoalwater Bay for the rest of their career and also - yes, they're having their families and deciding to move on to another career.

10 So, as I said, I don't - I'm not up-to-date with how the transition works currently. And I - you know, to be honest, I don't even know what their benefits or what entitlements they do have on transition as a short-term solution.

15 **COMMISSIONER FITZGERALD:** Can I just ask one last question, and then Richard may have some questions. Your issue you raised a couple of times around - you say here:

20 *The returning of broken veterans back to the workforce should not be the priority. Helping them and their families in all facets of healthy life.*

25 Since 2004 with MRCA, as you know, the government - and much of the veterans' community for younger veterans has had a different focus from that which was under VEA which is really about rehabilitation, trying to get people back into work where that's possible.

30 **MR QUINN:** I understand.

35 **COMMISSIONER FITZGERALD:** But of course for those people who are not able to work then there has to be a whole of life approach which supports them through their life, and we would agree with that absolutely. We would also - we have used the term that the system is generous. Well, we think that's okay. We don't have an objection to the system being generous, but that's what the Australian community are prepared to do in recognition of your service.

40 But I was wondering, do you think the balance has gone wrong? I just got in your tone there that you were a bit worried about the emphasis that the current system or the new system is putting on return to work.

45 **MR QUINN:** When you look at the words of the VEA, it's the Veterans' Entitlements Act so therefore it is an Act for veterans' entitlements. When you look at MRCA, MRCA stands for the Military Rehabilitation and

Compensation Act. So the emphasis is on rehabilitation before compensation. So that's a fundamental difference - - -

COMMISSIONER FITZGERALD: Yes.

5

MR QUINN: - - - between the VEA and MRCA and SRCA obviously or DRCA, whatever name you want to call it these days. The processes for MRCA for the acceptance of liability are exactly the same as the VEA, and I understand that, and I think that that's great. I think there are issues where once the liability has been accepted that it then switches over to a civilian compensation system, and that's where I think MRCA needs reform.

15 My sole concern is, and I learnt this from being in the Defence Force, the changes between DFRDB and MSBS that system, the shutoff of DFRDB, and the introduction of MSBS was not to the betterment of the soldier or the sailor or the airman. That was the betterment for the government, and I'm concerned that once you start changing legislation and you start changing the goal posts it is not for the benefit of the veteran. And I
20 honestly believe that. And, as I said, you have a look at DFRDB, you have a look at MRCA, I missed out on - and I know that it's not relevant to this Commission, I enlisted about a month after DFRDB finished, and the introduction of MSBS.

25 **COMMISSIONER FITZGERALD:** Yes.

MR QUINN: And everybody knows that when it comes to politicians they've got their entitlement. We lost ours.

30 **COMMISSIONER FITZGERALD:** So a number of people have raised that with us, and it seems to us that that superannuation change, and that's what we're talking about, isn't it, has coloured, as you have said, coloured some of this conversation.

35 **MR QUINN:** Absolutely.

COMMISSIONER FITZGERALD: That what happened there has brought a bit of a fear or a suspicion into changes, the sort of stuff we're recommending.

40

MR QUINN: Absolutely. And that's why, you know, when you say that if you want to simplify from three Acts to two - or three systems to two systems, as I said, that's going to happen anyway, because the legislations have been superseded by MRCA.

45

COMMISSIONER FITZGERALD: Sure.

5 **MR QUINN:** And as I made comment you can have two guys that are -
what's the best example I can use - in East Timor, because East Timor is
VEA, you can have a soldier that was in a battalion that (indistinct) on the
border in a fire fight that they had with the Indonesians. One guy has
post-traumatic stress, puts a claim in prior to 2025, and the other veteran,
same spot, same experience, doesn't feel the effects of that until after
10 2025, you can have two diggers having a beer together, one's going to go,
"I'm in the VEA and these are my entitlements", and you're going to have
another bloke going, "I'm in MRCA and I've got rehabilitation".

COMMISSIONER FITZGERALD: And - - -

15 **MR QUINN:** And that was my point about having two - - -

COMMISSIONER FITZGERALD: Yes. No, no, I understand that.

20 **MR QUINN:** - - -two people side by side and changing the system.

COMMISSIONER FITZGERALD: So that's about the cut off. That's
about the cut off. That's not about MRCA. Because the same thing
happened - - -

25 **MR QUINN:** No, no, no. No, it's exactly right, it's about the cut off
being 2025.

30 **COMMISSIONER FITZGERALD:** Yes. No, it's the cut off. But just
to get to the point, the same thing you would have said when MRCA was
introduced, because the person that had an injury in 2003 and the person
who had the same injury later on, you know, in 2005 got treated by
different Acts, different dates, but - - -

35 **MR QUINN:** Potentially. But I don't believe that there were any actual
personnel deployed on a new operation on 1 July in 2004 where they
would not have been on operations already.

COMMISSIONER FITZGERALD: Okay, that's fine.

40 **COMMISSIONER SPENCER:** Barry, no, thanks for that. Look, just a
couple of issues, just so you know our thinking is behind some of the
things we've been discussing. The issue of what is Defence's
responsibility, we've looked at other military systems where they do have
that responsibility for the lifetime wellbeing, and they describe it to us
45 quite often was a duty of care, obviously, to their members, and a duty to

prepare for warfare, and as you rightly say there's a tension around that, because what is - how do you balance that? But one of the things that we've observed is that some of the things that we're trying to explore here to give Defence more insight and understanding about the long-term
5 consequences of injuries and what is avoidable, what doesn't need to happen in order to prepare for warfare, which can result in injury. So there's a balance to be struck there, so that's why we're exploring this idea of premiums and other things, and look, we hear your comments and your concerns about that.

10 The other issue I was to go into is the Gold Card issue, and you've given a very strong defence, as have others, about the Gold Card system. What we're dealing with there is, we're trying to explore what are - are there better ways of delivering health services in a more targeted way, because
15 some of the things we hear about the card systems is, "Well, I've got a card and that's great", but in various parts of Australia we've heard "But I can't get the service", the providers aren't there. The other issue we hear quite a lot of contention about is the fee schedule. A number of providers, they say "No, no, you're doctor, I'm not going to deal with you. It's too
20 complicated, too much paperwork, and by the way, you know, I get this if I'm doing something like an NDIS, but this is what I get under the" - so there's a whole range of issues there.

25 So we're trying to work out - and this goes back to the whole continuum of looking after the veteran from day one of their service right through transition, as we've been discussing, for the rest of - - -

MR QUINN: Yes.

30 **COMMISSIONER SPENCER:** How can we have a better targeted system to give people the care when they need it, at the right time, right place, and you do get it? So, there are a number of reservations around the Gold Card system, and that's why we made the information request, to say, well look, are there other ways of doing it, better ways? We ask
35 people "Do you have any thoughts about private health insurance?" for example, and we haven't received much on that to be frank. So, that's the background to that, but I mean, if you - if - looking at those limitations of the Gold Card do you see, if you stood back and said look, in 20 to 30 years, put the Gold Card to one side, what would be a health system for
40 veterans for their lifetime that could operate in a more targeted way? I just put one other thing on the table. We hear a lot about outsourcing. There's just - the outsourcing of the services are given to other people.

45 **MR QUINN:** I don't agree with outsourcing in any way, shape, or form.

COMMISSIONER SPENCER: And we hear that a lot. We hear that a lot.

5 **MR QUINN:** And that - basically all outsourcing is shifting responsibility from yourself to somebody else.

COMMISSIONER SPENCER: Certainly, yes.

10 **MR QUINN:** And then you've got someone else to blame when it goes pear-shaped.

COMMISSIONER SPENCER: So what would be a better system, Barry, to try and sort of overcome some of these problems?

15 **MR QUINN:** Look, the Gold Card system actually does work. What the government needs to do within DVA and the policy makers is to - if there's an issue where service providers aren't providing the service because they can get paid more by the national health disability scheme - I think that's what it is - then DVA need to raise their schedules of payment to be in line with what is - what the general population has. So obviously that's a disadvantage for veterans straight. So if - and obviously it comes down to a monetary effect, because it will increase their budget, but if a general citizen of Australia has access to a system where a doctor can charge more for that general citizen, then why are we - have - we are actually disadvantaged in that circumstance in the first place? So, that's a policy thing where DVA need to jack up the money more, increase (indistinct).

20

25

30 **COMMISSIONER SPENCER:** Yes. Have you experienced some of those limitations in Tasmania? Is that your experience there, or not?

MR QUINN: I haven't personally, no.

35 **COMMISSIONER SPENCER:** Yes.

MR QUINN: Although having said that we are - you know, we are remote. We're down in the Huon Valley as well. To travel in Tasmania is not difficult for most people, so they can either get themselves to Hobart, which is obviously a high population area with specialists, or to Launceston. I have not been made aware of veterans that are having issues within Tasmania with regards to treatment. I do know that remote locations on mainland Australia, they do have issues, and you can't force veterans to move to a city just for health treatment. They've got to be able to live where they live for their own health reasons, and that's what we do down in the valley - down in the Huon Valley. We live there partly as a

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45

lifestyle, to help with my circumstance, and it's just one of those things that if a veteran lives in isolation by choice then the government still needs to provide that service, and they need to pay for that service.

5 I've heard of, you know, South Australia predominantly, where DVA is paying for 200 and 300 round - you know, round trip - two or 300 kilometre round trips for veterans to see a specialist in Adelaide. That's part of their responsibility, unless you send that specialist to the veteran. It's just that it's a basic responsibility that the government has.

10
COMMISSIONER SPENCER: Barry, I just wanted to raise one other issue. You haven't raised it, and thanks for, you know, being very targeted in your comments, because that's important for us to sort of come to grips with the things that are concerning people, but I just wanted to
15 mention, we said in our draft report about ESOs that we were a bit light on there because the Robert Cornell study on advocacy in ESOs was underway at the same time. That report has been given to government. It's not public yet; we hope it will be soon, but we'll have a lot more to say in our final report about that, but - so, wearing your RSL hat I just wanted
20 to mention to you, we think that the ESO network is a terrific asset as part of the wider system.

MR QUINN: Yes.

25 **COMMISSIONER SPENCER:** And what ESOs do is up to ESOs. That's their issue, but the government could actually leverage the networks of ESOs and the kinds of services they can provide. Now, we do know there's a lot of that going on here in Tasmania. There are hubs, there's
30 Oasis in Townsville. There are some terrific examples of how ESOs can reach out to some of the most isolated individuals and people and veterans in need that don't engage with the system and wouldn't engage with the system unless there were levels of trust or peer group support. So we think in all of that that there's a role there, a very important role, for ESOs and the government could help to leverage that with some investment in
35 all of that.

MR QUINN: Yes.

40 **COMMISSIONER SPENCER:** So, we've said generally to ESOs, "Tell us what you think", because we'll be addressing that issue in the final report, because we're very keen to work out how that can be another valuable part of the overall system.

45 **MR QUINN:** Well I think if you can - I'll start by saying I believe in your report, and I think it's even more so now, that there are in excess of

2000 ESOs within Australia, and charity organisations. That is an issue in itself. You go back 50 years ago there was predominantly - in fact, I'll go longer than 50 years, because Vietnam was 50 years ago. You go pre-Vietnam. There was predominantly one ESO, which was the RSL, and then you had unit and corps organisations which split between the ESO -
5 the RSL's function was to look after veterans, Legacy's function was to look after war widows and orphans.

You then had organisations or associations that were battalion
10 associations, naval associations, that would look after more so the social side of things more so than the welfare side. That's what the job of the RSL and Legacy was. Over the years obviously with what happened in Vietnam and the way that Vietnam veterans were treated on their return, that is a black spot on the RSL, and that's why we have so many splinters
15 within the ESO organisation. Pre-Vietnam the RSL as a lobby group had, you know, in excess of 1 million members and was the highest and most successful lobby group that the government had to contend with, and a lot of policy was created from the RSL, because they had that much - you've got two world wars and over 1 million soldiers, sailors, and airmen, that
20 have served, and that creates a big chunk of Australia's population back in those days.

COMMISSIONER SPENCER: So Barry, where we're looking to is over the next 20 or 30 years, what could be the change - and we hear a lot
25 of this as we speak to ESOs - the changing world of ESOs and the desire, often, of a lot of younger veterans for services, you know, what would help them with employment, what would help them in terms of peer group support, that kind of thing, and how could - and from our point of view, what suggestions could we make to government about how to assist in
30 what ESOs could do in that space.

So what I'd - what we'd welcome from you and your colleagues, and we've been saying this generally around Australia, your thoughts and ideas on that, not now, but I mean in terms of any submission you put in, or
35 reaching out to us after today, we would welcome that, because we do want to say more about it in the final report.

MR QUINN: Yes. It's very different where you've got prejudices against organisations. So you could provide a service, but because of your
40 branding people won't go to that service anyway. It's a bit like, for example, Facebook with contemporary - and I - actually, I'll just quickly (indistinct) the fact that I put in there that I'm an older veteran, because I'm 47 years old and I'm not a contemporary veteran, I'm an older veteran, and I find that quite amusing. But you have contemporary veterans and I - my
45 personal opinion is, and that of most younger veterans, is that a veteran is

a veteran, and by - in the first instance, by separating older veterans, Vietnam veterans, Korean veterans, and contemporary veterans, you've created a divide straight away. A veteran is a veteran. I don't agree with the part - with the government's definition of a veteran. A veteran is
5 someone who has served overseas on operational service, not some - not one person who did one day at Kapooka, got injured falling over the gutter, and now they're classed as a veteran. You know - - -

COMMISSIONER FITZGERALD: Sure. Can I just deal with that?
10

MR QUINN: So, with regard - sorry. Yes, go.

COMMISSIONER FITZGERALD: Sorry. That is the government's definition, and we've been accused of that definition, but it's not ours. It's
15 government, so I want to put (indistinct).

MR QUINN: No, I understand that.

COMMISSIONER FITZGERALD: Thank you very much. It's their
20 definition, but they've done it for a reason. They basically try to say that from the day you go into the military they want to make - they want to introduce this notion of a continuity. That is, you start to understand that at some stage you're going to be leaving the service, that you should be thinking about your future, that you should start to engage with, sort of,
25 the DVA at an earlier stage and sort of that. So that was a sort of a very practical reason they came up with that, but when we heard it we thought it was very strange also, you know, a bit different.

But I suppose we've not decided to make any recommendations about.
30 That's government policy, but even if we wanted to I'm not quite sure how we would deal with it. so I hear what you say. A lot of people have said that to us, a veteran is somebody that's served in war or at least been operationally deployed, but I'm not quite sure how you would describe everybody else who needs to access what's currently veterans' services.
35 So I suppose it's just a dilemma, one we've preferred to leave alone.

MR QUINN: Well no, not necessarily. You can have war veterans and you can have military veterans.

COMMISSIONER FITZGERALD: So you just put an adjective in
40 front, a name in front?

MR QUINN: Yes. Not contemporary.

COMMISSIONER FITZGERALD: Sure.
45

MR QUINN: Because as I said, you speak to most younger veterans, contemporary veterans, and their attitude is exactly the same. A veteran is a veteran. There should be an - you know, an adjective in front of the
5 word veteran, unless you're going to go and create, for example, as you say, a war veteran and a military veteran. If you're a military veteran, if they want to use that terminology, then they haven't got operational service, and a war veteran has been on operations, and especially when you've got, you know, for example, young fellas that have been blown up
10 in Afghanistan, who are the exact same veteran, as I said, as a bloke that fell over the gutter on day one at Kapooka, did his ankle, and discharged on day two.

COMMISSIONER FITZGERALD: Right. Well we hear that. Yes.
15 I'm not quite sure we're going to solve that.

MR QUINN: No. As I said, I understand that that's not - - -

COMMISSIONER SPENCER: That is the government's - - -
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MR QUINN: That's the - yes.

COMMISSIONER FITZGERALD: We're out of time. I want to say thank you. I think you participated in the forum we had down here before,
25 at Christmas, or not - other organisations did.

MR QUINN: No.

COMMISSIONER FITZGERALD: So we had a forum down in
30 Tasmania last year, and we have a terrific conversation with many of the organisations, and we've been very grateful for that. I'd just like to go back to the point, if I sound a bit harsh about the entry - the - after your first comment, I suppose what we're trying to do is, it serves nobody and interest to say the Productivity Commission's report is all this, or it's all
35 that. I mean, that's like, you know, throwing - it just doesn't help, but what you've done is fine. It's to say these are the issues we've got the concerns about.

But I want to just go back to a point. This is a report that takes the life of
40 the veteran from the time they enter Defence until their latter years of life, and we've tried to cover that span, and I would say, in fairness, a lot of what we've got in there is incontestable, in fact very good - good for current veterans, good for others. So we're very happy for people not to agree with some of our key recommendations, but what we don't want to
45 have happen is people then say - they use these generalisations, and

frankly that doesn't help anybody, but also it actually damages the ability to get really good change in, so I'm just trying to get ESOs to type in all the things they really don't like.

5 **MR QUINN:** Yes.

COMMISSIONER FITZGERALD: And not try and - and it happens in every inquiry. You know, people sort of have these generalisations, but I've got a lot of them, and if you really want to get good quality reform the best way to do it is just deal with issue by issue.

MR QUINN: Yes.

COMMISSIONER FITZGERALD: And that's really my point.

15 **MR QUINN:** Can I just ask a couple of things?

COMMISSIONER FITZGERALD: Sure.

20 **MR QUINN:** Did you receive any external advice when you were conducting the commission? For example, with no offence to yourselves, did you speak to - and I understand this is what the public hearings are about, but prior to the draft, you know, have you guys served in the military?

25 **COMMISSIONER FITZGERALD:** No, but I can answer your question. We went to bases in Albury, Wagga, Townsville. We've been to bases in Darwin, we've been on naval vessels okay, so we've spoken to current contemporary veterans. We've spoken to ex-heads of the government agencies, we've spoken to the senior levels of the military, we've spoken to researchers, we've spoken to rehabilitation consultants that specialise in dealing with the military, we've spoken to just about every - all the major ESOs.

35 **MR QUINN:** Yes.

COMMISSIONER FITZGERALD: So we've used the expertise of your people, veterans, and that's been invaluable, and I - and of course we don't have that expertise.

40 **MR QUINN:** Yes.

COMMISSIONER FITZGERALD: But the only way we can run inquiries is to use that expertise. So I can only say to you, whether we've drawn the right conclusions or not is up to you. I can just guarantee to

you, we have spoken to hundreds of people currently in and who have left the service, and we've tried to listen as attentively as we can, but what we will say is this. as you rightfully know, there's no uniformity of view.

5 **MR QUINN:** No.

COMMISSIONER FITZGERALD: Young veterans and older veterans, people with the navy, the air force and the army, they discharge differently, they have different processes, so this has been an exercise
10 where we've looked at this myriad of institutions and veterans, and there isn't a common voice, except for one thing, that veterans rightfully want, and we agree require, a system that will support them throughout the whole of their life.

15 **MR QUINN:** Yes.

COMMISSIONER FITZGERALD: That's the one thing everyone agrees on. how you do that, well that's very different.

20 **MR QUINN:** Yes, and just one final question, if I may ask. You put that quote in from RSL New South Wales. That has created a lot of divide within the veteran community. Did you - were you aware that putting that quote in from RSL New South Wales was going to create such a drama?

25 **COMMISSIONER FITZGERALD:** No, but what we do is, we quote submissions all over the place, and we've - our proposals - as you know, our report is littered with different quotes. One of the reasons we do that is so that when we come to the final people have had an opportunity to comment and to react to those issues. So our approach is not to create
30 divisions in the sector; that's not the point. But there - what is clear is that there are very different views, even if you look at the public hearings, about all these issues. So on the same day within a - literally half-an-hour you've got a veteran standing up and saying DVA should be gone, it's the worst department under the sun. The next veteran gets up and says it's the
35 best thing, we've got to keep it, you know, it's wonderful. This is the difficulty and the magic of inquiries.

MR QUINN: Right.

40 **COMMISSIONER FITZGERALD:** So it wasn't a divisive tool. We have no interest in dividing the veterans' community. They've been terrific in working with us, but I have to say there is no uniformity of view about a lot of these issues.

45 **MR QUINN:** Yes.

5 **COMMISSIONER FITZGERALD:** And that's true in every inquiry. So our job is, as - that's what we're objective. That's why we're not part of the veteran community, is so that we can say we've got all these different views, and then we try and apply analysis to that, and then you and the public and ultimately governments decide whether they like what we've said or they don't, and that's the process. But our - we have no strategy about dividing or conquering or anything.

10 **MR QUINN:** Yes.

15 **COMMISSIONER FITZGERALD:** It's really just trying to get diverse views, but the veterans' is one of the most diverse groups we've dealt with. the diversity of views in this sector is extreme, and it really is about people's personal experiences.

MR QUINN: Absolutely.

20 **COMMISSIONER FITZGERALD:** If they've had good experiences in the defence they have a view. If they've had bad experiences it colours that. If they've had a good experience with DVA they have a view. If they had a bad experience with DVA it colours it. So we're just trying to work our way through that. So thank you for your help.

25 **MR QUINN:** No worries, thank you.

COMMISSIONER SPENCER: Thanks, Barry.

30 **MR QUINN:** Cheers.

COMMISSIONER FITZGERALD: Can we have the Partners of Veterans Association? Is that right? Jacinta Leahy. Thanks, Jacinta.

35 **MS LEAHY:** (Indistinct.)

COMMISSIONER FITZGERALD: Yes, grab that. Grab yourself a water if you want, and just speak up as loudly as you can. So just grab a seat, and if you can just give me your full name and your date of birth - sorry - - -

40 **MS LEAHY:** My date of - - -

COMMISSIONER FITZGERALD: (Indistinct), but the organisation that you represent.

45

MS LEAHY: Jacinta Leahy, and I'm from the Partners of Veterans Association of Australia — Tasmanian branch. Thank you.

5 **COMMISSIONER FITZGERALD:** Thanks Jacinta. Thank you for that. Can I just ask, just upfront, the Partners of Veterans Association Tasmania, that is a branch of a national body?

MS LEAHY: Yes.

10 **COMMISSIONER FITZGERALD:** And the national body's name, is it the same as - - -

MS LEAHY: Partners of Veterans Association of Australia.

15 **COMMISSIONER FITZGERALD:** Okay, thank you very much.

MS LEAHY: And then we're the Tasmanian branch.

20 **COMMISSIONER FITZGERALD:** That's terrific. So, Jacinta, if you can just give us a 10 minute overview of your key points, and then we'll have a chat.

25 **MS LEAHY:** Okay. First of all I'd like to thank for the - thank you for the opportunity to provide feedback on the draft report and its recommendations. Below is some of the feedback from the national body, plus the Tasmanian branch.

COMMISSIONER FITZGERALD: Sure.

30 **MS LEAHY:** So you may have heard some of the information already. There are many parts of the report that could be commented on. However, PVA Tasmania wish to address the issue of partners and how the draft report pertains to them. There are many positive outcomes for veterans in the recommendations. However, we find very little tangible benefit for
35 partners. Veterans and their families are mentioned approximately 430 times within the report, but nowhere can we see a recommended program for the partner.

40 Okay, let's put this in - the issue of partners into perspective. There is no other employment that requires the employee to write a blank cheque, to put their life on the line for their country, that their employer can send them into a conflict situation that can result in their death or serious injury, physically and/or mentally. This is often referred to as the unique nature of military service, which does not seem to be fully acknowledged
45 throughout the report and its recommendations. Civilian occupational

health and - health - occupational health guidelines and civilian workers' compensation can never compensate for the sacrifice required of an ADF person and their partners. Therefore, different compensation policies need to be considered, both for the veteran and the partner.

5

Please could the commissioner's re-evaluate the role of partners play in maintaining a veteran within the family home, in employment, and in the community, often at the expense of their own health and wellbeing? The definition of "and families" needs further clarification. The widow and dependent children of a deceased veteran seems well defined, acknowledged, and compensated. However, the partner of a veteran caring for a living veteran does not appear to be afforded the same recognition. They are left to their own devices socially, financially, and pay for their own health issues that may be the result of living with a veteran. Consequently partners often need to access the public health system if they cannot afford their own private health insurance, which is often the case.

We feel, if the commissioners use "and families" that should include the families of the living veteran. It also needs to be remembered the cohort of partners that are advocating in these scenarios are living with a veteran with a mental health issue, generally having been caused by their service in the ADF, whether it be the older cohort under - who are TPI under VEA, or the younger generation whose partner has been medically discharged and are compensated under MRCA or DRCA, or all three.

We were very disappointed that there was no positive recommendations regarding the White Cards for partners, as this could have been an acknowledgement of the role the partner undertakes in providing support to the veteran. The partner is often left with the full burden of addressing the physical, intellectual, emotional, and social needs of the family. In most cases a great deal of time is spent focusing on the veteran's needs at the expense of their own needs. It is documented that depression, anxiety, and stress the partners are under for long periods of time can lead to numerous stress-related illnesses, such as Parkinson's, shingles, or to immune diseases and secondary Post-Traumatic Stress.

Research in Europe has provided evidence since after the second world war of secondary Post-Traumatic Stress. The recent research of The Road Home shows that nothing has changed. There is overwhelming evidence to support the premise that a partner/spouse caring continuously over extended periods of time would require more than Open Arms can provide. Open Arms has its place; however it is not the solution to the needs of partners unless it opens its arms to include partner only programs on a regular basis.

We stress that it is counterproductive not to ensure the mental health/wellbeing of the partner/spouse as a priority in the overall recommendation in the overall treatment of the veteran. We therefore ask
5 the commissioners to consider the cost of providing a White Card to the spouse or partner for the treatment of mental health and stress-related issues compared to the cost of care and support, medical and ancillary, required by the veteran if the partner/spouse is no longer able to due to separation, divorce, or death. The data collection to justify this hypothesis
10 would be a nightmare, and we understand that, but it just seems in a logical thinking I'm sure would result in a plus budget gain.

We believe the following questions could need to be considered by the Productivity Commission in terms of partners. What can we recommend
15 to government that would help reduce the separation/divorce rate amongst the younger ADF partners? What can be recommend to government to reduce the suicide rate of veterans in relation to the role partners play? I guess first by acknowledging the role that partners play in these heartbreaking scenarios. How do we acknowledge, understand, and show
20 appreciation of the role partners have played in keeping the veteran alive, connected, valued, loved, enabling them to live as a normal life as possible, maintain positive family relationships and hopefully employment placement.

If the White Card is not to be recommended, then perhaps the following strategies could be considered by the Commission. So, the government fund 10 visits per year to a health professional provider of choice via a free consult with GP or referral to partners whose husband, veteran
25 partner, has been medically discharged. This scheme could also be applied to the older cohort whose partners have Gold Card and widows. Another program could be individualised wellbeing plans, again for partners whose veteran has been medically discharged. This could be
30 administered through the GP but be more comprehensive than the 10 visits per year, and include a wider scope than the usual allied health professionals.
35

Another consideration: develop a program for partners similar to the one called Kookaburra Kids. For example, on 27 October 2018 the prime minister announced funding of 7.6 million over three financial years, 2019
40 to 21 for Kookaburra Kids, to increase targeted support for - to children of ex-serving Defence Force members who are experiencing mental health issues as a result of service. Kookaburra Kids is supported by government funding of 2.1 million over two years in the year 2016 to 17, the budget to deliver age-appropriate psychosocial education pilot program in New
45 South Wales, the ACT, Queensland, and the Northern Territory. This

further investment of 7.6 million will enable the program to continue and to expand into Victoria, South Australia, and WA.

5 We note widows, widowers, and their children are acknowledged by the government, and the effect the veteran's services has had on the family. The children may be eligible to come under Veterans' Children Education Scheme. Why no similar acknowledgement of - for the partner of a living veteran? Maybe an example of a strategy for the younger cohort of partners, there has been a move recently to help partners who have had to
10 find new employment after the veteran's regular new postings. However, the benefits are limited and not individualised. We know women earn less and we know women end up with lower superannuation for various reasons other than wages. We look at a recommendation that the commissioners could consider and recommend that every time a partner is
15 required to move employment positions as a result of their veteran's new posting, a one-off compensation amount is deposited into their superannuation fund, and also to note that some postings can occur every two years, so there's no opportunity to build a career.

20 I have finished what I would like to say, but I'd also like to say that I am a partner of a veteran, obviously, and I have a son who's been in the ADF for over 22 years.

COMMISSIONER FITZGERALD: Thank you very much, Jacinta.
25 Firstly, just a couple of clarifications. When we use the word "families" we do include partners - partners of the living, widows, widowers, and children and dependents, and we'll make that more explicit in the final, so I just want to be clear. So, if we haven't made that clear we should and we will. The second thing, however, is the most significant part of this, and that is how do we actually recognise the needs of partners? And
30 you're right, ours is pretty light on. so, when we had a round table - we have a round table before the draft specifically in relation to families, and I think the Australian organisation was there; certainly partners were represented, and I suppose I left the round table unsure as to what would
35 be the most beneficial services for, in your case, partners, and you've given a number of explanations, so I'm going to just go back a little bit.

Our approach, I suppose, was to extend the services of Open Arms. You know, it's an existing scheme, and it has some flaws but we think
40 overwhelming delivers reasonable services, if you're able to access it. so that was our approach, and clearly from what you're saying that's part of the answer, but it's a completely inadequate part of the answer, and I think that's right. So, can I go back to that recommendation you've got about the White Card, and I presume - can I be very clear about this, Jacinta, is it

the - the White Card covers a number of things, but the part of it that you're concerned about is access to mental health services, fundamentally?

5 **MS LEAHY:** Correct, yes.

COMMISSIONER FITZGERALD: Right. So, why do you believe that that particular White Card aspect is so essential to partners of living veterans, and the point I just want to make is, relative to the services that are available in the community? So, we understand that, you know, the White Card has an attraction, but why do you think, and how do you think, that would make a difference to the lives of partners if they suddenly had access to that part of the White Card?

15 **MS LEAHY:** I think it's first about acknowledgement.

COMMISSIONER FITZGERALD: Right.

20 **MS LEAHY:** So, it's acknowledgement of their role and what they've been play - they play, that then, because they are - because of maybe developing those mental health issues, like anxiety, that secondary Post-Traumatic Stress Disorders, and it does happen.

COMMISSIONER FITZGERALD: Sure.

25 **MS LEAHY:** So therefore they would be able to, hopefully, access the services that are required more readily. Just - yes, had (indistinct).

30 **COMMISSIONER FITZGERALD:** If you were to open up the White Card, or at least that element of it, do you see that as - is it to partners of all ex-serving veterans?

MS LEAHY: No, and that's what I'm saying.

35 **COMMISSIONER FITZGERALD:** Who do you think should be eligible for that portion of a White Card?

MS LEAHY: It's the veterans that have been medically discharged and have those Gold - well, receive the Gold Card, I suppose.

40 **COMMISSIONER FITZGERALD:** Or whatever.

MS LEAHY: Yes.

45 **COMMISSIONER FITZGERALD:** So it's those that are already access - because as you know, going forward, the government's decided

5 that the White Card will be available, effectively, for anybody who ceases military service, provided they seek it, which is a significant change and will in fact, now, be applied to tens and tens of thousands of people, and that's probably a good thing. But your view is that it's really in relation to those that are either medically discharged or have some level of claim.

MS LEAHY: Yes.

10 **COMMISSIONER FITZGERALD:** Right. When you look at the impact of living with veterans, particularly those that have been medically discharged, do you believe that the impacts on partners are of a different character than may be associated with people that are living with, you know, partners that have got mental health illnesses generally? So the point I'm making is, is there a unique, are there a set of unique factors, not
15 about military service - this I understand - but in terms of the impact on partners that we should be more conscious of? So a lot of partners live with partners that have got mental health, and we're doing an inquiry into that, as you know - the Productivity Commission is doing a national inquiry into mental health. But what do you see in your members, and
20 what do you see in your own life, I suppose, that places the partner's wellbeing or mental health in a slightly different category to that of anyone else?

25 **MS LEAHY:** I guess it gets back to their service. If it's the result of their service in the ADF then that's that domino effect. In the general community it's a different ballgame. The effect may be the same, but it's just - it's, I guess, the cause.

30 **COMMISSIONER FITZGERALD:** Could I just ask this?

MS LEAHY: It would be the same that you applied to why should the veterans have, you know, like, compensation?

35 **COMMISSIONER FITZGERALD:** The cause is different, but the nature of the conditions, and you've identified several of them, are they more intense, or are they of a different character, do you think? The cause is different; I understand that, but the actual - - -

40 **MS LEAHY:** I don't think there's any - I can't give you any evidence of that.

45 **COMMISSIONER FITZGERALD:** When you were a partner of a serving veteran, and when you were a partner of a non-serving member, did you and your members notice a significant difference? In other words, do partners feel that they were well supported in Defence and then poorly

supported post-service? Or, and I gather from some people, they would say, "Well, there's actually problems in both"?

5 **MS LEAHY:** There's problems in both. There's pockets of good and there's pockets of not so good and there's - the Defence Force, I guess it follows through, there can be a general theme. It can follow through that partners feel not supported when active - their partners are in the - the veteran is in the ADF, the partners feel they're not supported.

10 **COMMISSIONER FITZGERALD:** Do you think that that has changed or improved over time? Now, your members would have varying experiences. If we look at the material that Defence produces it would indicate that, compared to the past, there's a much greater awareness of the impacts of military service on families and supports. We have no way of
15 knowing whether that is translated into actual support, but is there a general sense within the - your community of interest that things have changed, improved, or you - or do you think fundamentally the issues remain?

20 **MS LEAHY:** Look, I'm just talking off the top of my head. I would say overall, because there have been policies put in place, things should have improved, but on the ground we hear - again, you hear positive stuff but you still hear some horrific stories, so again I think it's maybe that diverse stories that you get, some good, some bad. I - and that's all I can give you.

25 **COMMISSIONER SPENCER:** Jacinta, just going back to explore this a little bit more. In all the visits that Robert referred to earlier, I mean, we've heard varying stories, and what strikes us is, as you say, there are - and quite often due to a base commander there are good examples of
30 engaging with the families and the partners, but there seems to be a lack across the system of recognition and appreciation of the role of partners and the impact on families. I think Defence is aware of that, and DVA, and there are some initiatives underway, but I think we should have more to say to emphasise that, to your point. The Joint Transition Command
35 certainly, in our thinking around that, the more dedicated attention to transition - it's been put to us very strongly it's transition for family as well, of course, and for partners, so that - and often there's a sense of having not been engaged in the transition process and not understanding or even knowing what was going on. So, we'll strengthen our
40 recommendations around that.

I just wanted to ask one question about - we had - because you're in a situation of both partner and parent. We've had some parents say to us
45 "We feel quite left out of this". Now, there can be issues around the member is an adult, but I wonder, from a parent's point of view, do you

have any thoughts or views on that, because some people have expressed to us, as a parent, they felt, particularly when there were really significant issues for their son or daughter, they felt quite left out and uninformed about what was happening.

5

MS LEAHY: I have not been the next of kin for about six/seven years, and I don't hear anything from the ADF, so it - all the information, and there was a deployment in the year 2016. I didn't hear anything, but - and even the partner was - you know, not one phone call, you know, and had to move from one posting to another, so - but prior to that I guess I did have some communication when - on a previous deployment, but yes, I would say you're not kind of kept up to date or - on a daily - well, you wouldn't expect to, but you know.

10

COMMISSIONER SPENCER: This seems to be perhaps a little bit more of an issue, because as you would know, your son, you mentioned, has been serving, I think, for what, 20 - - -

15

MS LEAHY: Twenty-two, 23 years.

20

COMMISSIONER SPENCER: Twenty-two years, so he's a little outside the norm because more often, today, joining at 17 or 18 and discharging in mid to late 20s is more the norm. So, I think the issue of parents in all of that is something we need to think about as well, and how do they feel connected to this. The last comment I was just going to make was the - look, I absolutely hear you about the impact on carers. Both Robert and myself have, over many, many years, in fact decades, experience in the disability sector and in other sectors, about the impact on carers. So, absolutely understand the severity of that impact, and the question then becomes, what can be done about that?

25

30

As Robert has said, the mental health inquiry will look at the system as a whole across Australia, but we are very interested in, military-specific, what needs to specifically happen in the military context, and hence Robert's question about are the particular impacts on partners and their families significantly different, and we've got to think about how does this military system respond to that, so we'll give further thought to that.

35

COMMISSIONER FITZGERALD: Can I just explore a couple of things? You said as an alternative to a White Card approach, for example, the payment of 10 visits to - sorry, I just want to be clear, did you say 10 visits to GPs or 10 visits to mental health practitioners, or just generally? It could be either.

40

MS LEAHY: Just - I think I put 10 visits to GPs. Well, yes, for the government to fund 10 visits per year to a health professional provider.

COMMISSIONER FITZGERALD: Okay.

5

MS LEAHY: Via a free consult with GP for referral. So just broadening that, what's in already existent.

COMMISSIONER FITZGERALD: Sure.

10

MS LEAHY: I mean, again, as you say, it's about thinking how can we do this? So I just thought, well, we've got to have some ideas, that's all.

COMMISSIONER FITZGERALD: And the notion of a voucher system, in a sense, is what you're talking about, is - does apply in other systems. Of course, as you may or may not be aware, subject to receiving a mental health plan by a GP the government does pay through Medicare for a number of visits per annum, yes, but - and I've been in other inquiries where people have talked about the inadequacy of that, so I'm aware of that.

20

I just want to go to one other issue about - and that is this issue of - you mentioned a sort of a support service or group similar to that which is the Kookaburra for Kids sort of program. One of the things that's arising is, ESOs around Australia have been talking to us about the development of things called veterans' hubs, and we have a view that that has some real merit, and we'll be looking at that in the final report a little bit more fully, and whilst we think they should be run by ESOs and are jointly funded by state and local government fundraising, we think the Commonwealth government, through DVA, has some role to - in supporting that.

25

30

But I was wondering whether or not the veterans' hubs provide a way by which some of the social supports, the more informal supports, can be provided to partners and their families. In other words, we would be thinking that hubs are about veterans and family members. Perhaps that's not what all the veteran centres are thinking about. I was just wondering what your view might be about that.

35

MS LEAHY: Mates4Mates and PVA Tasmania are just looking at getting together with the younger partners and us older ones together, and yes, they're - and I think that is a good idea. I think both parties, we've got a lot to support one another and a lot to share, and I think that's a good idea, and we're looking at maybe having that whole process facilitated by a psychologist. So I think yes, there's that social connection, but it's also acknowledging that what is going on mentally and what we've dealt with,

45

and what - because the stories are exactly the same. These younger ones are coming up with stories that you think "Oh, nothing's changed", you know, and if you can get that support in at that time maybe you - the divorce rate, the separation rate - because people are walking away. The younger ones are walking away at a higher rate than maybe the older ones.

COMMISSIONER FITZGERALD: Just on that last comment, do you think that the basis for that comment - obviously that's what you're observing - I wonder is there any reports or evidence or has there been any surveys or research done in relation to those sorts of issues, around whether or not younger partners, or younger families, are breaking down or separating at a greater rate?

MS LEAHY: I haven't come across actual - any research, but I - the - I mean, our figures are very, very small, but I did break down what had happened to our younger ones, and I think it could be repeated across Australia. Should I read it?

COMMISSIONER FITZGERALD: Yes, please.

MS LEAHY: Okay. The profile of the younger cohort of members of PVA Tasmania branch, and again, that's only members - our members - is reflected in the following example. Out of six younger members two have currently - two have currently remained in their relationship. One has become a widow due to her partner dying of military-related illness. Three have walked away from the relationship. These relationships have involved young children. This is 50 per cent of young partners leaving the relationship with a veteran. As I say, these figures are small; however I suspect they could be repeated across Australia, and indicates the system has failed these veterans, the - have failed these veterans' partners and families.

COMMISSIONER FITZGERALD: And just anecdotally, does that - do most of the separations for those that have walked away, is that more likely to occur within a short period after discharge, or - I mean, it could happen any time, obviously, but some people have said the transition period is so - - -

MS LEAHY: I am just trying to think, yes.

COMMISSIONER FITZGERALD: - - -Richard has indicated is a critical period. We've put a lot of work into that, and we'll put more work into it, but it does seem to us that that is a critical and defining moment in both the veteran's life and that of their families. It's a huge shift and

change, and we're concerned about the fact that's not done well at the moment, but we'll see.

5 **MS LEAHY:** Just thinking of those, I would say within the first two, three years, so whether you call that - - -

COMMISSIONER FITZGERALD: Of discharge?

10 **MS LEAHY:** Yes.

COMMISSIONER FITZGERALD: Well that would be consistent with what we're hearing. All right, well thank you very much for that, and we are giving consideration to the issues you've raised, and it does post some - well, firstly the issue you raised are very good; we should deal with them. The second thing is just trying to work out the right response, so - - -

MS LEAHY: Can I leave this with Brad?

20 **COMMISSIONER FITZGERALD:** Yes, Brad will take that. So thank you very much for that.

MS LEAHY: Okay, thank you.

25 **COMMISSIONER FITZGERALD:** That's good. Thank you, and I think he's about to pull the curtain, which may mean it's morning tea. So if we can just have 10 minutes. Just right at the back there's a little bit of morning tea, and then we'll resume precisely in 10 minutes' time.

30 **SHORT ADJOURNMENT** **[10.58 am]**

35 **RESUMED** **[11.11 am]**

COMMISSIONER FITZGERALD: So we'll just resume and if we could, Mr James Haw, please.

40 **MR HAW:** Over there?

COMMISSIONER FITZGERALD: Yes. Thanks, James. Do you go by James or Jim?

45 **MR HAW:** Jim.

COMMISSIONER FITZGERALD: Jim, if you can give us your full name and the organisation you represent, if any.

5 **MR HAW:** Right, well, it's James Frederick Haw and I'm representing my son, James Douglas Haw, Lance Corporal.

COMMISSIONER FITZGERALD: Thank you.

10 **MR HAW:** That's his organisation.

COMMISSIONER FITZGERALD: And Jim, if you could just give us a 10 minute overview of the key points you wish to make.

15 **MR HAW:** Thank you. It won't be that long. Look, what I'm here for, really, is to put a face to terminology, interpretations by the DVA and their subsidiaries, i.e. military super, and a bit of a summary about perhaps where we're at and this particular person, I'm sure there's many of them, in ADF ranks and different parts.

20 So this particular guy is my son, Lance Corporal James Douglas Haw. He was with 1 CER in Darwin is now trying to rebuild his life here in Hobart, with the help of the DVA, I might add, and I can touch on that in a moment, but what I really wanted to do is help your Commission and, too, 25 the DVA, put a face to the name on the other side of that computer that they're looking at, and for example, this guy on his first tour to Afghanistan, he was on RTF 1. I won't read out his commendation, but just the last two paragraphs:

30 *You are a trustworthy and capable soldier who provides an excellent role model to your peers. Your achievements are of the highest order and they are in keeping with the finest traditions of the Australian Army and the ADF.*

35 So that was from the Brigadier of Middle East Operations on his first appointment. So he went back a second time as a seco, and it's here where all this started, so I didn't know what post-traumatic stress disorder was until James started to behave the way he did and then I remember when I was 10 my father was in the Second World War as air air gunner and he 40 was on Wellington bombers deployed from bomber command in the UK to North Africa, and after a few deployments was shot down. He survived that but he did tell us about when he did come back and they landed the aircraft what it was like for the tail gunner, and this is what my father saw as a young man, and some of the military people, you would probably

appreciate, is a 19 year old in the Air Force, he was an AEC. By the time he was 22 he was a WO2 because of attrition.

5 Now Dad would tell us, and this is only later in life, and explain his
behaviour which helped me with my son. Dad would say they'd come
back after a mission and if they got out of their aircraft they'd walk past
another Wellington bomber and they're hosing out the rear gun turret.
That's how disgusting it was. So Dad would fly off the handle once he -
well, he got back to Australia and went to uni, Melbourne University, did
10 law and became a very successful barrister and solicitor, and this is similar
to what James is doing now, as I said, with the help of the DVA.

15 So what we're talking about here is post-traumatic stress disorder and all
the procedures you have in place, interpretations, terminology and what it
does to these guys, and to see James, you know, like, he's just like my
father. My father would fly off the handle at the top of a hat if my older
brother did something. He never picked on me for some reason, but he
would pick on Rex and Mum, and I didn't know what that was as a 10 year
old. Now I do. Dad was under a lot of stress too, and he was intolerant of
20 things he couldn't handle or petty things which is post-traumatic stress.

Some of our members here will know is what James has had, and when he
came out of the army a few years ago he was fine, I thought he was
alright. He started to tell me things and then he deteriorated and he hit the
25 grog and variations of the Devils Lettuce tobacco, and he, look, he was a
mess because it was starting to catch up with him, the different things that
happened, and we were just trying to keep him on the straight and narrow,
but he was going to see - he wasn't in any system with the DVA. He was
seeing a local GP who referred him to - he said, "You need to see a
30 psychiatrist".

So he was going through these processes and they said, "But you're a vet
so you need to be going through a proper system with us". So he's a very
proud boy. He didn't want to go through the DVA and get their help for
35 all the financial assistance and he was asked in 2014 to put in a claim for
all the things that they want to deal with so they can get him off his books
or get him signed off whatever. Just, I don't know how it works with the
DVA, but he put in - he got help with a fair few things, irritable bowel
syndrome and his PTSD.

40 One of his claims was, he said, "I had a sore back". So when he was on
the second tour, he wasn't wearing Kevlar, he was wearing ballistic plates.
So when he was jumping off the Bushmasters or the Unimogs and trying
to get all this work done, he did hurt his back. So James is not a doctor.
45 He just said, "My back's sore". So he was looking at for that. The DVA

in this whole process of claims sent him off for X-rays and hence we're getting into the terminology, sent him off for X-rays and he had MRIs and CT scans, and he had some damage to some vertebrae I'm going to tell you about in a moment, but the DVA's guy, and I think this is just, there's
5 a DVA assessor who was an orthopaedic surgeon, they knocked back the claim, and I've got the names here. I don't know whether you need these but - - -

COMMISSIONER FITZGERALD: No, I don't need the name.

MR HAW: Okay, but the claim was knocked back because this doctor said, "Oh, he's got Scheuermann's disease". Now, there's a guy coming on later today, Brian McKenzie, who has been looking after James as his advocate, and Brian told us about three others, so this guy was telling
15 people, "If you've got a sore back you've had Scheuermann's disease".

Scheuermann's disease is an injury of the thoracic vertebrae that you get as a child, teenager, so when James was a teenager he was playing cricket for the University Cricket Club in district club, he made a ton in second in
20 grade as a 16 year old, very healthy young man, and in the winter months playing football for North Hobart in the under 17s. Nothing wrong with his back at all as a teenager. Never had Scheuermann's disease. I would have known. The only injury I took him to the doctor for was when he mistimed a hook shot and had to have some stitches in his eye. That's his
25 only visit to a doctor I can remember as a teenager.

Anyway, so he's diagnosed with Scheuermann's disease, so his claim was knocked back, and this is post-traumatic stress disorder. All these things, they see the DVA as trying to, you know, as against them. They can't see
30 that - they're probably going through processes. They take it personally . It's a war against them, and so he was quite upset by it, and once I looked at it I, from the work I do within the hospitals, I looked at his X-rays and saw that the injuries were to his cervical vertebrae, and that's C5, 6 and 7, up here, which radiates to where the mid back pain, jumping off the
35 trucks, he's got loss of height there. There's neurological damage impinging on nerves going out, and that is his injury. It is C5, 6 and 7, lessening of height, impinging on the nerve roots, subsequent pain.

So we had to then go - the DVA asked us to prove all this, so we had to go
40 back at our expense. We've had to get surgical visits, consult visits, X-rays and so on, and if I can - and I don't want to offend our DVA representatives here, but the neurosurgeon put in writing that, "You haven't had Scheuermann's disease", and I'm not going to put this in the letter, but if I get asked I will, but he said, "The only reason that guy could
45 have put you down that you've got Scheuermann's disease is he was either

looking at the wrong X-rays, that's what the surgeon said, he's either looking at the wrong X-ray reports from another patient, or he was deliberately obstructive.

5 So all this just, James wants to go to lawyers and medical negligence and all that. So we're back in the system now, but the point of all this is it is personal for us because there's just one other thing I wanted to say about the system that the DVA has. When James was in Afghanistan, I've got a photo of him up a ladder. He was a 1 CES, he was a competent engineer,
10 a carpenter and joiner by trade. He's out at Tarinkot up a ladder fixing off some battens with those, you've probably seen them, they're the pink gas-filled nail guns so there's no power cords.

15 So he's up fixing off these battens in this photo, and I've nearly finished, and you look down at his leg, and at his thigh there's a 9 mil pistol strapped to it, and to his right there's a guy from the infantry who is helping guard him as well. That guy, his name was Panda amongst the boys, so Panda and James were very close mates, and I had to, and this is where this post-traumatic stress disorder not only affects the veteran but
20 us as well. I had to nurse him home for an hour and a half once he was told that Panda suicided.

Panda was rung up by the DVA, as the story goes, and maybe the DVA could clear this up, but our story was that he was told that, "You need 50
25 points to get a Gold Card", and he had 49, and his mother tried to ring him to counsel him as well and found him hanging from the carport. So that's the personal side to - I'm not having a go at the DVA. It's the systems that are in place and I'm begging for systems to do some changes of terminology.

30 One last thing on terminology. So with his desperate situation, James, his partner also left him, and at Christmas time he's got a - he's six months behind on his mortgage. He's six months behind on his rates for the Sorell Council. He's got two teenage children that I said, "You're going to need
35 money in January because they're going to need uniforms, books and all that, and so let's get your military super. See if they'll give it to you under financial hardship". Here's to terminology.

40 So we applied for the military super just before Christmas and he was told, he got rung up by a nice young lady to say, "You haven't given us the letter from the DVA saying you've been on income support for 26 weeks". We'd been on, they call it, an incapacity payment, not income support. So this is the terminology I'm putting to you that what is the difference?
45 They haven't told us what the difference is. You know, so for some reason if you're on incapacity payments you can't get get at your military

super due to financial hardship. Couldn't be any more hardship than being behind in your mortgage and, you know, your partner's left you and you've got the kids.

5 So that's what I wanted to put to you. There's a lot of stuff you're doing and this is really just a one-off case, I know but there could be others, and it's just about terminology, you know? He just wanted some help before Christmas, and in desperation and in closing we wrote to the Minister, the local Minister for Denison down here who was in the army, Andrew
10 Wilkie, and this is the second letter we've sent to him and he hasn't replied, and we wrote to the Minister for the DVA, Darren Chester, yes, you know who I mean, and we haven't heard from him either.

15 However, the Friday before Christmas I was getting petrol so my phone's in the car switched. When I got in the car and got everything going and started to drive off there was a message for me to ring this woman, and the message said, "We've got your note about your son, so if you need counselling ring this number. I know it's late on a Friday so if you ring back Monday we'll help you". That's all we've heard.

20 So that's what I wanted to present to you. There's a human face behind these things. He's a good soldier, this kid. And lately, he didn't want to be dependent on the DVA. They asked him to do this, this is the last thing I'll say, and so they are helping him. He's back at school and he's studying
25 to be a building surveyor. He wants to be -he doesn't want to have a pension. He wants to run his own life so he's one of the guys that isn't on the system now but he did need financial assistance and to this day we just don't know how to do it. So that's me.

30 **COMMISSIONER FITZGERALD:** Thinks, Jim, and thanks for relaying the story in relation to your son, and it re-emphasises the point that Richard made to the previous participant, and that is, we've met with a number of parents and the impacts of what happens to their children, adult children, impacts on them as well, and you've expressed that. Can I go
35 back a little bit How long has your son been out of the army?

MR HAW: 2007 I think he got out, so what's that, about 10 years.

40 **COMMISSIONER FITZGERALD:** Do you know whether he was discharged on medical grounds or what is a voluntary?

MR HAW: No, no, he was otherwise well. He didn't have any issues. He just, he did his second deployment and decided, "Well, I haven't been with my kids growing up. I want to be with the family", so no, he wasn't a
45 medical discharge. He was a normal, you know, - - -

COMMISSIONER FITZGERALD: So how long was it after discharge that he started to evidence both the physical injury or pain associated with that, and also what you've described as PTSD?

5

MR HAW: Yes, okay, he always had a gut upset. He was always complaining of that and in pain, and he was often talking about his sore back and I didn't really take much notice of it because you hear stories all the time. I thought, you know, working on building sites he's hurt himself, but, now it was a good question you asked I noticed earlier today was, how long do these things occur. I thought he was fine, honestly. I was enjoying his company and we were getting, old days, talking about cricket, footy, all that, and he just deteriorated.

10

15 And so it probably would have been, to answer your question, about three or four years later once he realised he was - the pressures of the finances were getting to him as well. He was sick of going to doctors and he had to go, and he was really, he didn't - yes, he used to scream at his kids. I just to see that from time to time, and it's two little girls and a boy, and I don't think that was doing any good but he couldn't communicate with his partner. Now, they're just poles apart anyway, they probably shouldn't have got together. That sounds nasty, but they are apart now. She wasn't any help to him. She didn't understand it all.

20

25 **COMMISSIONER FITZGERALD:** And so when do you recall James putting in the first claim?

MR HAW: 2014.

30

COMMISSIONER FITZGERALD: 2014.

MR HAW: He was asked to do that because he was going to doctors and they said, "Put in a claim".

35

COMMISSIONER FITZGERALD: And the claim that he put in for at that stage, without going into all the detail, was it in relation to the physical injuries or PTSD or both?

40

MR HAW: Several, and I've got a report here, but yes, in the response it lists what they've acknowledged and they acknowledge PTSD, irritable bowel syndrome. He had to go back to another specialist which we got that on the way. There was a couple of other things I can't remember - hearing, hearing loss and there might have been a knee and an ankle, but the PTSD was certainly acknowledged then.

45

COMMISSIONER FITZGERALD: So back in 2014, were any of those claims, you know, relatively quickly dealt with and accepted?

5 **MR HAW:** Yes. Yes, it seemed to go through quite well as far as I understand.

COMMISSIONER FITZGERALD: So when did the difficulty come or where did it come? Did it come in relation to that back injury?

10 **MR HAW:** Yes, with the misdiagnosis because they were talking thoracic vertebrae and it's cervical.

COMMISSIONER FITZGERALD: Right.

15 **MR HAW:** It's the next level up.

COMMISSIONER FITZGERALD: So that's when the doctor assessed him to have Scheuermann's disease, is that right?

20 **MR HAW:** Yes.

COMMISSIONER FITZGERALD: And later on you got a second, or he got a second assessment from another doctor.

25 **MR HAW:** Yes.

COMMISSIONER FITZGERALD: I presume his claim was declined.

30 **MR HAW:** Originally, yes, and now we've got an appeal I believe, I'm not sure of the process, but I think he's got an appeal, but I thought he should do a new claim, but either an appeal or a new claim. Brian could probably tell you that later today.

35 **COMMISSIONER FITZGERALD:** No, that's fine, and so that matter's currently under way?

MR HAW: It is, yes, and all the paperwork's in.

40 **COMMISSIONER FITZGERALD:** So right at the moment your son is receiving some payments.

45 **MR HAW:** Yes, and I want to just praise the DVA for that. What they did do, last year they announced that, "If you're going to go back to school we'll give you - we'll pay your full pension", which as you probably know, being a Lance Corporal he gets that pay. Then they cut that back by 75

per cent which is a standard thing they do over a period which we understand, but they then said, "You can go back to your 100 per cent because you're going back to school". Then they said, "No, you're not going to uni. You're going to TAFE. You don't get it". So I mean, you
5 can imagine what it does to him, I mean, with PTSD. He said, "They don't" - he's carrying on, so another half an hour's counselling from me.

COMMISSIONER FITZGERALD: And you made a point which we've heard over and over again in this inquiry that many of the veterans
10 that find that system frustrating for the reasons you've identified see it as almost a conspiracy by DVA.

MR HAW: They do. They do. Well, you know it's not, but it's just the way it is.
15

COMMISSIONER FITZGERALD: And that's a very unique feature of the veterans' area which I must say, having now done inquiries into many other areas. Whilst there are some people that have that view, in the veterans' community many people take that view. If the claims are
20 rejected they see it as some sort of hostile act to them.

MR HAW: They see it as them and us.

COMMISSIONER FITZGERALD: But the question I want to ask is, two things. One is, when you were going through this process, your son was going through this process, what level of support did you get? Did he use an advocate?
25

MR HAW: Yes, he's still got him.
30

COMMISSIONER FITZGERALD: So did that help? Has that helped you understand the system any better.

MR HAW: Yes.
35

COMMISSIONER FITZGERALD: Because your frustration levels are very high, so was the advocate a help in that process?

MR HAW: He was and as I understand it he's been a tremendous help to three other vets you might hear about today. He's been terrific.
40

COMMISSIONER FITZGERALD: And but for that veteran, what do you think you're missing in the DVA system itself? You talk about terminology. You've talked about a wrong assessment, and I can

understand how frustrating is that, but what did you expect DVA to do differently to help your son through this particular period?

5 **MR HAW:** I don't know how to answer that because there was just a - it's a misdiagnosis which, you know, we've had to go in and get that information ourselves to go back to them. So they've just had a - look, I don't want to be too harsh on them. We were told that these assessors were ex-insurance people who are used to declining claims, but - and that's what it appeared to be, just for this injury. I know back injuries are
10 nebulous, it depends, you know, but we've got clear cut CT scans and MRIs that he's got, you know, cervical vertebrae damage. So, no, I don't know what else I could've said to them but I will praise them though because through all this he wanted - he didn't want to be dependent on them and they are paying for his building surveying, you know, they're
15 paying for this and I think all his modules are paid for for this year.

COMMISSIONER FITZGERALD: So they're paying for the education.

20 **MR HAW:** Yes, rehabilitation.

COMMISSIONER FITZGERALD: But you indicate that in relation to what's called the incapacity payments, they've come and gone.

25 **MR HAW:** No, well he still gets them. The money goes in each week and it's called "Incapacity payment", and if it had've been called "income support" he would've got ten grand for his military super to pay for his kids. That's it. It's just a terminology and maybe we need to have a look at the - I think there's about four Acts involved in all of this. You were
30 touching on two earlier this morning. It's quite a complicated system, so maybe this terminology needs to be addressed and simplified.

COMMISSIONER FITZGERALD: Well, it's the most complex system we've ever looked at and, subject to your view about it, we think
35 simplifying actually has significant benefits. But I just want to come back to a couple of things. James' own wellbeing, you've indicated that he's been diagnosed and assessed as having PTSD.

40 **MR HAW:** Yes.

COMMISSIONER FITZGERALD: What sort of supports are in place for James to deal with that particular issue?

45 **MR HAW:** He's got a terrific psychiatrist at Battery Point, and a psychologist who he actually - he just adores her because she listens.

They've advised him, but both those two specialists they've helped him go back to school. They'd said to him, this is the sort of support, they've said to him, "You're an intelligent bloke. You need to go back and do some studies and I'm going to push for that". So the psychiatrist has pushed that through along with the psychologist. They've been a great support, I have to say, for sure. If it wasn't for them I don't know where I'd be.

COMMISSIONER SPENCER: Jim, just to explore a bit what might have helped in the initial stages of this. As part of our inquiry we've listed New Zealand and talked to the New Zealand Defence Department. Their Defence and Veterans' Affairs is in all the Defence Department. But in speaking to those people that run Veterans' Affairs there, they were sharing with us - and it's a very different context in New Zealand so we must remember that - but a very proactive outreach program that their Veterans' Affairs was doing, and it was described to us as a little bit like your description of your son. He didn't want to be DVA dependent, he didn't want to reach out to them.

MR HAW: No.

COMMISSIONER SPENCER: So they experience similar issues and it's sometimes the people that don't engage with them who are the - who have very significant profound needs. So they've been trying to be much more proactive in an outreach program going around and sort of really finding those people and engaging with them. And it strikes me that there are two ways you can do that. You can do that as a department, but that's quite difficult frankly as a government department, so that brings us back to I think once again a very critical role the ESOs play, to be able to connect to individuals and build that trust and sort of put them on the pathway to what they need.

Did you son engage with ESOs at any stage after he separated from the service?

MR HAW: What are they?

COMMISSIONER SPENCER: Ex-Service Organisations.

MR HAW: No - oh, no he has, he has Mates4Mates. They were a terrific help. He was originally with the RSL down at Sorell. I think he's - I'm not going to try and change the subject, but that's a very good point, but I think how this could've been done better would've been rather than someone look at it all and say, "That's Scheuermann's disease", we probably should've been called in. To say, "We think this", we could've then said, "Well you're wrong because that's thoracic vertebrae, we're

talking cervical". So maybe that could've been done better, if it wasn't just a, you know, put in a box and that's gone, click the computer off and "See you".

5 **COMMISSIONER SPENCER:** So when he did make the contact and that wrong diagnosis was made, what could've helped - what would've helped is if to say some opportunity to challenge that or engage with them at the time.

10 **MR HAW:** Well that process is an appeal. So that was offered and he gets on the phone to - he's got someone at the DVA who's - I call her a counsellor, so she's been a big help too. Probably the guts of this really is post-traumatic stress disorder, terminology, desperate financial situation, terminology doesn't work, you know, and we're still going through the
15 process of the DVA and getting him sorted out for his neck. I'm retired from the medical industry. I know it's going to happen to him in his 60s, he's going to need an operation because it doesn't get any better. Once it starts to degenerate it continued to degenerate. It can't go back up.

20 **COMMISSIONER SPENCER:** Jim, just to go back to that earlier comment. With Mates4Mates and RSL, did he get involved in both those organisations early on after discharge, or did that become - is that something that happened later?

25 **MR HAW:** I'd say it was probably about three or four years later. He seemed okay. You know he's bowling along, then all of a sudden he's cracked. As I said, it could've been the alcohol and whatever he used to like to smoke. You know, they try to self-medicate and, yes, so it was - I think it was once he was talking to his psychologist and the psychiatrist
30 and they've said, "Go and see these people". One last thing about Mates4Mates. He was in a real crisis. They actually grabbed him and took him up to Brisbane. There's apparently a - you might know - there's a facility in Brisbane, some of the guys might know it, but they lock them up for about three or four weeks. Take the phone off them and everything,
35 because he was in a bad way. And they were fabulous and they sent him back a different bloke. Yeah, so once we got on to that, I've got him now looking for lights at the end of the tunnel, rather than everything's a disaster. He thinks we're stuck in traffic. So look, I'm trying to say, you know, not everything is - we're doing better and he said to me the other
40 day, and you touched on it a moment ago, I was really surprised and touched to hear this, he said, "I've just got another mate, I've got a phone call from Perth and another father has lost his son", and he said, "I've never really factored in what this is doing to you, Dad". So he knows.

5 **COMMISSIONER SPENCER:** Thanks Jim. Thanks for sharing that story with us, it's really important. The reason I asked about the roles of ESOs and I mentioned it earlier, you may have been in the audience then, we're looking for ways in which for veterans like your son who are in immediate - you know, and have immediate needs but the DVA may not be aware of it, or there have been mistakes and they need the kind of intervention from Mates4Mates brought about, how can from a government perspective help organisations to support veterans in difficulty when they often have the local knowledge about who needs the help when. So they get on the pathway immediately to what they need.

MR HAW: And having access to Mates4Mates and there's Soldier On, I believe, but the local RSLs, you know, can be useful if it's not a bad club.

15 **COMMISSIONER SPENCER:** Absolutely.

MR HAW: That's me then, so.

20 **COMMISSIONER FITZGERALD:** Just two things about that. One is you can fund services but the issue that we keep raising is you have to actually, in mental health, actually have the services there. So we're looking at what other sorts of services that need to be provided, and Mates4Mates and others have some creative and innovative approaches. That's good.

25 Can I just come back to the other one. One of the things we are doing is looking at - our whole process in reviews is to try to improve the quality of decision making by the very first delegate, that's at the first stage.

30 **MR HAW:** Yes, that's what I would say.

35 **COMMISSIONER FITZGERALD:** The second thing we're doing is we've recommended a formal, what's called "reconsideration". So it's not an appeal. But in that reconsideration stage the two things that have to happen is someone has to talk to the claimant and then somebody has to make sure that all the information is available. What's happening is that's all being delayed until he gets to the Veterans' Review Board, but in fact in good organisations that happens much earlier and we're a bit perplexed by all that. We don't understand.

40 **MR HAW:** That would be terrific.

45 **COMMISSIONER FITZGERALD:** So you don't have to get to the VRB to actually have the conversation and maybe - what we've discovered with the VRB is their first stage is a conversation and really

5 what they've discovered is a lot of complaints - claims are actually resolved at that point. And we say well why can't it happen earlier? And so we're actually recommending that. It won't solve all the issues. Many of them will have to go to VRB or further, but there are procedures available to DVA now and we're strengthening those, so you can have that early conversation.

10 **MR HAW:** That would be fabulous. I wouldn't be here today if that was probably in place because I would've intervened, knowing what I know about necks and vertebrae.

15 **COMMISSIONER FITZGERALD:** Sure. Well we hope that that's an improvement. Thank you very much for sharing your story, your personal story and that of your son, Jim.

MR HAW: Thanks for listening.

20 **COMMISSIONER FITZGERALD:** Darren Thompson please. Thanks Darren.

MR THOMPSON: My name is Darren Thompson. I'm a medically retired Chief Petty Officer Submariner. I've been the former national president of Submarines Association of Australia and a former State Branch President of Tasmanian Submarines Association of Australia. I've been out of the navy for coming on five years.

30 **COMMISSIONER FITZGERALD:** Thank you. And Darren, could I just check, whilst you've been a member of those organisations are you representing them today or are you representing yourself?

MR THOMPSON: I'm representing myself today.

COMMISSIONER FITZGERALD: Terrific.

35 **MR THOMPSON:** Some of the things I may say today will probably go back to those organisations for stuff I've previously done.

40 **COMMISSIONER FITZGERALD:** Thanks. Darren, you know the drill now, if you could just give us a ten minute precis of your key points.

MR THOMPSON: Certainly. Firstly, I'd just like to thank the efforts of the Commission to date. I think it's been exceptional and also the feedback that people are making and the efforts people are making with constructive feedback.

45

5 The ADF, and it's been mentioned before, Barry mentioned it, they are there to fight wars. They're not there to rehabilitate people unless those people in the rehabilitation are given future return to active service. If you're not, they don't want to know you, they want you out the door with (indistinct), I think. The navy's motto is to fight and win in a maritime environment. They do not want people that can't meet that seagoing commitment, and that was my case when I was medically discharged. Came out of nowhere and all of a sudden out on the street.

10 Now, Department of Veterans' Affairs, I think we've all had dealings, sometimes good, sometimes bad, sometimes we've criticised, sometimes we've backed them. I believe that the changes they're making at the moment and the path that they are on, and the changes they've made to date and the changes that are coming are actually going to turn this
15 organisation into an all modern and robust organisation but skip the purpose for looking after veterans.

20 When we look at the transition of ADF members you've got the normal person that's gone, he's done their service, it might be six years, it might be 20, whatever, and he's transitioning back to civilian life. Then you've got the person that has been discharged medically. They have no say in the matter on their transitioning. Both Open Arms and Veterans' Affairs are involved sometimes with some of that transition, particularly on the medical side, but I believe that they can play a more - a better role right at
25 when people are deciding to leave. The defence force runs a resettlement seminar. It's a joke. You get all these people there that say, "For \$3,000 I can turn your service records into a resume or university degree", instead of focusing on and providing support to people as they go out. Open Arms provides a two-day - I can't remember the name of it, I actually did
30 it before I was discharged, it was extremely helpful and partners could go along and it looked at everything, how to integrate back in life. I remember doing a trauma recovery program and there was a digger on there, and the one thing that's always stuck in my mind is, "The army taught me how to kill. The army has not taught me how to be a civilian",
35 and I think that's a very valid point. Military, once you have indicated that you wish to separate, whether that's under your own steam or medically, that's it. They do not want to know, they do not have the time for you because your basically part of the tail, you're not part of the head, you're not part of a war fighting machine.

40 So to be quite honest, having the ADF take out - take over the role of looking after veterans, it will not work. They can't even handle the rehabilitation of members. For example, my rehabilitation was organised by my specialist. Navy was in agreeance. The first day back in the
45 workplace they ripped up the rehabilitation plan and things went from

worse to worse. So again - and one of the things my specialist said was, "This is typical of Navy. Navy does this all the time. They do not listen to our recommendations". So giving the defence force more control, we already have a Joint Health Command, it's not going to work. It doesn't
5 work now and to try and say to them, "Here you go, take over this", it will fail. And I think you need to look at the American model - I'm not too sure of how the Brits do it - but the Americans still have their veterans' affairs and they have the military and the two are separate. And I think that needs to be the same in Australia.

10 There needs to be a more robust transition program, both for medical people and people who are just going out, and that needs to involve DVA Open Arms from the day the person either puts or initiates paperwork in, or the person is notified that they're going to be medically discharged.
15 The defence force can put that person on sick leave and they could utilise the 42 days - or 42 weeks' pay that he could get under SRCA. They can use that to pay that person and allow them to access all the services they need for either rehabilitation into the civilian workforce because they're either - that's what they wanted to do or they're medically fit to do, or
20 giving them rehabilitation to be able to live a more healthier lifestyle than if they are not fit to be rehabilitated back in the workforce. I believe we've got to be very, very careful here because there are people out there who can't, not because they don't want to, but cannot be rehabilitated back into the workforce. And when we talk about the different groups we've
25 actually got three groups. We've got the current day veteran. We have the veterans over 55 and we have the group that are under 55 but older than the current day veterans, like I am. The over 55's have their pension indexed at a different rate to those that are under.

30 Terminology. I think Jim touched on some good points there with terminology. I stayed in the DFRDB because, again, government doesn't change things to help us, so I didn't want to go near MSBS. I wanted DFRDB because I wanted to commute. I've lost my choice of
35 commuting because ComSuper said I couldn't do it. Now that has left myself and my wife in a perilous financial position. My wife no longer works. She cannot access any health care cards, no pension, nothing, because the money that I get from ComSuper, that is supposedly an
40 invalidity pension, takes us over the threshold for everything. So again it touches on what we were talking about, the partner. My wife. We still have to pay for medical and everything else for her, yet I'm very lucky that I've got a Gold Card. If I didn't have that Gold Card we'd be in a terrible
situation, and that's not just because I get another pension as well.

45 Another thing, each state has concessions that they provide but a lot of these concessions you need a pension concession card. Some people,

particularly myself, I can't get a pension concession card and they won't recognise the Gold Card unless you've got a PCC in some instances. My wife can't get a pensioner concession card. So I think the Federal Government, (a), needs to take over these state-run concessions. That will
5 save the states umming and ahhing about what you think there should be no reason why you shouldn't get free bus services around Australia, rather than state by state, and having to have six different cards. There should be no reason why your wife can't, if they've reached retirement age, my wife's older than me, she'll shortly turn 70. Can't get the aged pension,
10 can't get a pension concession card. Worked all her life. Ridiculous. So again that brings stress soon to the family. It doesn't help her, I've got PTSD so my moods are up and down and she suffers again. She suffers because of what I'm suffering but there is no recognition in that, there is no help. Open Arms, when we first got here, was fantastic because they
15 provided some counselling for her to understand what I was going through.

COMMISSIONER FITZGERALD: We are going to just run out of time, so just the last couple of questions.

20
MR THOMPSON: Sure. The veterans should have more flexibility for consuper for special issue things. There are far too many ESOs out there. I mean I could be a member of the RSL, Naval Association, Submarines Association, Coms Branch Association, you know, and as Barry eluded
25 before, we've just had the RSL and these ESOs should come under the RSL. Unfortunately I think the RSLs dirtied their copy book at the moment and people are shying away from them, which is a real shame, but we do need one voice, not 27 voices.

30
COMMISSIONER FITZGERALD: Thank you. Thanks very much for that, Darren. Can I go back a couple of points if I might. When you left the Navy, you indicated right at the very beginning that almost out of the blue you you were assigned on that pathway to discharge for medical reasons.

35
MR THOMPSON: Yes.

40
COMMISSIONER FITZGERALD: Navy, Air force and Army deal with discharge or transition quite differently, so there's no one transition program, and we're trying to look at that. So what was available to you? How did that come about? You got a medical assessment or this was something that was coming?

45
MR THOMPSON: Basically they sent me off to the psych hospital in Perth and I was an inpatient there for a while. Then once that was

happening they decided to write to the Medical Review Board in Canberra who go, "Okay, this guy's got this. What are we going to do with him?". The option's there, and the option, as I say, from my treating psychiatrist was, rehabilitation through retention and then discharge.

5

Navy went for straight discharge, so that was actually presented to me by the commanding officer on a day where I had no support, no psych available and I was an outpatient during a trauma recovery program at the hospital, and when I was given the discharge all the things that had been said to me previous were actually falsehoods that wasn't coming about, so I actually had to go to the Chief of Navy to ask for an extension so I could complete this trauma recovery program. The commanding officer had said to me, she said, "Oh, we know you're going to stay in the local area so you can discharge and finish the program off in your own time".

15

COMMISSIONER FITZGERALD: So roughly what timeframe will we be talking between that assessment which took place as an inpatient and your final discharge?

20

MR THOMPSON: That would have probably been, well, the assessment as an inpatient and then the paperwork I received, that would have only been a few weeks apart. My discharge, I managed to stretch it out to November 2013 so I could complete the trauma recovery program.

25

COMMISSIONER FITZGERALD: And you did that. And you've described that that process was very inadequate and left you - - -

30

MR THOMPSON: Totally. I found out during the process that, for example, resettlement training, I could have used the two weeks, four weeks, whatever it is with resettlement training to actually come down here to Tasmania to do some house hunting.

COMMISSIONER FITZGERALD: Yes.

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MR THOMPSON: I couldn't take leave because I needed every cent I had to make up for not getting the commutation that I was expecting from my DFRDB so that my wife and I would not be out in the street and have nowhere to live.

40

COMMISSIONER FITZGERALD: And you indicated that we shouldn't give any more responsibility to Defence. We were never giving them veterans' affairs. We were simply going to move policy across, but the administration of the scheme was never going to be part of the Defence Department, but putting that aside, we have been looking at this transition issue, and it's a complex one.

45

5 There's a few models around which you're probably not familiar with but one at Holsworthy which we visited where there is a much more integrated approach between DVA, health professionals, and there's actually a very clear way of dealing with assessing people, and it's a trial, it's a pilot, but it has great merit, and it brings together a number of the elements that we think are important.

10 We think it should be run by Defence, but putting that aside, but what your experience was, there was none of that really. It was just - - -

MR THOMPSON: No.

15 **COMMISSIONER FITZGERALD:** When you actually came out, and you would have gone - am I correct that you would have pretty much put a claim into the DVA on discharge or close to it?

20 **MR THOMPSON:** I was lucky in the sense that I already had a Gold Card. I'd already - - -

COMMISSIONER FITZGERALD: So that had been done prior to that.

25 **MR THOMPSON:** That had been done prior. However, Navy was using that as one of the reasons to discharge me because they went, "Oh, look, he's already got all of the support so we can chuck him".

30 **COMMISSIONER FITZGERALD:** So this attitude that you said does exist is when the service, the relevant service comes to the view that you're no longer part of their force capability, you're on the way out. Some people have said to us that wasn't always the case, that services would seek to find perhaps lesser duties or other alternatives, but today there is a view that it is much more likely that you're going to go on the discharge path.

35 **MR THOMPSON:** Yes.

40 **COMMISSIONER FITZGERALD:** Now, I can't verify that, but what's your sense of that, because you've only been out for the last, what, five years?

MR THOMPSON: Yes.

COMMISSIONER FITZGERALD: What's your sense of that?

MR THOMPSON: I think it's still the same. I mean, I was career manager in Canberra for four years looking after 200-odd submariners, so yes, and you did see it, you know, and with, again, we've - whilst I was waiting discharge I was supposed to be on sick leave, and again only
5 found out towards the end of my time that I shouldn't have even been in the workplace. So it was just - I was just badly managed, or mismanaged, really. And other people were in the same boat as me and they were being mismanaged, not just by Defence, but by ComSuper. ComSuper was - weren't providing us details of what sort of pension we were going to
10 have on discharge so that we could also liaise with Veterans' Affairs so (indistinct words) and it's very hard (indistinct) a house line, if you can't tell the bank what your income's going to be because no one's (indistinct) for you.

COMMISSIONER FITZGERALD: So one of the things that's been of concern to us is that you have to manage the claims to DVA, the ComSuper arrangements and a whole range of other things that are going on in your life at that time. What would have been helpful to you navigate all of that, and it is hard, once you're in that discharge phase, you know,
20 or post-discharge? What would it be of helpful to you?

MR THOMPSON: I think being able to, say for example, go and sit down with vets affairs with my final medical documents and we sit down and go through and go, right, yes, you're applying for this, this and this.
25 You haven't claimed for these, let's put the paperwork in now, we'll help you do that. There you go. That's going through. Yes, we've got this evidence to say it's service related. ComSuper coming back and actually doing what the paper work says, which is, as soon as they receive your medical discharge and their paperwork, they process your medical
30 discharge claim.

However, I believe that you should be able to choose, I mean, at the end of the day it's rate, I've got a high rate of pension, not much because I've done 30 and a half years, but I would much rather have a lower rate of
35 pension and that \$200,000-odd in my bank account for (indistinct).

COMMISSIONER FITZGERALD: So just let me - I don't want to go through the super too much, we've looked at that separately, and it's a little bit outside our term for reference, but it relates to what you're talking
40 about. When you say from your (indistinct) you were not able to convert the lump sum into a periodic payment?

MR THOMPSON: That's correct. That's correct.

COMMISSIONER FITZGERALD: And your view is that had you been given that chance, well, you would have done that?

5 **MR THOMPSON:** Yes. Absolutely. That's why a statement scheme – and it certainly would have, I mean, big – because I lost all of that and it was going out, the stressors that were put on me in addition to what I already had, was trying to be truthful, just exasperated the whole thing, home life, everything. So it was just – it was a terrible period of time. And I mean, again, alcohol played a huge part in it.

10 **COMMISSIONER FITZGERALD:** As it often does. But can I just ask, in relation to impairment payments, have you – you've received – have you had a successful claim with DVA?

15 **MR THOMPSON:** Yes.

COMMISSIONER FITZGERALD: You obviously have because you have the Gold Card. And did you receive that as a periodic payment or as a lump sum?

20 **MR THOMPSON:** I've received periodic payments under the VEA.

COMMISSIONER FITZGERALD: Yes.

25 **MR THOMPSON:** I've also received some permanent impairment lump sums under SRCA. However, if you get something under SRCA, then they have to offset under VEA, so it gets a bit messy.

30 **COMMISSIONER FITZGERALD:** Yes. We know. But can I ask this question, one of the things we're looking at is under the VEA. It is a periodic payment that remains and those under the VEA seem very happy with that. Under MRCA, you can have a periodic payment or a lump sum, and under SRCA, you can have a lump sum. I'm probably wrong, but - - -

35 **COMMISSIONER SPENCER:** No, I think that's right.

40 **COMMISSIONER FITZGERALD:** That's right. We want to do a bit of harmonising around that, and frankly, in relation to MRCA and DRCA is to actually probably allow (indistinct) to have a lump sum or a periodic payment, whichever you so choose. Some people in the veteran community are very opposed to lump sums. Others think they're absolutely essential. But going aside from that, from your super experience, I suppose, would you have the view that people should have that choice?

45

5 **MR THOMPSON:** Absolutely. And I think at the moment with their younger generation now, because they don't get access to their pension after 20 years like we did with DFRDB, that's – that is vital for their financial well-being and some of them actually need that permanent impairment lump sum. And of course they can get that increased or even do a pension as the – if their discipline is worse. So yes, people should still have that choice.

10 **COMMISSIONER FITZGERALD:** Darren, just a couple of follow-up questions, you mentioned Open Arms and you said it's been fantastic to assist you and your partner. Is there anything else that would have been – that would be helpful from Open Arms or from your point of view, what's available is really meeting your needs?

15 **MR THOMPSON:** I suppose, once again, it comes back to a spouse being able to access pension or pension/ concession card instead of – instead of us being disadvantaged, because I was – had no choice on being medically discharged and I'll get this amount of money so we can't have anything else, so I think she needed to be treated differently to a normal
20 Australian because she's a partner with a medically discharged Defence member.

25 **COMMISSIONER FITZGERALD:** And Robert was describing what's happening at Holsworthy these days which we've commented on as well, and that is being together, DVA, Defence, Commonwealth Super, one medical assessment, to really try and streamline the process. So from your point of view, something like that, and it – would be – would have been a (indistinct)?

30 **MR THOMPSON:** Absolutely. And that should be for both, whether you're transitioning under your own steam or you're being a forced – forced out.

35 **COMMISSIONER FITZGERALD:** Yes. And look, can I just go to an issue. And just to sort of paint the picture, we hear for many people the concern about ADF, that ADF's responsibility is solely about preparing for war, and some people have a very strong view that it's not their responsibility; it goes to DVA - we've obviously put a different view on the table and that is that Defence should have responsibility for the
40 lifetime well-being – and that's not to belittle the services Robert said - that goes through in our current proposals and independent statutory corporation.

45 But we looked at other militaries where there is what I'll describe as a balance between the duty of care that the military has to their members

and the duty to prepare. And that's a really tough balance to strike. And some people have put it to us that their perception is – and you may or may not agree with this - but they feel that, in a sense once you are on your way out, you're on your way out, and there's a sense of rejection, we don't care anymore, and we've got to get on with it, and DVA will look after you.

So what could be done to change that? Some people say, well, that's just the way it is, so you know, we don't want any of this going near ADF. Another view is, well Defence shouldn't have to assign some responsibility for this. I mean, in our Joint Transition Command we're saying Defence should have responsibility for a period of time after discharge to take these issues, frankly, be alert to them and really focussed on them. Do you have any thoughts about that? About their responsibilities beyond discharge?

MR THOMPSON: I have not heard from the Submarine Force in five years. I've not heard from any of my peers in five years. That door was shut and it was goodbye. "We don't want to know you or see you. You're – you're out of here." Look, leaving and giving – one of the commanding officers standing here at NHQ, I ran into her when I was first here and she had this idea of what she would like to see and I thought at the time, that's probably a good idea, is that Defence should have contacted her and said, "Chief (indistinct) Darren Thompson has been medically discharged and he is retiring to Tasmania. Here is his details." And then she said, "I would then have been able to contact you, see how you're settling in and so on and so on." And I thought that was a good idea and that could work.

I think putting too much responsibility for Defence to care about you once you've gone, it's probably not going to work, because it's still going to be rate based and things like that. And you're going to have people that either are dealt with previously and may not like him, but still sitting there, instead of making sure (indistinct). I think regional commands being notified that you're returning to that particular area and seeing what they can do to help, but not only them, but local DVA and Open Arms, as well, so that he can walk in there and go, "Hi, I'm Darren Thompson. I've just been discharged down here and they go right, yes. We've got all your (indistinct) based here. Welcome to Tasmania. These are the concessions you can get and you can get this and that. You know, have a cup of coffee, have a chat. "How's your wife? Has she been to come in and see us" and things like that. A welcome to the community (indistinct) organisation and Navy or Army or Air Force that the local command just checking up on you, making sure you have a smooth transition will probably be an excellent thing.

COMMISSIONER FITZGERALD: Well, that's our aim. We believe absolutely that you can do a lot before this charge, which is not currently being done. It does require the involvement of Defence. Defence does
5 have a duty of care and we believe that strongly. And other forces throughout the world believe that. Australia has a very constrained view, I have to say.

The question is what's the best mechanism? But the one that we are sure
10 about is when you transition to a new place, though, like Tasmania or wherever it is, there is no reason why some of that support service can't travel with you for a period until DVA, or whatever that organisation is, fully takes over the role. It's not easy to achieve, but it's certain to me within the realm as possible. And we, I think, this is one of the very big
15 positive aspects of our report, and we think there's a few others as well, but that's a – you know, I think we can do that. And your points are very valid.

Last, (indistinct) about Open Arms. You've mentioned Open Arms. Are
20 you a client of Open Arms at the moment?

MR THOMPSON: I am, indeed.

COMMISSIONER FITZGERALD: And we've heard you also have
25 access to Gold Card?

MR THOMPSON: Yes.

COMMISSIONER FITZGERALD: So just tell me about this, we're
30 trying to look at the – Gold Card provides a funding mechanism, which we understand. And the White Card provides a funding mechanism for a different range of services. Open Arms is a direct provider of services, but it can, in fact, refer to private sources. How does this all play out for you? How important is Open Arms as a provider? If Open Arms didn't
35 exist, and we think it should, by the way. Let me be clear. Would there be enough services within the community to support you? So how is this all coming together for you?

MR THOMPSON: I mean, initially with Open Arms, they saw me and I
40 had counselling there and I've been to some of their programs that they run and I think the programs that are run are very, very important, especially for the spouse to be involved in. They then, because I needed such ongoing treatment and to free up their staff, because they have limited staff, they outsourced me. Not a problem with that. They
45 outsourced me to a great psychologist. I'm getting good regular check-

ups, it's being monitored by Open Arms to make sure it's still valid. And I find that interaction extremely good.

5 **COMMISSIONER FITZGERALD:** Okay. Thank you very much. Thanks very much, Darren, for that. We very much appreciate it. We'll just take a five minute break, just for a technical issue. So that's good. So we'll just have a very short break and then we will have, I think it's Robert Dick? Is that correct? Yes. Thanks. Thanks very much for that, Darren. That was very insightful.

10 **MR THOMPSON:** Thank you.

15 **SHORT ADJOURNMENT** [12.07 pm]

RESUMED [12.12 pm]

20 **COMMISSIONER FITZGERALD:** We'll just resume now. We've got the technical issue sorted. Sort of.

UNIDENTIFIED VOICE: Sort of.

25 **COMMISSIONER FITZGERALD:** Exactly. Sort of is good enough. So if I could have Robert, please? Thanks, Robert.

MR DICK: No worries. Good to see you again.

30 **COMMISSIONER FITZGERALD:** Good to see you. Grab a seat in the middle there. You know the drill by now? In fact, if you can give your full name and any organisation that you represent?

35 **MR DICK:** Okay. My name is Robert Dick. I'm ex-RAAF, 21 years' service. Previously, State President of RSL Tasmania branch and also National President of the RSL until July last year.

40 **COMMISSIONER FITZGERALD:** Sorry, can I just clarify, Robert, are you representing any of those organisations, or is this personal?

MR DICK: I'm representing the RSL Tasmania branch.

COMMISSIONER FITZGERALD: Thank you.

45 **MR DICK:** But what I intend to do is to read a covering letter, if I may.

COMMISSIONER FITZGERALD: Sure.

5 **MR DICK:** With respect to the Commission. The actual attachments that are with the report were compiled out of a meeting we had with all our different state areas that support veterans and Mr Bill Kaine and Mr Geoff Ralph will be talking to that report and I believe they're up next.

10 **COMMISSIONER FITZGERALD:** Yes, that's fine. Thank you very much for that.

15 **MR DICK:** The Returned and Services League, National Office, initially submitted a paper in response to the Productivity Commission Review into Department of Veterans Affairs. The national office requested input from all the state branches, enabling a consolidated report to be compiled and submitted in accordance with the terms of reference. The only state branch to respond to this request from the national branch was the RSL Tasmania branch and the subsequent report submitted was co-authored in the main by Mr Alex Dick who is the Tasmanian State Branch paid
20 advocate.

The report submitted was a consolidation of experience, views and recommendations garnered from the five veteran support centres across Tasmania. These centres are manned and operated by a collaborative
25 group made up from members of the RSL Vietnam Veterans Association, the RAF Association and the Naval Association.

30 The Australian Government Department of Defence and the Veteran Community all recognise that the service in the Australian Defence Force is a unique occupation, and all who enlist recognise that by doing so, they are foregoing certain freedoms enjoyed by other members of Australian Society. This also creates a unique issue within family life, serving
35 members, and they are right to expect, they will be cared for both during and after military service. Any notion considering the possibility of passing responsibility of veteran's affairs, rehabilitation and/or compensation to the Department of Defence should be strongly resisted. Defence do not appear to have a good record of responsibility of care for
40 members with regard to rehabilitation, either during service or ones that transition from the military.

45 Claimants currently have significant issues with the length of time that the claims process takes to process even the moderately complex can't - moderately complex claim. Yet these delays seem minor when compared to the British model where the claims are processed through a military or defence area. In the main, there needs to be an improved level of training

and understanding for DVA delegates, particularly in the interpretation of the three Acts. To truly reflect the intentions by Parliament captured by legislation. The original intention of the Act was to be beneficial to the veteran. However, this is often reflected in determinations by delegates
5 who appeared to have adopted the insurance company style attitude, which at times can be highly adversarial.

Having secondary effect of there being an increased need for appropriately trained advocates to assist veterans through this rehabilitation journey.
10 This indicates the need for an urgent overhaul of the claim system, making it simpler and more user friendly and while the task was currently being undertaken, sufficient resourcing to remedy the problem sooner, rather than later, must be provided. In response to the draft report of the Productivity Commission, RSL Tasmania convened a meeting of veteran
15 support centres across the state including the ex-service organisations to discuss the findings of the draft report. The findings of this report are attached the annex A and as I said, will be addressed in detail by Mr Bill Kaine.

20 Arising from a meeting, a report of observations from the veteran centres was prepared, attachment A, an additional comment sought from Tasmanian branch of Vietnam Veterans' Association which is attachment B. Additional comment from Membership of the RSL was sought. RSL Wynyard responded and that is attached at C and at this point I would like
25 to point out that we fully support RSL Cygnet's proposal that they put in this morning as well. RSL Tasmania has reviewed these comments and fully support the observations and recommendations put forth in the attached documents and finds them to be broadly consistent with the position set out in the initial RSL Tasmania submissions.

30 RSL Tasmania, as the administrator of the veteran centres and facilitator of the meeting giving rise to the submission from the veteran centres, does not feel the need to restate its position as laid out in that report once again in detail. As such, given the broadly similar detail between the initial RSL
35 Tasmania submission and the attachment box to the draft report, Tasmania endorses the attached positions and offers its full support to those positions.

COMMISSIONER FITZGERALD: Good. Thanks very much for that.
40 We appreciate it and I've had a glance through those – through that submission. We can talk about some of those. Generally, in relation to the RSL and these veteran centres that you've referred to, one of the issues that you've raised, of course, is this recurring theme which we're hearing. That we never proposed the administration of the veteran scheme
45 (indistinct) within Defence, but we did say the policy should go to

Defence. And there's some confusion about that. This notion of the Defence portfolio. DVA actually is in the Defence portfolio. All we were doing is taking policy into the department. Put that aside, we'll clarify that. You've echoed a view that is now consistent with most veterans and most ESOs that they have no desire to see policy go to Defence. Putting aside the administration which was never going to go there. Just – can you restate for us why you think Defence is a poor place to have this policy? Given that some other jurisdictions, New Zealand and other countries, have it in there, and it's not contentious, but you've raised the issue about Britain and others. So what's the main thing behind the RSL's concern about Defence taking a role in this space?

MR DICK: The main concern, as I mentioned there with Defence, is that as has been mentioned by previous people, Defence's main concern is to have people operationally fit and ready to put into operational areas as soon as possible those that are injured. Whether it be in training and/or, whilst they're actually on deployment, they come back and the deployment – sorry – the rehabilitation of those members is quite often handled within the unit that they serve. And there is this stigma associated with it. They are not fit for purpose at the present time and they are treated as a secondary citizen. And that is consistent throughout Defence, through all three services.

If that person has been injured, he's entitled to rehabilitation and it should be a first priority equal to getting that person ready to deploy on active service.

COMMISSIONER FITZGERALD: So we've made a number of recommendations in relation to injury prevention, rehabilitation within Defence, and obviously transition are all about Defence itself. One of the things that we're struggling with is, and it may be this, that in a couple of areas, we think Defence needs to take a better role, perform a better function. But there doesn't seem to be in the veteran community much appetite for trying to re-educate or reorient the Defence Department in those areas. So they talk to us about those weaknesses and things you said. But the next response is, we (indistinct) that they can do it. In a normal environment, you'd say to that agency that it's actually your job to do it and you should be doing it better and these are the methods you should do it.

So there's a disconnect happening for us, is people to see, that lost faith with Defence, is either willing to or able to really up their game, if I can use that colloquial expression. Now, that may be a wrong interpretation. But I just want to put that on the table and see what you think.

45

MR DICK: I think you're probably right in that there is a disconnect there between say, the major ESOs, which are the RSL, ADSO and also DFWA. Now, for years DFWA and ADSO and the RSL were separate. The RSL had this, I suppose, arrogant attitude, that we're big enough and ugly enough, we can survive by ourselves, we don't need these other groups. I put it to everybody that all ESOs are there for the same purpose, which is to support veterans. Yes, we should come together and we should re-establish the communication with the Department of Defence at the highest level possible and that concludes Minister for Defence and Defence Personnel and the heads of Defence themselves. So there is a need for that to be re-established.

COMMISSIONER FITZGERALD: Do you think Defence has a culture – and I'm not critical of the individual leadership. I'm talking about (indistinct) of actually becoming more proactive in the well-being of its personnel. Now, I'm not saying they're not concerned about personnel, they are, but they see it through a workable (indistinct) force capability lens. We see that as absolutely paramount, but we also say that's not exclusive in being – caring about the well-being of people that are ultimately leaving the service. Do you share a view that that is possible?

MR DICK: Look. I think there's a narrow-minded view – well, not narrow-minded, but a narrow focus in there with what rehabilitation actually involves. Now, sometimes, and this is not being critical of the likes of Mates4Mates or anything, but you have a situation where they generate purpose for the gentleman or the lady to get involved in a certain project or a certain activity like walking Kokoda track. Once it's finished, it's got the same (indistinct) attitude as Defence: "Oh, we've got them to that point, that's it."

COMMISSIONER FITZGERALD: Finished.

MR DICK: "It's finished." It's not finished there. It continues on after that rehabilitation. There has to be some support for them after they reach that point and it's not there at the moment.

COMMISSIONER FITZGERALD: We recognise that at some points after transition, and we think that should be six, 12 months after discharge, the full responsibility moves to DVA or whatever body it is. In relation to the rehabilitation of – in the Defence area, and through transition, we've made a deep analysis of that and there are some substantial weaknesses in that. Again, can I just ask this? Rehabilitation can be back to duty or it can be back to a lower set of duties, or it can be to discharge. So rehabilitation has multiple purposes. Do you have concerns about the way

rehabilitation is generally being done for both serving and non-serving personnel?

5 **MR DICK:** When serving members, I think, there's a break there where, if it's seen that they can rehabilitate somebody back into service life, whether it be in their normal operations or at a slightly lower level, they concentrate on that. If it looks like the person can't be rehabilitated, as Darren pointed out earlier, here's your hat, what's your hurry? And they'll have nothing to do with you. And that person is just cut adrift.
10 And that's where the major problem actually lies because those people suddenly cut loose from, you know, from the family and all of a sudden they're out there by themselves. They've got to learn to live by themselves, whether it be, you know, with their partners but they've got to get used to civilian life (indistinct) again and what's involved with that,
15 like Medicare and so on.

They're not trained for that. They're trained to be soldier, sailor or (indistinct) they're not trained when they get out to become civilian and there is a big void between service life and civilian life.

20 **COMMISSIONER FITZGERALD:** And Robert, you may not wish to, or not be able to answer this: is there a noticeable difference between the three services? Now, I've indicated before, we've looked at the three services and they do it differently. And Army have a very different
25 process for the discharge of their own personnel, but without comparing whether they're better or worse, are you seeing different outcomes for people coming through different services, or the comments you're making would apply more generally?

30 **MR DICK:** I think they apply across the board. I agree with you that the three services do treat people differently when they discharge. And I know when I discharged from the military years ago, it was totally different in the way they do it today. And if you ask me how was my transition, I'd say great, it was really good. But you speak to people
35 today, they're discharged under a different process and it does create problems.

COMMISSIONER FITZGERALD: Just a second thing. You've indicated that you believe the DVA should be given time to be able to
40 improve their processes and the Veteran Centric Reform process is a critical one, which has been in place for a couple of years. You'd be aware that we are supportive of the VCR, the Veteran Centric Reform and we've got a chapter almost devoted to it. And we've also indicated very clearly, it should be rolled out, fully funded and completed by the middle
45 of 2021. So we're supportive of that. Nevertheless, we've also come to a

different view that we think a new structure is necessary. But putting that aside, you've also said that the claims processing needs to be improved. What are the major issues that you're hearing from your members around claims processing, you know, in the last couple of years?

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MR DICK: Well, I can't talk recently. Go to the last couple of years, because I've been out of the actual process for probably about five years now. But anecdotal evidence that I'm getting is that quite often people are told, "You need this report." They'll go and get it and then, "Oh, no, you've got to get this to go with it, as well." They're not getting all the information they need at the right time. If they're dealing direct with DVA. And that's no slight on DVA. You know, I think everybody would agree that the process we have is probably one of the better ones around the world.

15

But I think there has to be more emphasis put on people, you know, talk to an advocate. You don't have to necessarily use them in the future, but at least talk to them. And just on that, to set aside a misconception that some people have that – to see an RSL Advocate, you have to be a member of the RSL. You don't. If you've put on the uniform, you can see an advocate anywhere. And I think that applies to the other organisations as well. But there should be either that information passed to them or during their actual discharge from the military, they are provided with the information to show them where to go to make sure that if and when they do put in a claim, it's done properly the first time around.

25

COMMISSIONER FITZGERALD: Part of the VCR – part of the Veteran Centric Reform process is to allow greater automation, you know, through technology, and also for quicker acceptance of certain claims. Some people in the advocacy area, not the RSL but others have said to us, that's all very good, and it sounds good but the danger is that the Veteran, if they put in the wrong information, incomplete information and use different terms, could be disadvantaged by that. And I think that's an interesting thought and obviously the case. So the question for us is, in many senses, Veteran Centric Reform theoretically should lead to a lesser use of advocates, not a complete loss. Others are saying to us that could actually have great detriment. So whilst the technology's improving and many claims are now being accepted based on you know, a pre-determined, you know, condition, as being acceptable, some people have cautioned us about that.

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Do you have any feedback on that?

MR DICK: I'd offer my caution in the whole thing as well. Again, as you say, if the wrong information is provided or incorrect information at

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the time, it can be detrimental to any future claim that the person put in. And I think Darren mentioned a classic case there – not Darren, sorry. The gentleman before him. Where, you know, misinterpretation of information's involved and that person missed out on a claim initially and they're now fighting that area.

COMMISSIONER FITZGERALD: In the submission, your organisations have put in a detailed response to our recommendations and we're grateful for that. But can I just deal with – just this issue. We've made some proposals in relation to the change of review. That is to try to improve, first, the delegate's first decision making; second, have a formal reconsideration phase where the claimant is spoken to and information is developed. A modified VRB and then a – the AAT.

That issue about an early reconsideration, again, you may not have any view about it. To us it seems to be a very important step. It's capable of being done now, but actually formalising that, so that we think that will lead to risk claims having, either to the VRB or to the AAT. Which obviously is a much more expensive option. I don't know whether you have any views about that sort of approach?

MR DICK: That sort of approach could only be beneficial to the actual person putting in the claim. And also, if they're using an advocate to make sure that everything is there in the first instance and it will actually allow the process to move quickly.

COMMISSIONER FITZGERALD: Do you have any (indistinct) view as to why DVA would not have already instituted that years ago? I mean, I'm not quite sure why people don't pick up phones and talk to people. I think Richard and I do it. But it's not part of the system and I think it's been a significant flaw and it's now improving and changing and we are recommending something more stronger than it. But why do you think that is? Why do you think DVA has had a reluctance in the past to actually deal with the claim of a veteran?

MR DICK: I couldn't actually answer that on behalf of DVA - - -

COMMISSIONER FITZGERALD: Well, I'm just asking you to reflect on, on your behalf.

MR DICK: What I can say though, is that in theory that's very good suggestion to actually implement that. But it would require stringent advocacy on behalf of DVA, because there have been instances in the past where DVA have gone back to the claimant for information rather than going back to the advocate as well. And the advocate, they're there

5 because they understand the legislation and can interpret the legislation properly. Whereas, the claimant may not have that. And they may miss something in there, which could cause further delays with the claim. But, I wouldn't restrict it just to talking to the person putting in the claim. It would have to be – include their delegate – sorry, their advocate.

10 **COMMISSIONER FITZGERALD:** Richard will have some questions. But I just - flowing on from that – we were of course going to review the Robert Cornell report.

MR DICK: I have a question on that actually.

15 **COMMISSIONER FITZGERALD:** We have a copy of it but it's not made public and it's up to the DVA or the Government to release it. We hope that that happens soon, so we can have a discussion about what he's recommending. But just – you have a question or a comment?

20 **MR DICK:** Well, throughout the report now, I did wade through the 700 pages that were there.

COMMISSIONER FITZGERALD: You get a gold star for that.

MR DICK: I had nothing else to do. But anyway.

25 **COMMISSIONER SPENCER:** That's a very sad life, Robert, I have to say.

MR DICK: It is, it is.

30 **COMMISSIONER SPENCER:** Anybody who reads the whole of our report.

35 **MR DICK:** But there's constantly, there's reference in there to you were going to put out a report later on, on the advocacy and the need for advocates with that. And I know Mr Cornell has actually released his report. When you actually - - -

COMMISSIONER FITZGERALD: Well, produced it, yes.

40 **MR DICK:** Yes, but not to everybody. When you actually put that – your report together, will we have a chance to comment on your recommendations prior to that going (inaudible) final report or will it only be in the final report?

COMMISSIONER FITZGERALD: It depends on timing. I mean, we want to get feedback. He's done a very extensive consultation, as you know, he's been around the countryside to a huge number of communities and it's an exceptional amount of consultation. So I can't be sure, but if we have – if we could come up, look at it, analyse it, come up with some tentative thoughts, we'd be very keen to have a discussion with key people around the ESO area about that. If it is that the report is delayed in its release, that would make it more difficult. So that's out of our hands.

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10 But as you'd know, right throughout this whole process, we've been keen to toss ideas around and take fairly courageous positions on lots of things and we would have the same view with that, but the reality is, we're not able to have that discussion until that report is released. And the Government indicates that it will be soon, but I just don't know. Yes.

15
20 **COMMISSIONER SPENCER:** Robert, just a comment about this issue of Defence's responsibility and you know, very strong (indistinct) people had in mind and that is that Defence should not be given more responsibility beyond the – its current role of preparing for war. I suppose one of the things we're wrestling within that space is that if you did that, you know, tomorrow, that would obviously be a big disconnect and there'd be concerns about it, but this report is meant to be looking over the next 20, 30, 40 years and so I suppose the mind-shift we're trying to do is to say, "Well, it may need some time to get there, but would it be better to have an ADF that actually does make the cultural shift over time to taking on board more of the responsibility we see other militaries around the world taking on. That's not about once again, just to stress the claims administration on all those issues, but it's about its responsibility for the consequences of what happens during service.

25
30 Because when we look at other situations where there are workers exposed to, and I know that term is not appropriate to (indistinct words) members but where people are exposed to dangerous situations, the employer has a responsibility and a duty of care at that time and into the future and the evidence shows that causes them to pause and to think more in depth about what they're doing and how they're doing it. And whether the injuries that result from what they're doing are inevitable. But have they been minimised? Are there unnecessary injuries being avoided? And that's the dynamic we see in other areas.

35
40 So that's one we often – and I just wanted to put that context. That's why we often come back to this issue and I appreciate the people that say, "Well, if you do that tomorrow, you know, we're not keen on that", but over the period of time would that be a good thing to move towards,

informed by what we see in other areas. So just to leave that clarification with you.

5 I wanted to come back to the role of the – because you’re in a unique position with your experience at national and local roles to see the future of ESOs and I think as we’ve said several times this morning, we think that’s a really important part of the system. And obviously, it’s changing for ESOs. The – the history that we heard about this morning is shifting. And so once again, it’s to think about, over the next 20 years, where
10 would ESOs be able to provide services that assist for veterans and be able to respond to a different need. Now, that’s up to ESOs to decide what they want to do. But you know, as we’ve said several times, the Government can play a role in being very clear about what they will fund. And how that service will then be delivered by ESOs or other
15 organisations. So – and once again, we’ve – we see this in other human services. And I commented on it earlier. That people – the people who are often most in need, don’t engage with the formal services that are there. In fact, they’re intimidated by them. They’re not connected or, you know, often to many people at all. And therefore finding what I would
20 call the kind of the soft entry pathways to – and often that comes through peer relationships, building trust, getting alongside the person, ultimately giving them a pathway to a service. And we think there’s potential – terrific potential through ESOs to be able to do that kind of work, which frankly Government departments can’t do.

25 So I’m interested and we’d like to hear your thoughts on that. Because the role the Government can play here is to leverage these kinds of services. Do you think there’s potential in that? And what are some of the things you think we should be looking at? As to how a government can really
30 support those kinds of roles?

MR DICK: Okay. Firstly, going back to your mention of the cultural change with the Department of Defence. There probably would be a cultural change in the Department of Defence or the hierarchy of Defence,
35 over a period of 15 to 20 years. Because the generations coming through today have a different mindset to the people of my ilk. And where we grew up in the 50s and 60s and so on. And that cultural change has to flow from the top down and I think Barry would agree with me here, in that if you’ve got a soldier who’s, you know, looking for deployment and
40 he injures himself, nine times out of ten, he’s not going to go forward and say, “Look, I’ve got this injury, because it could affect in deploy.” Would that be a fair statement?

COMMISSIONER SPENCER: (Indistinct words).

45

MR DICK: Right. So they're going to hide that injury which may exacerbate over the years and he'll have problems with that later on. It's then proving that it's military. Associated with the military service. So the mindset of the culture within Defence at the moment is if you're
5 injured and you can't deploy, you're upsetting the team management and the team play in this area. You're pushed to one side and put into (indistinct) basically. And then they tend to forget about you. You're seen – as I said before – a secondary citizen in their mind. That's the culture that has to change. And I think the younger guys coming through
10 today will bring that change in, but it's going to take time for that to flow in to the hierarchy of Defence, in that area.

Going back to the roles of the ESO, the ESOs, including the RSL starting the year before last, looked collaborating and working together. So's it –
15 as I said, we're all there for the same purpose which is to support the veteran. And there was a collaboration agreement signed by ADSO, DFWA and also the RSL. Which covered probably the top 30 ESOs in Australia, where they agreed to actually work together and if you go to the original report submitted by the RSL we were very supportive of the other
20 organisations, with what they put in and vice versa. We're all sort of working together for the benefit of the veteran and the veteran's families.

And it's a case of getting that to flow, not just from the national level, but the state levels. Here in Tasmania, we're lucky the organisations do tend
25 to work together through our veteran centres. But that may be an isolated case with the states. I can't comment on the other ones. It would be beneficial for the Government if they had, you know, just a core element who they were actually talking to in regards to veteran entitlements and rehabilitation and service, you know, convictions of service for the current
30 service personnel, which a lot of people forget that in RSL and DFWA, we actually lobbied the Government for conditions of service as well. It's not just for the rehabilitation and compensation areas. We look at the broad scope.

Yes, beneficial if we can formalise that agreement across the nation. And bring everybody together. If you look at the services that are offered by
35 all the ESOs and this was carried out DFWA and (indistinct) RSL again, collaborated (indistinct words) the services that are offered by the three major organisations. The only organisation which covers every gamut of
40 that was the RSL and the others covered certain aspects of it. And the agreement is if you've got the expertise in this area, we'll call on you and you will call on us from where we work. And it's getting that formal recognition through the Government, I think, will be beneficial not just to the ESOs but to the veteran community.

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COMMISSIONER SPENCER: And support for that and this is the notion of the hub in that there are different, as you know, models and ways of doing that around Australia, but that kind of coming together in the way you're describing and Governments supporting that effort, that could be, from your point of view, quite a powerful model?

MR DICK: It could be a very powerful model. The biggest issue that you're going to have is parochialism. You know, the states not wanting to give up what they do or if they think their model is better than anyone else's and you know, not, you know, coming together and working as a whole.

COMMISSIONER SPENCER: Right. Thank you.

COMMISSIONER FITZGERALD: Well, I think the view that we have as you know, is in civil society, as in all aspects of, you know, welfare and human services, independent organisations can establish how they like and operate how they like and governments shouldn't interfere in that. The issue – the rubber hits the road, but the Government says “Be prepared to resource a particular set of services” and what's the best way forward. So we're looking at these hubs and hubs are a generic term, because they're different everywhere. But we do actually see, as Richard indicated, that Government could have a role in leveraging off those. Not funding the lot. And certainly it can't fund all of the models, but the question for us is, what would it be funding it for? In other words, what does Government need out of those services and then ESOs can do whatever they like over and above that? So that's a real challenge. And it's not just advocacy. Advocacy is an important but only one part of it.

There are other issues about soft entry as Richard indicated. Particularly with the young veterans that are not sure about what to do. Not even sure about whether they're able to talk about their mental health issues than others. This soft entry point does seem to be an important one and then the second part is actually someone who can explain the system to them and (indistinct words). But it's – but that's you know, those sorts of things, so we're looking at that.

Can I just have one last comment, and I know others will talk about some of this. The two scheme approach and we've heard from Barry this morning. I'm a bit surprised that you're not supporting MRCA and DRCA coming together and I know this is a proposal. We actually think the two scheme approach has got real merit so I don't suppose I could ask – and perhaps (indistinct words) the concerns you have in relation to MRCA and DRCA coming together. Is it simply that it – you believe, it adds a layer of complexity which is unnecessary and I think Barry

articulated very well his concerns. But I just want to check that. We're not trying to combine VEA which would be very difficult. That would – and others have suggested that to us, but it's just not possible.

5 **MR DICK:** I suppose if you look at the whole thing, again, going back to the major meeting I had with the three major ESOs last year, one of the things that they were pushing was to have one Act.

COMMISSIONER FITZGERALD: Yes.

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MR DICK: It'd be very, very hard to incorporate what's in VEA across the board with MRCA and DRCA.

COMMISSIONER FITZGERALD: Correct.

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MR DICK: The consolidation of MRCA and DRCA could possibly work, but it would have to have some – a lot of thought put into it and the intent behind the policy that was – or the Act that was actually written to cover that.

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COMMISSIONER FITZGERALD: Yes, well, so what we're trying to do is just to explain (indistinct words) very, very briefly, is our Government in 2004 decided that there would be a different approach for veterans coming forward, as you know, with the MRCA which does have a great focus on rehabilitation and as Barry rightly said, the name reflects that. We don't think – we can go for probably (indistinct) direction take into account that a lot of people can't be rehabilitated to work but they can be rehabilitated to a full and active life.

25

30

So that direction, I think, which Government set 2004, we think is an appropriate one. Those in the VEA have a different view, and we respect that. And that's why we've kept the VEA. So our intent is to actually take the best of both DRCA and MRCA and put it together. The issue for us is what are the payment levels, and those sorts of things. And it is complex. But our final attempt is to actually say people are under one Act or another, going forward, as Richard said, in the long term. And not have this – what we think is a very problematic space where people can be under three Acts. And so, in a sense, ours is to try to keep the direction the Government has set, but to try and simplify it and make it easy. But ultimately, you're only under one or the other. Now, how can that be achieved? That's the challenge and that was the sort of thinking you've got. Okay.

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Robert, any last comments before we - - -

5 **MR DICK:** Just one, if I may. Darren mentioned earlier about Commonwealth Super. Just to point out that again, the three major organisations wrote to the Prime Minister to have ComSuper included in the Royal Commission into banking and superannuation. Because it not only involves defence personnel, but any Government or, sorry, federal public servant is also affected by that. And, you know, a lot of the delegates here can talk to you about issues that they've had and veterans have had with ComSuper. However, the Prime Minister and the Treasurer at the time decreed that no there's enough of an audit system in place to make sure it runs properly, but obviously it's still breaking down and that it's something that's unfortunate that wasn't included in the Royal Commission.

15 **COMMISSIONER FITZGERALD:** And just to be clear, it's not actually in our reference either. We're looking at the interface issues and we've made some comments in relation to that, but the actual schemes themselves, just as the remunerations paid for serving personnel, isn't actually within our terms of reference. But we are trying to look at the interface issues and we're doing that. But our report doesn't go to an examination of the superannuation or other entitlements to serving personnel.

20 **MR DICK:** No, I think the main point is, you know, to point out that yes, it was put up through the Royal Commission.

25 **COMMISSIONER FITZGERALD:** No, I heard that.

30 **MR DICK:** But one of the things to consider, too, is that there is a major break down involving ComSuper with some people when they're medically discharged. And it does cause a lot of angst for the personnel, as they're going through that process. And I think that is something that has to be considered even within this - - -

35 **COMMISSIONER FITZGERALD:** No, no, it's fine. And we've heard a number of representations and we will pick up on some of those in the final report as well. And we have actually met with some of the representatives of ComSuper, so thank you very much for that. We'll now break and come back at 1.20. We're a bit mean; we're not providing lunch, are we? So you have to find your own lunch, but we will resume at 40 1.20.

LUNCHEON ADJOURNMENT

[12.48 pm]

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5 **COMMISSIONER FITZGERALD:** So we will resume. We're right on time so that's always good. So Bill and Geoff, if you could both give your full names and the organisation that you represent.

10 **MR KAINE:** I don't normally do this, but my name is Bill Kaine. I'm a welfare and pensions advocate for TESSA on the north-west coast. The area we cover in the north-west is from Strahan through to Hawley Beach, so it covers about 13 RSL sub-branch locations, and as I've said, the TESSA organisation - I'll come to that, sorry.

15 **COMMISSIONER FITZGERALD:** No, come to that in a moment. And your - - -

20 **MR KAINE:** Yes. I had 30 years in the regular army, both as a soldier and an officer. My last appointment was the senior personnel officer for New South Wales, army in New South Wales. I'm a past president of RSL Tasmania and as chair of the joint venture I set up the TESSA network in 2012.

25 **COMMISSIONER FITZGERALD:** Terrific, and today, just to be clear, Bill, you're representing which agency?

MR KAINE: The submission was basically on behalf of TESSA Tasmania.

30 **COMMISSIONER FITZGERALD:** That's okay.

MR KAINE: Tasmanian Ex-Service Support Association.

COMMISSIONER FITZGERALD: That'll do. And Geoff?

35 **MR RALPH:** Yes, Geoff Ralph from, I'm a level 4 pensions advocate under the training and information program.

40 **COMMISSIONER FITZGERALD:** Great, thank you very much. So you know the drill so you've got about 10 or so minutes to give us a bit an of overview of the key points that you'd like us to be - to put on the record, I should say.

45 **MR KAINE:** You already have my submission but in brief I'll cover a couple of things, and my real point is, the ex-service community ought to be careful what we wish for. The military service, as we've said, is a

unique occupation, and I think that was addressed in the Parliament yesterday or today, there's something about they - that thing about going before Parliament to recognise the unique nature of it.

5 Productivity Commissions are invariably about doing more with less, and my reading of the report, it's clear that the government, by establishing this Commission, wants to be able to streamline things and reduce the cost effectively. Now, one of the things that, you know, when the figures that were put forward in this was, the very, very expensive, how expensive it is, I actually do run the PBA programs, but what's not in there, if you weren't on a Gold Card you'd be getting this treatment under Medicare, and there's no provision in that to offset. It just says, "Right, this is what it costs", but if it wasn't all provided under that or on a White Card then you'd be claiming it under Medicare. The government would still be paying under a different hat and I think that's an important point.

I come to basically then the big question in our view is, should Defence, should DVA, whatever name it's going to be called, placed under Defence. The answer to that is definitely not. If you have a look at Defence, what they do currently, all base support operations are contracted out and run by civilian organisations. So for instance, you've got, all base services are contracted to the E & IG Group who then subcontracts that out to three prime contractors who then subcontract it out. So the bottom line to it is, Defence is getting a service, but before the service gets down to where it's required at the troop level, you know, the main contractor's taken a bit out, you know, to pay its profits. The next level of contractor's taken a bit out to cover their bit, so what's left basically comes down to, you know, the service of the clientele. Ranges are run by civilian contractors.

30 Now, if you go to a range nowadays, and certainly people will know this, then you might find a couple of ranges don't operate so instead of having 10 firing points, you might be down to five because what the civilian contractor does, they don't fix it as it breaks down. They've got a weekly or a fortnightly contract so they'll send in the contractor. So if you go to a range then you're firing on less targets that you need to get the practice over with to get back and do your other bit.

Health services, on-base health services provided by BUPA, not by military. Now, my real concern is, what happens when we deploy to Afghanistan, where do our medics come from? Okay? A civilian's not going to go because they put themselves in danger, so they are the issues. So that's where the real problem by handing it over to Defence is. We know that Defence gets it. It won't be uniformed people who are providing the services. It will be the lowest bidder. That's the way Defence works.

5 The transition, we covered that, is probably the weakest point in the
Defence Force, we've covered that already this morning. There is an
issue. What we used to do, you know, back in my day, and I got out in
1990, so back in my day you broke a soldier, what you do is put him in the
Q store, in the orderly room, keep him with his mates and rehabilitate him.
And then we got to another system where if you went through basic
training at Infantry Centre at Singleton then you broke a soldier. You
took him away from his platoon because he really couldn't keep up with
10 them, and put him over to, you know, in a remote building with the other
broken soldiers out of the way.

15 That created another problem. All of a sudden you've got the malingerers
platoon over there, and we come back to the point that Robert made, that
the average service person will not admit that they have been hurt because
it will affect his or her promotion and posting prospects, and besides, all
his mates say, "Oh, you know, you're having us on. You're only a
malingerer", so that's an issue that comes back to what we do as advocates
and what we do as advocates, the big problem we've got at present is DVA
20 on their website say, "Lodge your own claims".

25 Our biggest problem is, when it fails they then say, "Why don't you talk to
an advocate", so they'll come to an advocate like us, and we then will go
to the SOP's for supplies. Now, the average serviceman, the SOP, what
does it stand for? Standing operating procedures. They have no idea that
the SOP's we're talking about is statements of principles. DVA forget to
tell them about that, okay? So you're talking to a person who's been brain
wired into the service ways, you know, never knew there was such a thing
as a statement of principles.

30 So when you eventually, we put things straight, get the words right, put
them on to the right sort of act, lodge it, then there's two claims in, isn't
there. Both differ. One is done in accordance with the principles, and the
other one is done, you know, willy nilly. So the first question the
35 assessing officer's got to come to is, "Okay, both can't be true, Which
one's the lie?", and hence we start having all this problem at the cause
where the it keeps going on and on and on.

40 So I expect really what I'm coming here is, there is a need for better
transition, and it was mentioned already, the transition that ought to be
there is, Defence ought to have total responsibility for rehabilitation until
such time as all the claims through, Veterans' Affairs are resolved and
Veterans' Affairs can then take on - take it over because if you leave the
service now, like, you're halfway through a rehab program and that's
45 chopped off and so you're on your own, okay, until such time, six months

later, DVA pick it. So all the work at rehab you've done is wasted. So, true?

5 Okay, I come now really to the biggest problem. It's even in (indistinct) that Veterans' Affairs under whatever name ought to be handed to Defence, wildly opposed to that for reasons I've already said, okay? We know if that happened we would get a lesser service because it'd be subcontracted out. DVA must be retained in its current format with a dedicated minister to it. It probably ought to be elevated into the Cabinet, 10 but I don't see that ever happening, but it needs to be resourced and better resourced.

15 And then we come to the processing which caused a lot of problems. If my information's correct, and a lot of the delegates who do the assessments of pensions are recruited, you know, they're not full-time, and I might be wrong, I might have this wrong, but my understanding is they're not full-time, they're on contract, on contract probably with quotas, hence we get the quick process, and so that's not so bad. The delegate, if he's on quota, and if they've forgotten about the act which says should be 20 beneficial, but from the insurance company where you've just come from it's adversarial because how not to pay, okay, then, if that is true, you know, and you certainly get the distinct impression that it is, because we're getting far too many good cases rejected at delegate level.

25 Now what we do is, we go through and say, well, no use applying for a section 31 or section 347, you know, because you have to have more information. So we gather more information and documents and all stuff like that and we send it in as section 31 or 347 or whatever. Then you have the supervisor who should be looking at it. Very, very seldom would 30 a supervisor with all the new information override the delegate, you know, it's wrong. Hence it's easy then, they'll throw it across to VRB to let them make a decision because, "I don't want to sort of upset my delegate", that's the impression we get. Might be wrong, but, gee, it's hoping far too often.

35 So basically again, I'm doing my little bit, while Geoff has a talk to you. Transition should remain with the military until such time as all the processes that need to be taken for DVA, and it ought to remain as DVA, picks up the baton.

40 **COMMISSIONER FITZGERALD:** Yes.

MR RALPH: I've had very, very little to do with Defence. I'm an (indistinct). I had two years and that was it. there was a case just recently where I had a claim in for a war widow. It took Defence 26 weeks to 45 decide whether this person was a veteran or not. Yes. He had medals.

His wife they thought is a wannabe, and this is what was going on, but 26 weeks, because it took - I mean, I can give you the names later if you want it, but I thought that was absolutely disgusting and consequently there I don't have much faith in the Department of Defence at all.

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When it comes to DVA I think they're doing a pretty good job, but what I'd like to do, I'd like to see is some more money directed at giving veterans, or giving veterans' advocates or having more communication with them. I know here, going back five or 10 years ago, if something new happened with Veterans' Affairs they'd come over here to Tassie, someone would come over, and there'd be a meeting there of all the pensions' advocates and they'd tell us about these new things that were happening. That hasn't happened for a long time, has it, Ron. No. Just little things like that. Okay, they don't have the money to throw at it, but it was something that was very, very valuable because it helps the advocates do their job.

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What else do I have here as well? Another big, another major issue there as well is the contracted doctors from DVA. If for argument's sake DVA would send one of the clients there to one of these doctors, I believe that nine times out of 10 the end result, the report there goes against the veteran, not for him. The reason why I say that is, I've got a veteran, I write a letter to the doctor and I ask the questions there, "What needs to be addressed?", and generally, the answers that we get are completely different from what the contracted doctors give.

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MR KAINE: Essentially what we're saying is (indistinct) the DVA prefers contracting organisations, won't say a condition under the new act, won't say if permanent or stable, and until that happens, nothing happens. That's not quite true because the new payments they've just brought in for people just leaving.

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COMMISSIONER FITZGERALD: Sure.

MR KAINE: But that's the impression we get that.

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COMMISSIONER FITZGERALD: All right. Would it be okay if we can just raise some questions now? Would that help? So can I just deal with a few things and thank you both for raising some of the practical issues with this. So if I just take the, leading on from the last little bit if I can, in relation to DVAs, it is the new Veteran-Centric Reform, you've heard that we are supportive generally of that. It's very early days, and whilst ESOs are very strongly in favour of it, it will take some time for it to be fully rolled out and we said that should happen, but one of the fears that you may have heard us speak about this morning is, and you've raised

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it, Bill, and I'm sure Geoff has a view on it is, lodge your own claim, and you've indicated that there's a potential that somebody puts their own claim in.

5 Then you as an advocate puts in a nuanced claim and it doesn't get dealt with. How do you think that gets resolved, because the Department is clear that it believes that over time more claims can be put in by the claimant directly. They still see an active role for advocates but not necessarily in the same level as currently, so how does that get resolved?
10 So you're increasing technology. Many of the claims are a little bit easier because some of the conditions are automatically accepted, but how do we deal with that issue that you've raised?

MR RALPH: I have brought that up with the department and even in their vet affairs newspapers there they do not say, "Go and see an ESO advocate", the reason being, they say that if they do and they use an ESO advocate and that fails then they can be sued because, yes, because they've told them to use an ESO advocate.

20 **COMMISSIONER FITZGERALD:** And could I ask, Geoff, where does that advice come from?

MR RALPH: I'm not sure which Senior Member of the - it was with a - I personally asked the veteran, the person at congress.

25 **COMMISSIONER FITZGERALD:** And it was somebody from DVA?

MR RALPH: Yes, it certainly was.

30 **COMMISSIONER FITZGERALD:** Okay. So is it your preference, Geoff and Bill, that even though the system is changing and becoming, to use an expression, more claimant friendly, I'll just use that expression, veteran friendly, you think the role of the advocate remains critical in the placing of that original claim?

35 **MR RALPH:** Yes, for sure. Had a veteran there recently there. He took his own case to the VRB. His claim had been done by an advocate. He took his case to the VRB, and the VRB said, "Well, I think you need to go and see an advocate", so they sent him to me. Now, he was going to represent himself. He was doing himself an injustice. And the same thing can happen there. I note all the young people these days are computer literate and so that's why they're pushing, pushing, pushing. But, as Bill said before, they make mistakes and that's gone forever. You can be told something there. There's a prime example going back a fair while now, a
40 lady was claiming a war widow's pension. Her husband died there. It was
45

in 1964 or something or other like that. She was told by someone, "Don't tell them that he smoked", because he had a heart attack. So that case there went to DVA and it was thrown out. It was thrown out. It went to the VRB, it was thrown out. Eventually they came and saw me. They
5 said, "How can we turn this round?" I said "Have you got any photographs of him?" They did, they found two, one in his suit with his RSL badge on in front of the church with a cigarette in his hand. They found two similar to that, sent it off, it was accepted. That was 49 years and nine months after her husband died, because she had been told the
10 wrong thing.

COMMISSIONER FITZGERALD: Yes.

MR KAINE: The other aspect to carry on, I mean, lumbar the knees, that's one place. The online questionnaire, you know, the lifting
15 questionnaire, how many times, you know, by weight, now days 20 kilos it's sort of like, you know, 150,000 over 10 years sort of thing, but, "How many times did you lift this?" and they'll say, "Daily". Daily is one, all right. But if you're an infantry man and you're doing a route march over
20 20 kilometres you know you put your pack on, you march for 20 minutes, you take your pack off, you put it back on again. You might do that 20 -or 30 times. One converted to 30, right. But that's what really happens. If you're on a ship, say, and you're doing the stores, they don't have hauling items or lifts to put them in there.

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COMMISSIONER FITZGERALD: Sure.

MR KAINE: So you get the old chain - you know, get the chain gang marching stuff across, you know, loading ammunition and stuff like that
30 where you can't get mechanical lifts and these machines into it. Or stairs on ships. You know, "Where did you live?", you know, "And where did you work?" and "How many times did you go up and down that?" so there's three or four or levels. I'd say it's not just daily, once daily, it's, you know, 30 stairs five times a day, you know.

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COMMISSIONER FITZGERALD: Sure. So that relates a bit to the statement of principles that you've referred to.

MR KAINE: Yes.

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COMMISSIONER FITZGERALD: Would I be correct to - well, can I ask this question, do you think the SOPs are working well generally?

MR KAINE: To answer it, I believe they are. There are some which
45 cause concern because particularly for the older veteran when you throw

in a 25 year - if it doesn't happen in 25 years it's not - you know, it's somebody else's problem, not Defence's.

COMMISSIONER FITZGERALD: Sure.

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MR KAINE: So they are a bit of an issue, but I think they are working well. I think they can be simplified. I think they should go to DRCA. You know, and conformed with. I think you're right about the one stream.

10 **COMMISSIONER FITZGERALD:** Across the three Acts, yes.

MR KAINE: Bring them across. Down the track I think that's where it all should go. It's going to take a while, as you say, to do it. I think the issue with it might well be that complications, you know, implementing it, and with that - - -

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COMMISSIONER FITZGERALD: Sure. Yes.

MR KAINE: But I think one of the problems coming in with that the VEA is dying out and it'll be gone in 2025, and I agree with your determination on that. Yes, there'll be still people gaining some payment from it, but bearing in mind if they weren't getting that they'd be getting the age pension, so - - -

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COMMISSIONER FITZGERALD: Sure. Can I just ask this question, but, we've recommended that these statement of principles apply across all three Acts.

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MR KAINE: Yes.

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COMMISSIONER FITZGERALD: That can happen relatively quickly. But your view is that the statement of principles worked well enough, and but the critical real issue that I think you're raising is that a veteran on their own would not know how to put in a claim that is consistent with what is required under the SOPs.

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MR KAINE: Exactly so.

COMMISSIONER FITZGERALD: Yes. Can I just go back a little bit also. You've indicated that, as we've heard from many organisations, your deep-seated concern about putting veterans' affairs within Defence, and as I've explained today, we were never going to put the administration of the scheme in Defence, but we were going to put the policy there, and that's been roundly criticised by ESOs, and we hear that.

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5 But your take on that was a little bit different, Bill. You had a concern because of the outsourcing that's taking place within Defence itself. Can I ask this question, we've observed ourselves the high level of outsourcing in Defence, and as you say it applies to catering, security, mobility, all sorts of issues, and the take we were interested in is two-fold: one is we think that some things should not be outsourced in DVA and in Defence. We have a view that there are some functions that should be maintained for regular workforces, and even in our proposal with the Veterans' Services Commission we believe that that should not be fully outsourced.

10 But I do want to ask this question, you mentioned about rehabilitation of soldiers and in the past we understood that people, as you said, were moved to lower duties, alternative duties and some time in the special units. The view being heard is that that is less likely to occur now. That people are going to be fast-tracked to - - -

MR KAINE: Kicked out.

20 **COMMISSIONER FITZGERALD:** - - -exiting, although I must say with rehabilitation and that. Do you believe that there's been a shift in the way in which Defence deals with people once they've decided that they're no longer going to be part of Force capability? Or do you think it's always been an issue?

25 **MR KAINE:** Look, it's always been an issue. Look, we have been discharged, walk up to discharge centre, you know, "Bye", out the gate and you're gone. I mean, you know, as a senior officer, you know, it happened to me. So it happens to everybody, and I don't think that's changed. I think once a person, a serviceman is no longer capable of doing the job within the capability the Defence don't want to know about it, and the sooner they get rid of it the sooner they get a replacement.

COMMISSIONER FITZGERALD: Sure.

35 **MR KAINE:** Okay. So, look, I don't think it's changed.

40 **COMMISSIONER FITZGERALD:** So in the Army they have these detachment units to which people can be put in a sort of holding pattern. We understand that both in Navy and Airforce they don't exist and so the pathways are quite different. And you may not have any particular view about that, but one of the issues that has become for us is how do you provide a period of time whilst you're still within Defence or shortly thereafter where all of those issues you've talked about, assessments, putting in claims, working out what you're going to do with your life, and all those sorts of things can be better dealt with, and we see that as going

beyond Defence. We think that that's for a period of maybe six - 12 months, even with the ability of people to return to base from time to time if that's practicably possible. So I get a sense that that's the sort of direction you'd favour?

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MR KAINE: Yes. Yes, I would, because I think - I would go further than that. I would sort of say it should stay within unit. Stay with your mates who will support you, right, as opposed to going to a discrete organisation somewhere else where everybody else has got a bit of a problem. So I think their unit have a responsibility to the - now, I don't know how that would happen and it may be too much when you're deploying ships and that. That's an issue. But the Airforce and Army ought to be able to do that. And I think there's more incentive to get the person back capable by doing that than shoving them out to civvies and hopefully somebody else will pick up the bill.

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COMMISSIONER FITZGERALD: Geoff?

MR RALPH: Yes. This is going - I'm having a look here at 14(2) and this is simplifying payments. We thought originally there that payments like this which have been fought for over many, many years, they shouldn't be discarded because they are already there. Now, I've got a man that I served with, and he's got a 16 year-old daughter. Now, TPI's payment there is approximately \$36,000 a year, the TPI component. A private that's just been - come out of the - just come out of recruit training is on \$47,300 a year. Now, when a person is on such a small - I mean, okay, this guy, his wife doesn't work. When he's struggling, et cetera, I think those payments there for children with their education should not be removed. Obviously there's not too many now that's still in that system, but I just think it's something there that's important there that should be left there, because it's something that's been fought for, and it does affect some people. It's not going to be a lot of money, but it can be a great deal for some people.

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COMMISSIONER FITZGERALD: One of the issues with a large number of those allowances and smaller payments that affect smaller groups of people is we've got a different approach to different ones. Some of them we believe could be paid out. Some of them should be rolled into the actual benefits, and some should be left, and some should be altered. So we are looking at them one by one, but one of the principles I suppose that we've been looking at is whether or not it is better to try to make sure that the various pensions and benefits are of the right level.

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MR RALPH: Yes.

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COMMISSIONER FITZGERALD: Rather than having a very large number of specific purpose allowances. Now, we understand the history of those, and I'm not critical of those, but I suppose our approach is to say, when a system starts to have a very large number of add-on allowances perhaps the fundamental payment structures aren't quite right.

Now, people will have a different view to us, but I suppose when we looked at it, that's what we've been trying to work out. The more of the add-ons you have understanding where they come from, the more likely the system is to be very complex but also maybe the payment structures are not quite right, so that's where we were sort of coming from for a number of those allowances. We weren't trying to say there was no need. We were just trying to say is there a better way of doing it.

MR RALPH: Okay.

COMMISSIONER FITZGERALD: But, again, we understand why people have a very different view to us on some of those allowances.

MR KAINE: Two other aspects I would like to raise.

COMMISSIONER FITZGERALD: Sure.

MR KAINE: One is your proposal on war like, non-war like.

COMMISSIONER FITZGERALD: In relation to the SOP?

MR KAINE: Yes. I think a person who's been in the regular Defence Force for one day with the same entitlement that somebody who has fought and that, five or six deployments to Afghanistan is a little immoral basically. That's the inference I get from some of the recommendations.

I think that the SOPs can be modified, statement of principles, and I think they can be modified by adding another sub-paragraph that gives those who have had deployed, operational service where they've been exposed to greater risks like somebody trying to kill you, I mean, nobody else goes through that here, except some people, you know, if you're walking down the street and in their car, but basically there ought to be a difference in entitlement or burden of proof on those who have had operational service other than those who haven't.

Having said that, I believe anybody who signed on the line, and I'll take Vietnam for example, and those who were called up, not everybody was required to go to operations, but they were certainly needed here in the base support, the training base, the supply base. They were all a central

part of the commitment to Vietnam, and any other commitment we do. So all who are signed on to say, "I'll die for the country if I'm asked to do that", but they're not asked to do it, you know, it's not their fault. So I think there ought to be - you know, all ought to be entitled to most of the same conditions and benefits but there ought to be a little bit in it somewhere for those who were physically deployed. So that's on that one.

The last one, and I put in my submission, I don't know whether you're aware of section 9(a) of the Defence Act, amendment back in Danna Vale's time. I didn't realise it was around until it was pulled on me just recently. That's basically saying, I'll just read a bit:

To avoid doubt service is rendered before and on or after the MRCA commencement date whether the service spans the commencement date or is rendered during separate periods before, on or after that date.

In other words from 2004, my interpretation of this is that when you lodge a claim no matter what you actually lodge it under after 1 July 2004 it will be treated as a MRCA claim. That's what that Act says to me, and it's just been pulled on me just recently, brought in by Danna Vale. Goodness, how long ago was she the Minister for Veterans' affairs? Twenty years maybe. But it's been there. But all of a sudden it's being used. Now, I know in one of your recommendations that that should happen, but it's already in the Act.

COMMISSIONER FITZGERALD: Thank you for that. We'll have a look at that in more detail. Just going back to your first point, it is an issue for us. We think the SOP should apply across the three Acts. The question for us is if you were designing the system you would normally design it with only one burden of proof. We've got the two. A previous inquiry recommended that there be only one but there'd be a mid-point between the two. So, look, we're looking at the options. Most ESOs are urging us to keep the two different burdens of proof so we are looking at that, and in our report we didn't recommend which one.

So from a simplification point of view, and from a normal scheme point of view there'd only be one, but we do understand where these came from and we hear your point. We are of the view, just generally, that an injury is an injury, and we've used that term, and young veterans talk about that all the time. They are quite strong about that view. So we've got an emerging group of people that are really saying to us, well, wherever the injury occurs it should just be recognised as an injury. And part of that is because they now get remunerated for deployment in a way that you didn't, so when you look at this you can't just look at the DVA stuff.

5 You've got to actually look at the Defence. And so the remuneration arrangements have changed. So the modern trooper is getting, whether it's generous or not generous is not the issue, in a very different way from older serving personnel and so that gets taken into account, whereas the older veteran looks at really just the compensation side. So I don't want to complicate it but we are mindful of your views, and it's been put by a number of people. The only point that I would make is there does seem to be a change of view emerging from younger veterans for a number of reasons. But that's all I'd say.

10 **COMMISSIONER SPENCER:** Bill, you made a comment in your paper that Productivity reviews are about doing more with less. We think we're breaking the rule here. We think we're going to do more with more. Okay. As Robert mentioned earlier, some of our draft recommendations at this stage, if they were accepted, would actually increase the level of resources, so I just wanted to mention that at the outset.

20 From your comments about Defence having more responsibility during transition the Joint Transition Command idea that we've put forward that seems to align very well with your thinking. So am I right in that?

25 **MR KAINE:** Yes, I think that that would sort that out. I mean, because clearly you've made the point, it's been made, the point, Army Navy and Airforce do it differently.

COMMISSIONER FITZGERALD: Yes.

30 **MR KAINE:** So there needs to be a commonality within that, and that could well be if it was staffed properly and resourced properly it could well be a good as.

35 **COMMISSIONER SPENCER:** Yes. Yes. And our concept of that is to bring all of the key players, people from DVA, from Super as well and so you have a whole effort, combined effort and expertise around the transition issue. So that's good. I go back to the comments you made about what you're experiencing at the moment about reconsideration. It goes back to what you said earlier, if there'd been a phone call or information at the right time very early on it could've saved a whole lot of grief and time. You shared the view with us that your experience is they don't seem to want to question the original delegate's decision, and there may be reasons for that and it tends to then go to VRB.

40 As you know, we're really wanting to bring in a proper reconsideration, an arm's length reconsideration. Your thoughts on that, as to how that could be done, because I think we would all be in agreement an earlier sorting

out of any confusion and issues would enhance the system enormously. So what could help to do that, to overcome some of those issues you identified?

5 **MR KAINE:** If you look at the VRB system now or the ADR a similar system may well be better earlier, does that make sense? Because the ADR system now is pretty good because you have the outreach conferences, and we get the advice then that if you go forward as it is then it's likely to fail, but if you have this and this and this, right, you go away then as a delegate and as an advocate and marshal that and put that in. So a fair few of those cases I understand, Brian, are now being resolved at the ADR level. Having said that, the VRB is a critical part. The last place you want to go to is AAT. It's about law then. Okay, so the VRB as a review board is good, should be kept. You know, should be bumped a bit, probably resources. But if we were to adopt that same system earlier in the playing process, you know, I think there might be a less need to go on, because if the delegate was able to come back and say, "Oh, a bit weak here", and we had a bit of a review before we lodged a section 31 or 3.7, right, then it would make our job much easier as advocates. You know, that comes back to the other point, and I know it's part of this, the ATDP, and so that's another issue that needs addressing.

25 **COMMISSIONER SPENCER:** Yes. Well, what you're describing there is very much the direction we want to go in, and as you know we've said we believe and what we've put forward at this point is there'd be less need for the VRB to be making decisions of the ADR process and the Outreach process over time at an earlier point in time could make that unnecessary, and so only very rarely would cases go to AAT, and most likely in a situation where there's a clarity of law needed. So there would be a good use of the AAT rather than perhaps being used as a backstop.

So let's pause there. You commented several times about issues that you experienced about the turnover of staff, the outside contractors.

35 **MR KAINE:** Yes.

40 **COMMISSIONER SPENCER:** And I know that this is - and no doubt DVA would have some views on their resourcing. They may not - we can always use more resources, but they'd probably have some views about how they get a stable and experienced workforce. But this is all part of the implementation of VCR, so it's still early days. But your experience of the changes taking place that you're observing, what's going well? You know, where do you continue to - you've pointed out some of the problems, but are you seeing signs of progress, signs of things getting better?

5 **MR RALPH:** Well, yes. I mean, I'd like to see things stay there with the Department of Veterans' Affairs. Most the people there are good to deal with. They really are very supportive. There's a few minor things there that probably need to be changed. I mean, yes, little things, and as far as, as you say, as far as communication is concerned between the different departments there, sometimes records get lost and things like that, and I think one of the biggest issues there is that decisions can be made in Victoria and then payments can be made out of Western Australia. And I know there's an occasion there where there was four people in one department and because it was Christmas holidays staff there with children, okay, they've all got Christmas holidays and there was five weeks there where nothing happened, because one case couldn't be transferred to another, and delays can be caused by that.

15 I don't know how you overcome problems like that. Rostering holidays there is a, you know, it seems to be an issue but, I mean, that's one of the few complaints there as far as Veterans' Affairs is concerned.

20 **MR KAINE:** I think the other thing is sometimes the delegates aren't looking at the files properly. For instance, I had one just the other day referred. This is a man who lives at Latrobe. He got a letter or a letter was sent to a psychologist at the Norfolk Island Hospital, and I don't know what type of place there. So I had to ring up and say, "You don't really want this bloke to fly to Norfolk Island, do you?". You know, when he actually lives down here. He can probably get one at Devonport 20 kilometres away. So it's the form letter sort of thing, and that reinforces the feeling that, okay, they're on a quota, yes, bang got it away, we used a form letter, bang and - well, you missed a bit. I know my daughter had a claim in and when she went to see the doctor he said, "How long did you spend in the Navy?" "Oh, it was 20 years in the Army but never been to the Navy". Okay, so there are - the delegates - look, it come back to bloody training, to be quite candid. I don't - if they were employed full time and received the right training and right supervision I think a lot of problems wouldn't occur.

35 **COMMISSIONER SPENCER:** Right. And as Robert as mentioned earlier we're very supportive of the VCR process, and I think, as we've commented several times, that will go through to 2021. And our suggested changes, most of those are post that period, so it has a chance to be rolled out successfully.

40 My last question was you mentioned permanent and stable, but now with the interim payment arrangement tis that a continuing issue? Presumably
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MR KAINE: Yes. Okay

5 **COMMISSIONER SPENCER:** I just wondered whether you were wanting to alert us to anything about that?

MR KAINE: It's only just come in, the latest payment.

10 **COMMISSIONER SPENCER:** Yes.

MR KAINE: But still it's the specialist, I suppose, who was loathe to say for a 40 year old that, "Your condition is permanent and stable", because it might improve up and down. Now, you've mentioned something in here which is good. After two years if it's still permanent that makes sense, like, fix it then.

COMMISSIONER SPENCER: Yes.

20 **MR KAINE:** And if it comes good afterwards, congratulations.

COMMISSIONER SPENCER: Yes.

MR KAINE: All right. If it goes downhill we'll lodge another claim, but right now people are sitting holding out until, you know, somebody is prepared to say permanent and stable, and if it doesn't then it keeps dragging on, dragging on, so - - -

25 **COMMISSIONER SPENCER:** Right. So you're supportive of what we are suggesting?

30 **MR KAINE:** I'm supportive of - - -

COMMISSIONER SPENCER: Yes.

35 **MR KAINE:** After a set period, if it's two years, whatever it might be, then let's say that is right, but they need to keep those payments going until then, until that final decision.

40 **COMMISSIONER SPENCER:** Right. Okay. Good. Geoff?

MR RALPH: Actually this is probably a comment against DVA, because it happened to me just recently. I had a guy with a heart condition there. He was told, okay, we need to wait for 12 months to see whether it was really stable or not. He thought all his claims had been finalised, et cetera. He didn't have a clue. I had to go and write to the department and

say, "Hey, what about this guy's claims?" They don't flag it and say, "Okay, it's 12 months' time. We need to go and contact the veteran". That fellow almost missed out on \$75,000, because they hadn't flagged it to say, "We need to see this fellow in 12 months' time".

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COMMISSIONER FITZGERALD: One of the issues they've raised is about the non-proactive aspects to DVA, and irrespective of the VCR process, DVA is not a very proactive engager with the claimants, and that's a recurring theme. So whether or not VCR changes that dramatically or not I'm not yet sure. But one of the things is that unlike some of the other schemes that we see where there is a genuine outreach and an ongoing conversation, not in all schemes but some, that is not a feature the DVA approach, and the formal letters they get, and we've had lots of complaints about the letters and the correspondence and all that, over time, so I think we understand some of what you've said.

Can I just finalise, because you had a little chat to us, Bill, beforehand. We're looking at the Robert Cornell report on advocacy, but I think you wanted to make a couple of comments about advocacy down here in Tassie, just a final - - -

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MR KAINE: Yes, just briefly. The document I handed you which is - - -

COMMISSIONER FITZGERALD: Yes.

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MR KAINE: - - -the TESSA website, that's Tasmanian Ex-service and Service Support Association, TESSA is now online as at the day before yesterday on the web at www.tessa.org.au, so that's important. And that basically lays out what the support centres do and the support centres under TESSA, RSL, Vietnam Veterans, Navy, Army and Peacekeepers - sorry, Navy, Airforce and Peacekeepers. The three organisations got together back in 2012 based on DVA's initiative under the service integrated system, and they provided there a bit of resources for us. But come with that are all reports that a volunteer, pensioners, and welfare advocates have to do to gain funding. Tasmania last year, TESSA, got \$90,000. Just under \$90,000 to service the whole State to do what we do, and that provides internet connection, telephones, stationery, printers, computers, travel, and there are restrictions on travel.

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So that's the system, but the real problem with that is there are too many ESOs and too many small ESOs. For a little while there, there was only - you know, you had to be a big ESO to get it, but that's how come the TESSA came about. But last year everybody and his dog if you're an ESO got some money. Not a lot, just a little bit, so the government sort of, you know, gives it out and not keep the resources where they actually use a lot.

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5 Now, to get onto the DVA grant all you need to do in an organisation is 60 hours of welfare. And how that works is a factor, all right. You need 30 factors. A welfare hour is worth half a factor. So 60 hours - you know, so anybody who meets a 30 factor can put in a claim for assistance under the vets program. And that's basically wrong because most of those organisations do nothing to support the veterans.

10 The other real issue, and Robert didn't mention but DVA see the ESOs providing all the support, and I say which ones are you talking about. The only ESO that has national coverage in all major centres is the RSL. Now, we're in a bit of a pickle at present because of what the hierarchy in various States did. Not in Tasmania, thank goodness. But DVA see the RSLs providing all support. Most RSL sub-branches are no longer trading. For instance, when we sold that building, we sub-branched, sold the building to the social club because they were getting, -in 1977, \$48,000 with a 50 year cost to retain an office there and the resources for a \$1 a year (indistinct).

20 But DVA don't seem to understand that there's probably only three or four, half-a-dozen of sub-branches in Tasmania that are trading. The other resources they get is from capitation, most of which goes into the State in Canberra. So in our case we charge \$25 a year to be a member of the sub-branch. We don't provide much other than a little - a Phoenix newsletter. We keep \$5 of that, the rest goes to Hobart, \$15 of that goes on to Canberra. So that's the way it sets up. The only other way we could resource in the sub-branch, and it'd be the same for all the others, is selling poppies, you know.

30 **COMMISSIONER FITZGERALD:** Sure.

MR KAINE: Or badges. So that's our resourcing. Now, when I go back to what came out from the ATTP, and I'll just mention because it caps on.

35 **COMMISSIONER FITZGERALD:** Sure, briefly.

40 **MR KAINE:** The ATTP, it came out that unless we had ATTP qualified people by 2019, then we will be ineligible for funding, put simply. And to do that at a level 3 I had to do a level 2 course. Geoff, who taught level 4 and qualified some of these assessors in Canberra University has to go back and do level 2. That's demeaning, it's stupid. They are not using the RPL system properly. Okay. So that's on that side.

45 But then they came out and said, "Unless you have them, you're not going to be eligible anymore". Now hopefully that's gone, but we're going to

find out next year when we put our bid in. So the real problem with the RSL sub-branches they should be looking after - the only ones with national coverage. All the others, VVA, Hobart. Have you got an office in Hobart? You know, that's it. Capital cities. That's all that the other
5 ESOs cover and yet they're given the same credibility as the RSL and the RSL is providing most of the pensioners welfare support nationally.

COMMISSIONER FITZGERALD: We will be looking a little bit - we are not looking at the whole of the ESO landscape but we are looking at
10 the way in which the ESOs can be better utilised as part of this system, and we are looking at Robert Cornell's report, which we hope will be made public by the government at some stage soon and see what he's recommended in relation to this space. So, as we've indicated previously, because of his work we were not going to put much of that in the draft, but
15 we'll put a bit more of that in the final case. So thank you very much.

COMMISSIONER SPENCER: Thank you very much.

MR KAINE: Thanks.
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COMMISSIONER FITZGERALD: Could we have Brian McKenzie please. Brian, if you could give your full name and any organisation that you represent.

MR McKENZIE: Brian McKenzie. I represent the RSL and the VVAA. I actually occupy an office at the RSL where I'm helping out as a national level 4 advocate.
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COMMISSIONER FITZGERALD: Sure.
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MR McKENZIE: I'm a Vietnam veteran. I served with an infantry battalion in 1967/68. I know what soldiering is about, especially the infantry, and one of my people I was involved very much put in through the old package that trained advocates, the TIP program, and one of the
35 problems with the new system, I endorse what Bill was saying.

COMMISSIONER FITZGERALD: We'll come to that in a second. I just need to understand clearly, whilst you're involved in those organisations are you representing them today, or are these views that of
40 your own? So the views you're going to put to us, are they in your own capacity or are they in the capacity of any of those organisations?

MR McKENZIE: Yes, both of them.

COMMISSIONER FITZGERALD: So you are here in your own capacity and also representing those organisations?

MR McKENZIE: Yes.

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COMMISSIONER FITZGERALD: That's fine. That's all I need, just so that when we quote, we're quoting correctly. Brian, as you know, the format for this is you've got about ten minutes to give us the highlights or the things you want to put on the public record and then we'll have a conversation.

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MR McKENZIE: Yes. I'd like to speak on rehabilitation in particular. There's actually - I've been doing quite a lot of research on the effects of military service. For instance, military recruitment training and culture is to ensure that new recruits will follow all orders, to kill their opponents in war. Army training indoctrinates unconditional obedience, stimulates aggression and antagonism, overpowers a healthy person's inhibition to killing and dehumanises the opponent in the recruit's imagination. Recruits are taught that stressful situations are overcome through dominance and that the soldiers are superior to civilians.

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There's been a lot of research done on this. There's actually a book that was written or released in 2007 and the book title was "Psychological Reality of Military Training" by David Gee. And the reason I'm looking at this is simply because of rehabilitation. How do you - how can you undo that military training. And I think the department and a lot of countries in fact are finding it difficult to come up with that solution once people have been exposed to - had that sort of exposure. And of course that then reflects on that person's mental state. I deal with a lot of veterans. Mostly these days Afghanistan veterans, the younger veterans. I think veterans from each conflict are different. They differ in age, like my cohort, my grandfather was an Anzac, my father was a Second World War veteran. So I lived in a veteran's household and I've got a connection to the military. Now a lot of the younger fellas haven't. They haven't come up with that sort of thing because, thank God, we don't have a regular war every now and again, we have commitments in Afghanistan and places like that. I remember as a young boy going to Anzac Day in the morning and how all the people were together; there was a cohesiveness in the thing and today's society I don't think that cohesiveness exists except when they come to see an advocate because you are then able to manage their case. This might sound a bit long-winded but I think it's important, because we've had lots of suicides of recent veterans. That that's part of the thing. For instance, we don't get any training in that regard to - we get suicide training and that sort of thing as well. So there's a certain responsibility that's now being created on advocates to go over and above

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just putting in the paperwork with DVA. There's a support structure that's got to operate as well.

5 One thing I've noticed, I was out of the advocacy area for quite some years. Since I came back I've noticed that there's been some significant changes in DVA liaison and building relationship with DVA staff. And one of the problems is that years ago we used to have what was known as "Veterans' Awareness Week" where veterans went in and mixed with the staff and told their - had ten minutes to tell their personal story. And it was more to educate the DVA staff than enough. That used to go on, I think it was a national thing, it started in Tasmania here, and it's like a lot of the work that's done, and being an old government bureaucrat at one stage, there's lots of information and lots of work that DVA can do if they connect with the advocate. And I can remember when I first came back I'd ring a person that was doing an investigation and I could tell within 30 seconds whether that person wanted to talk to me, and by the language they were using was that they were having a tough time trying to make a decision on me, on the claim and so forth. So a lot of it I think is to do with training. People are not taught and I don't know what the training program is. Some years ago I actually did what was known as a CCVS course, which was what DVA claims assessors, and that was when we were training - basically training advocates.

25 So there seems to have been, from when I left and come back, there's a disconnect between people that work in the department doing the investigation on the cases. Now I recognised that, so when I get a letter from DVA I ring the person that's doing the investigation and I build a relationship with them, and I indicate that I can get documentation and stuff that would probably make their job a damn site easier. Sometimes people don't take that up, they - the thing just goes on and on and on and on. And I see myself, advocates see themselves as part of the team that's getting help for their mates. That's basically the philosophy. I've see those things over a period of time and I've worked alongside First World War veterans, Second World War veterans, Korean veterans, Malaya, Borneo, Vietnam, Afghanistan and Iraq, and each veteran cohort to a degree is different. And I can understand sometimes the department not being able to connect because I don't believe that they've got a system set up to realise that, that there's a cohort of veterans that they need to manage and handle. That's basically all I've really got to say.

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COMMISSIONER FITZGERALD: Brian, and I understand you're an advocate for somebody that previously presented today or their son.

MR McKENZIE: Yes.

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COMMISSIONER FITZGERALD: And you've had a long history. Can I just deal with the issue of rehabilitation. The transition. We've put a lot of effort into understanding transition and made some recommendations about that, but one of the most important elements is good quality rehabilitation whilst you're in the service and, if you need it, post-service. We had a roundtable last year in relation to rehabilitation providers and we've heard from various people in these public hearings. What's your insight into rehabilitation as it's currently being provided, maybe just in the DVA field or the defence, to deal with the sort of issues that you've raised for us?

MR McKENZIE: What I can do is tell you the model that worked for me. Now I did two years' National Service and came back at 21, and then I got out of the system and I had major adjustment problems. I had a really good job with Telstra at the time and there was just something missing. So I joined up in the reserve and I actually think that that actually let me down after coming back with a pretty lively sort of tour in Vietnam, that it actually helped to - for me to come down from the high tempo that I had just experienced. Now I did that, basically did that myself, but I still think there needs to be - there needs to be a set strategy and a pattern developed and yet they're going to have to do it for veterans of different conflicts because the nature of - look I find the young fellas, because they wear, you know, armour plate, they carry a lot more weight. I think their backgrounds are a little bit different, that's why they're all different. And I understand for them to get treatment and be looked after, because it's an ever-changing environment, and I think DVA have some difficulties keeping up with that changing environment. Like, you know, somebody that was in the First World War, Second World War, you know, all the other little conflicts we've had as well.

COMMISSIONER FITZGERALD: So that affects the way in which DVA deals with it, but what about at the rehabilitation provider level. Do you think - again you may not have a view on this - the current system is providing rehabilitation providers that actually understand what you've just talked about? Because a lot of that is contracted out and that may be okay, but do you think that the rehabilitation providers and the system actually understands those differences and then adapts the rehabilitation strategies to meet those differing needs?

MR McKENZIE: No, I don't think they do, because I've had to educate them. As part of the team, the rehab provider sits there and contacts me and we have meetings with defence in Anglesea Barracks, especially if you've got somebody that's got a great stack of claims and they're being basically med discharged, and we actually went and fought and said, "Look, they need to stay in the system", so at least you've got some -

because if they cut the umbilical cord what are they going to do, walk around in circles? Because the back-up support in homes is different again. I mean parents are not fooled with this. If you've got a young fella that comes back after being exposed to war, I know parents who are
5 walking around in circles, "What are we going to do? What are we going to do with him?" I've got a young fella now who - I asked him to fill out a lifestyle form a couple of days ago and he sent it to me and he told me that it was - his mental health condition was causing enormous problems in his family home; that he had conflict with his father because his father didn't
10 understand. So, you know, there needs to be - and it's information. Like I still don't believe that even some of the younger fellas today are being told what's happened to them. You know, they're very confused, they've got mental health issues and all of a sudden they've changed and become irrational, aggressive. The army did that. So you can understand the
15 confusion that exists in households and if parents don't understand and people are being damaged, there needs to be an almost - an educative booklet or course or something.

COMMISSIONER FITZGERALD: Has it been your experience, Brian, that - certainly there are those that leave the Defence Force already exhibiting mental health issues, and we know that. Has it been your
20 experience that the people you're dealing with are developing those sorts of characteristics or problems, you know, immediately after discharge or, as we've heard earlier today, it comes on a few years later?

MR McKENZIE: Yes. I'll give you an example profile. A young fellow, three trips to Afghanistan, one to Iraq with close protection in Iraq, all of a sudden came back, went to the Commandos in Sydney. Found
25 out, well the term he used, "I felt that I was losing it so - and I was embarrassed about it, so I then just took my discharge". Never said one word about his mental health condition. Now that young guy came in and he couldn't talk. I was asking him questions and he was that badly affected his throat used to go up. So I then have to build a relationship
30 with him, get him a cup of coffee and all that sort of thing. So it's not all - and as Bill was saying before, most of us that do this work voluntarily in this area it's just really, really sad to see those kids, where you can actually see yourself.

COMMISSIONER FITZGERALD: Sure.

MR McKENZIE: So there's just not those services. We actually started - got the department to - because we had a number of people that were -
40 went down on one knee and they were put on pensions, and we went to the minister and lobbied him - I used to be the national president of Vietnam Veterans' Association - and we lobbied the minister to bring in what was -
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what's now known as Veterans' Vocational Rehabilitation Scheme. That was because people just didn't - wanted to get back to the workforce and there was no provision for them to do it.

5 **COMMISSIONER FITZGERALD:** So just take the example of the young man, I presume he was a young man, that came back from those particular deployments and didn't disclose - didn't say anything about his mental health, and so he ends up in your presence. What's available for him in Tasmania? What do you do with that particular individual? Just so
10 I have an understanding, how do you assist that person through?

MR McKENZIE: Yes, well I normally get them to fill out a lifestyle questionnaire because it gives you really good information about how they're feeling, and then I then steer them to Open Arms now, or link them
15 in with Mates4Mates, because the crucial thing is linking them into those services. It's not filling out paperwork, it's linking them to those services, gauging their condition and then linking them into that service.

COMMISSIONER FITZGERALD: So you're arranging that, and Mates4Mates is a different concept. So where do you think responsibility
20 sits for DVA in that? Obviously they're eventually going to deal with a claim. But do you think that ESOs, you know like yourself, are the critical link in actually getting people starting to deal with those issues independent of the claim process, or do you think it's essential that it's
25 actually dealt with through that sort of claim process. From what you've said it's - - -

MR McKENZIE: When we introduced that, we actually got funding from DVA and we actually were seeing people coming from the
30 counselling service and they were getting counselling and some of them were improving. And then we built a shack up in the lakes area and we had people building that. We had them doing things because we had people that were builders. They were builders in the army and builders when they got out, so we used their skill and we created that sort of stuff,
35 and that with counselling, some of them have quite remarkable recoveries.

COMMISSIONER FITZGERALD: And you've come up with that scheme and government provided some funding.

40 **MR McKENZIE:** Yes. It was back during when - the principal counsellor at the counselling service is Wes Killam, and he - we provided that stuff, fed that up through the counselling service. We had a group in Tasmania called the Younger Veterans Consultative Group and it was mostly comprised some Malayan veterans, Vietnam veterans, and we were
45 talking directly to the department. They were actually sponsoring the

meetings. They were providing reports back to the secretary of the department as well, and then all of a sudden all these support groups sprung up around the thing. Like there was like the fishing club, things like that, and it was all part of initially social rehabilitation before we went
5 on to vocational rehabilitation.

COMMISSIONER FITZGERALD: Does the current DVA or others provide ongoing funding for those sort of innovative and sort of flexible processes?
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MR McKENZIE: Yes. Yes, they've actually got funding targeted for the younger veterans, the contemporary veterans, Iraq or Afghanistan. They put in for a grant.

COMMISSIONER FITZGERALD: The ESOs put in for the grant for those programs?
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MR McKENZIE: ESOs, or even a group. It could be the Afghanistan Fishing Club and they - what they do, it's a once only grant and then they use - it just manifests itself and they finish up with a thing, you know it's not a full ESO type thing but an informal thing.
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COMMISSIONER FITZGERALD: Yes, sure. Okay, that's good.

COMMISSIONER SPENCER: Yes, Brian, you raise a really important issue and you gave a very graphic description of the conditioning that goes - that young recruits go through, and we've certainly heard that story of a shock of coming out of military with the sense of superiority to civilian life, but they're not finding their way in that.
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30 We have talked about social integration in our report and reintegration. They sound fairly tame words for a really significant transition that people go through. I sometimes wonder whether what's cause and effect when you think of mental health, is the failure to assist the person through that transition successfully actually a cause and contributing cause to the
35 mental health issue. So when we give a White Card and we say to the person, "Well you can go and get the help you need", at that stage we're trying to perhaps deal with something that could've been addressed at a much earlier point. And it seems to me the work you're doing is fantastic because it's very proactive. It's really almost, look in a much more benign
40 setting in cross-cultural issues the assumption is for people who have been deeply involved in another culture not their own, they go back to their own culture. You don't wait for the effects of that, you anticipate them and you have a series of structured programs over a period of time to be

very much on the front foot about all of that. And it seems to me, you know, that that's what you're doing.

5 So I think the question here is whether, from your point of view, there is an appreciation of just how significant that early intervention is in their reintegration back into a civilian world. Terrific to hear of the sort of programs you're involved with, but how does that become more systemic; how does that become the norm, that we anticipate this rather than waiting for it to happen and then trying to repair what may have been remedied at
10 an earlier point. What thoughts do you have on that?

MR McKENZIE: Well I think there needs to be - DVA could actually generate information about, you know, the consequences. I don't know whether the army would be happy with it but - I mean we're actually
15 looking at some people that may have by following the law, in the case of national service or someone that was called up for conscription, being trained to - against their personal beliefs, that the army can train passive sort of people to someone to be quite violent. Now I don't know what that causes in here but it's certainly a big change in a normal person walking
20 the street, and that's what we were, that's what veterans are. And then all of a sudden they're exposed to all this stuff first of all. And I think in cases, I think the war experience is just a little bit more icing on the cake; I think the training before you even go to war is - encourages poor health.

COMMISSIONER SPENCER: That raises a very profound question, which is - goes to some of the earlier discussion we've had today about how does one encourage Defence to think about those kinds of issues. What is necessary in terms of their duty to prepare people for what they're going to encounter and what they're expected to do. But also how do you
30 balance that against the longer term duty of care that - and particularly when we have veterans these days who go in at 17, maybe out at 27. The rest of their lives, if unintentionally, nobody would set out to do this of course, but if unintentionally part of that experience in service can have profound implications later on, which may be able to address with better
35 knowledge and understanding of what's happening through that first phase.

MR McKENZIE: Yes.

40 **COMMISSIONER SPENCER:** So you would agree with that, that there's something there to be maybe thought about and looked at?

MR McKENZIE: Yes. I mean I spent an hour last week talking to a young fella who had three attempts to kill himself, and he wrote - he
45 initially wrote me a couple of papers and that got me this research stuff

going because all he was saying is that, "I was this person before I went away, and I went to East Timor and I went to Afghanistan and I come back and everything's foreign to me. You know, I can't even explain it to my parents". You know, I mean we're not talking about one veteran here, we're talking about the whole family affected by the whole thing. I mean that's exactly what happens. Our mean our wives at VVCS, we actually had to fight to get, initially to get the thing because VVCS provides help to family, veterans' families. And I was actually the chair of the committee that used to run that and I did that from 2001 to 2009 and we raised the issue of children, like our children were committing suicide mainly because - and we were hearing, I was actually advisor to the minister at the time, and we went to - I went and had breakfast with all these kids around Australia because they - the counselling service appointed virtually a children's psychologist because there was a high incidence of the children of Vietnam veterans committing suicide because of the lack of emotion in the family because of the father predominantly.

COMMISSIONER SPENCER: Brian, just a question for you. You referenced a book earlier. I mean you've obviously been, you know, a very keen student of this whole issue and have been looking at what there is available to inform what should be done about it. Have you come across research, either here or elsewhere in the world, that's helpful to inform what can be done about this?

MR McKENZIE: Yes, I've got the website and this is title of it, it's "Rewiring the human brain to train it for obedience and violence. The psychological reality of military training", by David Gee.

COMMISSIONER SPENCER: That's the book that you mentioned.

MR McKENZIE: You see there's really no - if you look at treatment regimes now, I often wonder where that's gone. Is it for the accident - someone's in a car accident, because there is different obviously medical conditions and because we're all wired differently, how would you come up with a course to try and solve that problem. Maybe that's why the professions stayed away from it for so long.

COMMISSIONER FITZGERALD: I think a lot of the focus has been on post-trauma impacts, whether it's PTSD or other mental health issues. So I think there's been a growing awareness of the impacts of trauma and many of those that have been in the military will have suffered some episodes of or in fact long periods where trauma has been part of that. But I think what you're saying is it goes beyond that. It's actually not even about trauma so much as about the whole change in your personality, what

you have to accept, and that in and of itself has a consequence later on, which I think is a broader notion and it's a very interesting notion.

5 Just to conclude. You mentioned the other aspect, which was your concern about the staffing within DVA and whether or not there's a Veteran Services Commission which we're recommending or it's DVA or something else. It is important that those people are trained up and understand veterans. I was just wondering about that. You talk about Veterans' Awareness Weeks and things like those sorts of aspects. Your
10 assessment at the moment in relation to DVA generally, and we can't assess this, but independently, do you think that they are more aware of the needs, if not the backgrounds, of those that, you know the people you're representing as an advocate, or do you think it's just the same as it's been? I just - - -

15 **MR McKENZIE:** No, there's been a dramatic change in the relationships that develop between advocates and people actually making the decision, doing the investigations.

20 **COMMISSIONER FITZGERALD:** Positively?

MR McKENZIE: Yes.

COMMISSIONER FITZGERALD: And that's been, what, the last year or two or over a longer period, do you think?

MR McKENZIE: Probably the last 18 months. Yes.

30 **COMMISSIONER FITZGERALD:** And that relates to the Veteran Centric Reform programs and stuff like that.

MR McKENZIE: Yes.

35 **COMMISSIONER FITZGERALD:** That's good. Is there any final comment you have, Brian, that you'd like to leave with us?

MR McKENZIE: No.

40 **COMMISSIONER FITZGERALD:** You've done very well. Thank you very much for that. That's good.

MR McKENZIE: Thank you.

COMMISSIONER FITZGERALD: I just need to check if there's anyone else that's going to make a final statement. Anyone else going to make a final statement? No. Going, going, gone.

5 **MR THOMPSON:** Rob, could I just correct something you said earlier on about Navy, if I may.

COMMISSIONER FITZGERALD: Do you want to put it on the record?

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MR THOMPSON: Yes.

COMMISSIONER FITZGERALD: This is the formal part of the process. You can talk to me in five seconds about other things but just give me your name again, please, for the record.

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MR THOMPSON: Darren Thompson.

COMMISSIONER FITZGERALD: Yes, and what comment would you like to make?

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MR THOMPSON: You were saying before about the transition process, how Navy doesn't have a group as such. We actually have in Navy - or Navy had in the set up in about 2005 a core where they could land sick, injured, criminals, whatever to a holding pattern ashore at the major establishments. It's now called the Personal Support Unit and it's up and running at all establishments. Basically anyone that is not fit to be at sea, on their ship or submarine, will be landed to that unit for admin purposes or farmed out somewhere else until the process goes through. They normally also have another person attached to the command who is there to actually help the transition of complicated cases like mental cases. So the Personal Support Unit is normally made up of an officer, warrant officer and other people to administer these people until they actually transition out or get fit, go back to their ship. And what the ships and submarines do is they'll ask for what they call an operational lift. So somebody will be grabbed from ashore, who is seen having a nice rest, and they'll go back to sea or submarine. Submarines actually have a separate group called the Submarine Support Group where they've got about 30-odd people. These guys not only provide operational reliefs for the two year period within this group, they also travel around Australia to provide respite for the crews during port visits and things like that. So I just wanted to put that on record, that Navy does manage the people. It is in a pool, and it's grown from an infant state into a much more formal process now, where they try and look after these people and transition them either back into service or out of the service.

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5 **COMMISSIONER FITZGERALD:** Good. Thank you very much for that clarification. So again, the last comment, anyone else? No. Well that just leaves me to adjourn the hearing today until we meet in Sydney in about ten days' time. So again thank you very much for your participation today. That brings to a conclusion today's hearing. Thank you very much.

10 **MATTER ADJOURNED AT 2.45 pm**
UNTIL TUESDAY 26 FEBRUARY 2019