

Compensation and Rehabilitation for Veterans Productivity Commission  
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First, I would like to introduce myself, my name is Ray Kemp an advocate trained to level 3 ATDP. I have been working as an advocate for the past 7 years. I'm also one of the compensation regional mentors for ATDP region 3. I provide advocate services across all three Acts and all three Services, with an emphasis on Submariners.

### **Contact with DVA**

When you ring DVA you can wait for up to 30 minutes to get through to someone, it would be good to have a call-back facility. Once you get through, then you need to be put in touch with the delegate, sometimes finding that delegate is difficult as you only have a Christian name to work with along with a V number (if provided) I'm not sure what the prefix V stands for VEA or Victoria. If the delegate isn't there they are asked to call you back, but most times this doesn't happen.

### **Online Claims Portal**

There are 5 ways to lodge a claim:

1. Paper form
2. Online claim form
3. Online claims portal
4. Through my account via CASE
5. Through my Service (only for those with PMKEYS numbers at this time)

I started using the online claims portal around August 2015. Before that I was using the online claims form. Right from the first day I noticed some problems, with the early online claims form you started by entering the advocates details, then the claimant's details and finally the injuries or diseases.

Once the portal came online, the format of the online claim form changed also. The new format was Claimant's Name, DOB, and phone number. Next was the claimant's service followed by the doctor and injury or disease. Only on the second last page do you add the claimant's DVA file number and address details. When you print an injury sheet it only has name and injury, but none of details that you have typed in. That form requires a DVA file number however at this stage it hasn't been added to the claim.

Before the change to the old online claim form the injury, sheet was populated with all details typed in for signing and verification by the claimant's doctor.

My first contact with the online claims portal IT people was on the 25/09/2015, and this is what I stated in that email:

I have the following observations on the new Online form for DVA disability claims.

1. No check box for Submarine Special Ops, the old printed form you could put it in the service history part. The fact we have no check box is very concerning as it leads to

people not being assessed correctly and also could lead to a breach of security. It is a flag for your primary claims assessor to treat the claim with extra than normal care.

2. In the rank field no LEUT or LCDR for Navy. I have been told this field is unimportant; if so remove it or correct it.
3. Why have we moved all the contact details to the end, it would be better to fill that in at first as then you could load the DVA file number into the medical injury form.
4. The medical injury form only has the header information and name; therefore, the client has to fill it in. Please see 2 enclosed forms one for the new online claim, the other for old online form.

Here is the reply

I have received your email below in regard to the Online Claim for Disability claims.

Regarding points 1, 3 and 4, I will raise these with our technical team as suggestions for enhancements to the form. The technical team will consider these suggestions and hopefully include them in a future release.

Regarding point 2, this has already been raised as an issue. We have asked the technical team to add the missing ranks in the next system release (in December). Currently you can just select the next closest Rank in order to progress with the claim, as the claims team confirms with Defence the correct rank during processing of the claim.

Thanks for taking the time to provide your feedback on how the form can be enhanced. If you have any further suggestions for how we can enhance our systems, please don't hesitate to let us know.

In fact, putting the wrong rank could have meant a person being assessed for the wrong amount of payment for a incapacity or permanent impairment payments.

The rank problem was fixed in May 2016 and the Submarine Special Ops wasn't fixed until May 2017, the other 2 problems still exist.

On the 16/12/2015 I received this update.

1. I have raised this as an issue with the business area and asked them if the Submarine Special Ops flag /check box is something that they would like to be added to the Claim form in a future release and, if not, if there was a particular reason for not including it in the new Online form. I'll let you know when I have been given an update. If this is something the business area agree needs to be included in the Online form then we would look at having it added to the form, probably as part of the May/June system release.
2. This issue has been raised with the technical team and it looks like it will be fixed as part of our March 2016 release - all Navy Ranks will be added to the drop-down list for this field.
3. I'm awaiting a response from the business area as to why this was changed. At this point though we would not be looking at changing it back as the business rules and logic of these screens are complex. To change the flow of it now would be a major piece of work and would cost a lot of money which is outside of the budget.

4. –I've asked the business area if they can advise why this has changed. Based on the info and examples you provided, I'm assuming that with the old online claim form the information recorded under Condition Information automatically populated in the Diagnosis/Medical Injury form, and with the new online form it doesn't auto-populate that information into the Diagnosis/Medical Injury form? Hopefully the business area can provide some background as to why this was removed from the new online form, and whether or not it is something that we can include again in future.

On the 4/4/2016 I again contacted the IT department when I found a new problem, which is to do with the date of clinical onset of an illness or disease. If a person has both VEA and DRCA service and the injury or disease's clinical onset was after 1/7/2004 then the client would only be assessed under DRCA.

Below is my observation and response on the online claim portal

Sorry to be a pain again. When putting in the details of a person disease if it is after 1994 then you only get the SCRA option. Therefore, you have to put in a date before this, so you can have it assessed under VEA.

For example

Sailor who served between 71 - 79 is diagnosed with Diabetes in 2010, you put that 2010 only have SCRA option. I believe this is wrong as you have to put in an incorrect date for onset to get it to work. Most advocates get around the problem by putting clinical onset as 30/6/2004.

This is the reply I received to my question.

So, we have investigated this from our end, and it appears the system is working as expected. VEA is not appearing against the Act because you haven't entered an appropriate region for the question "Did you serve outside Australia". Although you have selected Yes here, you have then selected 'Other Overseas' and 'None of the Above' – our system can't relate that back to any period of overseas service so VEA does not appear as an option.

I have done a dummy claim using the information you have provided, but then selected a region of overseas service (ie Cambodia/Laos/Thailand 1991-1993, rather than Other Overseas/None of the above), and VEA is now displaying as an Act. So for VEA to appear you need to select something under the Overseas question (apart from Other Overseas/None of the Above).

If you're not satisfied with the Acts identified based on the answers you have provided, then you always have the option to select "Yes" for the below question. Then the DVA processing officer is expected to consider processing the claim under other Acts too.

My reply 19/5/2016

I believe that the system should give VEA as an option especially if a person like myself will have VEA service. By not being able to select VEA service and then selecting the option as

you suggest will slow down the process. 95% of my clients want the claim processed under VEA not SCRA.

Sailor served overseas all the time during the period Dec 1972 to 1990 and it may not have been Qualifying service however it would be VEA service. Therefore, electing other overseas also should bring up VEA and SCRA, Just like you would have got. I also believe the Army and Airforce would have served overseas on postings also.

Please let me know what you think.

How are we going with getting Submarine special ops fixed (This would be VEA service or SCRA however no means of selecting)

Their reply same day

Thanks for your feedback. I'll have to pass that on to the business area as they are the ones responsible for approving any changes to the online form – and they understand the rules around VEA, SRCA and MRCA much better than I do so it would be up to them to decide whether the form should bring up VEA when 'Other Overseas' is selected. I'll pass your email on to the business for their consideration and response.

In regard to the Submarine Special ops checkbox, unfortunately the business area decided not to go ahead with adding this option to the online form. The paper claim form had this check box to assist delegates in identifying operational service, however this information is available from the service documents which delegates can now get access to quite easily. They didn't think the claim form needed to be complicated by adding additional check boxes. It was decided that this was more an issue for claims assessors to categorise the information themselves rather than for clients to nominate. So, the check box isn't going to be added to the online claim form.

Another reply telling me to, effectively, 'suck eggs' 24/1/2017

We don't believe there is a problem with the online claim form but think there could be a better way to fill it out to avoid these issues.

If the veteran has service post 1/07/2004, the online single claim form will correctly consider ALL Acts under which the Veterans' service has been rendered. At the end of online single claim form you will be presented with the option to 'opt out'. If you select to opt out then, the claim under that Act won't be considered.

If you are only getting the option for a SRCA claim, then we suggest that you go back and check what he has previously entered as you may have an incorrect answer in there somewhere. Otherwise, (if the Veteran has both VEA & SRCA service) you would be presented with both/all Acts that apply when considering the service completed by the Veteran.

If the claim is for cancer, then you will need to answer no to the 'Is this an injury' question and Yes to the 'Is this a disease' question.

Another reply 3/3/2017

We have discussed your concerns with a business analyst who worked on the system and they have advised that the system is working as expected. They also confirmed that the below advice I provided to you initially is correct (I have included the advice again in this email in case you don't have the original email). By following these steps, you will be able to opt out of SRCA and lodge the claim under VEA only.

By selecting "Yes" to the below circled question, you would be prompted for the injury onset date. So, if there is not a single incident, like an injury (e.g. fell down ladder, sustained concussion in heavy tackle during army organised sport), then the form will derive that the claimed condition is a specific injury. By selecting "No" the form determines that it is a disease (e.g. cancer).

My reply 6/3/2017

I must be missing something. I need to select No as the Hernia is a result of his cancer operation. His operation was in 2016 and it still only brings up SCRA not VEA. If I select Yes, I need to put in a date of onset during his time of service, I can't put in a 2016 date.

As I stated before it would be better if I show someone. I will be in Sydney around the 4th of April and also Canberra sometime after that and before the 20th April. This is a problem that needs to be demonstrated. I agree it may be me not inputting information correctly, however I have some doubts about that.

Failing that a telephone conference may be the way to go, however I'm leaving Adelaide on the 14th and have a full diary until then.

Now they are trying to blame my computer email 15/3/2017

Occasionally there are compatibility issues with Mac and Online Services, however I wouldn't think it would cause issues with the Acts.

Let me know how you go once you have tried again!

Finally, they agree email 16/3/2017 at 1024 about 10 minutes after phone call from Program & Assurance Assistant Secretary see below.

I've had another look at this one. When I first did the claim from my end I selected "Yes" to the question "Did you serve outside of Australia". This claim had VEA and SRCA appear. I've just done another claim and have selected "No" to that question (all other answers the same) and like you am only getting SRCA appear. This is not right, as both VEA and SRCA should be appearing in both examples.

Are you able to provide the clients file number just so I can confirm that these conditions aren't already accepted under VEA? That's the only reason I can think of that it would not be appearing.

If they aren't then possibly there is a bug with the system and I will need to get the technical team to investigate this.

It took from 25/09/15 until 16/3/2017 to convince DVA there was a problem. In fact in mid-March 2017 I had a phone call from the Program & Assurance Assistant Secretary who told me that I didn't know how to use the portal and they would send someone to show me. Not ten minutes later I received an email saying that I was right, and they had found the problem. The IT section thought they had fixed in the May 2017 update however it was only fixed for those with Qualifying service. Therefore, those veterans with only eligible service are still assessed incorrectly.

New email 21/3/2017

Unfortunately, those are issues with the business processes and not something that I have any involvement in from my end. I am happy to pass your concerns on to the Rehab & Compensation business area, although I'm not confident this will result in any changes. Possibly you could raise these concerns with Janice also and she could then raise them with R&C from her end

Email 6/4/2017

Just wanted to give you an update on this one.

It turns out the system is working as it was set up to do – based on the business rules, when you select “Other Overseas” then “None of the Above” the system takes it as not having served overseas so it doesn't give you VEA as a choice.

However, I have spoken to the business experts and they have agreed that this needs to be fixed so that where these options are selected the system returns VEA as a choice (provided the dates served are within the VEA period).

We are just awaiting Director approval for this change and, provided we are given that approval, we hope to have it implemented as part of our system release in June.

My email 7/4/2017

I still have a problem not putting a tick box for Submarine Special Operations, I notice a lot more operations have now been included if that can be done why not add the special operations. Submariners are still falling through the net and not being assessed under the correct SoP's therefore you need to appeal.

Reply 10/4/2017

Unfortunately, the tick-box for Special Submarine Operations is not something that the business area wants to include on the form, as they believe that the claims delegate can confirm this information via the service documents when investigating the claim.

My reply 11/4/2017

If we had a tick box for Submarine Special Ops it would be the same as all other operations, the primary claims officer would just need to check that they have this service. It would also stop 2 things

1. VEA would be the ACT of choice for the injury or disease
2. It would save time for the ones falling through the cracks
3. Be more efficient
4. It would have meant that some claims won't have to appeal as the claim has been assessed without Submarine Special Ops. Claims are still falling through the cracks, in fact I have had one claim where the person was about to receive the service pension however his PTSD wasn't assessed under the RH SOP and his service certificate had been presented. I have just completed a section 31 appeal for another submariner not assessed for Special Ops service for his Prostate cancer. I myself was only assessed under special ops after my fourth trip to the VRB and second after we had received the Special Ops. In between those VRB's I also had an AAT appearance. I was continually telling people that they were assessing me wrongly. In fact, I was receiving the service pension before my last trip to the VRB. It was the senior member MR Jolly who apologised for the stuff up.

I can't see why they won't put Special Ops as a tick box when they have just added a whole heap more operations for Iraq and Syria.

DVA reply 11/4/2017

My apologies, I originally thought you were asking for a separate check box somewhere on the form to indicate that the client was a Submarine Special Operations.

The change we are hoping to implement is to have 'Submarine Special Operations' as a check box when 'Other Overseas' is selected from the list of Regions – so 'Submarine Special Operations' can be selected here rather than 'None of the Above'. I am still awaiting business approval for this change. I have chased them up today, so we can hopefully have this change implemented in our June release.

Apologies for my misunderstanding.

My email 16/7/2017 first claim for someone with only eligible service after we thought they had fixed the clinical onset problem.

I have found another problem to do with the date of clinical onset. We still have claims with clinical onset after 1/7/2004 being only assess under SCRA and not VEA. I was doing a claim this morning see the enclosed screenshots.

Also, at the claims management forum in Canberra last month, several others attending stated the address finder doesn't work it has nothing to do with what browser you are using MAC or PC.

Other also told me to get claims assessed under the correct Act they are fudging the system by putting the clinical onset before 1/7/2004.

DVA reply 20/7/2017 the person who wrote the program has no idea of the VEA Act.

To be eligible for VEA, the only rule that applies to onset date of 1/7/2004 and after is the following:

Did the condition result from a specific incident or event <> "Yes" (this = No)

**and**

Onset date was on or after 1 July 2004 but not during a period of ADF service.

**and**

User had

- A period of service from Appendix A that started before 1 July 2004, or
- Australian Merchant Mariner service in World War 2, or
- Australian Police service in a UN Peacekeeping mission, or
- British Nuclear Testing
- ADF service of type "Permanent Forces" covered by the dates of World War 1 (1914-1921) or World War 2 (1939-1951) from Appendix A.

So, provided the client meets all those conditions, VEA should appear.

So that I can investigate further, can you please provide the information you entered for this client. I.e. Enlistment date, discharge date, OS service.

DVA reply 25/7/2017

This client does not have any Overseas Service, which is why VEA is not appearing as an option (based on the rule below). They must have a period of service from the list attached (or one of the other options in the rule below, i.e. AUS merchant mariner in WW2). If they don't then VEA won't appear as an option.

Do you believe that they should have VEA eligibility even if they don't have any overseas service?

My reply 25/7/2017

Your question is very concerning please see link below from the DVA website. I'm sorry I suggest the IT people read up on all 3 Acts and eligibility for compensation under the Act

<https://www.dva.gov.au/benefits-and-payments/compensation/veterans-entitlements-act-vea>



Another Advocates reply 26/7/2017

I agree with Ray. Veterans with 3 years CTFS from 7 December 1972 to 6 April 1994 (Post VEA members) and up to 30 June 2004 (Pre-VEA members) have dual eligibility under both SRCA and VEA regardless of whether they have overseas service. It is known as Defence service under the VEA.

DVA reply 9/8/2017

Just an update to let you know we have looked at our current rules and found that there is a problem with the rules around onset where the claim doesn't relate to a specific incident. This is impacting those with 3 years of CFT peacetime service and is preventing VEA from being presented as an option.

We'll be updating the rules so that VEA is displayed as an option for the Veterans with 3 years CTFS from 7 December 1972 to 6 April 1994 (Post VEA members) and up to 30 June 2004 (Pre-VEA members).

At this point I don't have an estimated time of when this will be done, I am still awaiting a response from the technical team. I will keep you posted.

Reply on 22/11/2017 after question raised at Ex Service organisation Round Table ESORT by First Assistant Secretary

I am sorry for the amount of time and effort Ray has expended to try and get to the bottom of the problem he (and other users of the Portal) have been experiencing. I can confirm that there is a problem with the system which prevents veterans with 3 years continuous full-time service between 1/12/72 and 6/4/1994 lodging a VEA claim – Ray was correct, and I apologise for the difficulties he had in getting this issue recognised.

Resolving it is the next challenge. A system fix for the problem could be implemented, but we need to assess the urgency and cost of this fix against others which are also needed to make sure we are spending our limited funds as effectively as possible. This assessment is currently underway, but it means that for now, I can't give a firm undertaking as to when the problem will be resolved, or even if it will make sense to do it, given we are moving to replace MyAccount.

In the meantime, claims which fall into this category between these dates can be lodged online through My Service if the veteran has a PMKeys number and we can provide some assistance to Ray if he would like it on how to do this. For veterans who do not have a PMKeys numbers, the claim will need to be lodged on paper.

I am sorry not to be able to provide a quick solution, but I hope that at least clarifying the issue and offering a couple of alternative approaches is of some assistance to Ray.

Finally, I had a lengthy phone call 3/5/2017 from the Program & Assurance Assistant Secretary again. He basically told me to go back to paper claims as advised by First Assistant Secretary or use My Service. I stated that resorting to paper claims was a backward step and to use My Service you have to be sitting with the veteran as he needs to logon. As I have

clients all over Australia that is impossible. I also stated as they fixed the qualifying service problem in a couple of months they should be able to fix it just as easy.

What are the problems with not selecting the correct Act? It wouldn't be a problem if the delegate looked at what Acts the person came under when the claim was lodged and then investigated both Acts together, however this doesn't happen. In most cases they go through the whole DRCA investigation and then investigate the VEA claim. In most cases the veteran only wants his claim investigated under VEA. One client that lodged a claim on the 30/4/2017 still hasn't had his claim investigated under VEA even though I emailed DVA on the 27/9/2017 and the 13/4/18.

This was even though I had selected as shown in the below screen shot the yes button to investigate under other acts.

Entitlement under other acts

If, during the investigation of this claim, it becomes evident to DVA that you have entitlement under an Act(s) (VEA, SRCA or MRCA) not displayed above, rather than or in addition to the Act(s) identified above, do you wish for DVA to consider that entitlement?

 Yes  No

In summary only, a couple of the problems with the online claims portal have been fixed they are

1. Naval rank added
2. Submarine Special Ops added
3. Address finder fix
4. Correct acts selected for Qualifying service for those with a disease with clinical onset after 1/7/2004

In the nearly 3 years I have been dealing with this problem I have been to 2 forums run by DVA in Canberra, contacted Deputy Commissioners (DC), wrote to the Minister, had representation by members of ESORT and the PMAC and along with many emails. It has taken up a considerable amount of time and DVA still don't seem to get it. I must say the local DC has been very supportive as I sat down in 2016 with herself and staff and they understood the problems on day one. It appears that DVA don't like to be told they are wrong.

I feel I have been treated as a trouble maker not a trouble shooter.

Attached letter to Minister re online claims portal

### **SoP's**

There are two types of SOP, the more beneficial for veterans being Reasonable Hypothesis (RH) and the other is Balance of Probabilities (BOP). Each type of SOP has factors that have to be met for a disease or injury to be accepted under both the VEA and MRCA. Some SoP's have the same factor in each and some only the factor is in the RH SOP. The SOP's are very restrictive; if the veteran doesn't meet a factor then DVA cannot accept the claim. The difference with DRCA is that there are no SoP's therefore a veteran can have a claim accepted under DRCA and not VEA if DVA decided that the material contribution of the disease or illness is largely service related.

Since the end of the Vietnam war more veterans have been killed or injured on training accidents than in action. If the veteran is killed, then compensation is paid. If the veteran is injured he may not receive any disability pension under VEA or incapacity payments under MRCA if the injury or disease doesn't meet an SOP factor.

A classic example is there are four blood related cancers that don't have benzene exposure as a factor in the BOP SOP. Submariners are exposed to benzene in the diesel fuel continuously while other serviceman, such as refuelers, are exposed to benzene for a considerable time but not continuously. Why there is a difference between the SoP's is a good question without any obvious answer.

The following statement I took from a VRB hearing of one of my clients that supports the above statement.

"Why this factor is present in the "reasonable hypothesis" SoP and not the "balance of probabilities" SoP appears to have no logical basis as a service member with the type of service background experienced by the applicant is confined to a space irrespective of the type of service he is rendering

As the applicant does not have operational service, Instrument Numbered 90 of 2011 for Diabetes Mellitus is the only SoP that the Board can apply in this instance. The Act makes Statements of Principles absolutely binding on all decision makers, and in this regard the Board has no discretion"

The Senate inquiry into Veterans Suicide recommended that only one SOP be issued. I believe that the BOP SoP's are intended to retain and the RH SoP's deleted. That would be the completely wrong action if any SoP's are to be removed it should be the BOP with the RH SoP's being the only type of SoP. If the BOP SoP is retrained instead of the RH, it will remove the beneficial nature of the VEA. It would also mean many more veterans would have their claims rejected. Another problem I see is if a veteran put in for a new injury or a request for increase then they will be re-assessed under the new SoP and may have a reduction in disability percentage.

### **Claims Experience**

In general, my experience with having claims accepted has been positive with a few exceptions. I believe that the delegates are over worked and under trained. I also believe that some need to have more empathy with the veteran. I find the best DVA employees are ex defence (veterans).

Some of the problems I have had with delegates are:

1. Using out of date SOP's.
2. Not looking at the factors claimed to have caused the problem and therefore sending incorrect questionnaires e.g. claiming Passive Smoking as causation, however only sending smoking questionnaire.
3. One claim was decided in five days, with the claim lodged on a Thursday and on the following Monday I received two letters, one acknowledging the claim the other

rejecting it. When I rang the delegate, she said her team leader said reject it as it will be overturned at Section 31 review, which it was.

4. In January 2016 when the Ischaemic Heart Disease (IHD) SoP was updated to include Passive Smoking, the delegate told me he wasn't going to approve a claim as he believed it was too easy to get IHD accepted and it was harder for smokers. The same delegate refused a PTSD claim as he said that the naval history site said the reported incident happened in 1971 so was not covered under the VEA. I had provided the report of proceedings (ROP) for the incident in 1974, but the delegate said the ROP was the wrong date. An ROP is the monthly report of the ships movements and major incidents, and as such is the authoritative document of record of a ship's movements and history.
5. PTSD claim refused for a submariner as he didn't see the bodies of his friends left on the bridge when the submarine dived., This is a persistent problem with the SoP factors as they are applied so strictly.
6. Using the wrong chapter in GARP, a classic example is Sleep Apnoea delegate using Chapter 17 Activities of Daily Living (ADL) not Chp 16 Intermittent Impairment. Sleep Apnoea is intermittent as it only happens when asleep. ADL chapter looks at how the veteran gets in and out of bed and moves around house. In my own case I had 20 points for Sleep Apnoea, but after having another disability recognised my Sleep Apnoea points were reduced to 10 as the delegate used ADL chapter. When I rang and challenged her she told me 'tough, you will have to go to VRB'. I did do so and my advocate and the Senior Member agreed on 20 points which meant I had 62 points. When decision came out for no increase, after listening to the tape recording I heard the Air Force doctor saying that as I had a CPAC machine, I was cured. So, it was off to the AAT and \$12000 later I received 60 points and 100% disability. This shouldn't have happened
7. Claim for Diabetes using smoking factor, where the delegate said she wasn't even going to look at the claim as the factor was smoking. When I said how can I appeal if you don't even make a decision, her comments were to the effect of 'that's not my problem'. I emailed her team leader and four days later the claim was rejected. I had referenced an AAT decision from April 2017 in the claim. There was no mention of that reference in the decision.
8. A delegate refuse to investigate a claim under VEA as the clinical onset was 2016 even though the veteran is eligible under all three Acts.
9. Client already on service pension, however had a PTSD claim refused for incidents on Submarine Special Operations as the BOP SoP was referenced. This was overturned in one week at Section 31 review. My client was very stressed after refusal.
10. Other Special Operation Submariners had claims rejected when wrong SoP type used, most over turned at appeal.
11. Delegates not understanding the types of service. The Sinus and Otitic Barotrauma SoP's now have submarine service as a factor however only one of my five cases haven't gone to appeal.
12. Veteran diagnosis with Prostate cancer. He was in a safety officer's position in Libya, when upon diagnosis he was told by his specialist that he had to cease work as his company's insurance would be void if he made a poor decision due to the treatment drugs he was on. When he finally had his cancer accepted as war caused the delegate refused the special rate due to him being on service pension.
13. Veteran claiming for PTSD when HMAS Onslow hit HMS Leopard in South China Sea in 1973. The submarine report of proceedings stated it happened in 1973, delegate

said it happened in 1971 as that is what the navy history site said. Even when presented with a copy of the ROP he still refused the claim. Overturned at section 31.

### **Alone Test**

1. I understand why we have the alone test, however it is very restrictive especially when the veteran has been assessed as eligible for the service pension on invalidity grounds. Here we have two sections of the one department making totally different decisions.
2. Also, if a person is given the special rate of pension, then if the veteran has Total Permanent Disability Insurance in his super fund or own insurance the Super Fund has to pay out the TPD payment (see attachment Hansard's 1/3/2001). Therefore, it is on application automatic, however if the veteran claims for his TPD payment when it is granted for accepted conditions, the veteran doesn't automatically get the special rate of pension. Why the difference?

### **RMA**

I have mixed results with my dealings with the RMA. Happily, they changed the terms of reference for an investigation into benzene exposure. This resulted in several SoP's having benzene exposure included in the RH and BOP SoP except for four BOP SoP's. When I question why the four SoP's didn't have benzene exposure included I was told it was because we had to be fairer to veterans with qualifying service. Submariners especially Oberon class Submariners were exposed to diesel 24/7, in fact it was on their skin, floating on the top of tea and coffee and also a film on meals. The RMA didn't take into account that Submariners are also ingesting benzene.

The SoP's for malignant neoplasm of the brain has a factor for ionising radiation. However, there is no factor for non-ionising radiation. There is a large amount of evidence that electromagnetic radiation (EM) causes malignant neoplasm of the brain, but numerous requests to have EM radiation included in the SoP's have been refused. However, under DRCA if it can be proven that EM contributes a large amount to the cancer it will be accepted as service caused.

### **VRB**

The VRB is an excellent means of getting claims that have been refused accepted. The ADR system is a great system that saves the veteran a large amount of stress. The system works well.

In my opinion, however, I believe that the VRB processes would be strengthened if a wider net were cast for the representative 'service' members. It should not be expected that a single representative could have a thorough working knowledge of all activities and practices of his or her own service, let alone of the other arms of the Australian Defence Force. This aspect could be remedied by including a broader representation in the composition of the VRB, such as could be achieved if the service representatives included individuals other than former Commissioned Officers.

### **AAT**

I have only attended one AAT which was my own case, I believed I received an excellent hearing from the members. It was the arrogant attitude of the DVA lawyer that I didn't like, and he should have been pulled up especially with him sitting with his feet on the desk.

### **Oberon Class Submarine Occupational Health Study**

In February 2006 the Oberon Class Submarine Occupational Health Study was released. There were several recommendations, many which haven't been acted upon. I wrote to the minister and he didn't seem to care. See enclosed letter and reply and DVA Business line. Many Oberon Submariners have respiratory problems, as we still have 2 Oberon's in museums air and ventilation testing should occur to determine what bugs exist on those submarines. As an addition a health study of Collins submariners should be done.

### **HMAS Onslow and HMAS Otama incidents**

Both HMAS Onslow and Otama had incidents where crew members were lost these incidents have left many crew members with Emotional Behaviour (EB) problems. DVA should automatically accept liability for any EB claims. The crew of HMAS Onslow were also severely gassed with Carbon Monoxide, once again any respiratory problems of the crew should be automatically accepted.

### **General Defence Incidents**

Many incidents before 2004 in defence weren't reported, DVA and defence should develop a data base of all incidents. It could be easily done if a person lodges the incident with 2 or 3 people certifying the incident happened this could be built up over time. DVA reject claims outright when defence can't confirm it.

### **Closing comments**

1. If SoP's are to be restructured, then delete the BOP SoP's
2. Add EM radiation to the malignant neoplasm of the brain SoP
3. Fix all problems with online claims portal
4. Enable advocates to access My Service so they can lodge fast track claims
5. Statistics be taken of all rejected claims that are overturned at VRB or higher courts, with responsible delegates to be counselled.
6. Employee veterans as delegates
7. Have a call back service for phone calls
8. Review the alone test and make it fairer especially if the veteran has received a TPD payment or is on the service pension on invalidity grounds
9. All Section 31 and VRB decisions should be published
10. Oberon Class Submarine Occupational Health Study implement all recommendations
11. Conduct and swab of the ventilation systems on ex Submarine Onslow and Ovens
12. Take air samples from ex Submarine Onslow and Ovens
13. RMA to update SOP's in relation to Oberon Class Submarine Occupational Health Study
14. Conduct a health study into Collins Class Submariners
15. Automatic acceptance of EB claims for crew of HMAS Onslow and Otama
16. Automatic acceptance of respiratory problems for the crew of HMAS Onslow.
17. Develop database of incidents

In closing I'm am willing to give evidence at the inquiry if required.

Regards

Ray Kemp JP

Level 3 ATDP Advocate



R. J. Kemp

The Hon Dan Tehan MP  
Minister for Veterans' Affairs  
Minister Assisting the Prime Minister for the Centenary of ANZAC  
Minister for Defence Materiel  
PO Box 6022  
House of Representatives  
Parliament House  
Canberra ACT 2600

Re: Online claims portal

Dear Minister

I'm writing to you to express my disappointment with the online claims portal as a Level 3 Advocate for the Submarines Association of Australia and the Naval Association of Australia.

I have been using the online claim portal for over 9 months now and I find that it requires a large amount of rework to have it working properly. As a believer in IT systems I believe it is a step in the right direction however it has some serious faults. Also it requires enhancements to enable it to function as a total online system.

I have spoken to the former Assisted Commissioner for DVA in SA and she was great help, along with Kristen Perkins from Online Services Support. Please find below my comments on the problems and recommended enhancements. I believe the recommended enhancements will save money in the long run.

#### Claim Reviews

1. Review application doesn't reopen at last page you visited
2. Maximum file size of 5 MB therefore requires mailing.

#### Claims

1. No field to tick Submarine Special Ops for Qualifying service, means client may have trouble getting claim accepted
2. The DVA file number isn't entered until page before lodging claim, therefore injury sheets are not loaded with clients DVA file number if they have one.





**Australian Government**  
**Department of Veterans' Affairs**

12  
Mr Ray Kemp

Dear Mr Kemp

Thank you for your letter of 18 April 2016 to the Minister for Veterans' Affairs, the Hon Dan Tehan MP, about the Department of Veterans' Affairs (DVA) online claims portal. I apologise for the delay in response. Your correspondence has been referred to DVA for response due to the forthcoming Federal election.

With the recent announcement by the Prime Minister, the Australian Government is in a 'caretaker role' and decisions are not taken, or advice given, that would bind an incoming government.

I understand that you have raised your feedback pertaining to the DVA online claims portal with the DVA Information Technology team already and that you have had ongoing communication with them. I have been advised that your suggestions have been gratefully received and that they have been or will be considered within the margins of available resources and, where possible and appropriate, added as enhancements in future system releases.

Thank you for writing to the Minister for Veterans' Affairs and for taking the time to provide comments relating to your experience in using the online claims portal. It is feedback such as yours that allows DVA to continue to improve our services and systems into the future.

If you have any further feedback, please email [online\\_services\\_support@dva.gov.au](mailto:online_services_support@dva.gov.au). Alternatively, please telephone Ms Kristen Perkins on 1800 254 555 and ask for extension 615057.

Yours sincerely

John Sadeik  
Assistant Secretary  
Programme Support Branch

17 June 2016

Submarine Association Australia (SA Inc.).  
ABN 61 107 839 670

3. Injury sheets have no information loaded in them, Only name. Nothing you have typed into online system in regards to injury is loaded.
4. When inputting date of onset e.g. diabetes in 2007 and the client served between 73 and 93 the only act it allows client to claim under is SCRA when it should allow client to also claim under VEA. You have to put in a date before service is finished to get the 2 acts.
5. No determination fields filled out when determination made
6. Claims still in process are being closed out therefore you can't upload additional information and see the claim.
7. Some claims when completes are not being closed off by claims assessors

#### Enhancements

1. Determination should be included in the system and any documentation for client that need filling out should be in the system so client can download and then upload form when completed.
2. All data should be able to be looked at a later date.
3. Entering the clients DVA file number should then pre fill details, and then it can be changed if required.
4. A checkbox to allow client the ability to have all letter to be electronically downloaded and uploaded, will save on mailing costs. If client doesn't have internet, then he checks send by mail.
5. Clients and Advocates should be able to see all claims even after it has been determined, at present time it is closed out and not viewable.

Regards

Ray Kemp

President Submarines Association of Australia (SA Inc.)  
National Co-ordinator Submariners Pension and Welfare

#### Enclosures

1. Injury form from online claims form
2. Injury form from online claims portal or case
3. Emails re problems with system and replies.



# SUBMARINE ASSOCIATION AUSTRALIA

Patron Vice Admiral Ian MacDougall, AC, AFSM, RAN (rtd)

Ray Kemp

Senator the Hon. Michael Ronaldson  
Minister for Veteran's Affairs

Suite M1 49  
Parliament House  
CANBERRA ACT 2600

## **Subject: Oberon Class Submarine Occupational Hygiene Project**

Dear Senator Ronaldson,

On the 28<sup>th</sup> February 2006 the final report on the Oberon Class Occupational Hygiene Report was released. The report contained several recommendations, which to the best of my knowledge haven't been followed up by any parties except for dot point 1, and DVA business line. As the newly elected National Pension and Welfare Coordinator for the Submarines Association of Australia I wish to pursue the implementations of the report in full. The recommendations in the report are:

- That the Department of Veterans' Affairs notes the Exposure profile in Tables 4 and 5 for consideration as to how it may assist in the compensation process for submariners,
- That Defence make available, where possible, documents that have been identified as highly relevant to this project for review. Should this occur, a supplementary document, expanding on the findings of the current report, could then be provided,
- To expand on the findings of this study, a qualified and experienced bio mechanist should categorise manual handling, awkward and repetitive tasks on board the Oberon submarine. The most significant of these should be simulated within one of the decommissioned Oberon boats, and biomechanical risk assessments undertaken to strengthen the level of evidence.
- To expand on the findings of this study, tests of skin absorption and skin permeation of diesel oil particulate could be undertaken and should be considered to add weight to the evidence of risk of diesel exposure,

**Interim President:**  
Commander David Strangward AM RAN

**Secretary & Correspondence:**  
Allen Francis



## SUBMARINE ASSOCIATION AUSTRALIA

Patron Vice Admiral Ian MacDougall, AC, AFSM, RAN (rtd)

- That consideration be given to the conduct of a health study of the submariner population to address ex-Oberon submariner concerns and attempt to identify any adverse health outcomes associated with documented exposures. Specific areas of research should include a cancer incidence and mortality study and neuro behavioural testing, using a suite of sensitive indicators of neurological damage. The Defence Deployment Health Surveillance Program is a potential conduit for such a study,
- The Collins Class submarine was not the focus of this study and has not been specifically considered, however, the literature review did reveal that similar hazards may exist on the Collins Class submarines. Systematic occupational hygiene studies, including biological monitoring of hydrocarbon uptake, could be carried out in Collins Class submarines. A gap analysis of what relevant work has already been done and what could be done to expand current knowledge should be undertaken.

In addition, the incidence of Allergic Rhinitis (due to the contaminants in the air), Sinusitis (caused by pressure and vacuums) and Sleep Apnoea should be examined. Passive smoking needs to be looked at, as unlike Surface Ships, Submariner non-smokers had no way of avoiding "passive" inhalation when exposed to cigarette smoke.

Another cause of concern is the health of ex-submariners' that conducted Submarine 'Special Ops' that now have prostate cancer. I know of two ex-submariners that DVA have accepted given that they had exposure to dioxins. This only happened after a prolonged battle with the DVA. The rule base for Prostate Cancer needs to be updated to include the Crews of Submarines that conducted 'Special Ops' in the particular "Areas of Operations" (AoO) referred to.

I believe a working group should be set up to look SOP's that need updating to ensure they reflect the unique nature of Submarine Service.

I look forward to your reply and working with your department to implement the recommendations in the report, including the updating of SOP's that require references to Submarine service.

Yours faithfully,

**Ray Kemp**  
National Pension and Welfare Coordinator  
Submarines Association Australia

18th September, 2014

Interim President:  
Commander David Strangward AM RAN

Secretary & Correspondence:  
Allen Francis



## Senator the Hon. Michael Ronaldson

Minister for Veterans' Affairs  
Minister Assisting the Prime Minister for the Centenary of ANZAC  
Special Minister of State

Ref: M14/3176

Mr Ray Kemp  
National Pension and Welfare Coordinator  
Submarines Association Australia  
378 Lady Gowrie Drive  
OSBORNE SA 5017

Dear Mr Kemp,

Thank you for your letter of 18 September 2014 concerning the implementation of recommendations contained in the 2006 *Oberon Class Occupational Hygiene Project Final Report*, prepared by the Centre for Military and Veterans' Health, for the Department of Defence.

In the Report's recommendation that the Department of Veterans' Affairs (DVA) consider how it may assist in the compensation process for submariners, it was recognised that the Statements of Principles (SoP) regime does not include any existing acknowledged causal links between any conditions and submarine service as such. Rather, conditions may be determined on the basis of exposures or events that occurred in the course of submarine (or other) service, such as claims relating to various cancers and significant exposure to diesel exhaust particulates.

The Repatriation Medical Authority (RMA) is an independent, expert body responsible for the determination of SoPs for any disease, injury or death that could be related to military service, and for the causal factors in the SoPs.

Given that DVA is not the responsible authority for determining the causal factors that are included in SoPs, the findings of the *Oberon Class Submarine Occupational Hygiene Project* cannot be directly applied to claims by DVA. However, it is open to delegates to consider all available evidence when determining whether a claimed condition meets the factors included in the relevant SoP, and the findings of the project could form part of this totality of evidence. It should also be noted that SoPs are not applied to claims under the *Safety, Rehabilitation and Compensation Act 1988* (SRCA), and delegates may consider the information in the Report in assessing a claim under this Act.

In respect to the recommendations regarding additional research, Defence advised that the Defence Science and Technology Organisation has undertaken multiple monitoring studies of diesel exhaust particulate levels in Oberon Class submarines over the years as well as studies into acid mists in the battery charging room.



**Australian Government**  
**Department of Veterans' Affairs**

## **BusinessLine**

### **File/Trim Reference:**

**NATIONAL MANAGER MILITARY COMPENSATION SERVICE DELIVERY**  
**NATIONAL MANAGER VETERANS' COMPENSATION SERVICE DELIVERY**  
**Directors and Assistant Directors Military Compensation**  
**Directors and Assistant Directors VEA Compensation**  
**Deputy Commissioners**

### **Assessment of Compensation Claims Relating to Service Aboard Oberon Class Submarines**

#### **Purpose**

The purpose of this BusinessLine is to provide information to delegates administering compensation claims relating to ADF service aboard Oberon Class Submariners under the provisions of the *Safety, Rehabilitation and Compensation Act 1988* (SRCA) and its predecessor legislation and the *Veterans' Entitlements Act 1986* (VEA).

#### **Background**

The Centre for Military and Veterans' Health (CMVH) was tasked with creating a hazard exposure profile for Australian Oberon Class submarines that were in service between 1967-2000 (all of which have now been decommissioned).

Beyond the literature review, the CMVH team, which included two senior occupational hygienists, visited the decommissioned HMAS ONSLOW, conducted focus groups in Sydney and Rockingham and spoke with several experienced submariners to develop a hazard exposure profile (which is attached at the end of this Businessline).

From a compensation perspective, there has been anecdotal evidence from personnel who served aboard the Oberon Class submarines of several health conditions they believe to have been caused by their service. In this respect, many submariners highlighted difficulties in having their Department of Veterans' Affairs claims accepted due to the lack of recognition of the hazards experienced during their submarine service. It is therefore hoped that the report will provide better authoritative documentation of the known hazards and will assist in the decision-making processes for future compensation claims.

## Contact

Any questions regarding the content of this BusinessLine or its implementation should be directed to Michelle Glanville, Director Military Compensation Policy on (603) 288-1312 or Paul Weber, SRCA Policy Adviser, on (603) 288-1313.

Mark Johnson  
National Manager  
Compensation Policy Group  
13 December 2006

Tables 4 and 5 in the report detail the exposure profiles and level of evidence of the hazards identified in the project. The legend for each of the tables is as follows:

**Legend**

\*based on proximity to source, task and other factors

Rating: low =low exposure relative to exposure criterion; significant =comparable with or greater than exposure criterion.

Quality of evidence: good =published data under actual conditions; medium =professional judgement in conjunction with focus group information and observation; poor =insufficient, unavailable or presumptive.

**Specified diseases under section 7(1) of the SRCA**

Section 7(1) of the SRCA relates to diseases contracted by ADF employees of a kind specified by the Minister in writing. In short, it states that the Commonwealth will be taken to have contributed in a material degree to the contraction of a particular disease if the employee was engaged in employment of that kind, unless the contrary can be established. The declaration under section 7(1) containing each of the occupational diseases (and requisite employment factors) can be found in Appendix 5 of the SRCA.

The profile shown in Tables 4 and 5 illustrate that exposure to certain asphyxiants such as carbon monoxide, hydrogen cyanide and hydrogen sulphide occurred on the Oberon Class submarines (all of which are specified by the Minister under section 7(1)). Additionally, Oberon submariners were significantly exposed to the more traditional types of workplace hazards such as noise, heat, musculoskeletal and psychological hazards. Whilst these types of hazards are not unique to the Oberon submarine, the context (of confined spaces and 24 hour exposures) in which the submariners were exposed was unique.

**Assessment of Claims**

When considering all future claims relating to service aboard Oberon Class submarines, delegates are now required to have regard to the Tables at the end of this Businessline and also be aware that the provisions contained in section 7(1) of the SRCA may apply in certain circumstances.

**MRCA & VEA Claims**

While the majority of claims will be assessed under the provisions of the SRCA and its predecessor legislation(s), VEA and MRCA delegates may still benefit from the content of the report and, more specifically, the exposure profiles contained in Tables 4 and 5 (particularly where SoP factors for conditions include any exposures listed in the tables). A full copy of the report will be made available to delegates in the Military Compensation Group staff site on the intranet.



Table 4: Exposure Profile and Quality of Evidence

Hazard	Most exposed crew*	Rating	Quality of Evidence	Comments
Gases (see below)				
Diesel vapour	Engine room crew	significant	medium	
Other hydrocarbons and volatile organic compounds	Engine room crew, electrical maintenance	low	medium	May be peak exposures when cleaning
Metals (e.g. lead, mercury)	Control room, electrical maintenance	low	medium	May be significant for mercury
Asbestos	Engine room crew	low	medium	
Diesel exhaust particulate	Engine room crew	low	medium	
Other particles	Engine room, cook	significant	medium	
Microbes (including bacteria and fungi)	All	low	medium	
Noise	Engine room	significant	medium	
Vibration	Engine room	low	poor	
Heat	Engine room	significant	poor	
Musculoskeletal	All Panel operators	significant significant	poor poor	Turning valves
Air pressure	All	significant	good	
Psychological	All	significant	medium	
Poor Illumination	Control room		medium	
Non-ionising radiation	Control room, Electrical maintenance	low	poor	
Electricity	Electrical maintenance	low	poor	

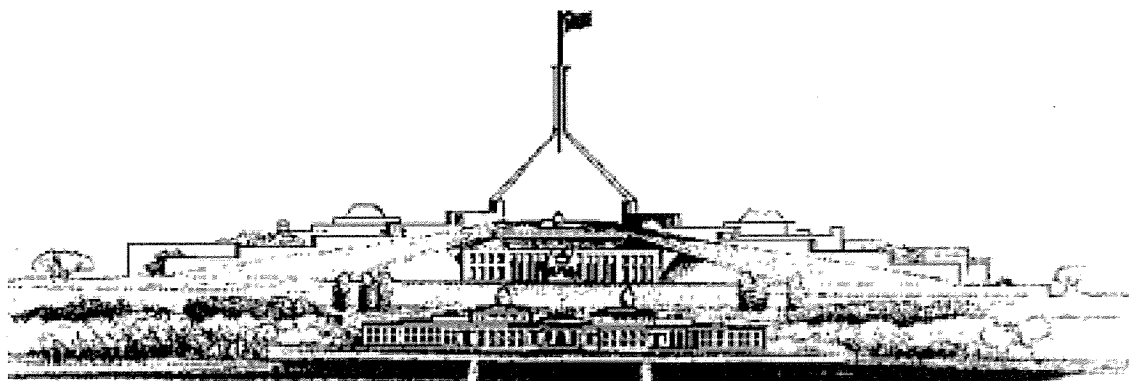
Table 5: Exposure Profile (gases) and Quality of Evidence

Gas	Most exposed crew*	Rating	Quality of Evidence	Comments
Carbon Monoxide (CO)	Engine room, torpedo operators	significant	good	Smoking and cooking also relevant
Hydrogen Cyanide (HCN)	No specific crew	low	poor	Only in the event of fire or possibly torpedo firing
Carbon Dioxide (CO <sub>2</sub> )	All	significant	good	
Oxygen (O <sub>2</sub> )	All	significant	good	
Hydrogen Chloride	Electrical maintenance	low	medium	
Phosgene	No specific crew	low	poor	
Chlorine (Cl <sub>2</sub> )	Electrical maintenance	low	medium	
Oxides of Nitrogen (NO <sub>x</sub> )	Engine room, torpedo operators	low	poor	Only in the event of fire or torpedo firing
Hydrogen Sulphide (H <sub>2</sub> S)	All	low	poor	Peaks possible
Hydrogen (H <sub>2</sub> )	Electrical crew	low	good	



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



**HOUSE OF REPRESENTATIVES**

**Main Committee**

**VETERANS' AFFAIRS LEGISLATION  
AMENDMENT (APPLICATION  
OF CRIMINAL CODE) BILL 2000**

**Second Reading**

**SPEECH**

**Thursday, 1 March 2001**

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

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## SPEECH

**Date** Thursday, 1 March 2001  
**Page** 24847  
**Questioner**  
**Speaker** Edwards, Graham, MP

**Source** House  
**Proof** No  
**Responder**  
**Question No.**

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**Mr EDWARDS** (Cowan) (10.00 am)— The Australian Labor Party supports the Veterans' Affairs Legislation Amendment (Application of Criminal Code) Bill 2000. It is largely a technical and housekeeping bill; however, speaking in support of this bill gives me the opportunity to talk about a number of other issues which are related to veterans and some of the problems they are confronted with.

Last year, I raised the issue of the plight of some veterans who have taken out private insurance which contains a coverage for permanent disability. When these veterans are granted the status of TPI under the Department of Veterans' Affairs they feel that they have an entitlement under their private insurance provisions for a payout. Many veterans, despite having gone through the hoops and faced very difficult and demanding assessments to become TPIs, find that their private insurance companies knock them back and want them to go out to work, either in different employment to that which they have had or in some other way.

I raised the issue of the plight of these veterans because I was particularly concerned about the activities of a couple of doctors who seemed to me to be well and truly in the pockets of an insurance company. These doctors were giving these veterans, particularly those suffering post-traumatic stress disorder, an incredibly hard time. I am pleased to say that, following the raising of that issue last year, I have had a response from the Superannuation Complaints Tribunal. As part of that response, Graham McDonald says in his letter:

Your speech of 27 November last year in relation to superannuation total and permanent disability (TPD) claims with the claimant a Veteran has been drawn to my attention. In recent times, other Parliamentarians (from both sides of the House) have contacted me raising similar issues.

He continues:

From the Tribunal's point of view, we do take into account determinations made under the *Veterans' Entitlement Act* and in particular whether a Veteran is receiving a special rate pension in our determinations as to whether or not the claimant is TPD. A determination made under the terms of the *Veterans' Entitlement Act* is and cannot be determinative of a TPD claim because the TPD claims must be assessed in relation to the definition contained in the particular Trust Deed and/or Insurance Policy.

He goes on to say:

I have also contacted the Insurer mentioned in your speech. The Insurer was apparently unaware of your comments and was unaware of approaches made to the Tribunal by other Members of the Federal Parliament on behalf of Veteran claimants who had appeals on similar issues before the Tribunal.

This is the only area where I take issue with the Superannuation Complaints Tribunal because my speech was faxed to the particular insurance company and they were made aware of it. However, the writer goes on to say:

The Insurer has given me an undertaking to conduct an urgent review of such cases and co-operate in expediting these to a conclusion. I have raised the issue of the use of the Doctor ... named by you as well as another Doctor on the east coast used by the same Insurer who has an equally firm view as to the PTSD condition.

His concluding paragraph says:

If you are aware of Veterans experiencing difficulty on this or any other issue before the Tribunal, I am, of course, happy to talk to you about how we can best adapt our procedures to assist in the early resolution of their cases.

I was very pleased to receive that response from the Superannuation Complaints Tribunal and I was very pleased to know that other members of parliament, from both sides of the House, had taken this particular issue up. I was able to give Mr McDonald a list of veterans who I am aware are having difficulties with the industry and he has undertaken to see if they can be addressed as a matter of priority. However, I was very disappointed in the efforts of the Minister for Veterans' Affairs when he was contacted by the Hon. John Moore, the recently

retired Minister for Defence, about a similar issue. All the Minister for Veterans' Affairs did was to write back to the minister about this particular constituent and, among other things, say:

... the role of an insurer is to provide protection against unexpected losses, it has a responsibility to its share-holders to minimise the company's financial liability.

Fair enough, but I really would have thought that the minister with responsibility for veterans in this nation could have done a bit more than just write, in those terms, to the member who was raising issues of concern about his constituent. After all, if I as a backbencher could take the steps that I have taken and if other members of parliament can take the steps that they have taken in order to address these issues of concern to their constituents—veterans—surely the minister could have done a bit more and, surely, his position would have lent greater weight to the sorts of submissions that other members of parliament have been making on behalf of their veterans.

Hopefully, now that this issue has been raised it will be better dealt with by the insurance companies. I certainly hope so because these veterans are veterans who are often dealing with post-traumatic stress disorders. The attitude of some of the doctors that they are forced to see for the insurance industry is not helpful to their position; it is not considerate of their position and it is not sympathetic to their position. Indeed, the veterans that I have spoken to have come away most upset at the confrontation they had to go through. I am pleased that the Superannuation Complaints Tribunal has addressed this issue and I want to record my thanks for the way they have done that.

I also want to raise an issue that was recently raised with me by the Vietnam Veterans' Federation. I intend to quote in whole a letter which they have sent to me, because the committee will then see that it is not me—a member of the Labor Party—saying these things but a veteran group that has a tremendous record of work and support of veterans who are making this claim for assistance. The letter is under the heading of 'Tertiary scholarships for children of impecunious Vietnam veterans':

There seems at this time to be a large number of the children of Vietnam veterans in or about to enter tertiary education. Many of the veteran parents, because of their war caused illnesses, are unable to financially assist. And whilst such tertiary students are eligible for youth allowance or VCES, this does not cover all necessary expenses such as compulsory university administration and sports fees and text books and rent for those living away from home.

The Vietnam Veterans Federation selects some eight students each year for the George Quincey and Peter McCullagh scholarships. For the academic year 2000 we received over one hundred applications. For the academic year 2001 we received over fifty. Nearly all applications fitted our selection criteria of financial need and academic merit. But our limited funds meant that we ended up comparing only those students having to study a long way from home with TPI fathers with little or no other income. Even then, many of these obviously needy students missed out.

Take for instance the daughter of a TPI pensioner (whose name we can provide) who served one tour in the Malayan Emergency and three tours as a door gunner in Vietnam where he won the DFM. He lives in rural NSW. His daughter is in her third year of a Bachelor of Music/ Bachelor of Education degree at Newcastle University. The veteran's daughter gets no help from home as not only is her father incapacitated but her mother must stay home to look after him. Of course, she gets a VCES allowance but this is simply not enough to cover her living expenses plus rent plus her compulsory university administration and sports plus necessary books. It certainly does not cover the cost of a second hand piano and computer she desperately needs for her third year studies. She works part time during University holidays to help pay her way but even then she is struggling. For her, part-time work during the term is not possible with her double degree study demands.

We would have very much liked to award the girl a \$3,000 scholarship, but such was the quality of other applications that we could not. After juggling our funds we found \$1,000 to grant towards her special need of a 2nd hand piano and computer but we are aware this will be insufficient for both.

Our inability to properly help this girl and others like her is heartbreaking.

IT SEEMS we are going through a period of high need for these scholarships. But as the youngest Vietnam veteran is in his early 50s, the high need is likely to last no more than another five years or so. But whilst that high need exists, the difference between many capable children going on to tertiary education or having to forgo it, is their getting the additional financial support our scholarships give them.

We appreciate that the George Quincey and Peter McCullagh scholarships are not the only ones available to the children of Vietnam veterans. We know that the Vietnam Veteran Trust administers some 30 of its own and 10 of our Long Tan scholarships. But the Trust has found itself similarly overwhelmed. This year they received some two hundred applications, most applicants suffering financial need and having academic merit.

And there is a crisis looming.

This is the last year applications will be accepted for the 30 Trust scholarships. That loss will mean thirty more deserving, perhaps desperate, applicants must be rejected.

WE HAVE ADVISED other veterans' organizations of the deficiency in scholarships and perhaps their efforts will produce a few more. But the present gaping chasm between need and availability plus the loss of the 30 Trust scholarships cannot be bridged by the veteran community.

As you will be aware from the results of the Vietnam Veterans Health Study, the children of Vietnam veterans have suffered a great deal because their fathers fought in the Vietnam war.

We ask that you consider further helping ameliorate the damage done to veterans' children by replacing the 30 Trust scholarships with an added 30 Long Tan scholarships (though in the form of the Trust scholarships) and adding a further 30 to meet the present need.

That letter has gone to the minister. I have taken the opportunity to quote from it here because I know that the minister sometimes takes a very, very long time to respond to veterans and to associations like these. I understand, however, that in the last few months the minister has been able to respond to these veterans a bit more quickly than has been the case in the past. I would certainly encourage him to look at this issue. It does not seem to me that they are asking for a heck of a lot. I know that the minister has the funds, and I certainly hope that he will make them available fairly soon.

The plight of many TPI veterans across Australia has caused much anxiety within the veteran community. Members may recall that I raised the issue of the T&PI Association passing a vote of no confidence in the minister and in the then national president of the T&PI—such was their anger and such was their view that their plight was being ignored, not only by the then association but by the government. There are many veterans, as was pointed out in the letter that I have just read, who are in dire financial straits because they have become incapacitated as a result of their war service. Many of these veterans have children, some of whom are still in primary school, and their needs are not being met.

I believe that we have a responsibility to do the right thing by these veterans. I do not think any of them are asking for support that is in any way greedy or undeserving. As a parliament and as political parties, we must look at the needs of these veterans, because they are doing it pretty tough out there. Of course, they are doing it pretty tough for a whole range of reasons, not least of which is the impact of the GST. I often hear the Minister for Education, Training and Youth Affairs say that education is free of GST. That is rubbish. These veterans have a limited income capacity and they are feeling the full brunt of the impact of the GST. Many of them argue that, over recent years, the rate of payment for the TPI has fallen away, has diminished, in comparison with other earnings, and that their predicament has become much worse. I think there is a lot of validity in their arguments.

I received a letter this morning from Dave Howe, a TPI pensioner. He lives in the northern suburbs of Perth. He has written to the minister and he sent me a copy of the letter. I will read from that letter:

Dear Sir:

I would like to register my support for the National President of the TP&I Association Mr John Ryan and his team for finally doing something for the veteran community. We have for years suffered in silence as our living standards have been eaten away by the T&PI compensation rate only being linked to the CPI. We feel at the very least we should be entitled to the living standards of the average Australian. We served this country gladly, only to be treated as second class citizens when we were injured. Unable to support our families our wives have had to go back to work, if they could. This has caused great hardship and in some cases family disintegration. How many young Australians would you get to join the services if you told the truth about how the injured serviceman is treated when of no further use to the defence department? Especially young servicemen who have not had a full working life to accumulate some sort of safety net i.e paid off the mortgage or have some kind of superannuation to fall back on. They are through no fault of their own sentenced to a lifetime of poverty and disappointment. No wonder many suicide because of the hopelessness of having to deal with their injuries as well as having failed their families. I hope good sense and reason will prevail and you will listen to Mr J. Ryan.

Yours Sincerely

Dave Howe

The Mr Ryan referred to in the letter is the bloke who has recently taken over as the national president of the T&PI Association. He comes from Western Australia; he does this national job from Perth and he travels here when he needs to. I know that he was here recently to lobby the minister. I know that he had a meeting with the Prime Minister's department and he took the opportunity to meet with Democrats and members of the ALP.

I sincerely hope that the message that he has delivered to Canberra is getting through. As I said, a lot of these blokes are in a fairly disastrous financial situation and a lot of them feel that they have not been able to do the right thing by their families.

I do not want to spend too much time talking about a bill that, as I said, is fairly technical but fairly straightforward and one that is mainly housekeeping, but I do want to urge the minister to be a little more proactive. I know that, from time to time, when things are raised in parliament, he will eventually get around to looking at them. I raised the example of Clarrie Upton from Queensland, who is a TPI pensioner and whose child has a disability. The family needed a new wheelchair, they approached the minister's department and they did not receive any help. The veteran community went out themselves and helped to fundraise, and they managed to get the family a wheelchair. I understand that since then the minister's department has contacted this family and offered some help. I appreciate that. I think that is the right thing to do, but I simply wish the minister had been able to do that earlier. It may have resulted in the individual getting a better wheelchair and the family being able to do that without seemingly looking for charity. That is the striking thing about most of these veterans: they do not want charity; they simply want a fair go and to be able to provide for their families in the same way as many other families provide for their kids—many other families where the father and the mother can go out to work in order to assist with the family income.

In conclusion, I am becoming increasingly concerned at what appears to be a downsizing in the number of officers working with the Department of Veterans' Affairs. I do not have any conclusive proof that this is happening, although I have a lot of anecdotal suggestions that it is. People from the department are contacting me and saying, 'We are losing officers hand over fist. They are not being replaced. We are losing a lot of the memory, a lot of the intellectual knowledge and a lot of the history of the department as a number of officers who have been there for some time go.' They say that, as the department loses these skills, the officers are just not able to provide the sort of service and the level of service that they feel they should be able to provide to the veteran community. This is something that I know the shadow minister, Chris Schacht, is aware of. I know he is concerned about it and that he will also be pursuing this issue. It just seems to me that so many changes are happening to the service that is being provided to our veterans. It is not happening up front; it is not happening by way of honest and open accountable government; it is happening by stealth. I think that is the worse possible way we can treat our veteran community. I think they deserve better, and I think it is about time we started to give them better. As I said, the opposition supports this bill.