



DEFENCE FORCE WELFARE ASSOCIATION

PRODUCTIVITY COMMISSION RECOMMENDATIONS

SUMMARY OF RESPONSES

COMMISSION RECOMMENDATION	DFWA COMMENT	DFWA POSITION
<p>Recommendation 4.1 Objectives and Principles for the Veteran Support System</p>	<p>DFWA supports the proposition that the objective of the veteran support system should be to improve the wellbeing of veterans and their families taking a whole-of-life approach, and that the physical, psychological and social harm derived from service should be minimized where-ever possible.</p> <p>DFWA supports in general the proposed principles that should underpin a future veteran support system, except it opposes the notion that ‘financial sustainability and affordability’ should be included in the list of principles. These principles are more appropriate for profit making businesses, not ones underpinning a veteran support system.</p> <p>DFWA prefers the principles governing the proper use and management of public resources, namely that they should be applied Efficiently, Effectively, Economically and Ethically as per the Public Governance, Performance and Accountability Act 2013.</p> <p>DFWA seeks clarification of the meaning and intent of the fifth dot point i.e., “<i>providing adequate and appropriate compensation for veterans (or if the veteran dies, their family) for pain and suffering and from service-related injury and illness.</i>” What is the benchmark or yardstick by which “adequate and appropriate” are defined?</p> <p>DFWA support the proposition that the objectives and underlying principles of the veteran support system should be legislated. ESOs should be consulted in the drafting process.</p>	<p>Support with Caveat</p>
<p>Recommendation 5.1 Improve Reporting of Work Health and Safety Incident</p>	<p>DFWA supports the recommendation but notes with concern that, despite that ADF having already introduced in 2014 a Work Health and Safety incident reporting system (Sentinel), underreporting of incidents continues to be a major issue. Under reporting must be of concern to all current serving and certainly former members, many of whom still appear to struggle with gathering relevant evidence in support of their efforts to lodge claims under any of the Acts.</p>	<p>Support</p>
<p>Recommendation 5.2 Supporting a New Approach to Injury Prevention</p>	<p>DFWA supports the recommendation and notes in the process that there is an injury prevention pilot program being trialed at both Lavarack and Holsworthy Barracks. Although the aim of the program is to test the merit of a new approach, it should be coupled with ways to improve incident reporting.</p>	<p>Support</p>

<p>Recommendation 5.3 Publish Annual Notional Premium Estimates</p>	<p>DFWA supports the recommendation. It notes that, if a Veterans Services Commission becomes a reality under Recommendation 11.1, the Commission could be responsible for calculating and publishing Notional Premium Estimates. Improved transparency could result in improved need to maintain adequate Work Health and Safety policies and practices.</p>	<p>Support</p>
<p>Recommendation 5.4 Formalise Defence Responsibility to Support ADF Members</p>	<p>DFWA welcomes the recommendation to formalise Defence responsibility to support ADF members, and agrees with the Commission's earlier finding that a veterans' support system must not only be veterans centric but include the need to recognize the uniqueness of military service.</p> <p>The Association has long sought to have the <i>'unique nature of military service'</i> formally committed to appropriate legislation. And sought also to enshrine that 'uniqueness' in a Veterans' Covenant, now the subject of the <i>Australian Veterans' Recognition (Putting Veterans and their Families First) Bill 2019</i>. The Bill as it stands is widely endorsed by the veterans 'community and, while several arguably contentious amendments to it have been proposed in its passage through the Senate, DFWA advocates its early passage through both Houses at the earliest opportunity. DFWA does not endorse nor supports gratuitous comments that <i>'the Bill does nothing'</i>, nor that <i>'it serves no purpose'</i>.</p> <p>After all, there has now been universal acceptance that a natural logical consequence that flows from accepting the 'Unique Nature of Military Service' concept is that there should be a formal commitment between the Nation and it ADF members either still serving or who have served. That commitment must be mutual, reciprocal and enduring. Uniquely, ADF members commit to service in the defence of their Nation and, if faced with mortal danger, there is a general recognition that loss of life is a possibility. In return, the Nation has an obligation to commit to caring for and supporting those, namely veterans who, during or as a result of their service, are injured or suffer from disease.</p> <p>The Nation is also obliged to commits to the care and support of the families of those killed during operations, or who somehow have sacrificed their life as a result of their service. The Bill will enshrine that well-deserved obligation into law.</p>	<p>Support</p>
<p>Recommendation 6.1 Public Reporting on ADF Rehabilitation</p>	<p>DFWA supports the recommendation and welcomes the Commission's finding that otherwise was well known by the veterans' community, namely that the ADF has somewhat historically given considerably weakened attention to the welfare and rehabilitation needs of those of its members transitioning to civilian life vis those members who it has assessed as likely to return to duty.</p> <p>As data overall on the ADF's rehabilitation efforts is sparse at best, and non-existent for those transitioning at worst, DFWA very much agrees that the ADF's Joint Health Command should report more extensively on its rehabilitation efforts than it has in the past. Particular attention should be given to those members who are medically discharged and will likely need DVA support as a priority immediately after leaving the service.</p>	<p>Support</p>

<p>Recommendation 6.2 Evaluation and Reporting of DVA Rehabilitation</p> <p>Recommendation 6.2 (Continued)</p>	<p>DFWA supports the recommendation with a caveat and views it synonymously with the ADF's need to gather more extensive data and report in detail on its overall rehabilitation program. The mechanism that has already been put in place for sharing data between DVA and the ADF should be strengthened, particularly for those members the subject of medical discharge.</p> <p>Notwithstanding its general support, DFWA cannot agree with Commission's proposition that DVA's veterans' rehabilitation service delivery outcomes should or could be compared with civilian <i>'other workers'</i> schemes, including those involving temporary or otherwise disability insurance packages. Such schemes are profit-based and offer no equivalence to a member's need for rehabilitation.</p>	<p>Support with Caveat</p>
<p>Recommendation 6.3 Commissioning and Integration of Rehabilitation Services</p>	<p>DFWA supports the recommendation and agrees whole heartedly with the proposition that DVA should engage more with rehabilitation providers who should be required to not only provide evidence-based rehabilitation programs but to monitor and report on treatment costs and outcomes.</p> <p>DFWA also agrees with and supports any arrangement that could be put in place between DVA and Defence to coordinate rehabilitation efforts, and to have mandatory reporting across their Departmental boundaries on their success or otherwise. Rehabilitation efforts once commenced prior to discharge should continue unabated post discharge. If established, the proposed Joint Transition Authority (Recommendation 7.1) would appropriately be responsibility for the coordination effort.</p> <p>DFWA agrees with and deems as a highly commendable the Commission's recommendation to provide rehabilitation on a non-liability basis across the interval from ADF service to a determination of a claim post-service.</p>	<p>Support</p>
<p>Recommendation 7.1 Establish a Joint Transition Authority</p>	<p>DFWA supports the essence of the recommendation and has advocated, subject to caveats, in previous submissions to the Productivity Commission and other inquiries for a single organisation to be responsible for the management of transition and the co-ordination of the various stakeholders involved.</p> <p>The role of the ADF is war fighting and the defence of the nation. Accepting that the ADF is the 'employer' with responsibility for total transition package/compensation package it remains a given that the end responsibility will always be with DVA. DFWA supports the establishment of a Transition Authority within DVA.</p> <p>While the transition process invariably starts in Defence, DVA's responsibilities are inherently long lasting and extend far beyond the eight-year average service life of a member whose family must be included in this context. The issue of a White Card to all those who transition will accentuate DVA's responsibilities.</p> <p>That said, DFWA must condition its support on the need for more organizational detail on how the proposed Authority will be structured and work, and details of its boundaries of responsibilities.</p>	<p>Support with Caveat</p>

<p>Recommendation 7.1 (Continued)</p>	<p>Consultation with the ESO community is recommended. What appears self-evident is the need for the Authority, if established, to function across DVA and Defence boundaries. Reporting by the entity of such outcomes as follows would be a key function:</p> <ul style="list-style-type: none"> • Effectiveness of the rehabilitation process at all stages starting with Defence and progressing to DVA; and • Effectiveness of transition programs conducted by Defence with assessments undertaken at discharge, at interval intervention points, and possibly 12 months after discharge. <p>DFWA acknowledges that, apart from the Commission’s proper focus on the transition process, its adequacy or lack thereof has been the subject of considerable recent focus between the ADF, DVA and even CSC. These entities worked together when a Transition Task Force was established to review how each had been tackling transition services and how better they could work together in the future. Disappointingly, no ESOs were invited to be involved.</p> <p>One outcome of the Task Force was to confirm that Defence had a key initial responsibility for transition. In future, with ADF manning issues and with implications for medical support and administration of superannuation issues, there will be many mini/semi transitions due to the increased use of developing SERCAT options - many members going in and out of service. There will be a need manage complex processes across ADF/DVA departmental boundaries, and include CSC and the ESO community.</p>	
<p>Recommendation 7.2 Career Planning and Family Engagement for Transition</p>	<p>Although DFWA supports the essence of the recommendation, it is predicated first on whether a Joint Transition Authority is established, and secondly, on how far the Authority’s responsibilities should extend. Should it extend to ‘ensuring’ a member undertakes both in-service and post career planning? A vexed question if mandated. Certainly, there appears good reason to ‘encourage’ members but in practical terms, many join with no pre-conceived idea that their service would be short-lived, particularly by way of compulsory administrative or medical reasons.</p> <p>But it is accepted that discharge from the ADF is somewhat an unnerving experience for many. Early preparation for it is, including the involvement of families, can only maximise the chance of a successful transition outcome.</p>	<p>Support with Caveat</p>
<p>Recommendation 7.3 Trial a Veteran Education Allowance</p>	<p>DFWA supports the essence of the recommendation but wishes to highlight the potential need to dovetail with the Defence Education Assistance program to avoid a risk of duplication. The Veteran Education Allowance initiative appears similar to the excellent US GI Bill concept that offers eligible veterans costs associated with acquiring an education, or to undertake a trade-training course. In Australia, there is precedent by way of National Servicemen being able to access up to one year sponsored full-time study at a tertiary level, including a living allowance.</p> <p>DFWA considers a minimum period of full time service condition to be appropriate, except for those medically discharged where the minimum should be waived. The benefit could be linked to specific qualifying peace time Operational Service such as oft exercised by the SAS or service in submarines, P3C Orion and P-8A Poseidon aircraft.</p>	<p>Support with Caveat</p>

<p>Recommendation 8.1 Harmonise the Initial Liability Process</p>	<p>DFWA has long supported the need to harmonise all three Acts to ensure the beneficial intent of each of them. To be properly beneficial, the balance of probabilities should also be open to VEA and MRCA where a condition is not recognised in a SoP. Two areas where beneficial intent appears lost and thus opposed are as follows:</p> <ul style="list-style-type: none"> • VEA accrued rights must be maintained and VEA provisions put into MRCA, not the other way around as argued by the Commission in its Report (Volume 1 @ Page 373 refers); and • The Balance of Probabilities of medical evidence allowed under DRCA should be extended to MRCA. There must be no restriction to claims under MRCA to SoPs, nor restrictions to claims under DRCA covered by SoPs. 	<p>Support with Caveat.</p>
<p>Recommendation 8.2 Improve the RMA's Resourcing and Transparency</p>	<p>DFWA notes and supports without reservation.</p>	<p>Support</p>
<p>Recommendation 8.3 Abolish the Specialist Medical Review Council</p>	<p>DFWA opposes abolishing the Specialist Medical Review Council. The loss of an independent stand-alone review capability (to the Repatriation Medical Authority) where veterans can challenge established principles is not supported. The Association contends that administration of the Council could be streamlined.</p> <p>DFWA could support the recommendation if veterans had the right to argue the balance of probabilities on medical and/or legal issues could be extended to MRCA in the absence of beneficial SoPs.</p>	<p>Oppose</p>
<p>Recommendation 8.4 Move MRCA to a Single Standard of Proof</p>	<p>DFWA acknowledges that there are divided views in the ESO community on applying different standards of proof due to differing opinions about what eligibility criteria should be applied between operational warlike and non-operational service.</p> <p>On balance, DFWA supports moving MRCA to a Single Standard of Proof and agrees with the Commission's view that it is inequitable to discriminate between veterans with the same injury.</p> <p>The standard of proof of whether an injury or harm is related to a causal factor of service should be the strength of the epidemiological evidence and not what type of service the individual concerned was allocated for. Any discussion concerning this recommendation should be around what is the appropriate standard of proof regarding the epidemiological evidence.</p> <p>DFWA could support if future legislation is simplified to create a single rule of evidence that is not less than that of a reasonable hypothesis test. Reverse criminal standard of proof must remain in veterans' law and not be repealed.</p>	<p>Support</p>

<p>Recommendation 9.1 Public Progress Reports on Recent Reviews</p>	<p>DFWA has been concerned for some time that ongoing heavy criticism, unjustified in many instances, is eroding confidence in a veteran’s support organisation that is arguably the envy of ex-service communities worldwide. That is not withstanding the many shortcomings of DVA now well recognised through numerous reviews and inquiries but ones that are being addressed as a result. Reporting progress made to implement the many recommendations from those reviews should mitigate at least some claims that the Department ‘doesn’t care about veterans. DFWA welcomes the recommendation and supports it.</p>	<p>Support</p>
<p>Recommendation 9.2 Appropriately Train Staff</p>	<p>DFWA supports the recommendation but suggests that contract staff employed by DVA/VSC either directly or through a contracted service provider should also receive appropriate training.</p>	<p>Support</p>
<p>Recommendation 9.3 Ensure Quality of Claims Processing</p>	<p>DFWA supports the recommendation. All DVA administrative processes must be subject to cyclical auditing. Errors in any administrative process or endeavour will likely occur but, once identified, they should be corrected. Extraordinary error rates should be analysed to improve quality outcomes.</p>	<p>Support</p>
<p>Recommendation 10.1 Improve and Use Feedback From Administrative Reviews</p>	<p>DFWA supports the recommendation and proffers that there should be greater transparency by way of publishing VRB and AAT findings so that DVA staff and ESO Advocates could be better informed. Such feedback should be incorporated in Advocate and DVA Delegate initial and ongoing training.</p>	<p>Support</p>
<p>Recommendation 10.2 Single Review Pathway</p>	<p>DFWA notes that recommendations 10.2, 10.3 and 10.4 all appear aimed at abolishing the VRB or providing alternative dispute resolution services only. The Association strongly opposes this way forward - retention of the full VRB is supported. The VASSSS study indicates it is working satisfactorily.</p> <p>DFWA views the recommendation as limiting the VRB to the ADR process only (single VRB member). The AAT is the next step. A major issue is delegates get no feedback from either VRB or AAT. Outreach will improve the situation.</p>	<p>Oppose</p>
<p>Recommendation 10.3 Veterans’ Review Board as a Review and Resolution Body</p>	<p>DFWA opposes abolishing and/or diluting the VRB from its current and effective merits review role. After all, veterans and widows appear before the VRB for a merit review only after experiencing a mostly defective primary decision-making process. Veterans should not be forced to the next available independent review authority, namely the adversarial AAT that effectively determines matters on points of law. Such an adversarial approach places many veterans at a disadvantage, as does the time limit of 28 days for appeals to AAT appropriate, particularly if the veteran has suffered mental health issues or is otherwise traumatised.</p> <p>DFWA also opposes the suggested removal of the determinative powers of the VRB that effectively is a Court of Last Resort. Transferring such powers when a non-adversarial Board such as the VRB could properly make determinations without incurring significant costs seems incongruous in the extreme.</p> <p>DFWA opposes any suggestion that lawyers appear at the VRB where, in any case, a senior qualified lawyer is always a member of the VRB.</p>	<p>Oppose</p>

<p>Recommendation 10.4 Review of Ongoing Role of Veterans' Review Board</p>	<p>While DFWA acknowledges the need to periodically review roles and functions of established entities such as the VRB, the proposed review in this case seems narrowly targeted and appears to have the aim of abolishing the VRB and bringing the appeals process totally within the confines of the VSC/DVA.</p> <p>The upshot being the loss of independence and a process that leads almost directly from a VSC review to the AAT and adversarial lawyers.</p> <p>As argued before under recommendations 10.2 and 10.3, DFWA opposes abolishing and/or diluting the VRB from its current and effective merits review role. By extension, it opposes the recommendation in this case to review the ongoing role of the VRB.</p> <p>In this context, DFWA notes the recommendation for DVA to assist with primary claims and changes to the AAT.</p>	<p>Oppose</p>
<p>Recommendation 11.1 Establish a Veteran Services Commission</p>	<p>DFWA notionally supports the establishment of a Veterans Services Commission (VSC) but with reservation about how such a major change could be achieved in the three-year time frame proposed through what ultimately must be beneficial legislation.</p> <p>There inherently will likely be short to medium term detrimental service delivery implications that veterans will be asked to wear. After all, there already exist two mature and firmly established bodies serving veterans, namely the Repatriation Commission and the Military Rehabilitation and Compensation Commission. The recommendation is for both of these bodies to be abolished and a new body called the Veteran Services Commission to be established.</p> <p>Among the many unanswered questions that come to mind includes the cost of the proposed change and the organisational impact on DVA. It does not function in isolation to either of the Commissions; interdependence applies between each entity.</p> <p>The impact on DVA operability of abolishing both Commissions has simply not been assessed. Nor has the cost of establishing the VSC been identified. The Productivity Commission itself admitting that costs of the changes to veteran services are likely to increase in the short term while and the immediate benefits are identified as only 'likely. Conjecture suggests that costs will likely come down in the long term due to less long-term care costs and more effective interventions and incentives. The proposal for the new scheme is to be funded through a levy of a premium on Defence is perplexing, as are the principles of affordability and financial sustainability that would need to be applied going forward</p> <p>That said, DFWA sees no show-stopping reason to object in a major way to the recommendation establishing a VSC, subject to a working mechanism applying between DVA and VSC that is functional, appropriate and veteran centric. The crucial element will be the management of the change while maintaining a veteran centric care regime-</p>	<p>Support with Caveat</p>

<p>Recommendation 11.2 Levy a Premium on Defence</p>	<p>DFWA opposes the recommendation to levy a premium on Defence that seems at odds with how Defence budgets are framed.</p> <p>There can be no system that so-to-speak punishes Defence capability if injuries go up by reducing funds available for operations. Defence is not a business where penalties affect the dividends and remuneration. An ADF is the ultimate insurance for defence of the nation. Operational effectiveness must always have priority.</p> <p>The Government makes deployment decisions affecting veteran wellbeing and is the 'employer'. If the aim is not to reduce funds to Defence activities, the visibility can be provided, and Defence and government incentivised by the NOA calculating and publishing notional Premium annually as per Recommendation 5.3.</p>	<p>Oppose</p>
<p>Recommendation 11.3 Improving Policy Outcomes</p>	<p>DFWA supports the recommendation since endeavouring to improve policy outcomes is the ongoing role of DVA on a day-to-day basis. If established, a VSC will have this as a major function.</p> <p>DFWA notes that there are three organisations supporting veterans under two Ministers. This has generated a need to establish interdepartmental steering committees and policy task forces, all leading to a cumbersome unwieldy system that will have to be resourced. There appear to be no measurable and achievable objectives set for them.</p>	<p>Support</p>
<p>Recommendation 11.4 Create a Ministerial Advisory Council</p>	<p>DFWA support the recommendation but suggests that, to maximise the effectiveness of such a Ministerial Advisory Council, it must include ESO representatives and perhaps even a veteran with operational service. The Council should structured terms of reference with measurable and achievable objectives.</p>	<p>Support</p>
<p>Recommendation 11.5 Move War Grave Functions into the Australian War Memorial</p>	<p>DFWA opposes the recommendation on three grounds:</p> <ul style="list-style-type: none"> ○ There appears to have been no cost benefit analysis of the proposed change; ○ DVA is globally recognised as a highly credible Government ceremonial entity with full authority to conduct commemorative functions and ceremonies, both in Australia and internationally. It had done successfully on numerous occasions' error free; and ○ The AWM has a remit to be the guardian in preserving the nation's military history and honouring those who once served. That remit is largely based around the nation's capital but national at best. It is not international. <p>The War Grave functions that currently apply should remain in place. DVA is better placed to contribute to, protect Australia's interest, including its membership of the Commonwealth War Graves Commission.</p>	<p>Oppose</p>
<p>Recommendation 12.1 Reframe Support for Veterans' Organisations</p>	<p>DFWA support the recommendation on the basis that it represents an opportunity for the ESO community to participate in reframing support for veterans and helping improve DVA's service delivery. Appropriate funding allocations need to be worked out going forward.</p>	<p>Support</p>

<p>Recommendation 12.2 DVA Should Provide Assistance with Primary Claims</p>	<p>DFWA supports the recommendation but with reservation. There are perceived pitfalls and possible conflict of interest issues that should be addressed, not the least which include:</p> <ul style="list-style-type: none"> ○ DVA personnel would need to be ATDP trained; ○ What happens if, following DVA assistance, a primary claim fails – should an ESO Advocate be sought? ○ What happens if a DVA employee tasked with giving advice on a primary claim gives misleading advice that leads to a failed or delayed claim – is compensation or damages payable? ○ Should DVA staff be involved with claims that progress up to the AAT? <p>DFWA believes that DVA staff should have a role in providing advice to veterans and/or Advocates but has reservations that they should be given similar roles. It notes that under both VEA and MRCA the Commissioner has a legal obligation to investigate claims.</p>	<p>Support with Caveat</p>
<p>Recommendation 12.3 Fund a Claims Advocacy Program</p>	<p>DFWA supports the recommendation. It has long advocated general funding assistance to ESOs, allowing them to not only better serve their constituencies but to underwrite their advocacy efforts on behalf those in desperate need for such services. Many ESOs operate only on membership dues to provide the services they so capably do. The Association welcomes the proposition that DVA should take a more active role in the stewardship of providing Advocacy services and to potentially help delivery these services.</p>	<p>Support</p>
<p>Recommendation 12.4 Accreditation of Advocates</p>	<p>DFWA supports the recommendation to accredit Advocates but not restrict choice of veteran to only accredited ones. Veteran must have choice and not to be subjected to DVA/ATDP closed shop. Accreditation of itself has little meaning. Offering the best service to veterans should be the aim.</p> <p>DFWA suggests that Advocacy Services be delivered through ESO and others ‘in a contestable manner’.</p>	<p>Support with Caveat</p>
<p>Recommendation 12.5 Fund Legal Assistance at the AAT</p>	<p>DFWA supports the recommendation to fund across all three Act but not to the VRB. But question remains as to who determines the means and the merit? A veteran who is disqualified due to their assets may not pursue an AAT hearing due to risk of losing, whereas a person not so disqualified can pursue a claim with no risk. There should be no such distinction. A merit test is acceptable provided it is done by an independent entity</p> <p>DFWA notes that Recommendations 10.2 to 10.4 effectively abolishes the VRB with all resolution being absorbed into VSC procedures. The AAT thus becomes the first independent review available to the Veteran. ‘Best Practices’ over-rule beneficial legislation. Veterans must have non-means tested funding for AAT, and full actual costs awarded to veteran if the claim is successful.</p> <p>Funding should be administered by the VSC (if established) and taken out of the hands of State Legal Aid authorities who should be remote from the VSC.</p>	<p>Support with Caveat</p>

<p>Recommendation 12.6 Program for Funding Wellbeing Supports</p>	<p>DFWA supports the recommendation. ESOs registered with the Defence Engage website should ensure their details and services are regularly updated.</p>	<p>Support</p>
<p>Recommendation 12.7 Funding Policy Advice from Veterans' Organisations</p>	<p>DFWA supports this recommendation albeit with some reservation, given that it sought to question the necessity for the Ex-Service Organisation Round Table (ESORT) <i>'in light of alternative, more targeted, approaches.'</i> That proposition is perplexing, particularly as DVA regularly reviews its effectiveness, as does its ESO membership. All recent assessments, external detractors aside, have concluded that ESORT continues to be an important entity.</p> <p>Arguably, ESORT could be rightfully considered a 'peak body', albeit it is a forum constituted by DVA to enhance the capacity of both the Repatriation and Military Rehabilitation and Compensation Commissions to address issues of importance to the ESO and defence communities.</p> <p>Perhaps more accurately, the Alliance of Defence Service Organisations (ADSO) with its 18-strong membership more closely epitomises a 'peak body'. Each member organisation is an independent major national ESO. DFWA is of course an inaugural member.</p> <p>As ESORT is fully funded by DVA, that leaves the potential for ADSO to receive some funding support. Indeed, as both sides of politics have indicated support for the Organisation, subject to incorporation, that is the direction ADSO is taking going forward.</p>	<p>Support with Caveat</p>
<p>Recommendation 13.1 Harmonise the DRCA with the MRCA</p>	<p>DFWA supports this recommendation, notwithstanding that there is no mention of harmonising DRCA with the VEA. The VEA has significant beneficial provisions that must also be considered in any harmonising exercise involving MRCA. The VEA should be included. DFWA comments at Recommendation 8.1 are relevant in this regard.</p> <p>But all said, DFWA does not support preventing future access to the Gold Card to those eligible for benefits under the DRCA. Harmonisation of DCRA with MRCA should not diminish a veteran's ability to have their claim assessed on its medical-scientific merits and under a balance of probabilities regime. No detriment principle should apply.</p> <p>DFWA notes the Commission's statement that <i>'the bottom line is that most veterans and their families would be made better off by the harmonisation of the DRCA to the MRCA. However, it is not possible to say categorically that no future claimant will face a reduction in his or her compensation.'</i></p> <p>The 'BOOT' test would not accept equivalent reduced entitlements. That would be changing the condition of service (on the balance of probabilities) under which a service has already been rendered. Denying the Gold Card is a separate issue discussed under Recommendation 16.4</p>	<p>Support with Caveat</p>
<p>Recommendation 13.2 Simplify Invalidity Pensions Administration</p>	<p>DFWA supports this recommendation. Simplifying invalidity pensions administration is long overdue.</p>	<p>Support</p>

<p>Recommendation 13.3 Replace Invalidity Pensions with Incapacity Payments</p>	<p>DFWA opposes the recommendation to ‘close off access to invalidity pensions under the ADF Cover Act for new applicants’, notwithstanding that existing pensioners would not be affected.</p> <p>The proposition appears to overlook the fact that an invalidity pensions is compensation; it should not be compromised. An incapacity payment is income support. Not allowing a veteran to elect removes any ability to choose the potential better option. That effectively removes a ‘no disadvantage’ clause; by any measure, that should be deemed patently unfair.</p> <p>That aside, DFWA opposes the recommendation on one other ground, namely that there appears to have been no hard empirical or other statistical data gathered to suggest that the recommendation could be considered a positive reform. It is far from it. Even the Commission acknowledges that ‘estimating the effect (of the reform) is complex’.</p> <p>As for the recommendation that ‘death benefits for dependants under ADF Cover should remain the same’, DFWA has no issue and support this element only.</p>	<p>Oppose in Part</p>
<p>Recommendation 13.4 Rehabilitation for Invalidity Payment Recipients</p>	<p>DFWA supports the recommendation in principle, particularly access to and availability of rehabilitation. However, there should be no ‘compulsion’ involved to attend rehabilitation, rather it should be ‘voluntary’.</p> <p>DFWA is somewhat perplexed that superannuation is introduced at all in the discussion relating to ‘compensation’. After all, superannuation issues are quite separate.</p>	<p>Support</p>
<p>Recommendation 14.1 A Single Rate of Permanent Impairment Compensation</p>	<p>DFWA is prepared to concede that there might be a case for eliminating the distinction between warlike and non-warlike service in the matter of determining rates of compensation for permanent impairment.</p> <p>It is not prepared to make any concession to eliminate this distinction in the matter of assessment of liability. In any activity undertaken by the Defence Force in which the safety of those taking part is of paramount importance, death, injury or illness resulting from that activity is accidental. It happens because the precautions taken to preserve the safety of the participants have, for whatever reason, failed.</p> <p>In military operations in which achievement of the mission is of paramount importance, casualties are often foreseen, and accepted as inevitable. The responsibility of commanders for the safety of their troops is not abandoned, but it is exercised in the light of the demands of the mission.</p> <p>For this reason, DFWA strongly defends as a matter of principle the difference between warlike and non-warlike service as one of quality and not mere geography or circumstance.</p>	<p>Support with Caveat</p>

<p>Recommendation 14.2 Interim Compensation to be Taken as a Periodic Payment</p>	<p>DFWA opposes the recommendation to remove the ‘option’ of taking interim permanent impairment compensation as a lump-sum payment. Based on any financial advice they may seek, veterans should be able to decide what option best meets their circumstance. The Act should make provision for that advice to be sought at public expense.</p> <p>As for the recommendation that DVA should adjust its policy on Lifestyle Ratings, it can be conditionally supported subject to further consultation.</p>	<p>Oppose in Part</p>
<p>Recommendation 14.3 Interim Compensation Finalised After Two Years</p>	<p>DFWA supports the recommendation that interim compensation payments should be finalised after two years. It has the benefit of certainty.</p>	<p>Supported</p>
<p>Recommendation 14.4 Eligible Young Person Permanent Impairment Payment</p>	<p>DFWA opposes the recommendation to homogenise entitlements with civilian community standards. The unique nature of military service is overlooked. The rationale for removing a dependant’s entitlement is questionable.</p> <p>As for the trade off to increase the rate of permanent impairment compensation by about \$37 per week for veterans with more than 80 impairment points, DFWA is perplexed as to how this meagre amount could have been derived.</p>	<p>Oppose</p>
<p>Recommendation 14.5 Improve Lifestyle Ratings</p>	<p>DFWA supports the recommendation since the intent of the review of lifestyle ratings is to improve them.</p>	<p>Support</p>
<p>Recommendation 14.6 Target Incapacity Payments at Economic Loss</p>	<p>DFWA supports the recommendation with little need to comment further.</p>	<p>Support</p>
<p>Recommendation 14.7 Remove the MRCA Special Rate Disability Pension</p>	<p>Although the recommendation to remove the option of taking the special rate disability pension is likely to affect few veterans, DFWA opposes it since it still represents entitlements and profoundly fails both the ‘No Detriment’ and ‘BOOT’ tests</p>	<p>Oppose</p>
<p>Recommendation 14.8 Remove Automatic Eligibility for MRCA Dependant Benefits</p>	<p>DFWA opposes the recommendation to remove automatic eligibility for dependant benefits.</p> <p>It seems incongruous that dependants such as Defence widows should be deprived of an automatic pension benefit when their partner dies that had otherwise been previously available to them. The proposition fails both the ‘No Detriment’ and the ‘BOOT’ tests. The entitlement has been earned; that it is now to be taken away is unfair in the extreme.</p>	<p>Oppose</p>
<p>Recommendation 14.9 Combine MRCA Dependant Benefits into One Payment</p>	<p>DFWA opposes the recommendation. While it appears administratively simpler, if taken into the context of Recommendation 14.8 whereby there would be a loss of benefits under MRCA, the recommendation appears to impose a likely detriment.</p>	<p>Oppose</p>

<p>Recommendation 14.10 Harmonise the Funeral Allowance</p>	<p>DFWA strongly supports the recommendation to amend the VEA to align its funeral allowance with the MRCA funeral expenses benefit for veterans. Certainly, MRCA delivers to families of deceased veterans far better outcomes (\$12,270) in terms of funeral benefits than derived from VEA (\$2,000). This disparity between the two schemes should be harmonised with urgency.</p>	<p>Support</p>
<p>Recommendation 15.1 Simplify DFISA</p>	<p>DFWA supports the recommendation with little need to comment further.</p>	<p>Support</p>
<p>Recommendation 15.2 Simplify and Harmonise Education Payments</p>	<p>DFWA supports the recommendation, albeit there appeared to have been no attempt to quantify the effects of the proposed amendments with two likely to fail a 'BOOT' test,</p>	<p>Support with Caveat</p>
<p>Recommendation 15.3 Consolidate Supplements in Underlying Payments</p>	<p>DFWA supports the recommendation but 'No Detriment/BOOT' provisions should apply in its implementation.</p>	<p>Support</p>
<p>Recommendation 15.4 Remove and Pay Out Smaller Payments</p>	<p>DFWA supports the recommendation and agrees that, while there is no civilian equivalent to the Decoration Allowance, the cost is minor and the symbolic value high due to the unique nature of military service. The Allowance should be retained.</p> <p>DFWA contends that the proposed amendment could cause some angst for little saving and no benefit.</p>	<p>Support with Caveat</p>
<p>Recommendation 15.5 Harmonise Attendant and Household Services</p>	<p>DFWA supports the recommendation in principle but has been unable to quantify whether there could be a detriment or financial impact on veterans.</p>	<p>Support</p>
<p>Recommendation 15.6 Harmonise Vehicle Assistance</p>	<p>DFWA opposes the recommendation since the thrust of the proposed amendment appears aimed at harmonising to the least beneficial Act. Harmonising to the MRCA will adversely impact the most severely incapacitated veterans and cannot be supported. If harmonisation is an important issue, the more beneficial option would be to transfer those receiving MRCA assistance to VEA. After all, VEA entitles veterans to purchase, modify and claim for running costs of a vehicle while MRCA does not include either purchase or running costs.</p> <p>Furthermore, veterans should not be required to purchase second-hand vehicles limited in warranty and insurance. Overall, the proposal fails the 'No Detriment' provision for veterans on the VEA Vehicle Assistance Scheme.</p>	<p>Oppose</p>
<p>Recommendation 16.1 Eligibility for Coordinated Veterans' Care</p>	<p>DFWA supports the recommendation in principle but notes that the Commission seems concerned about the need to dis-incentivise doctors from enrolling low-risk veterans in the Coordinated Veterans' Care Program. It identified three options, the first two of which are administrative and the third being its preferred financial one. A clear solution could be for doctors to adopt stricter enrolment criteria for veterans when enrolling them in the Coordinated Veterans' Care program. This would achieve the desired outcome without needing to interfere with any financial levers.</p>	<p>Support</p>

<p>Recommendation 16.2 Public Reporting on Health Services Accessibility</p>	<p>DFWA supports the recommendation for DVA to improve its public reporting on accessibility of health services. DVA will enhance its standing among veterans if it is transparent across all its activities wherever possible.</p>	<p>Support</p>
<p>Recommendation 16.3 Independent Review of Fee-Setting Arrangements</p>	<p>DFWA opposes the recommendation, particularly in respect of the potential to use of co-payments. Veteran health entitlements must be based on the need to overcome health issues due to military service; they should not be viewed as welfare or as a subsidy for health care.</p> <p>While a review is not opposed, any proposal that looks to adopt a private workers' compensation scheme must be viewed with some scepticism.</p>	<p>Oppose</p>
<p>Recommendation 16.4 Better Targeted Eligibility for the Gold Card</p>	<p>DFWA opposes in the strongest possible terms the recommendation to remove eligibility for the Gold Card for anyone other than veterans with severe service-related impairments.</p> <p>While DFWA concedes that there are varying points of view on the issue of the Gold Card, few if any of those views have ever gone so far as to proffer, as the then NSW RSL proffered that, <i>inter alia</i>, the 'Gold Card is seen to be a cash grab and a prize akin to winning Lotto'. How outlandishly preposterous from a lead major ESO could that opinion have been? DFWA reject that notion without reservation.</p> <p>DFWA notes with concern the inclusion in the report of the uncontested assertion by RSL NSW that receipt of the Gold Card is seen as a "prize". Also, that the Gold Card "is inefficient (by encouraging over-servicing)" yet no research is provided to justify the claim. Surely both unhelpful assertions in what should be a constructive report and one focused on the future of veteran care.</p> <p>DFWA notes that there appears to be a degree of ambiguity in the Commission's report where the need for 'building trust' is mentioned. One-part states, 'this will not affect any current Gold Card holder or person who is entitled to it under current legislation'. But Recommendation 16.4 suggests the entitlement be removed and that dependants be compensated except for older veterans over 70. DFWA is perplexed as to what this means.</p> <p>Furthermore, within the text of the Recommendation, no attempt has been made to quantify impacts for those on the pension with qualifying service but no private health care. Nor for those who could cancel private health care; the cost could be high as they would have to maintain private health cover. It would also mean that once they get to a certain age there is no requirement to resubmit or put additional claims on DVA with the stresses that involves.</p> <p>As for costs, the Gold Card does not seem to take account of those who may be on a white card for specific treatments and transfer to a Gold Card. The cost of the Gold Card does not recognise that most holders are aged over 60. For that group and older, the health care costs are significantly higher than the average/younger cohorts</p>	<p>Oppose</p>

<p>Recommendation 16.4 (Continued)</p>	<p>Much of the evidence quoted re targeting appears to come from the insurance industry exercising a commercial perspective that is completely alien to thoughts of ‘beneficial legislation’. The Commission’s Recommendation, in its economic rationalism approach, seems to have overlooked this important element.</p> <p>Some of the ‘Best Practise’ insurers recommending close oversight of medical treatments (as opposed to the hands-off approach and veteran managed health care associated with the Cards) were severely castigated by the NSW Government review of Workers Compensation – the only review so far of Best Practices Worker Compensation Insurers. Finally, the proposed changes to the Gold Card benefit simply fails both the No Detriment and BOOT tests.</p>	
<p>Recommendation 16.5 No Further Extensions of Gold Card Eligibility</p>	<p>DFWA opposes the recommendation to remove further eligibility of the Gold Card. This precludes automatic eligibility for, as an example, those on discharge with 20 years service or operational service. Attempt to impose a rule for the future based on challengeable arguments about the purpose and benefits of a Gold Card are rejected.</p>	<p>Oppose</p>
<p>Recommendation 17.1 Improve DVA Mental Health Services Awareness</p>	<p>DFWA supports the recommendation. It is also an important Transition from service issue. DVA should take all reasonable steps to inform veterans and their families of the support services available to them.</p>	<p>Support</p>
<p>Recommendation 17.2 Monitor and Report on Open Arms’ Outcomes</p>	<p>DFWA supports the recommendation. Open Arms (previously VVCS) with its network of outreach counsellors has an arguably successfully record of providing good and welcome support to the veteran community. In most quarters, this support is deemed fundamental to the wellness of veterans and families by helping them develop coping skills.</p> <p>But there are detractors with some claiming that Open Arms sometimes works against the interest of veterans by reporting issues to DVA that should be kept confidential. If they are not already, DVA should be conscious of this.</p>	<p>Support</p>
<p>Recommendation 17.3 Evidence-Based Treatment Veterans Mental Health</p>	<p>DFWA supports the recommendation with the added proposition that in making mental health a priority, reporting should take place across legislative and departmental boundaries as a veteran career moves from being recruited, actual service in the ADF, involvement in a transition process, and finally exiting as a Veteran.</p>	<p>Support</p>
<p>Recommendation 17.4 A New Veteran Mental Health Strategy</p>	<p>DFWA supports the recommendation. As before, reporting should take place across legislative and departmental boundaries as a veteran career moves from being recruited, actual service in the ADF, involvement in a transition process, and finally exiting as a Veteran.</p>	<p>Support</p>
<p>Recommendation 18.1 Performance/Outcomes Frameworks</p>	<p>DFWA supports the recommendation. As before, reporting should take place across legislative and departmental boundaries as a veteran career moves from being recruited, actual service in the ADF, involvement in a transition process, and finally exiting as a Veteran.</p>	<p>Support</p>
<p>Recommendation 18.2 More High-Quality Trials And Reviews</p>	<p>DFWA supports the recommendation. But trials and/or reviews should far more actively involve appropriate key sections of the ESO community known to be capable of meaningfully contributing and adding value.</p>	<p>Support</p>

Recommendation 18.3 Develop and Publish a Veteran Research Plan	DFWA supports the recommendation. But again, competent elements of the ESO community should be involved. Some ESOs with available internal resources (such as RSL QLD Branch) are funding their own veteran research. The Branch supports the Gallipoli Medical Research Foundation.	Support
Recommendation 18.4 Expert Committee on Veteran Research	DFWA supports the recommendation. Again, competent elements of the ESO community should be involved. Appropriately qualified ESO representatives should be on any Expert Committee.	Support
Recommendation 19.1 Two Schemes for Veteran Support	DFWA supports the recommendation and considers that the proposition is consistent with the harmonisation goal supported in original submission.	Support
Recommendation 19.2 An Expanded Family Support Package	DFWA supports the recommendation to remove the exclusionary criteria of warlike service and adding to the Family Support Package the provision to extend it to all veterans' families.	Support