

## VETERANS' COMPENSATION AND REHABILITATION INQUIRY PRODUCTIVITY COMMISSION

### **DRCA (SRCA) issues**

I would firstly like to state that despite changing the name with the inclusion of "Defence" in its title nothing has changed, and this is exactly what DVA mentions themselves in its information brochure.

It would appear that the department has only made a name change to appease SRCA veterans to feel inclusive as ex defence members, as this is an Act that covers all commonwealth employees and not designed to include characteristics and hardships of military life.

DRCA requires immediate change as it continues to treat people differently despite doing the same job, same risks and same sacrifices.

There was apprehension amongst many organisations and legal professionals about the true intentions of the previous change and handing over power to the Minister of DVA, especially that the department totally ignored all recommendations and covertly amended many parts of DRCA that aims to make further limitations rather than align the three Acts. DRCA, has only one advantage that is the ability of multiple PI claims such as upper and lower body without the restrictions under MRCA but this isn't advantageous if the member has a high WPI that would otherwise attract a TPI/SRDP benefit.

If the recommendations were introduced it would have cleared up the great divide that exists that treats veterans different depending on timeframes rather than acknowledging that dates don't change the fact that the role of military service and sacrifice has remained unchanged throughout history.

As it stands the DRCA is discriminatory to veterans when compared to the other Acts and leaves its veterans at a huge financial loss when comparing benefits, furthermore there is no access to a gold card nor a TPI/SRDP entitlement which then allows the veteran to qualify for concessions that reduce the financial strain on a limited income.

Veterans that are retired due to health issues under DRCA are expected to survive on their Comsuper benefits and a small DVA incapacity payment, this is extremely difficult when trying to raise a family especially when illness and/or injury prevents them from working. For many renting is the only option and the limited income isn't large enough to allow the member to make contributions to a retirement fund and a DVA white card still requires many members to have private health which has become too expensive.

Prior to 2004 SCRA was administered by MCRS and had no alliance with DVA this was problematic when getting treatment as MCRS wasn't known by most providers and veterans were not issued any proof of entitlement. One positive was that appliances and medications were free of charge and a doctor simply wrote on a normal script but this all changed when DVA managed SRCA in 2004 and issued a white card and payment for scripts were required thereafter. This is another financial burden as many veterans require multiple medications and the small medication allowance from DVA does not come close to easing the financial pain.

Comsuper doesn't take into account career progression and pay rises that would apply if the member was still serving, this is a real concern if a member was medically discharged at a young age and unable to work

The complexity of the Acts is no surprise to both veterans and DVA with DVA staff being trained in specific veteran's legislation, on the other hand DVA encourages veterans to seek guidance and representation from advocates that must know everything.

This becomes even more detrimental when veterans have their case escalated to the VRB and have no rights to qualified legal representation and only by an advocate which is a case example of David vs Goliath.

The VRB panel in most cases have members with numerous years of legal experience and little or no medical experience, furthermore many VRB members have military experience, this is problematic as most are retired military with high ranks and haven't walked in the shoes of the lower ranks.

Personally, I had a VRB delegate play down name calling regarding an amputation I had by comparing it to someone being called "lofty if tall" or "shorty if small". Firstly, this was very insensitive, and an officer simply wouldn't be chastised in such a way, On the other hand, I would assume that religion or race would be dealt with more seriously.

Furthermore, during my encounter with the VRB it was noticeable that my advocate was disorganised to the point they belittled my advocate and it was clear that the circumstances were so dire that a negative outcome was inevitable, at this point they should have exercised my rights under the "Fair Hearing Obligation" which illustrates the system is geared towards the department denying claims rather than protect the rights of the veteran for basic human rights and procedural fairness.

Finally, I have read many departmental responses, justifying why streamlining the Acts isn't straightforward. They have stated that if this was to occur some would be worse off and others better off so rather than upset some its simply easier to just keep DRCA as is and ignore the pain and suffering experienced by veterans that are unfortunate to have DRCA service.

I feel that the both the Government and DVA are ignoring the obvious Act discrimination and the DRCA is putting veterans at a higher risk of suicide and poverty, this should have been rectified in 2004 but was simply ignored despite many organisations and legal professionals recommending immediate change and it appears that the real concerns keep getting dismissed given the latest name change to DRCA. Veterans shouldn't suffer due to the negligence of Government and the Government is responsible for acknowledging the system was unfair in 2004 and creating MRCA that has many replications of VEA, whilst MRCA may be more restrictive than VEA and geared towards rehabilitation. MRCA still provides Gold Cards, SRDP, education assistance for families and many more features that are not available under DRCA.

Lastly, I feel that the government has both a legal and moral obligation to remedy the problem that was created with a full understanding of the divide that followed. I would also recommend that when a change is made that members do not suffer from double dipping in relation to a TPI/SRDP being granted as members would have chosen this path and would have been given funding for financial/legal advice. The financial loss to DRCA veterans that have retired due to health conditions has been enormous due to not being treated equally and this needs to be factored in to any change.

Thankyou

Anonymous