

Draft recommendations, findings and information requests

Understanding the objectives of the veterans' compensation and rehabilitation system is important for assessing how well the current system is performing and what an improved system would look like.

Objectives and principles

DRAFT RECOMMENDATION 4.1

The overarching objective of the veteran support system should be to improve the wellbeing of veterans and their families (including by minimising the physical, psychological and social harm from service) taking a whole-of-life approach. This should be achieved by:

- *preventing or minimising injury and illness*
- *restoring injured and ill veterans by providing timely and effective rehabilitation and health care so they can participate in work and life*
- *providing effective transition support as members leave the Australian Defence Force*
- *enabling opportunities for social integration*
- *providing adequate and appropriate compensation for veterans (or if the veteran dies, their family) for pain and suffering, and lost income from service-related injury and illness.*

The principles that should underpin a future system are:

- *wellness focused (ability not disability)*

- *equity*
- *veteran centric (including recognising the unique needs of veterans resulting from military service)*
- *needs based*
- *evidence based*
- *administrative efficiency (easy to navigate and achieves timely and consistent assessments and decision making)*
- *financial sustainability and affordability.*
The objectives and underlying principles of the veteran support system should be set out in the relevant legislation.

DRAFT RECOMMENDATIONS 43 DRAFT REPORT

DRAFT RECOMMENDATION 5.1

Defence should investigate the feasibility and cost of augmenting the Sentinel database with information from the Defence eHealth System. In the longer term, when Defence commissions the next generation of the Defence eHealth System, it should include in the system requirements ways to facilitate the capture of work health and safety data.

The Departments of Defence and Veterans' Affairs should investigate the feasibility and cost of augmenting the Sentinel database with information from the Department of Veterans' Affairs' datasets, which would provide insights into the cost of particular injuries and illnesses.

If the Sentinel Database is working effectively, then why commission another expensive feasibility study. It would be much simpler and more cost effective to improve the current system as the needs dictate. As per the statement made in 5.1 regarding unreported incidents and reporting rates, it would be prudent to have Defence Personnel much better educated with regards to how important it is for them to report all incidences, because it is either

during their service or after separation from the service that these reported incidences will most definitely come into play for any compensation matters which may arise. Evidence is the key to success in compensation cases.

DRAFT RECOMMENDATION 5.2

Defence should use the injury prevention programs being trialled at Lavarack and Holsworthy Barracks as pilots to test the merit of a new approach to injury prevention to apply across the Australian Defence Force (ADF).

Defence should adequately fund and support these programs, and ensure that there is a comprehensive and robust cost–benefit assessment of their outcomes.

If the cost–benefit assessments are substantially positive, injury prevention programs based on the new approach should be rolled out across the ADF by Defence.

Defence conduct numerous military trade courses. Occupational Health and Safety is part and parcel of these courses. Defence has experienced instructors and they supervise student personnel at every phase of these courses. If the head of the relevant Corp's directorate's and instructional staff maintain their proficiency and up to date teachings on preventative measures to minimise all and any types of injuries, we may then see a more positive result as to the minimisation of harm to our Defence Personnel. It would be near impossible to conduct a course which would cover all aspects of OHS relevant to all types of military trades/positions. Furthermore, the idea is good for peacetime and operational service, but many things taught on OHS in peacetime become irrelevant during Warlike Service.

DRAFT RECOMMENDATION 5.3

Beginning in 2019, the Australian Government should publish the full annual actuarial report that estimates notional workers' compensation premiums for Australian Defence Force members (currently produced by the Australian Government Actuary).

Defence has a strong incentive to provide rehabilitation services to Australian Defence Force (ADF) members who have a high probability of redeployment or return to duty, but a weaker incentive to rehabilitate members who are likely to be transitioning out of the ADF. This is because ex-serving members become the responsibility of the Department of Veterans' Affairs (DVA) and Defence does not pay a premium to cover liabilities. Access to rehabilitation supports can also be disrupted during the transition period.

DVA pays limited attention to the long-term sustainability of the veteran support system (in part because the system is demand driven) and this reduces its focus on the lifetime costs of support, early intervention and effective rehabilitation.

DRAFT RECOMMENDATION 6.1

The Australian Defence Force Joint Health Command should report more extensively on outcomes from the Australian Defence Force Rehabilitation Program in its Annual Review publication.

Because the Defence Force pays less attention to those leaving the service, more money should be allocated in the Defence Budget in order they have the capability to properly address the rehabilitation of personnel leaving the service. The idea of having personnel making the transition to civilian life being physically and mentally fit for discharge has gone by the wayside. There are many who have left the Defence force who were not properly rehabilitated and prepared for the transition. Indeed some of them were discharged without a Final Medical Board having been conducted.

Before the ADF Joint Health Command are made to report more extensively on the ADF Rehabilitation Program in its Annual Review, it should also be directed to ensure that those whom are undergoing rehabilitation prior to discharge and those that may remain are being rehabilitated by the best medical personnel available to reach the goal of 'as good as prior to the injury or almost as good as', also includes mental health. After all, a member of the ADF was prepared lay down his/her life for Australia, have been injured in so many ways, and some who are being discharged from Defence through no fault of their own, should be compensated by way of good and proper rehabilitation in the very least prior to discharge. Proper rehabilitation prior to leaving 'Defence' could also see a reduction in future compensation liability claims in the future.

DRAFT RECOMMENDATION 6.2

The Department of Veterans' Affairs should make greater use of the rehabilitation data that it collects and of its reporting and evaluation framework for rehabilitation services. It should:

- evaluate the efficacy of its rehabilitation and medical services in improving client outcomes
- compare its rehabilitation service outcomes with other workers' compensation schemes (adjusting for variables such as degree of impairment, age, gender and difference in time between point of injury and commencement of rehabilitation) and other international military schemes.
- *The government/DVA should conduct a survey on those personnel who have undergone Rehabilitation via the Department of Veterans Affairs in order to identify the strength and weakness of the program's. It should then address those weaknesses and of course, improve on their strengths at the same time. This could only be done with the co-operation of the DVA Client's.*
- *SURVEY. — COMPARE — IMPROVE*

DRAFT RECOMMENDATION 6.3

Defence and the Department of Veterans' Affairs need to engage more with rehabilitation providers, including requiring them to provide evidence-based approaches to rehabilitation, and to monitor and report on treatment costs and client outcomes.

Changes are also required to the arrangements for providing and coordinating rehabilitation immediately prior and immediately post, discharge from the Australian Defence Force (ADF). Rehabilitation services for transitioning personnel across this interval should be coordinated by Joint Transition Command (draft recommendation 7.1). Consideration should also be given to providing rehabilitation on a non-liability basis across the interval from ADF service to determination of claims post-service.

Agreed! If my comments at DR6.1 were to be implemented, then it may result in fewer personnel requiring further rehabilitation post discharge. It could also speed up the claims process in relation to assessment of Permanent Impairment (PI). PI cannot be assessed fully until the veteran's condition has been stabilised and classed permanent.

DRAFT FINDING 7.1

The Departments of Defence and Veterans' Affairs offer a range of programs and services to support veterans with their transition to civilian life. Despite some improvements in recent years, these efforts remain fragmented and poorly targeted, with few demonstrated results. While many discharging members require only modest assistance, some require extensive support especially those who are younger, served in lower ranks, are being involuntarily discharged for medical or other reasons or who have skills that are not easily transferable to the civilian labour market.

DRAFT RECOMMENDATION 7.1

The Australian Government should recognise that Defence has primary responsibility for the wellbeing of discharging Australian Defence Force members, and this responsibility may extend beyond the date of discharge. It should formalise this recognition by creating a 'Joint Transition Command' within Defence. Joint Transition Command would consolidate existing transition services in one body, with responsibility for preparing members for, and assisting them with, their transition to civilian life. Functions of Joint Transition Command should include:

- preparing serving members and their families for the transition from military to civilian life
- providing individual support and advice to veterans as they approach transition
- ensuring that transitioning veterans receive holistic services that meet their individual needs, including information about, and access to, Department of Veterans' Affairs' processes and services, and maintaining continuity of rehabilitation supports

- remaining an accessible source of support for a defined period after discharge
- reporting on transition outcomes to drive further improvement.

***Sounds good, but who in relation to professionals will staff this command?

Will there be staff (ex military) with transition experience to staff the command? It should be mandatory.

INFORMATION REQUEST 7.1

The Commission is seeking feedback on the period of time that Joint Transition Command should have responsibility for providing support to members and former members of the Australian Defence Force who require that support.

***12 months for those that really need support. What sort of support?

***6 months for those with lesser needs and are successful in gaining employment they like.

*** This could backfire with some ex military personnel. They are leaving a structured life in the military and going into the abyss. Nothing is certain for them and their families. Those being medically discharged are concerned as to their financial situation. How will my family live? I will have no income other than what was due me in the military; qualification's, Superannuation, long service leave etc. This is a very hard road for those in that position. The one consolation at present is that if one is medically discharged, they could receive a superannuation pension. If a dischargee has a family, this is very hard to live on and raise a family. The DVA system of Incapacity Payments and lump sums is hardly enough to raise a family, and the complex nature of eligibility and bureaucratic bungling is a nightmare to deal with. It actually can worsen a veterans condition. Lump Sums are spent quickly and sometimes not wisely.

DRAFT RECOMMENDATION 7.2

DRAFT RECOMMENDATION 7.2

Defence, through Joint Transition Command (draft recommendation 7.1), should:

- require Australian Defence Force members to prepare a career plan that covers both their service and post-service career, and to update that plan at least every two years
- prepare members for other aspects of civilian life, including the social and psychological aspects of transition
- reach out to families, so that they can engage more actively in the process of transition.

NOT SURE HOW THIS COULD BE MADE TO BE MANDATORY. TRAINING REQUIREMENTS MAY MAKE THIS IMPOSSIBLE TO BE MADE MANDATORY. THIS IS A UNREALISTIC PROPOSAL.

DRAFT RECOMMENDATION 7.3

The Department of Veterans' Affairs should support veterans to participate in education and vocational training once they leave the Australian Defence Force. It should trial a veteran education allowance for veterans undertaking full-time education or training.

A GOOD IDEA BUT WITH SUITABILITY TO UNDERTAKE THE LEARNING SHOULD BE A REQUIREMENT. IE. EDUCATION STANDARD ACHIEVED? HOW LONG THE TRIAL?

INFORMATION REQUEST 7.2

The Commission is seeking information to inform the design of the proposed veteran education allowance. In particular:

- *at what rate should the veteran education allowance be paid?*
- *should eligibility for the veteran education allowance be contingent on having completed a minimum period of service? If so, what should that*

minimum period be?

- *should any other conditions be put on eligibility for the veteran education allowance?*

1. The cost of the tuition.

2. After completion of their initial term of engagement or discharged on medical grounds.

3. They should complete the course unless unforeseen circumstances arise such as medical reasons preventing completion.

- **Initial liability assessment**

Having liability accepted for an injury, illness or death is the first step in most claims for compensation, treatment and rehabilitation in the veteran support system. The way initial liability is assessed varies by Act and type of service. These variations are no longer justified and should be reduced or eliminated where feasible.

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.

1. YES.

2. YES

3. YES

INFORMATION REQUEST 8.1

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?

STANDARD OF PROOF - STATEMENTS OF PRINCIPLES

There should be one standard of proof only.

It should be the Reasonable Hypothesis standard.

Justification

Service-people are a special breed. No serviceperson should be treated any different to another. The current system of two standards of proof is flawed, The Statement Of Principles do not make sense.

For example; Why does a peacetime serving veteran have to lift and carry twice as much weight over a period of time to get an orthopaedic condition related to service, when a service person on operational service needs to lift and carry much less weight over the same period of time? It does not make sense at all. The only way this makes sense is that the system is designed to save money for the government. I am aware that the bureaucrats have a vested interest in saving money for the government. The statements of Principles always state at the beginnings; Based on the latest scientific and medical evidence(the condition/disease) can be related to relevant service

The DVA and Repatriation Medical Authority has failed to explain to anyone why two SOP's for the same condition (RH and BOP) can be so different in many respects as to the 'factors'. Eg; Lumbar Spondylosis, osteoarthritis etc.

Where is the scientific and medical evidence to state that Peacetime Service and Operational Service require different criteria to be met?

It will be less confusing for all involved, leading to lesser time in consideration of any claim, which will lead to more efficient and consistency of claims consideration's.

*I have advocated over a thousand claims over the last eighteen years. I have asked the same question to all my clients in relation to the two standards of proof used at present. All clients have given the answer that there should be **only one standard for service people**, as we are all in the same family, and **face the same dangers of being injured whilst serving in Defence. One standard of proof for all Defence personnel will save the government purse in the long term.***

DRAFT RECOMMENDATION 8.2

The Australian Government should amend the *Veterans' Entitlements Act 1986* (VEA) to allow the Repatriation Medical Authority (RMA) the legal and financial capacity to fund and guide medical and epidemiological research into unique veteran health issues, such as through a research trust fund.

Following any investigation, the RMA should be required to publish the list of peer-reviewed literature or other sound medical-scientific evidence used, as well as outline how different pieces of evidence were assessed and weighed against each other. This may require legislative amendments to the VEA.

Additional resources should also be given to the RMA, so that the time taken to conduct reviews and investigations can be reduced to around six months. **AGREED**

INFORMATION REQUEST 8.2

The Commission is seeking participants' views on whether there is merit in the Specialist Medical Review Council remaining as a standalone organisation, or whether its role should be folded into an augmented Repatriation Medical Authority review process that brings in additional medical specialists.

The Specialist Medical Review Council should remain a standalone organisation with improvement's. In saying this, the SMRC should be required to make a full disclosure as to exactly what evidence was sighted/read to come to their decision. The council should also be required to take into account the 'World Health Organisation Report' on certain medical conditions. If a medical condition for a veteran has been denied due to any factor within a Statement of Principle, then the World Health Authority report on the condition and causes should be taken into account. The RMA should not be the final word as it is now.

DRAFT RECOMMENDATION 9.1

The Department of Veterans' Affairs should report publicly on its progress in implementing recommendations from recent reviews (including the 2018 reports by the Australian National Audit Office and the Commonwealth Ombudsman) by December 2019.

YES

DRAFT RECOMMENDATION 9.2

The Department of Veterans' Affairs should ensure that staff, who are required to interact with veterans and their families, undertake specific training to deal with vulnerable people and in particular those experiencing the impacts of trauma.

Yes! And the DVA should remove the staff who are found to be lackadaisical in their work, and rude to veterans. Three strikes and you are out should be the norm. Either dismissal or retrain to other positions. They should be able to speak fluent English as well.

DRAFT RECOMMENDATION 9.3

If the Department of Veterans' Affairs' quality assurance process identifies excessive error rates (for example, greater than the Department's internal targets), all claims in the batch from which the sample was obtained should be recalled for reassessment.

Only those that have been challenged by the claimant.

To recall a whole batch will lead to more uncertainty within the claimant/veteran community, and more time wasted when other claims are in the process, and others not yet started.

With regards to the DVA's error rates; there should be a 'no error rate' philosophy to commence with. Projected Error Rate - NIL

DRAFT FINDING 9.4

External medical assessors provide useful diagnostic information about veterans' conditions and are a necessary part of the claims process for the veteran support system. However, they should only be called upon when strictly necessary and staff should be provided with clear guidance to that effect.

The Department of Veterans' Affairs needs to ensure that the current review into external medical assessors fully considers all aspects of Recommendation 10 of the Senate committee inquiry into veteran suicide.

ONLY WHEN STRICTLY NECESSARY

DRAFT FINDING 9.5

Under the Department of Veterans' Affairs' (DVA's) stewardship, the Veteran Centric Reform (VCR) program has produced a number of early successes. However, given DVA's poor history of change management, close supervision and guidance will be required to ensure VCR continues to be

successfully rolled out. Regular progress reporting and ongoing assurance reviews will facilitate this outcome.

GOOD LUCK WITH THAT ONE

DRAFT FINDING 9.6

Ex-service organisations play an important role in the veteran support system. However, the lack of coordination among them may be diluting their effectiveness.

TRUE - NONE OF THEM WANT TO WORK AS A TEAM. THATS A PROBLEM FOR THE VETERAN COMMUNITY TO SORT OUT.

DRAFT FINDING 10.1

Current review processes are ensuring that many veterans receive the compensation or support that they are entitled to under the law, albeit sometimes with significant delays. The majority of cases that are reviewed externally result in a change to the original decision made by the Department of Veterans' Affairs.

****TRUE The DVA is using the VRB as a backstop for their errors.*

DRAFT RECOMMENDATION 10.1

The Department of Veterans' Affairs (DVA) should ensure that successful reviews of veteran support decisions are brought to the attention of senior management for compensation and rehabilitation claims assessors, and that accuracy of decision making is a focus for senior management in reviewing the performance of staff.

Where the Veterans' Review Board (VRB) identifies an error in the original decision of DVA, it should clearly state that error in its reasons for varying or setting aside the decision on review.

The Australian Government should amend the *Veterans' Entitlements Act 1986* to require the VRB to report aggregated statistical and thematic in-

formation on claims where DVA's decisions are varied through hearings or alternative dispute resolution processes. This reporting should cover decisions of the Board, as well as variations made with the consent of the parties through an alternative dispute resolution process. This should be collected and provided to DVA on a quarterly basis and published in the VRB's annual report. DVA should consider this reporting and respond by making appropriate changes to its decision making process.

****YES. Agreed. This should happen immediately!*

DRAFT FINDING 10.2

The Veterans' Review Board and Administrative Appeals Tribunal are not providing sufficient feedback from their review processes to the Department of Veterans' Affairs to better inform decision-making practice. Further, the Department is not incorporating the limited available feedback into its decision-making processes. This means that opportunities for process improvement are being missed.

DRAFT RECOMMENDATION 10.2

The Australian Government should introduce a single review pathway for all veterans compensation and rehabilitation decisions. The pathway should include:

- internal reconsideration by the Department of Veterans' Affairs. In this process, a different and more senior officer would clarify the reasons why a claim was not accepted (partially or fully); request any further information the applicant could provide to fix deficiencies in the claim, then make a new decision with all of the available information
- review and resolution by the Veterans' Review Board, in a modified role providing alternative dispute resolution services only (draft recommendation 10.3)
- merits review by the Administrative Appeals Tribunal

- judicial review in the Federal Court of Australia and High Court of Australia.

FOR DOT POINT 2 NO! IF A RESOLUTION CANNOT BE REACHED BY ADR, THEN A FULL BOARD HEARING IS REQUIRED, AS IS NOW.

DRAFT FINDING 10.3

While many veterans are managing to negotiate the current pathways for reviews of decisions made under the various veteran support Acts, there are unjustified differences and complexities in the rights of review available to claimants under each Act.

DRAFT RECOMMENDATION 10.3

The Australian Government should amend the role and procedures of the Veterans'

Review Board (VRB).

Rather than making decisions under the legislation, it would serve as a review and resolution body to resolve claims for veterans. All current VRB alternative dispute resolution processes would be available (including party conferencing, case appraisal, neutral evaluation and information-gathering processes) together with other mediation and conciliation processes. A single board member could recommend the correct and preferable decision to be made under the legislation, and the Department of Veterans' Affairs and the claimant could consent to that decision being applied in law.

Cases that would require a full board hearing under the current process, or where parties fail to agree on an appropriate alternative dispute resolution process or its outcomes, could be referred to the Administrative Appeals Tribunal. Parties to the VRB resolution processes should be required to act in good faith.

NO! A full board hearing is necessary. To remove this step is denying a veteran another chance to provide more evidence and present the case. If a veteran fails at the full board hearing, then there is another chance to provide evidence at the AAT, albeit the last chance to provide new evidence. The next step would be the High Court which in most cases would mean the veteran has enormous extra costs to deal with.

The AAT has enough problems and cases to deal with. It should be left to the veteran if he/she wants to take it to the AAT.

DRAFT FINDING 10.4

The Veterans' Review Board, while highly regarded by veterans, has functions that overlap with those of the Administrative Appeals Tribunal. Rather than being used occasionally to resolve difficult or exceptionally difficult cases, the Department of Veterans' Affairs is relying on the Board's external merits review as a standard part of the process for addressing many claims.

TRUE! The DVA has been negligent in its assessment processes .

DRAFT RECOMMENDATION 10.4

The Australian Government should conduct a further review in 2025 on the value of the continuing role of the Veterans' Review Board, once significant reforms to the initial claim process for veterans are established. In particular, the review should consider whether reforms have reduced the rate at which initial decisions in the veteran support system are varied on review. If the review finds that the Board is no longer playing a substantial role in the claims process, the Australian Government should bring the alternative dispute resolution functions of the Board into the Department of Veterans' Affairs or its successor agency.

NO! THE VRB SHOULD REMAIN AN INDEPENDENT BODY.

By bringing the ADR process into the DVA would be putting the fox in the pen to guard the chickens. This is an absurd suggestion/ recommendation.

If this happens, it would be showing great disrespect to our veterans and serving members. It will not be a level playing field at all.

If the DVA will do its job properly and effectively, there will be less reviews to contend with in any case.

Keep the VRB as an independent body. the DVA has not performed well up to date and there probably will not be any change by 2025

If the VRB is not playing a substantial role in the claims process by 2025, then all that should happen is the VRB to be downsized according-

ly. To absorb the ADR process into the DVA would be detrimental to our veteran's by removing an independent impartial body.

KEEP THE VRB A SEPERATE AND INDEPENDENT BODY.

INFORMATION REQUEST 10.1

The Commission is seeking further information on whether there are any decisions that are not reviewable, that should be reviewable.

Info request 10.1. - NO COMMENT AT THIS STAGE

DRAFT RECOMMENDATION 11.1

A new 'Veteran Policy Group', headed by a Deputy Secretary, should be created in Defence with responsibility for veteran support policies and strategic planning.

Ministerial responsibility for veterans' affairs should be vested in a single Minister for Defence Personnel and Veterans within the Defence portfolio.

No! Defence has enough to look after as it is. The current situation should be kept. keep DVA as is.

It is quite obvious that Defence and DVA are not working together to improve the plight of the veterans leaving the service. Transitional Management is the area most in need of great improvement. Rather than establishing a new entity as in the VSC, cross department training and co-ordination as to veterans data is imperative. This should start immediately.

DRAFT RECOMMENDATION 11.2

The Australian Government should establish a new independent Commonwealth statutory authority, the Veteran Services Commission (VSC), to administer the veteran support system. It should report to the Minister for Defence Personnel and Veterans and sit within the Defence portfolio (but not within the Department of Defence).

An independent board should oversee the VSC. The board should be made up of part-time Commissioners appointed by the Minister who have a mixture of skills in relevant civilian fields, such as insurance, civilian workers' compensation and project management, as well as some with an understanding of military life and veteran issues. The board should have

the power to appoint the Chief Executive Officer (responsible for the day-to-day administration).

The functions of the VSC should be to:

- · achieve the objectives of the veteran support system (draft recommendation 4.1) through the efficient and effective administration of all aspects of that system
- · manage, advise and report on outcomes and the financial sustainability of the system, in particular, the compensation and rehabilitation schemes
- · make claims determinations under all veteran support legislation
- · enable opportunities for social integration
- · fund, commission or provide services to veterans and their families.

The Australian Government should amend the *Veterans' Entitlements Act 1986* and the *Military Rehabilitation and Compensation Act 2004* to abolish the Repatriation Commission and Military Rehabilitation and Compensation Commission upon the commencement of the VSC.

NO! *Claims determinations should be left to the DVA and the VRB. This board smells of another Junket Job for the boys (old boys network). Obvious to be a white collar employment for people with NO IDEA of the military or how it works. Another waste of taxpayers money and of NO BENEFIT to our veterans. The cost of assembling this board would be phenomenal. It will probably end up being a mirror image of the MRCC and Repatriation Commission in any case. The makeup of the board - 'using part time commissioner's appointed by the minister' will more likely than not, be detrimental to the outcomes of veterans claims. If this recommendation is accepted and put into place, the part time commissioners for a veterans scheme should be at least 60%% ex military personnel from all rank structures of those selected for the board, and including those of whom have made the transition to civilian life. Would be commissioners must be thoroughly vetted prior to being appointed to any such board, in order to be se-*

lected. They must be persons with the best interests and outcomes for the veteran being paramount in their decision making.

DRAFT RECOMMENDATION 11.3

The Australian Government should establish a Veterans' Advisory Council to advise the Minister for Defence Personnel and Veterans on veteran issues, including the veteran support system.

The Council should consist of part-time members from a diverse range of experiences, including civilians and veterans with experience in insurance, workers' compensation, public policy and legal fields.

NO!

Another jobs for the boys schemes. White collar jobs only. Experience in insurance, workers compensation, public policy, and legal fields.????

How many veterans are experienced in the said fields ?? NOT MANY.

BUT when identified and found, at least 60% should be ex military people, and thoroughly vetted prior to being selected.

Legal Field - A high court judge with many years experience in veterans claims and other matters.

DRAFT RECOMMENDATION 11.4

The Australian War Memorial (AWM) already plays a significant and successful role in commemoration activities. As a consequence of the proposed governance and administrative reforms, the Australian Government should transfer primary responsibility for all commemoration functions to the AWM, including responsibility for the Office of Australian War Graves.

YES. SOUNDS GOOD. But adequate funding must be provided.

DRAFT RECOMMENDATION 11.5

Once the new governance arrangements in draft recommendations 11.1 and 11.2 have commenced, the Australian Government should make the veteran support system a fully-funded compensation system going forward. This would involve levying an annual premium on Defence to enable the Veteran Services Commission to fund the expected future costs of the veteran support system due to service-related injuries and illnesses incurred during the year.

No ! See Comment. 11.2

INFORMATION REQUEST 11.1

The Commission is seeking feedback on the extent and design of the veteran support system funding model, particularly whether the fully-funded system should cover future liabilities only, or whether existing liabilities (including the Veterans' Entitlements Act 1986) should be capitalised into the insurance pool.

All veterans and serving members of the ADF should be covered under the VEA, SRCA and the MRCA (or one act in the future) when and if these recommendations are passed. No one should be left out. All veterans should be covered for the past, present, and future. NO VETERAN LEFT BEHIND.

DRAFT RECOMMENDATION 12.1

The Australian Government should harmonise the compensation available through the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA) with that available through the *Military Rehabilitation and Compensation Act 2004*. This would include harmonising the processes for assessing permanent impairment, incapacity and dependant benefits, as well as the range of allowances and supplements.

Existing recipients of DRCA permanent impairment compensation and dependant benefits should not have their permanent impairment entitlements recalculated. Access to the Gold Card should not be extended to those eligible for benefits under the DRCA.

Here again you have discriminated against those who come under the DRCA. If we are going to have a fair compensation and

rehabilitation package, then the same treatment and rehabilitation regime should apply to all. In relation to the gold card - a veteran who has been deemed totally and permanently incapacitated for work, even though under the DRCA, should by rights have a gold card in the very least. A veteran who has reached the age of 65 years is already disadvantaged by the cessation of the Incapacity Payments he or she may have been receiving. Medical expenses are only going to get higher for these people, with only the accepted conditions being treated at departmental expense via their veteran card. (introduced during 2019 to replace existing DVA treatment cards). These veterans should be entitled to receive a Gold Card if they have been deemed TPI for work due to their accepted disabilities, and/or when these disabilities are the equivalent of 60 GARP Points under the VEA/MRCA. Again, the government should be looking toward looking after our veterans' well being, and not penalising these and future veterans. All veterans, no matter which ACT their entitlements should be treated as equal. No discrimination! This re enforces the the idea of ONE ACT TO COVER ALL VETERANS, past, current and future.

DRAFT RECOMMENDATION 12.2

The Department of Veterans' Affairs (DVA) and the Commonwealth Superannuation Corporation (CSC) should work together to streamline the administration of superannuation invalidity pensions and veteran compensation, including by:

- moving to a single 'front door' for invalidity pensions and veteran compensation
- moving to a single medical assessment process for invalidity pensions and veteran compensation
- developing information technology systems to facilitate more automatic sharing of information between DVA and CSC. With the establishment of the proposed Veteran Services Commission (draft recommendation 11.2), consideration should be given to whether it should administer the CSC invalidity pensions.

Yes. At present there is too much duplication in relation to medical assessments. A veteran who has been deemed Totally and Permanently Incapacitated for work through the DVA should not have to be made to get another assessment to satisfy the criteria for the Commonwealth Superannuation Corporation. Let's face the facts; a veteran who is deemed to be TPI under the DVA should be sufficient for Commonwealth Superannuation Corporation. This would expedite decisions for all veterans in that group. This would remove the situation where we have different medical opinions, leading to the need for more medical opinions and definitely more cost to the system. The DVA and Centrelink have already made good progress by Centrelink's acceptance of a DVA veteran's status of TPI being sufficient evidence for Centrelink to provide a top up with Centrelink's Disability Support Pension (DSP). This has meant that the veteran does not need to go through the Centrelink assessment process when applying for the DSP.

INFORMATION REQUEST 12.1

What are the costs and benefits of further integration between superannuation insurance benefits and the veteran compensation scheme, and how might this integration be achieved?

CUT OUT THE DUPLICATION. THE PRESENT PROCESS IS TOO EXPENSIVE. ALL THE COMPENSATION SCHEMES FOR THE VETERANS SHOULD HAVE THE SAME CRITERIA TO MEET FOR GAINING THEIR PENSIONS.

When a veteran is being discharged as Medically Unfit for service, and for those same disabilities accepted by the DVA, there seems to be a unnecessary duplication of medical evidence required. This almost always ends up being a long wait for the veteran's Comsuper benefit to filter through the quagmire of administrative requirements within the Superannuation regime. It is a requirement for Defence personnel to have their application for pensions submitted to Comsuper at least 6 weeks prior to discharge. It is also a requirement for personnel to have their claims submitted to the

DVA prior to being discharged. It would be prudent for Defence personnel to have their DVA claims submitted at least on receipt of their MECRB (Medical Employment Classification Review Board), at least 3 months prior to the Discharge Date. This would mean essentially the DVA decision on the claims submitted would be forthcoming close to the discharge date. The veteran would not have to wait for months on end for a decision from the Comsuper regime, as they wait for the extra medical assessments and workability reports from Occupational Physicians and other specialists. All of which have been completed by the DVA. This would save much time and extra costs for medical assessments and the likes. What is acceptable for the DVA should be acceptable for the Comsuper regime. The cost savings for Comsuper would be significant and the Costs saved could be distributed amongst the Comsuper clients portfolio.

DRAFT RECOMMENDATION 13.1

The Australian Government should amend the *Military Rehabilitation and Compensation Act 2004* to remove the requirement that veterans with impairments relating to warlike and non-warlike service receive different rates of permanent impairment compensation from those with peacetime service.

The Department of Veterans' Affairs should amend tables 23.1 and 23.2 of the Guide to Determining Impairment and Compensation to specify one rate of compensation to apply to veterans with warlike, non-warlike and peacetime service.

YES! Let's stop the discrimination. A leg is a leg, an arm is an arm. It matters not whether the injury happened during training at home or on operational service. The end result is the same.

One 'standard of proof' and same rate of compensation for accepted conditions. Let us get rid of this discriminatory practice. Our veterans and serving ADF personnel deserve better than what the present system is providing. After all the veteran community are our very special people. Let us improve the veterans' financial situation and more importantly, the veteran and his/her family's well being.

The cost benefits will arise through less time required for determining Permanent Impairment claims.

This association has a membership of 370 members.

Not one of these veterans agrees with two standards of proof.

Not one of these veterans agrees with the fact that there are separate amounts of lump sum payments for the same condition eg the loss of a leg.

It is discriminatory and does not reflect equal treatment or equal rights.

All service people are on 24/7 Notice to move. They can be sent to any part of the world, and in all types of situations. Training at home is tough, and many times tougher than usual and at times can mimic operational service as well. Accidents causing severe disability and loss of life are quite common as well.

What is the worth of any service person? Is a service person with operational service of more worth than one who is serving at home in peacetime?

DRAFT FINDING 13.1

The requirements that a condition be permanent and stable before final permanent impairment compensation is granted, under the *Military Rehabilitation and Compensation Act 2004*, are needed to prevent veterans from being overcompensated for impairments that are likely to improve.

DRAFT RECOMMENDATION 13.2

The Australian Government should amend the *Military Rehabilitation and Compensation Act 2004* to remove the option of taking interim permanent impairment compensation as a lump-sum payment. The Act should be amended to allow interim compensation to be adjusted if the impairment stabilises at a lower or higher level of impairment than what is expected within the determination period.

No! Most veterans in this situation need some compensation NOW. It helps them out during the discharge process as well. This will effectively remove a benefit from the MRCA. This is not acceptable at all. I have yet to see a condition improve between interim and final payment.

DRAFT RECOMMENDATION 13.3

The Australian Government should amend the *Military Rehabilitation and Compensation Act 2004* to allow the Department of Veterans' Affairs the discretion to offer veterans final permanent impairment compensation if two years have passed since the date of the permanent impairment claim, but the impairment is expected to lead to a permanent effect, even if the impairment is considered unstable at that time. This should be subject to the veteran undertaking all reasonable rehabilitation and treatment for the impairment.

NO! One year. If the veteran shows NO Sign of the condition improving after one year, then it would be unlikely the condition will improve in any case. Two years seems to be an extra long wait for a Permanent Impairment payment.

There is post operative rehabilitation and longer term rehabilitation. Rehabilitation providers are contracted providers in the main. They may be contracted for 6 or maybe 12 sessions at a time. These are not open ended contracts in the main. This varies amongst the different types of rehab providers. We must not forget what the surgeon and other medical people recommend for the rehab either. It would seem to be more realistic to provide the final PI Payment after the one year, rather than 2. I am not informed on the amount of veterans who are waiting for their conditions to stabilise, and hope there are not many. Yes, One year would seem to be more realistic.

By having the veteran wait any longer for the PI Payment, will run another risk of the veteran gaining a psychiatric condition such as Depression or Adjustment disorder as a sequelae to their accepted conditions waiting to become stable. This would mean extra cost to the DVA, which is something we are trying to avoid, are we not? This would also be detrimental to the veteran's and family's well being.

DRAFT FINDING 13.2

There is little rationale for providing additional non-economic loss compensation to veterans for having children, and the current payment leads to inequities and complexities. This payment is unique to the veteran compensation system.

DRAFT RECOMMENDATION 13.4

The Australian Government should amend the *Military Rehabilitation and Compensation Act 2004* to remove the permanent impairment lump-sum payments to the veteran for dependent children and other eligible young persons.

NO!. The compensation was put in place to compensate for the loss of quality of family life due to the accepted disabilities. It is only fair to compensate the veteran for this. The extra costs of raising the children while say for instance, the veteran is wheel chair bound and the costs for taking the children out for a day is far more than usual as the veteran needs special equipment to take the kids out.

It may seem irrational to the drafter of this recommendation, but it is not irrational to the disabled veteran and his/her children.

DO NOT TAKE AWAY ANOTHER FINE BENEFIT.

DRAFT RECOMMENDATION 13.4 ^S

The Department of Veterans' Affairs should review its administration of lifestyle ratings in the *Military Rehabilitation and Compensation Act 2004* (MRCA), to assess whether the use of lifestyle ratings could be improved.

If the use of lifestyle ratings cannot be improved, the Australian Government should amend the MRCA and the Guide to Determining Impairment and Compensation to remove the use of lifestyle ratings and provide veterans permanent impairment compensation consistent with the lifestyle ratings that are currently usually assigned for a given level of impairment. Ex-

isting recipients of permanent impairment compensation should not have their compensation reassessed.

The current use of the Lifestyle Questionnaire and Lifestyle ratings is adequate. It gives the veteran a say in how they are affected by their disabilities.

Compensation reassessed? NO!

To change the way the DVA might assess the lifestyle of a veteran to the impairment rating consistent with the level of impairment only, is taking away the option for the veteran to gain one(1) level above the shaded area on the 'Conversion to degree of Incapacity Chart' of the GARP 5 and GARP 5 (m). The veteran must have the ability to state to the diva extenuating circumstance to gain an extra point. If the recommendation is adopted, then there will be NO in between, as the extenuating circumstance will be removed. Another benefit will be withdrawn from the veteran community. This is not good and is far removed from the Veterans Affairs charter to look after same.

INFORMATION REQUEST 13.2

The Commission is seeking further information on the costs and benefits of removing the remuneration loading and replacing it with superannuation contributions for veterans with long-term incapacity. What are the barriers to providing superannuation to veterans on incapacity payments, and how could these be overcome?

Not quite sure what this means. BUT I think it means putting a mandatory levy on those veterans with a long term incapacity. This would be most unfair in any circumstance.

If a veteran wishes to contribute to a personal Superannuation scheme, he/she may do so under private arrangement with any Superannuation firm available out there in the public arena.

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.

NO! *This would mean taking away the existing benefit which could be to a veterans disadvantage. They are already disadvantaged by having their special rate means tested. The Special Rate Pension should not be means tested at all in any case. The SRDP (MRCA) is a slap in the face to the veteran community. Keep the means testing for Service Pensions and the likes, NOT Disability Pensions.*

The Special Rate pension under MRCA is a most unfair to a veteran who is trying to provide for his/her family. It is conceivable that a veteran with a special rate pension does have more costs to deal with than a single veteran, unless special circumstances exist, eg special vehicle for his/her transportation, the use of maxi taxis etc. a veteran with family may have those extra costs as well.

DRAFT FINDING 13.3

Changes to eligibility for the service pension and other welfare payments means that the package of compensation received by veterans on the special rate of disability pension is reasonable. Despite strong veterans' representation on this issue, there is no compelling case for increasing the rate of the pension.

The Service Pension is means tested the same as the Age Pension from Centrelink. For those veterans who own a holiday home and or luxury cars etc, they are punished by the government for having their hard earned assets. It is reprehensible that our veteran community be asked to contribute more to the government by being means tested on their Service Pensions. Perhaps an increase is not warranted BUT the means testing could be abolished, at the least reduced by half for our war veterans. This would be a true thank you for our 'war veteran community.'

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.

NO! Removing this benefit would be a crime against the veterans wife and family. The wife/partner of any veteran is the machine which keeps the veteran mobile' fit, and healthy to do his/her job. By taking away this important benefit, it would indicate the government does not care about the veterans wellbeing and his family. If the government accepted this ill conceived recommendation, it would be viewing veterans and their families simply and consciously as a drain on the nations purse. It is most important that the Australian public and the politicians in Canberra are seen to be and actively caring and respectful of the veteran/families.

DRAFT RECOMMENDATION 13.8

The Australian Government should amend the *Military Rehabilitation and Compensation Act 2004* to remove the additional lump sum payable to wholly dependent partners of veterans who died as a result of their service. The Australian Government should increase the wholly dependent partner compensation by the equivalent value of the lump-sum payment (currently about \$115 per week) for partners of veterans where the Department of Veterans' Affairs has accepted liability for the veteran's death.

*****NO!** Again this is an attempt to remove another benefit for veterans and their families. This insidious attempt to remove this benefit is inconsistent with the caring for veteran/s and their families charter

This is all about money, not the veterans/and families welfare. Stop putting a monetary value on our veterans/families.

What is the current statistic in relation to those that have died as a result of service under the MRCA? Not many I would venture to say.

Streamlining and simplifying additional payments

Many of the payments available to veterans are outdated (some have not changed since the 1920s), do not meet their intended objectives and result in another layer of complexity in the veteran compensation system. The additional payments are mostly small and the benefits do not always outweigh the costs of the added complexity. The following recommendations are about simplifying, streamlining or updating additional payments so they better meet their objectives.

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*.

YES! It is about time. This would save much time and money. Costs to the DVA , Centrelink and the country would be much lower. Time saved on this issue would be a bonus towards assisting other needy veterans and Centrelink customers as well.

DRAFT RECOMMENDATION 14.2

To align education payments across the veteran support system, the Australian Government should amend the *Veterans' Entitlements Act 1986* and the *Military Rehabilitation and Compensation Act 2004* to remove education payments for those older than 16 years of age. Those who pass a means test will still be eligible for the same payment rates under the Youth Allowance. To extend education payments for those under 16 years of age, the Australian Government should amend the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* to adopt the Military Rehabilitation and Compensation Act Education and Training Scheme.

Yes! A good move. ONE ACT, one payment.

DRAFT RECOMMENDATION 14.3

To help simplify the system, smaller payments should be consolidated where possible or removed where there is no clear rationale.

The Australian Government should remove the DRCA Supplement, MRCA Supplement and Veteran Supplement, and increase clients' payments by the equivalent amount of the supplement.

The Australian Government should remove the Energy Supplement attached to Department of Veterans' Affairs' impairment compensation, but other payments should remain consistent with broader Energy Supplement eligibility.

NO! Another attempt take away from a veterans finance. Energy prices will only rise, and a veterans energy costs would be greater than a fit persons costs, due to disability aids etc.

DRAFT RECOMMENDATION 14.4

To streamline and simplify outdated payments made to only a few clients, they should be paid out and removed. The Australian Government should amend the *Veterans' Entitlements Act 1986* to remove the recreation transport allowance, the clothing allowance and the decoration allowance and pay out those currently on the allowances with an age-adjusted lump sum.

Sounds OK . This would be a small saving and as long as it is NOT TAXED.

Also, If a veteran lives longer than the age expectancy (re Govt Actuary), he/she should be paid an advance every year after their birth-days until the veteran has ceased to live. (NOT REFUNDABLE To DVA if the veteran does not live the extra year after payment has been made by the DVA.

DRAFT RECOMMENDATION 14.5

The Australian Government should amend the *Veterans' Entitlements Act 1986* (VEA) to remove the attendant allowance and provide the same household and attendant services that are available under the *Military Rehabilitation and Compensation Act 2004* (MRCA).

Current recipients of the VEA allowance should be automatically put on the same rate under the new attendant services program. Any further changes or claims would follow the same needs-based assessment and review as under the MRCA.

YES! As long as it is more beneficial to the veteran than the VEA.

DRAFT RECOMMENDATION 14.6

The Australian Government should amend the *Veterans' Entitlements Act 1986* Vehicle Assistance Scheme and section 39(1)(d) (the relevant vehicle modification section) in the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* so that they reflect the *Military Rehabilitation and Compensation Act 2004* Motor Vehicle Compensation Scheme.

Yes! As long as it is more beneficial to the veteran.

HEALTH CARE

An efficient and effective veteran health system needs to target the right services to the right people in terms of need (financially or in terms of health requirements). Some of the eligibility criteria for the veteran health system potentially needs to be re-targeted towards ensuring that those in most need receive the most care. DVA also needs to improve its monitoring of client outcomes and service providers' effectiveness.

DRAFT FINDING 15.1

Funding the treatment of service-related conditions, as is done through the White Card, is well-justified — it appropriately targets veterans with health needs and is similar to workers' compensation healthcare entitlements.

***The Gold Card, however, runs counter to a number of the key principles that should underlie a future scheme — it is *not* needs based (because it is not targeted to service-related health needs), wellness focused (there can be an incentive to remain unwell), or efficient (by potentially encouraging over-servicing).

RUBBISH. I have yet to see any evidence of people having an incentive NOT to stay well.

The GOLD CARD is wellness centred in that any veteran or War/Defence widow who has one, uses the card to IMPROVE their health and well being. It is NEEDS BASED as any veteran using this gold card has the intention of staying well.

It is more likely than not that the GOLD CARD compensates a veteran whom has sequelae conditions to the original Accepted Conditions from DVA as well. This also reduces further claims procedures costs on the DVA.

Any over servicing is an issue the DVA can take up with the treating doctors and treatment specialists.. I have not met any veterans who are Hyperchondriac' at this stage of my advocacy.

DRAFT RECOMMENDATION 15.1

Eligibility for the Gold Card should not be extended to any new categories of veterans or dependants that are not currently eligible for such a card. No current Gold Card holder or person who is entitled to a Gold Card under current legislation would be affected.

ABSOLUTELY NO, NO, NO.

The Gold Card should remain as is. Eligibility for the Gold Card should remain as is.

The Government should NOT remove this benefit from our veterans. This is a ILL CONCEIVED proposal/ recommendation.

Our veterans and defence community are the very special people the government keeps talking about. To remove this benefit which is the envy of most civilised countries, would be to kick a veteran in the teeth so to speak. THANK YOU FOR YOUR SERVICE? I THINK NOT.

We must hold the government to account on everything to do with our serving and ex serving community.

Due to the rising cost of health care, this is just another way of reducing costs quickly and to the detriment of our veteran community.

It would be far better to increase the DVA budget to cover the extra costs of health care.

INFORMATION REQUEST 15.1

Given the Gold Card runs counter to a number of key design principles, the Commission is seeking feedback on whether a future system should have a coloured health card system. If not, what are the other options?

In particular, the Commission is seeking feedback on the benefits and costs of providing the Gold Card to dependants, service pensioners and veterans with qualifying service at age 70.

A GOLD CARD for dependents? There are arguments for and against this submission. There is a gold card for War/Defence widows. Perhaps a Gold Card for those dependents who are looking after the veterans who are severely disabled.? Eg - bed ridden and are on hand 24/7.

It is a colour card system NOW. It has been working fine.

The benefit is a healthier Australian community, where veterans' families are part of the healthier community.

STOP TRYING TO REMOVE OUR BENEFITS!!!

DRAFT RECOMMENDATION 15.2

The Department of Veterans' Affairs should amend the payments for the Coordinated Veterans' Care program so that they reflect the risk rating of the patient that they are paid for — higher payments for higher risk patients and lower payments for lower risk patients. Doctors should be able to request a review of a patient's risk rating, based on clinical evidence.

NO COMMENT

DRAFT RECOMMENDATION 15.3

The current (2013–2023) Veteran Mental Health Strategy has not been very effective and should be updated in light of recent policy changes (such as non-liability access) and research findings on emerging needs.

The Department of Veterans' Affairs (DVA) (in consultation with the Departments of Health and Defence) should urgently update the Veteran Mental Health Strategy, so that it guides policy development and implementation over the medium term. It should:

- be evidence-based, including outcomes from policy trials and other research on veterans' mental health needs
- set out clear priorities, actions and ways to measure progress
- commit DVA to publicly report on its progress.

The Strategy should include ways to promote access to high-quality mental health care, and to facilitate coordinated care for veterans with complex needs. It should also have suicide prevention as a focus area and explicitly take into account the mental health impacts of military life on veterans' families.

YES!

DRAFT RECOMMENDATION 15.4

The Department of Veterans' Affairs (DVA) should monitor and routinely report on Open Arms' outcomes and develop outcome measures that can be compared with other mental health services.

Once outcome measures are established, DVA should review Open Arms' performance, including whether it is providing adequate, accessible and high-quality services to families of veterans.

NO! PRIVACY IS PARAMOUNT. THIS WOULD COMPROMISE VETERANS' PRIVACY.

THIS SERVICE SHOULD BE SEPERATE AND INDEPENDENT.

INFORMATION REQUEST 15.2

The Commission is seeking participants' views on fee-setting arrangements for veterans' health care that would promote accessible services while maintaining a cost-effective system.

What would be the benefits and costs of separate fee-setting arrangements for Gold Card and White Card holders? To allow cardholders more choice of provider, should providers be allowed to charge co-payments? Should co-payments, if permitted, be restricted to treatment of non-service related conditions?

NO! NO EXTRA CHARGES FOR VETERANS. EXTRA \$\$\$ IN THE BUDGET IS WHAT IS REQUIRED.

INFORMATION REQUEST 15.3

The Commission is seeking participants' views on the desirability of subsidising private health insurance for veterans and dependants in place of other forms of healthcare assistance.

NO!

Data and evidence

The gaps in information about veterans are significant and there is limited evidence on the effectiveness of services provided to veterans. This inquiry was limited by the lack of data and the poor linking of data. Reform is needed to improve data held on veterans and build an evidence base on what does and does not work.

DRAFT FINDING 16.1

There is a lack of robust data and evidence on many crucial aspects of the veteran support system. This impedes the design and delivery of effective supports for veterans and their families.

DRAFT RECOMMENDATION 16.1

The Department of Veterans' Affairs should develop outcomes and performance frameworks that provide robust measures of the effectiveness of services. This should include:

- identifying data needs and gaps
- setting up processes to collect data where not already in place (while also seeking to minimise the costs of data collection)
- using data dictionaries to improve the consistency and reliability of data
- analysing the data and using this analysis to improve service performance.

NO COMMENT.DRAFT RECOMMENDATION

DRAFT RECOMMENDATION 16.2

The Department of Veterans' Affairs should conduct more high-quality trials and reviews of its services and policies for veterans and their families by:

- evaluating services and programs (in ways that are commensurate with their size and complexity)
- publishing reviews, evaluations and policy trials, or lessons learned
- incorporating findings into future service design and delivery.

NO COMMENT

DRAFT RECOMMENDATION 16.3

The Department of Veterans' Affairs should set research priorities, publish the priorities in a research plan and update the research plan annually.

NO COMMENT.

Bringing it all together

One of the key drivers for this inquiry was the complex legislative framework underpinning the veteran compensation system. The Commission is proposing simplifying the system by moving to two schemes, while minimising disruption to existing claimants. Importantly, our proposed changes will mean there will be one scheme and one Act in the long term. Although legislative simplification is not a solution for all the issues facing the veteran support system, and some complexity will remain, this approach sets up Australia to have much better, fit-for-purpose compensation and rehabilitation arrangements for the future.

DRAFT RECOMMENDATION 17.1

By 2025, the Australian Government should create two schemes for veteran support — the current *Veterans' Entitlements Act 1986* (VEA) with some modifications ('scheme 1') and a modified *Military Rehabilitation and Compensation Act 2004* (MRCA) that incorporates the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA) ('scheme 2').

Eligibility for the schemes should be modified so that:

- veterans who only have a current or accepted VEA claim for liability at the implementation date will have all their future claims processed under scheme 1. Veterans on the VEA Special Rate of Disability Pension would also have their future claims covered by scheme 1. Veterans under 55 years of age as at the implementation date should be given the option to switch their current benefits and future claims to scheme 2
- veterans who only have a current or accepted MRCA and/or DRCA claim, (or who do not have a current or accepted liability claim under VEA) as at the implementation date will have their future claims covered under scheme 2. Other veterans on MRCA or DRCA incapacity payments would have their future claims covered by scheme 2.

- remaining veterans with benefits under the VEA and one (or two) of the other Acts would have their coverage determined by the scheme which is the predominant source of their current benefits, or their age, at the implementation date.
 Dependants of deceased veterans would receive benefits under the scheme in which the relevant veteran was covered by. If the veteran did not have an existing or successful claim under VEA as at the implementation date, the dependants would be covered by scheme 2.
- Veterans who would currently have their claims covered by the pre-1988 Commonwealth workers' compensation schemes should remain covered by those arrangements through the modified MRCA legislation.
- NO! TO DOT POINT 4** *All veterans with claims covered under pre-1988 should have the same benefits as those on Post 1988 - DRCA. Why should those veterans be punished due to the inadequacy of the previous schemes. Again, this is discriminatory and \$\$\$ based. There would not be many who would benefit under this proposed arrangement. A veteran is a veteran, no matter where or when they served. They should not be disadvantaged by the inadequate coverage of previous legislation's.*

Information Request 17.1

The Commission is seeking feedback from participants on how the two scheme approach would work for veterans who currently have claims under multiple Acts. What factors should determine which scheme these veterans are covered by for their future claims? Should these veterans be given a choice of which scheme would cover them going forward?

It is apparent that the current system not working very well at all. It is confusing to any veteran and indeed to the staff of the Department of Veteran's Affairs. There has been many times the DVA has misinterpreted departmental instructions regarding compensation offsetting. Many a veteran

and their families have been left severely disadvantaged monetarily by the DVA.

By having only two schemes would be of benefit but only if the best benefits are kept from the schemes to be repealed. It would not be as confusing as it is at present for all concerned.

The factors to determine which scheme veterans are covered by after the implementation of the recommendation should be the choice of the veteran, either of Scheme 1 or Scheme 2. Whichever scheme the veteran is the most comfortable with.

If the recommendation of 17.1 is accepted, it would only be a little less confusing. There will still be problems with the administration of same.

The only way forward is to have ONLY ONE legislation to cover all veterans, no matter where or when they served. They should all be treated as equals and with NO DISCRIMINATION in relation to benefits, standards of proof and how the claim's are determined.

One Act which has the best conditions and benefits of all existing Acts. Once researched and constructed, with input from all concerned and agreed upon by all, it should be submitted for parliamentary approval.

The sooner this is done, the better off all veterans will be, and the Australian public will be more satisfied than what they are at present.

Robert Bak

President

Integrated Servicepeople's Association of Australia (ISAA)