

RESPONSE TO PRODUCTIVITY COMMISSION DRAFT REPORT

‘A BETTER WAY TO SUPPORT VETERANS’

DECEMBER 2018

PRODUCED JOINTLY BY VETERANS SUPPORT CENTRE, BELCONNEN

and

BELCONNEN RSL SUB BRANCH

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RESPONSE TO PRODUCTIVITY COMMISSION DRAFT REPORT – ‘A BETTER WAY TO SUPPORT VETERANS – DECEMBER 2018 – PRODUCED JOINTLY BY VETERANS SUPPORT CENTRE BELCONNEN and BELCONNEN RSL SUB BRANCH

Executive Summary

This response is the product of work by a combined group of Advocates and experienced practitioners from the Vietnam Veterans and Veterans Federation of Australia Incorporated (ACT Branch operating the Veteran's Support Centre), and the Belconnen Sub-Branch of the RSL (the Group)

The Group appreciates the effort that the Productivity Commission has applied to this task and there is firm evidence of extensive collaboration with kindred groups and discussions with knowledgeable parties.

Having said this, there is also evidence of a different understanding of the operation of the Department of Veteran's Affairs (DVA) and its ability to operate a large personnel support organisation. The Group supports the majority of the statements regarding the operation of DVA but also believes in this day and age that operation and reporting of performance of DVA would be a part of its standard operation. Notwithstanding this, a reminder that this level of anticipated governance does not go astray.

Reports at the level produced by the Commission are usually initiated because there is a belief that 'change' is required. This statement:

'no veteran or dependant of a deceased veteran who currently receives a benefit or entitlement will be worse off under our proposals.'

is crucial to any support or comment that the Group has made against the proposals and Recommendations. Any 'changes' that emanate from the Report must always bear this in mind.

The Group is concerned with the Commission's comparison with the civilian environment and trying to equate 'injury' and consequence in war/warlike environments however there is a suggestion that this can be resolved for the future.

The Group has reviewed the Report in general and has offered comment on some of the preamble leading up to a Recommendation. The Group has either agreed, agreed in principle awaiting further discussion and analysis, supported the Recommendation or disagreed.

Background

Ten days before Christmas, the Productivity Commission issued a draft report into Veterans support titled 'A Better Way to Support Veterans'. The Report, commissioned by the Federal Government follows on from a lengthy investigation into the higher rate of suicides in serving and ex-members of the Australian Defence Force and potential prevention for the future.

The Report presents a number of reviews and comments from Ex-Service Organisations (ESO), business, management organisations, and individuals approached by the Commission. The Report also offered any other interested parties the opportunity to address the matters raised in the Report and the Commission also advised that an open forum would be held in a number of locations to provide an opportunity to address the Commission and interested parties on aspects of the Report.

The Vietnam Veterans and Veteran's Federation of Australia (ACT Branch) and the Belconnen Sub-Branch of the RSL combined in several workshops to address the comments and recommendations and to present its thoughts on the Report.

Introduction

Following release of the Report, interested parties throughout the ESO community and other organisations have conducted a review of the Report including the title, 'A Better Way to Support Veterans'. The Report provides an opportunity, as the Commission has done, to look at the way in which Veterans have been, and are being, supported; 'A Better Way ..' suggests that the current way is not meeting Veteran's needs; while anecdotally there is nearly always a 'better way', in most organisations there is a corporate aim to continue to improve in the way in which the business conducts its activities; some of the Report Recommendations seems to indicate that this is not the case with DVA!

The Department of Veterans Affairs (DVA), as a Government entity and the principle agent for providing support to Veterans, has produced developments and innovative approaches to manage its business. The Report has offered a number of Recommendations regarding the manner in which DVA could further improve its performance however there is not a lot of substance on how that might be achieved.

This document provides comments on the statements made in the Report based on the several years of experience of Advocates from two organisations; the Vietnam Veterans and Veterans Federation and the Belconnen RSL Sub-Branch. The response provides some clarification on the statements made, supports some of the Recommendations, and conversely disagrees with others. The response also recognises there are many aspects of change that will not happen instantly and this is a consequence of making change to an agreed complex management situation-but there does need to be an agreed schedule of milestones that demonstrate how the 'better way' will be achieved.

Analysis of the Report

To put the Report into context, the genesis of the Commission's study into the effectiveness of Veterans support follows on from a recent Senate Inquiry into Suicide of Veterans that basically found the system by which Veterans can access assistance for the treatment or compensation for impairment of health conditions caused by Defence service is so complex that many Veterans cannot achieve the assistance or compensation that they require; either in a timely manner or maybe not at all.

'A Better Way to Support Veterans' is a common catchcry from the ESO and that title at least will receive universal support as ESO have been pushing this fundamental overhaul for years; but whether the pathway suggested by the Commission should be universally supported is by no means a forgone conclusion as some of the comments in this response will show.

It is hardly ground breaking or transformational stuff that the Commission's findings include:

- legislative system complexity,
- not being fit-for-purpose,
- in need of fundamental reform,
- is out-of-date, and
- is not working in the interests of Veterans and their families or the Australian community.

Other components of the Report:

- Identifies that Defence service is unique such that 'almost every aspect of uniformed life comes with a risk or cost to the member and/or to their families'

- What it fails to express adequately is that within those risks, there is additional jeopardy as a consequence of being required to engage in war or warlike activity, even just to be in that environment, and that those risks expose a Defence member to a level of trauma way beyond that encountered in peacetime service. The draft report simplistically states that:

“The difference between compensation for warlike and non-warlike service, and peacetime service adds complexity and requires Veterans to demonstrate whether their injury was suffered as a result of warlike or non-warlike service. It also creates inequities between different groups of Veterans”.

Re-establishing War and Warlike Environment

The Report leans towards identifying Veterans in a number of different classes; even to the point of suggesting there is a close correlation with the civilian occupations as well as a suggestion that injuries, regardless of cause or environment, can be equally assessed.

At Recommendation 13.1, it expressly recommends that there should be no differences in entitlements between those with or without war or warlike service. On the basis that ‘an injury is an injury’ irrespective of the type of service, the PC postulates that all injuries, illness or deaths due to service should be treated in the same way and that one rate of compensation should cover all types of service.

Simplistically, as a statement that an injury is an injury might be correct provided there are practises in place which identify what it means to the injured person-what is the ongoing consequence? From a military view, a broken leg, even though treated and essentially the patient is ‘cured’, there is a real possibility that the service person will no longer be able to serve in the ADF because they are unable to meet the required medical and physical conditions-without denigrating the civilian occupations, a computer programmer with a limp is very different to a communications soldier in a combat position-with a limp!

Fundamentally, this approach is unfair and discriminatory because all injuries are not the same and certainly not within the context of war/warlike service. The PC is embarking on astonishing and implausible rationality here.

This simplistic approach is seen as a very serious shortcoming that overturns almost a century of established entitlements. One might really have expected the PC to have made a totally converse finding. It exposes the PC to a perception that it doesn’t understand war service or could not be bothered to find out or is simply not convinced of the justification for specialised entitlements for those who have served in war. The stance by the PC is one that many Veterans would not agree with and indeed, it is doubtful whether the public would either.

Value of Benefits

Whilst the complexity of the existing scheme is also recognised, the PC tends to overly emphasise the scheme’s supposedly generous nature. In mapping the existing arrangements, the report gives the impression that Veterans enjoy private hospital, unlimited access to specialists and medical practitioners and possibly suggests that this is all provided at the cost of the tax payer. It would be much fairer for the report to recognise that not all Veterans have access to private hospital accommodation and there are specialists who will not service Veterans because they are not paid sufficiently by DVA. Moreover, and particularly for a medical practitioner charging more than the scheduled fee, it is not DVA or the tax payer that meets the ‘gap’ fee. In such cases and whilst there

are small supplements available to some medical practitioners, the gap is effectively met through the goodwill of the practitioner.

Management of Veteran's Affairs

Whether the strong words about the system inadequacy are matched by transformational or innovative correctional endeavours is far less certain. In general, the main recommendations amount to organisational changes to dissolve DVA and move the Veterans support function to Defence together with introducing a streamlined approach to entitlement processing. Frankly, there is insufficient justification presented for the organisational changes and quite extraordinarily, none of the recommendations seem to have been costed.

Are Veterans and ESO to believe that the inadequacies of the complex system can be overcome by an organisational rearrangement of the DVA? Or that Defence can manage and administrate the complex system any better than a specialist Department such as DVA? Without being in any way critical of Defence, it is really difficult to see how amidst the fundamentality of Defence's charter to prepare and engage in warfighting, the administration of Veteran's support will find a place of priority.

The report argues the need for governance arrangements and an effective Veterans support system based on the best features of contemporary workers' compensation and social insurance schemes and that a department structure is not suited to operating a contemporary workers' compensation scheme. Rather, a corporate model of governance with an independent board, operational independence from government, and a focus on managing the lifetime costs of supporting Veterans is needed. Whether a body within Defence can achieve that is questionable. Moreover, many Veterans will feel very uncomfortable depending on compensation and wellbeing support from the very organisation that caused their impairment in the first place. If it does represent best practice, then it would be valuable if the PC could provide a few examples. Has such an organisation been replicated in any other Defence organisation?

Transition to Civilian Life

The PC's comment re Defence needing to adopt a more proactive stance re Veterans and their transition to civil life is endorsed. Certainly, Defence as the agent that imposes an environment that can create health impairment, should be responsible for establishing incentive based schemes to encourage a reduction in health impairment and associated costs for compensation, health restoration and compensation. Whether the range of fairly innocuous approaches suggested in the report is sufficiently robust is most questionable. Rather, some targets of health impairment arising rates should be devised and introduced with clear financial liabilities where targets are not achieved.

The emphasis on transition from service to civilian life is certainly welcomed but whether Defence needs a full functional Command structure to institute the necessary procedures would need a very critical review by Defence. The range of measures suggested in the overview provides a good starting point but there should be a covenant between Defence and every service person relating to discharge. A mandatory requirement should be that every transitioning service person receives a certified statement from Defence that includes:

- A statement of service annotated with any medical impairments and a certification that all matters relating to post service compensation and Veterans support have been transitioned from Defence to DVA.
- Acceptance that the medical impairment is a result of a member's service
- Identifies and guarantees a range of post discharge services to deal with those impairments and any that occur post discharge

Currently of course, there are limitations as to how much can be guaranteed. Beyond the automatic entitlement that every Veterans has to mental health assistance, guarantees are limited really to an entitlement to apply for assistance. And this really is the fundamental problem with existing legislation; it is an adversarial/liability system that places the onus of proof on the claimant. This will not change under the recommendations of the PC.

Role of the ESO

The report is rather dismissive of Ex-Service Organisations and the assistance they provide to ex-serving members. Whilst the reputation of some ESO unfortunately has lately suffered at the hands of a few individuals, there are still many volunteers working daily in the trenches in support of Veterans; These (in the main unpaid) Advocates have valuable experience that the PC should tap.

What is really unfortunate is that the enormous financial burden that ESO carry in providing advocacy services for Veterans to access their entitlements through complex legislation is not recognised. Some of the administration costs are met by DVA grants and through fund raising but the time afforded to advocacy cases is directly as a consequence of complex legislation and the need for Veterans to 'prove their case'. With an ageing and dwindling volunteer population of advocates, these costs are likely to have to be met through paid advocates in the future. Given that these costs are

caused by the characteristics of Government legislation, then the PC should find that the Government should meet the costs.

The report does not adequately recognise the contribution made by ESO and Veterans movements towards the development of existing policies because if it did so then it would surely have not developed the solutions that it has. From the post-World War 1 days where Veterans were left moved to beg on streets to the post-Vietnam War era where ESO of the day ostracised Vietnam Veterans and Governments were unmoved by their plight, the Veterans fraternity has through pressure groups and public support, forced improvements in Veterans services. RSL and Legacy eventually forced support through the 1920's and the Vietnam era saw the introduction of the Vietnam Veterans Counselling Service as a Veterans organisation that was eventually endorsed by Government to stand firstly as the Veterans and Veterans Families Counselling Service and then as Open Arms. The Vietnam fraternity is not going to accept changes to hard won entitlements and particularly where war/warlike service has been simply discounted as if of no consequence.

Quality of the existing system-good and not so good

The draft report provides useful background on the historical development of Veteran's compensation and support but perhaps inadequately does not sufficiently recognise a very important change in recent years. Up until the 1990's, most support was directed towards the Veterans who had returned from active service with impairment conditions caused by war.

In recent years, and largely in response to public opinion and coercion from ESO and pressure groups, DVA has turned to also provide support for conditions caused by peacetime activities; examples include Non-Liability Health Care (Mental Health and Cancer) and Declared Occupational Diseases (F-111 Reseal and Deseal, ADF Firefighters, Navy Jason Pistol Operators, British Nuclear Test Participants and Oberon Class Submarine Crew). That is, the role of DVA has changed considerably to pick up what could be regarded as a normal industrial compensatory function. It has led to and will continue to lead to complexities in legislation; for example, DRCA was introduced to counter the peacetime arisings of compensation. Even the term Veterans has been changed nonsensically from one who has war service to one who can have just one day of peacetime service. The report seems to be following this course by moving towards a system with single levels of entitlements. One size fits all is not the answer nor is a path of reducing all entitlement to a common denominator; the great loser in this approach is the Veterans with war/warlike service.

Not all is broken in the current system and many would accept that once an entitlement is authorised, DVA practices and procedures are by and large, quite reasonable with Veterans receiving appropriate support. The fundamental problem is in the entitlement approval process with the system's adversarial/liability approach requiring claimants 'to prove their case' and for DVA delegates to approve or not; the process leads to tedious processes of claim and rejection and review.

As an example of the extended process, the Report views the 'Gold Card' system quite adversely because it is poorly targeted, seemingly discourages wellness by providing an incentive for Veterans and their families to seek to qualify for higher levels of support! Surely it is reasonable for one to seek one's maximum entitlement and would that not in itself aid wellness?

Moreover, the PC has accepted nonsense from a submission that alleges that the Gold Card distributes cash – the Gold Card in fact is an effective system to provide services which one might have thought would actually aid 'wellness'. So just why the PC would wish to jettison one of the really successful pieces of Veteran's support machinery needs be re- examined really closely.

'Needs' of the Veteran

Whilst the report indicates that the needs of contemporary Veterans have changed, it is by no means certain that the PC has identified, or understands, what those needs are or indeed whether DVA

understands or for that matter whether ESO or Veterans themselves understand what really are the needs of Veterans. If this basic level of understanding is unknown then on what basis can decisions for the support of Veterans be sensibly made? The draft report would have us believe that the answer is to concentrate on wellness, ability rather than disability, and rehabilitation but really that does seem just a bit simplistic. The PC would do a great service if it were to recommend some deep research into the needs of Veterans based on trends in contemporary society.

Very fundamental questions arise in relation to contemporary Veterans. Why for example, is the suicide rate in peacetime greater than for deployments? What is the effect of multiple deployments on people? What is there about current trends in society that impact on Veterans? Has the ADF's conditioning processes kept pace with societal changes? Has the basic resiliency of society changed and how does it affect Veterans and their ability to withstand arduous circumstances? What would the impact be if the ADF were to convince a Minister that if the size of the force is increased by a certain amount then the outcome would be a reduction in the cost of Veterans support downstream because the incidence of multiple deployments would decrease?

Similar sorts of fundamental questions can be asked about the existing Veteran's support system and for that matter, the PC's recommendations that basically fiddle with existing legislation. Why does the support system have to be adversarial in the sense that there is an onus of proof on the part of claimants? The simple answer is that it doesn't with several precedents already having been set; for example, a service person with one day's service has an automatic entitlement on mental health grounds. A Vietnam Veteran aged 70 and over has an automatic entitlement to care through the 'Gold Card system'. So, and particularly for Veterans with war service, why do we persist with this archaic and adversarial requirement for one to submit a claim and prove their entitlement? How much would be saved in DVA and ESO advocacy processing by introducing a wide range of automatic entitlements on a non-liability basis.

Summary

The Commission's Report has provided a baseline on which further development of a number of issues needs to be progressed-it is only a beginning not a conclusion. The major issue with the draft Report is that in the bigger picture, and in concentrating on organisational change to existing legislation, the PC completely misses the opportunity to make really transformational and innovative change for the support of Veterans.

Members who have accepted conditions are very well supported by DVA, and yes, like all big businesses it needs to continue to evolve and that is happening. It is the complexity of the existing legislation that is the fundamental problem. There is evidence of trying to make things better by the introduction of different Acts to account for changes in service environment. This has added to the complexity albeit a well intentioned process-but if change is to occur, the rationalisation of the three Acts to two, and ensuring the best of each is captured and that no veteran is disadvantaged, should be a critical action not be lost.

DVA is a Government entity and Government needs to move forward with the Recommendations with a cost and schedule attached to a plan to provide a 'better way for Veteran's support'. The opportunity exists now for DVA, ESO, Defence and kindred organisations to progress the work identified by the Productivity Commission.

Comment on Recommendations of Draft Overview

Recommendation 4.1

There are a number of words in this recommendation that all ring true with what may be thought of as a Veterans Support environment. There is no question that the aim to improve the wellbeing and minimising of physical and psychological and social harm from a Service

career should be uttermost. The prevention, minimising, restoration of injured, transition from the Service, opportunities to integrate into the community, all relate to a fair and reasonable aspiration; but what if this does not happen? This is the underlying basis of compensation-to be able to make up the shortfall when the reality of Service life does not provide all of the expected good outcomes.

The 'principles' in this Recommendation are all admirable but in real life the Veteran is seeing a number of pitfalls in achieving the objectives. Some of these include:

- **Wellness:** The Report focusses on a plan for wellness for Service members from the beginning of their Service career. That is the case now and members are required to be 'well' including being 'fit for service' and there are programs and visual indications (Fit for Service insignia) on uniforms that this condition has been achieved. It is when the 'wellness' is interrupted that the Veteran looks for further support. Within the Service, injured personnel receive medical treatment to return to 'wellness' but what happens when this cannot be achieved? It is at this time that the Veteran is faced with 'equity', 'needs and evidence basis' for injury, the administration for claims and compensation and the complexity and assessment of impairment leading hopefully, but not always, to an equitable outcome. Can this be improved by a 'better way' to administer claims-one would hope this to be an outcome of this report.
- **Evidence based.** The term 'evidence based' needs some explanation. Presumably it relates to the continuation of the existing adversarial system where the veteran 'must prove his case'. This inevitably leads to a continuation of more advocacy, more reviews. Why can't the use of non-liability entitlements be encouraged to reduce the incidence of claim entitlement processing involving advocacy, approval & review. Even the existing system has some aspects of this nature – does the PC wish to see those withdrawn (for example, the recently introduced entitlement for all service people to mental health assistance)?
- **Needs based.** Similarly, the 'needs based' principle espoused requires explanation and clarification. It seems that the PC regards this term in the sense that a condition needs to be assessed and approved via a 'liability' system. Why does the PC persist with this outdated notion? Surely with Medicare and the Public Health System as examples, society has got over this belief in a liability system. Veterans deserve better.
- **Disability and Impairment.** These are qualifying statements but make a great deal of difference in how a Veteran's claim is recognised. This brings to point the injury and consequence which makes Service injuries different to civilian.

Recommendation 5.1

Recommendation is supported although if there is a reluctance by members to report injuries because of a perception that it may adversely affect an individual's posting and promotional prospects if other health data is to be added to Sentinel, this sensitivity has to be overcome together with the clear imperative of privacy protection.

There are inherent risks of injury associated with Defence service. One only needs to consider the rigors both psychological and physical of operational deployments, tactical field training and maintaining physical fitness levels. Personnel, particularly those on operational service have less access to safety controls and greater exposure to injury and disease through the following hazards:

- Exposure to hostile forces;
- Exposer to munitions discharge;
- Exposer to chemicals;
- Exposure to the weather extremes;
- Less manpower to do a specific task/s;
- Lack of safety equipment;
- Lack of material handling equipment;
- OH&S controls;
- Medical treatment; and
- Hygiene requirements.

Sentinel may be a step forward, but if the right information is not being entered then its value could be questioned.

Recommendation 5.2

Supported-any activity that aids in Service members retaining health and fitness is a good move.

Recommendation 5.3

No comment. This level of reporting would be anticipated.

Recommendation 6.1

The Draft Finding 6.1 leading up to this Recommendation is disappointing and it is difficult to see how Recommendation 6.1 is of much value in addressing the significant shortfall in Service member support. Further review of this position should be encouraged.

Recommendation 6.2

No comment-this would appear to be normal performance measurement of a major organisation

Recommendation 6.3

Positioning Service members with rehabilitation evidence prior to discharging would be a positive step and reduce 'evidence based' requirements. Authority to provide such a recommendation/evidence to come from a defence transition authority (to be determined).

Recommendation 7.1

The 'functions' required for transition are supported. There is evidence that transition programs are not achieving the planned aim. Organisation to achieve successful transition is for Defence and Government to decide. Posting to locale to where member is planning to transition, or be able to continue remediation, should be a task for Service personnel planning-no additional organisation should be required.

Recommendation 7.2

Fully supported.

Recommendation 7.3

Fully supported. Long term Members are offered Transition Training but short term medical discharges probably do not get the same treatment.

Recommendation 8.1

These recommendations are **disagreed** in entirety. In line with comment above, legislation should be completely rewritten so that:

- War service should be uniquely recognised as requiring different standards of veteran support than peacetime service.
- As far as possible, the legislation should provide for non-liability automated entitlements.
- In the case of Veterans with war/warlike service & widows, the entitlements should be dispensed via a system akin to the existing 'gold card' system on a totally nil liability approach
- For those with peacetime service, personnel should be granted entitlements on a nil liability system for mental health & any condition noted on their transition certification caused by service & a partial liability system for any other impairment arising after separation on the basis of a medical certification that the condition was related to past service.
- The need for advocacy be eliminated as much as possible.
- An alternative option would be to grant every veteran with war/warlike service a private health policy on discharge.

There is some support for ratification of the separate Acts provided there is no erosion of Veteran entitlement.

Recommendation 8.2

Agreed entirely, however Statement of Principles (SoP) should be written in terms so that the lay person can understand them. The Repatriation Commission takes the SoP literally where legal interpretation can put a different slant on the wording of the SoP. Also, the Repatriation Commission will interpret the SoP by not adhering to the stated Factors. Examples of this are:

1. Federal Court of Australia case, *Gordon v Repatriation Commission* (2001) FCA 286 (21 March 2001).
This where the Repatriation Commissioner interpreted the SoP, Instrument No. 83 of 1995, Hypertension, Factor 1. (b) current at the time, "daily consumption of alcohol" literally where the Federal Court interpreted it in a more realistic way as "just about daily".
2. Administrative Appeals Tribunal of Australia case, *Devenish-Meares and Repatriation Commission* [2016] AATA 75 (16 February 2016).
This is where the Repatriation Commissioner argued that the contaminated potable water on the ship was so low as to not cause a problem. The veteran lost the appeal. The relevant SoP, Instrument No. 53 of 2014, Malignant Neoplasm of the Prostate, Factor 6 (b)(iii) states in part, 'consuming potable water produced by evaporative distillation of estuarine Vietnamese waters for a cumulative period of at least 30 days.' The SoP makes no mention of the quantity of water consumed or of some assumed level of contamination.

Some recent findings on Agent Orange describe the difficulties faced in interpreting the Repatriation Medical Authorities (RMA) terminology. However, it would be a mystery to a veteran with no experience with claims or SoP.

Recommendation 9.1

Agreed

Recommendation 9.2

Agreed in principle. Although DVA do have Case Managers for complicated client needs they keep changing – staff retention problem.

Recommendation 9.3

Agree, however there should also be a process where if there is an amendment to the Acts and/or SoP Factors where a claim has been rejected but is now legitimate because of any amendments, they should be at least widely publicised.

Recommendation 10.1 – 10.4

Supported. Assuming, legislation has to be liability based, then agree that there should be a common review path for the three Acts although DVA internal reviews should be conducted more along the lines of the Veterans' Review Board (VRB) Outreach Program; the value of VRB is strongly endorsed.

Recommendations 11.1 – 11.3

These organisation re-arrangements are **disagreed** entirely on grounds raised in earlier comment. It is not believed that they have been demonstrably presented as either of cost benefit or of best practice for the compensation and support of Veterans.

Recommendation 11.4

This change is not supported and for the same reason that DVA role should not transfer to Defence. AWM does its task very well as does DVA with Commemorations. These functions should not be transferred.

Recommendation 11.5

Not supported. Not seen as practical. The budgeting developed by DVA for future funding would be the same if Defence were to conduct such an exercise. This is allocating money in the wrong function for not cost benefit. Leave as is.

Recommendation 12.1 & 12.2

Agreed in principle provided no erosion of entitlement. Basically agreed assuming that 'harmonising' does not imply reducing benefits to the lowest common denominator or not recognising special benefits for those with warlike service. Previous comments relating to the 'gold card' system being an example of a sensible means of applying a 'non liability' system are reemphasised.

Recommendation 13.1

Totally and very strongly **disagreed**. Previous comment relating to warlike service is reemphasised.

Recommendations 13.1 to 13.8

Disagreed, noting that the recommendation withdraws entitlements.

Recommendations 14.1 & 2

Disagreed, noting that the recommendation withdraws entitlements - rationale is not understood.

Recommendation 14.4

Basically agree to tidy up administration.

Recommendation 14.5

Agreed in principle provided there is no detriment to recipients.

Recommendation 14.6

Agreed in principle provided there is no detriment to recipients.

Recommendation 15.1

Totally **disagreed** that the 'Gold Card' system should be dispensed with. Arguments have been previously made that the system works well and provides a good example as to how a non-liability system would work for Veterans with war service. It is absurd and disingenuous to argue that it is not targeted any more than it can be argued that a non-liability public health system is not targeted.

In reality, the 'Gold Card' system is well targeted towards Veterans post 70 years old and especially Vietnam Veterans who were the victims of a particularly nasty war, some conscripted and balloted into war service by the whim of Government, unrecognised by society on their return, discriminated against by academia, the churches and unions. Surely this act of grace by a nation was justified and the machinery by which it was provided should be retained. Similarly, the 'Gold Card' is well targeted toward War Widows whose husbands have died through war caused conditions.

Moreover, it is absurd and an insult to Veterans to claim that the Gold Card system promotes people to remain unwell!

In respect of the Information request 15.1, this submission believes that the introduction of a non-liability system along the lines of the Gold Card system covering health care for all Veterans with war/warlike service would be cost effective by reducing the outlay for DVA entitlement processing and advocacy costs of both the DVA and ESO (evidence can be presented that the cost of ESO advocacy per claim is about the same as that of DVA claim entitlement processing).

The question has to be asked; what added value does the continuation of a liability based system actually achieve with the cost of a Government Department processing claims and ESO performing costly advocacy for what amounts to basically a public health system entitlement. Certainly and for example, the gold card holder can normally access health services that largely avoid 'gap' payments and in waiting times but one shouldn't be misled into thinking that this comes at the cost of the public purse. As argued previously, these services often come from the goodwill of medical practitioners.

Recommendation 15.2

Not able to make clear agreement about this one because of insufficient information. However, in general, DVA fees should be increased because as outlined earlier, there are some providers that do not accept the DVA health cards because fees are too low.

Recommendation 15.3

Agreed in principle.

Recommendations 15.4

Agreed

Recommendation 16.1

Agreed

Recommendation 16.2

Agreed

Recommendation 16.3

Agreed.

Recommendation 17.1

Preference would be for one Act for all although the two schemes is an acceptable fall-back position. However, it is reiterated that a single act should allow for a non-adversarial/no proof

system that reduces the need for advocacy and recognises the need for specifically unique entitlements for Veterans with war service.