

**A BETTER WAY TO SUPPORT VETERANS
PRODUCTIVITY COMMISSION DRAFT REPORT, December 2018**

My reply and questions.

The Minister stated that (No veteran will be worse off). (HA HA)

This was said when the white cards were issued to SRCA veterans and has not been true, public servants are still entitled to a better range of pharmaceuticals and non-pharmaceuticals in certain circumstances. I'm aware of Veterans that cannot get medicines now that were receiving them before the white card was issued.

It was also stated when MRCA was introduced. I've had many veterans over the years where their treating specialist has said their injury, illness or disease definitely or probably is linked to their service and stated the reasons why, but because they do not meet a SoP the claim is denied, this means that veterans are worse off despite what the PM said at the time in the lower house.

Again, if a Northern Territory, Australian Capital Territory or Commonwealth public servant takes a matter to the Administration Appeals Tribunal and wins the case. Their disbursements and legal costs are reimbursed. A veteran that is taking a matter to the AAT and that claim is not related to operational service and they win their case, they do not have their costs reimbursed. Again, another case of Veterans been worse off, despite what the government at the time said.

If defence gets its hands on the \$13.2 billion the same thing will happen to it as happened to the retraining under the other schemes. Over time the penny pinches will reduce the quality and quantity of retraining. I have seen this on many occasions where people have been given a few weeks TAFE course doing word processing and Secretary course and then told that they are deemed to earn a wage and had their incapacity payments reduced or withdrawn.

Referred to the letters I wrote to the Minister for Veteran Affairs, the Minister For Defence Science and Personnel and ComSuper in 1997 saying that Army Individual Readiness Notification (AIRN) will blow out the budget and refer to their reply. I will have these letters with me on the day.

Over time if defence has control of this funding when it is looking for money it will find ways to cut back Veterans' Entitlements as part of the normal Department of Defence cost-cutting.

Referring to the report

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Under the heading (other allowances DRCA service pension) can you explain to me how someone gets a service pension under DRCA?

The role of ex-service organisations

Ex-service organisations (ESOs) play an important role in the veteran support system. They support the broad veteran community, including dependants of deceased veterans. Thousands of hours are volunteered each year to help veterans in all aspects of their post-service lives. They undertake a wide range of activities including:

- welfare and mentoring services for veterans and their families
- commemoration and recognition activities and other social events
- transition support for members leaving the ADF
- employment services
- education and training services
- advocacy services
- assistance with filing and presenting legal or administrative challenges/appeals to DVA decisions.

There are estimated to be several thousand ESOs — and very few have a national footprint or provide the full gamut of services. There is also no peak ESO body. This lack of coordination among ESOs may be diluting their effectiveness.

Community veteran service hubs could aid better social integration, peer-to-peer support and access to advice and information for veterans and their families. The Commission heard about a number of innovative models of collaboration between relevant ESOs and the Australian, state and local governments, including multi-purpose hubs. Such hubs would not replicate existing ESOs, but would provide referral services connecting veterans and their families with relevant ESOs, supports and services, and provide a veteran and family friendly community space. The Commission will say more on the role of ESOs (and advocacy) in the final report after it has considered the recommendations of the Veterans' Advocacy and Support Services Scoping Study.

What is the RSLA, it is the single most inclusive ESO with the only requirement to become a member is to have served 6 months in the Australian Military Forces, regular or reservist. Including Commonwealth and Allied countries. There is currently a submission to change the RSLA constitution to allow service and ex-service members to join with one day's service. I agree with the report by splintering into thousands of ESO's we are doubling up and reducing our representation to the government.

There are also several areas where there is scope to rationalise supports and harmonise the three Acts. Two areas where the three Acts should be harmonised are:

- the initial liability process — moving to a single standard of proof for all types of service (the Commission is seeking feedback on which standard) and adopting the use of Statements of Principles (SoPs) in the DRCA would simplify the initial liability process and ensure a single consistent decision-making process across all three Acts
- the review process — there should be a single review pathway for all veterans' compensation and rehabilitation decisions (the VEA and MRCA review pathway would apply for the DRCA, box 11) comprising reconsideration, review and resolution by the VRB, formal merits review by the AAT and judicial reviews. The role of the VRB should be modified to provide enhanced dispute resolution processes. It should no longer be a determinative body.

Here we go again when MRCA was introduced we were assured that no veteran will be worse off. Currently under DRCA if you win your appeal in the AAT your outlays and cost can be reimbursed. What will happen to successful cases in the AAT with regards to outlays and costs reimbursements? If DRCA is considered under SoP's and goes before the VRB?

As mentioned above along with the fact that claims are judged under current medical knowledge and where current treating specialist reports (should the veteran have one) are considered more beneficially than that of a specialist that may only see the veteran once, for a report. If we were to go ahead with DRCA been considered under SoP's, many cases that have been successful previously may not be accepted under this system.

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Some payments should be removed, simplified or rolled into the underlying payment. These include:

- the MRCA special rate disability pension (a payment that has rarely been used).

It is true that the SRDP is rarely used. It is also true it is used for only the most severely disabled and injured veterans. What is being considered to replace it for our most injured and needy veterans? There are also a handful of benefits which are only paid to TPI and SRDP recipients by Federal and State Government along with some Councils. What will happen to people that would qualify for SRDP in relation to these benefits?

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- Under the MRCA and VEA, dependants can receive benefits (including pensions, lump-sum payments and the Gold Card) if a veteran dies and:
 - their death was related to service, or
 - the veteran had a certain level of service-related impairment prior to their death, irrespective of the cause of death (that is, the veteran could die in a car crash, or of old age, and their dependants may receive benefits).
- There is little rationale for the second of these eligibility criteria. Going forward, under the MRCA, future eligibility for dependant benefits should be restricted to dependants of veterans who died as a result of service. The effect of this change is likely to be minimal in

the near term, as most MRCA dependant benefits are currently due to service-related deaths. However, it will have an effect in the long run, as the MRCA population ages.

This is nothing short of a money grab. The reason that dependents may receive these benefits in a non-service related death is to make up for the actual and potential of many years income lost because the veterans receiving these benefits are very often taken out of the workforce prematurely. Solely due to their accepted service related conditions. These small benefits are given to the veteran's dependents as a way of saying thank you for your service from a grateful nation.

Draft recommendation 8.1

The Australian Government should harmonise the initial liability process across the three veteran support Acts. The amendments should include:

- making the heads of liability and the broader liability provisions identical under the *Veterans' Entitlements Act 1986* (VEA), the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA) and the *Military Rehabilitation and Compensation Act 2004* (MRCA)
- applying the Statements of Principles to all DRCA claims and making them binding, as under the MRCA and VEA

adopting a single standard of proof for determining causality between a veteran's condition and their service under the VEA, DRCA and MRCA.

The Statements of Principles are created on two different standards of proof for the underlying medical-scientific evidence — a 'reasonable hypothesis standard' and a 'balance of probabilities' standard.

The Commission is seeking participants' views on which standard of proof the veteran support system should use going forward. What would be the impacts of that choice on future claims and government expenditure, and how could they be quantified?

If the ESO community was to support anything to do with this proposal it should be under the pretext of only excepting SoP's under the "reasonable hypothesis standard". How can we say that a veteran will not be worse off if we increase the standard of proof? After all the unique employment nature of the military has been identified many times previously therefore, we should keep the beneficial nature of any changes.

Draft recommendation 13.6

The Australian Government should amend the *Military Rehabilitation and Compensation Act 2004* to remove the option of taking the special rate disability pension. Veterans that have already elected to receive the special rate disability pension should continue to receive the payment.

As pointed out in the draft report the SRDP is not paid to a large percentage of Veterans. But the veterans that do qualify for this payment are the most severely injured and require the most assistance, in the veteran community. To remove this payment and have the veterans meet the

requirements for incapacity payments will continue to add to the stress that is suffered by these extremely damaged veterans. I recommend that this payment be kept.

DRAFT RECOMMENDATION 13.7

The Australian Government should amend the *Military Rehabilitation and Compensation Act 2004* (MRCA) to remove automatic eligibility for benefits for those dependants whose partner died while they had permanent impairments of more than 80 points or who were eligible for the MRCA Special Rate Disability Pension.

I have covered this matter previously. Considering how hard it is to get the SRDP under MRCA compared to the special rate of pension (TPI) under the VEA. This is the least we can do for the dependents of a veteran that has been severely disabled and lost many years of wages, due to their defence service.

DRAFT RECOMMENDATION 14.1

The Australian Government should amend the *Social Security Act 1991* and relevant arrangements to exempt Department of Veterans' Affairs adjusted disability pensions from income tests for income-support payments that are currently covered by the Defence Force Income Support Allowance (DFISA), DFISA Bonus and DFISA-like payments. The Australian Government should remove the DFISA, DFISA Bonus and DFISA-like payments from the *Veterans' Entitlements Act 1986*.

Is this meant for any future claims under the VEA only?

Or will it affect people receiving DFISA?

The reason that the exemption for the DFISA was introduced, was that you can have a veteran with multiple dependents whose special rate of pension (TPI) is approximately \$37,000 a year. If they do not have qualifying service, this may be their only income. Remembering that in many cases veterans next of kin are not able to work because of the disability suffered by the veteran. It is not possible for a family to live on this amount of money. What other proposals for supporting veterans will be offered to replace this exemption should this recommendation be accepted?

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