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# Compensation and Rehabilitation for Veterans

## Brief comments

Selected comments received by the Productivity Commission prior to 14 December 2018

Number	Submitter details	Comment
1	Former ADF member-Navy	<p>I would like to offer brief comment on the Scope of this inquiry: 'This framework includes (abridged) the VEA, MRCA and SRCA. The Productivity Commission should consider the interplay between the various pieces of legislation. It should also examine the effectiveness of the governance, administrative and service delivery arrangements that support the legislation (the 'supporting architecture').</p> <p>In general terms I encountered the administrative processes relating to both SRCA and VEA as well as the Administrative Appeals Tribunal. My conclusion is that the systems in place served the purposes of the time (1970's through to 2000's), albeit they, the processes and systems were 'tangled'.</p> <p>There is no doubt that technology has come a long way since the Vietnam era and I believe a far more refined 'model' can be created. The top down and bottom up structures now give way to a more diagonal and horizontal architecture where the 'client' (all service and ex-service personnel) is provided with the tools to facilitate procedures. They can enter the system horizontally with all pre-requisites identified and met, or diagonally where 'network' support is required.</p> <p>In my own mind, past processes were adequate, however legislation still remains 'too diverse'. There is far better prospect now for integration of current legislation, and also through technology advances a better end product and service will be created.</p> <p>At a more personal level as a veteran living overseas, there needs to be improvement involving International Social Security Agreements and veterans' Service Pensions and Disability Pensions.</p> <p>End.</p>
4	Former ADF member-Navy	<p>I would like this inquiry to look at the Class A and B invalidity payments made to personnel by the Commonwealth Superannuation Commission. These payments are currently taxed at marginal rates with only a 10 or 15 percent offset applied. This means many veterans are losing a percentage of their pension to tax. My understanding is that — in the civilian world — incapacity payments are tax free and usually paid as a lump sum.</p>
5	Former ADF member-Air Force, Reserves	<p>This inquiry should investigate and resolve the issue of DFRB/DFRDB superannuation payment as it relates to a reduced pension after commutation on retirement after 20 years service. A majority of Defence personnel commuted four times their annual salary on retirement to enable the purchase of a family home. This commutation resulted in a reduced pension. However, after the commuted amount was repaid over the years, members still continue to received a reduced pension until date of death. This system can be likened to</p>

		taking out a bank mortgage on a house and, after repaying the mortgage, the bank continues your repayment until the day you die. This is totally unjustified and criminal and should be addressed and rectified as a matter of urgency for all those recipients still living.
6	Former ADF member-Army	I have been told that due to me not relocating from my rural property to town that I have had my rehab file closed saying that due to me not willing to relocate . This has now stopped me getting srdp etc which in all reports from a couple of yrs ago paid for by dva state I cannot work and will never return to work due to accept conditions
8	Former ADF member-Navy	My claim process took so long and unqualified DVA persons were saying the professional reports ie psychiatrist were wrong. I became suicidal during this process, I felt like they just wanted me to go away and deny my claim. A non supportive process.
10	Former ADF member-Navy	I am just hoping that this hasn't turned into another 'we hear what you are saying or we are taking it on board' as has been in the past. The other thing is I do not want to hear political speak especially from people who have never wore the uniform of the ADF. and say we understand, they do not as they have never been in the front line of any action. Finally I want all concerned to be up front and truthful for a change ( no [expletive] ). I served for 21years in the RAN and a further 18 years in the RAN Reserves.
11	Former ADF member-Army	I would hope that this inquiry does have a genuine look at compensation and rehabilitation. I have observed other inquiries over the years into these issues and watched the results turn into mere tightening of how veterans are processed by Dept. of Veteran Affairs during the claim process. It doesn't matter which act the claim is made under the process is extremely difficult even for someone schooled and skilled in the workings of these acts. The process should be made simpler and more 'people friendly' to the veteran
12	Former ADF member-Army	As a TPI Veteran I am required to pay large amounts out of my pension for medications to treat my accepted conditions.  The pension rates are constantly eroded by cost of living rises.  DVA were deliberately untruthful and failed to apply the law in recently rejecting my claim and I now have to appeal to the Administration Appeals Tribunal. Ludicrous for a government department to treat a veteran this way.
13	Currently serving ADF member-Reserves	I received an injury whilst on Operations in 2004 and was subsequently hospitalised and returned to my unit to continue work. I was afforded no support from any organisation including the ADF. I believe that due to injuries I would be able to claim compensation as would be normal in civilian employment, this was incorrect. I was given a package of documents from a government department via mail which stated that I could only claim for medical expenses.
14	Former ADF member-Navy	An important and fundamental principle of military service is that at any time you have given your permission to send you wherever or whenever to undertake a multitude of tasks where you can either be under the threat of an enemy willing to take a life or protect their interests or to participate in a dangerous natural disaster relief role. In this regard a review of this nature has to include the defining more clearly of what constitutes 'active' and 'inactive' service. Many a situation could see individuals undertaking roles in peacetime that

		undoubtedly put their lives at risk more than some in frontline positions.
15	Former ADF member-Army	It is deeply concerning that while the Parliamentary Inquiry (The Constant Battle: Suicide by Veterans) and the Joint Ministerial Press Releases (Treasurer/Vet Affairs) both have two References on support to Families, there are no such reference in the PC TOR (The ANAO Audit Criteria proposes to include support to 'their dependents'). Families wear the brunt of Veteran Mental Health Issues and it is the families, especially partners and children that are vital in a Veteran's recovery. Should Service/DVA rehabilitation efforts fail then it is the widows/ers and orphans who will immediately become the DVA client. Support to families, including efficiency and effectiveness of service delivery must be an integral part of the PC, ANAO and DVA investigations.
16	Former ADF member-Air Force	These type of inquiries are normally useless as the government of the day makes a decision on the dollar value and not to the good of the veteran.
18	Former ADF member-Air Force	<p>I welcome this review. I am an ex RAAF member and special rate recipient under the VEA.</p> <p>Compensation and Rehabilitation for Veterans is very complex as there are different legislation for different people depending on when they served.</p> <p>It is my view that the complexity has increased due to various legal determinations and precedents set by the courts in interpreting the legislation.</p> <p>I believe that there should be one legislation governing all Veterans whilst at the same time preserving all entitlements for those who have qualified under previous legislations.</p> <p>The Terms of Reference should also encompass a review of the impact of other legislation managed by other Government Departments such as the Department of Human Services on decisions and policy within DVA.</p> <p>I will be seeking to make a submission in regards to perceived discrimination in entitlements for Veterans who live in overseas countries.</p> <p>There are many overseas based Veterans who have been treated differently in eligibility for a number allied entitlements due to their decision to live overseas. I firmly believe that there should be total equity in the system and all Veterans should be treated the same wherever possible.</p>
21	Former ADF member-Air Force	My 4 outstanding mental health liability claims and 1 injury claim with DVA are still being evaluated after 2 full years, which is not an uncommon period for processing. The disparity between serving domestically and deployed war-like service is massive. Credibility is automatically stripped from people that have not done war-like service or have experienced debilitating trauma through domestic service. People serving in Australia can still experience extreme conditions, trauma and/or injury, but it seems to be treated unfairly different, as if these members are somehow lesser people for not having an ASM/AOSM. It is assumed that the ADF member serving in war-like conditions must have experienced the things they did or are automatically granted liability coverage by DVA purely on the basis of

		<p>the environment, as opposed to domestically where they assume that every case must be dissected thoroughly and assumed to be false, with an extremely rigorous process to get a claim through. I am still unable to get treatment for a long-standing medical issue originating through service in about 2001 that I have a massive amount of Defence related evidence for, and no one seems to care, where my health is still jeopardised, and left untreated is becoming considerably worse. I would certainly opt to participate in this commission if it requires former serving members to provide evidence. There are unfair technicalities in the Statements of Principles that need to be addressed (some do not meet the intent of the DSM-V). Please let me know if you would like any further information. I had considered approaching my MP prior to the announcement of the commission. Thank you.</p>
22	Former ADF member- Navy	<p>Why does this review, not include the financial and indexation side of compensation/DFRDB pensions etc, rather than just the fitness for purpose.</p>
23	Former ADF member- Army, Reserves	<p>As a former member of the ADF and as employee of the Repatriation Department (1969 to 1981) and one who was fortunate to be paid to complete his Masters Degree on a full salary a scholarship by the Department I would like commend the establishment of this inquiry, however I would like to see that various ADF organisations get better training and set up a structure/training that would enable OH&amp;S Officers to fulfill their envisaged roles!</p>
25	Former ADF member- Army	<p>I have had dealings with DVA over a period of 30+ years. My comments relate to claims made under the Veterans Entitlement Act. There is no doubt that getting a claim accepted by DVA is both bureaucratic and time consuming. It is wrong in principle and practice that ADF members need the services of an advocate to have any chance of getting a claim accepted. A simplified system is urgently needed. Once a claim is accepted I have found DVA's service, particularly it's medical support, first class. Overall, DVA'S service delivery levels lead the world in the provision of care for veterans. It is essential to veterans that DVA remain a stand-alone Department with its own Minister rather than being rolled into the Dept of Defence.</p>
26	Former ADF member- Army	<p>I am a retired TPI vietnam war veteran and ex senior PS officer.</p> <p>I can only applaud the aims of this inquiry, and wish to particularly stress the importance of supporting the VVCS and any other veterans associations which offer counselling and support for veterans with mental health issues.</p> <p>I simply WOULD NOT BE HERE to write this, if it were not for a lady in VVCS in Perth 12 years ago, who talked me down and then supported me over numerous months. She turned my despair into realisation that there were people out there who understood and cared.</p> <p>So please do not lose sight of the support these organisations need. I am one life that was saved.</p>
27	Former ADF member- Army, Reserves	<p>This my not be relevant to this commission, productivity to me is. The on going conditions that are accepted by veterans affairs that have medications to be taken have side affects that lead to another condition, also a condition has a sequel example ankle problem then knee,hip and back should be defined as added to condition. Next point is when your condition is such that some alteration to your home is required that this process is lengthy and the quote accepted and approved, the renovator gets payment after it is finished. This is the</p>

		main reason that no one wants to do these is they have to fund it until paid. If you get some to do renovations in the normal community you have start % and progressive payments. If this was in place more trades would do quotes.
28	Former ADF member-Army	Why has DVA discriminated between VEA TPI Gold Card and MRCA TPI Gold Card holders? A veteran under VEA who is TPI has their disability pension for their entire life. A MRCA TPI veterans disability pension ceases at the age of 65.
29	Former ADF member-Air Force	I was completely paralysed in an accident whilst I was in the Air Force. This happened 20 years ago. DVA were fantastic for the first ten years, but the last ten years has seen a steady decline of services. Once such example is that with the introduction of the white card, the process to which I now have to access my some of my basic continence products is to my detriment. I now have to pay for some myself, or go to a doctor and then have the products ordered in if I wish to use the PBS scheme that DVA use. Although a script is NOT NEEDED by any body else using a similiar government scheme, DVA has decided that a script is required. Costly for DVA (the wheelchair cab to and from doctors, the cost of the appointment) and extremely time consuming for myself. I work afternoon and night shift at [redacted] and its hard enough trying to juggle this being in a wheelchair, extra trips to and from doctors and chemists does not make this any easier for me.
30	Other interested party-Army	I'm a veteran's advocate and I'd like to appear before the Productivity Commission to brief them and show them some of the very complicated examples which are becoming common and seriously impacting on dual and tri-eligible veterans, widows/partners and dependents. A wrong decision can result in a recipient being seriously disadvantaged. This can particularly be the case with those being medically discharged. I'm prepared to go/get to where ever I need to go to speak to the Commission.
31	Former ADF member-Army	To the Commissioners, Productivity Commission  I take this opportunity of expressing my devastation with the destruction of the Veterans historic and proud link with the Repatriation & General Hospital (South Australia) which was closed in November 2017.  The Federal Government assigned the 'Repat' to the state government which doomed its future.  The hospital was a 'legend' with modern facilities and peaceful surroundings having served thousands of Veterans, widows and from the mid seventies the general public.  A true Veterans rehabilitation facility which provided sanctuary, security and a 'Duty of Care'  It is 'unforgiveable in having allowed this damaging process towards veterans and something that must be acted upon to be restored back to its 'unique' and traditional role.  As a Vietnam Veteran I recall helicopters being landed opposite the hospital delivering 'medivac' soldiers from the Vietnam War.  The 'Repat' was the only home I knew during times of long term health

		<p>crisis experiences in which I have a debt towards that cannot be repaid.</p> <p>My current status is an 'exiled' Australian Veteran living in Saigon for the last fifteen years as many other support components failed me except the 'Repat'</p> <p>Sincerely,</p>
32	Former ADF member-Air Force	<p>Dear commissioners, I am a grateful gold card tpi pensioner. However I would like to point out that the tpi pension was supposed to be the minimum wage. As time has passed this ideal standard has been eroded and now the tpi pension is far below what it should be. The tpi pensioner is unable to work and the pension is meant to represent the inability to work for a full time wage. I feel that the commission should acknowledge that the dva pensions generally are far below what they should be. Notwithstanding the foregoing I say again I am grateful for the pension and the medical and pharmaceutical benefits. Thank you.</p>
33	Former ADF member-Navy	<p>This needs to be done, I got discharged in 2012 with a mental issue, DVA wont recognise it. I served 10 years in the defence. I haven't received anything except a White Card because I had to beg for something when the government recognized that last year to ex operational ADF members. I am not good enough and stable enough to be in the defence but I am not entitled to any compensation through the stuff I went through in Defence and they ended my career. Why Why I just don't get it . Plus the lack of support , no wonder people just kill them selves.</p>
34	Former ADF member-Navy	<p>As a Gold Card TPI recipient and currently residing overseas, I cannot obtain the assistance of a carer or have my children's education subsidized due to the fact of where I reside. I still have served for over 22 years in the Navy and why should I be penalized due to my location. I am actually saving monies for the department by not applying for living allowance subsidies, I just ask that all medical, home carer (spouse cannot work due to myself) and child education be looked after by the department no matter where the veteran resides. Why should I have to relocate back to Australia to obtain the benefits I and my immediate family are entitled too and go through undue stress, being financial, emotional and social. The US Veterans are able to obtain all services in other countries. The local consulate staff in Australian Embassy should be able to assist us with local support like recognized hospitals, practitioners, schools and other services.</p>
35	Former ADF member-Navy	<p>Look after ex ADF members a lot better. As in a phone call every 6 months just to check on them. I had 14 years of hassles with DVA. A welfare check would be nice. This has nothing to do money it just there general well being.And some one to talk to.</p>
36	Former ADF member-Army	<p>Having served in the Australian Army for 9 years, of which 13 months were served in Sth Vietnam. It has taken some 44 years and numerous attempts over the years to achieve 100% disability at the general rate. In that time I have been told by DVA case manager that I was never in any danger, implying I was not entitled to compensation. The DVA commissioned a report via a PI &amp; retired senior officers who had not even served in the same locations or seen action, stating no action took place in my locations. We had no OH&amp;S in the 60's, today we are judged on today's SOP's, not SOP's that were in force in the 60's. The worst part is the DVA 'stringing' veterans along until after they turn 65, ensuring they cannot claim TPI for their injuries. DVA has lost a number High Court cases with respect to flawed SOP's, but</p>

		<p>veterans who have already been judged based on the flawed SOP's, are not entitled to have their case to be reassessed under the new SOP's. OH&amp;S regulations are warranted, businesses who flaunt OH&amp;S laws are heavily penalised in the courts in injury cases. But DVA choose to ignore older veterans who served prior to the introduction of OH&amp;S. The Australian government belatedly assist veterans leaving the defense force, the US has been helping their veterans on departing the military in the 50's, we received no help or assistance from the Military in the 60's, again, DVA chooses to ignore, take into account this fact. I hope these comments help right some of the wrongs of older veterans.</p>
38	Former ADF member-Air Force	<p>DVA has an important role to rehabilitate ADF personnel for resumption of their role in civil society including their placement in a suitable non-ADF job.</p> <p>The ADF presently offers some limited support for transition training which would be better handled by DVA.</p> <p>Inability by many ADF personnel to secure gainful employment post their ADF service is a sure pathway to loss of self esteem and other associated mental trauma which in turn impacts future demand for other health support.</p> <p>DVA should establish job placement agencies at major ADF bases/concentrations.</p> <p>DVA should invite selected Ex Service Organisations (ESOs) to collaborate with DVA and provision of volunteers to assist with job search and veteran job placement services.</p>
39	Former ADF member-Air Force, Reserves	<p>My take on this inquiry is just another delaying tactic by the Coalition to rectify inequities in TPI SR compensation; that have been hammered to Govt by ESO's, with submissions, meetings etc.. The DVA Minister and Dept. know the issues but, repeatedly fail to act. This inquiry will report and conclude in 15 months' time and by then there could be a change of Government and Minister. Darren Chester and Coalition are desperate to deflect criticism from Veterans by creating yet another inquiry on injustices that have been canvassed ad infinitum. DFRDB anomalies have also been brought to Coalition notice repeatedly but, no one is listening. They hope that, in time, we will fall off the perch and the matter will disappear!</p>
41	Former ADF member-Navy	<p>Re: Issues page 13</p> <p>System Governance</p> <p>Once Income Support entitlements have been established then payments administration through Department of Human Services DHS would be more efficient. Currently I am permanently resident in NZ and recently had my claim for Service Pension SP accepted.</p> <p>Immediately prior to my SP being approved I was receiving the Australian Age Pension paid by DHS Centrelink and a Centrelink calculated Defence Force Income Support Allowance DFISA paid by DVA.</p> <p>Centrelink has a system in place through the International Social Security Agreement with NZ Government International Services to process Age Pension payments automatically across to NZ.</p> <p>DVA has no such mechanism to pay direct to NZ Government.</p>

		<p>Hence receiving either the DFISA or SP places an undue administrative burden on the veteran . Whereas through Centrelink this would be transparent with correct in country NZ government social security entitlement being paid and immediate income tax obligations being met. This is not possible for processing the SP.</p> <p>If DVA SP can processed by Centrelink my life would be less stressful. Recent occurrence of implementing four weekly international bank transfer for my Disability Pension (not my SP) was disastrous. I have since asked for all my DVA entitlement's to be deposited fortnightly to my Australian bank account.</p> <p>I immediately requested that my SP be terminated while I remain resident in NZ and that only Australian Age Pension be paid from Australia to the NZ Government. I am not confident that DVA can adequately manage overseas payment of regular pension entitlements. Centrelink has a good system in place for this.</p> <p>Thank you</p>
42	Former ADF member-Air Force	<p>I intend to make a submission for the Commission to consider and review. Unfortunately my encounters with the Department of Veteran's Affairs have been protracted and laborious. Accepted conditions have not been met with treatment and I have actually applied to have accepted conditions prior to leaving the service re-accepted and which have had to be actioned at a minister level because officer of DVA have denied treatment and that the conditions have ever been accepted. Initially my conditions were accepted under the system prior to DVA and DVA have simply said it is too hard to understand. Unfortunately it has been a constant fight to even get treatment. Under right to information I have a copy of my files and in those I have seen records from Medical Officers within DVA denying diagnosis of Defence Medical Officers and Specialist I have been sent to and made determinations that I have been ill but it is not a valid condition. Very frustrating and I will be submitting a submission with as much detail as I can in the time period, specifically to ensure this never happens to other veterans.</p>
46	Former ADF member-Air Force	<p>It is high time that all veterans are treated equally, that is regardless of the veteran serving in active service of in support of active service. Why is there one standard for those who served in active service or peace keeping and those that supported same????? Further why is DFRB and DFRDB calculated differently to TPI or TTP pensions once again there is no standard for veterans, it is high time that all veterans are treated the same.</p>
49	Relative of a serving or former ADF member-Air Force	<p>I am the carer of my 92 year old father who joined the Air Force in 1944 and was sent to Kure, near Hiroshima, as a translator attached to British Commonwealth Occupation Forces. On 1 July 2017, my father's service was recognised for Gold Card purposes. At about the same time, Dad was assessed as eligible to receive MyAgedCare - Package 4.</p> <p>1. Interaction between Vet Affairs and MyAgedCare.</p> <p>Initially, different service providers were engaged for delivery of services to assist Dad to stay at home: one for Vet Affairs and one for MyAgedCare. This proved unworkable, and now one service provider deals with Veteran Affairs and My Aged Care. I am still in the process of understanding the services that exist.</p> <p>2. Divisions within the Vet Dept</p>



		<p>I have/am in contact with two divisions: Veteran's Home Care Program and the section that deals with claims relating to ongoing medical and auxiliary services, particularly transport to and from medical appointments (as due to [medical condition], I am unable to drive my father anywhere). Initially there was confusion as Dad could only access three morning showers through VHC, and if more were needed, then I had to arrange it through the Department of Veteran Affairs. From a client perspective, this did not and still does not make sense. Once I arranged for Vet Affairs and HCP services to be delivered by one service provider, who delivered what service did become seamless to me.</p> <p>Notwithstanding this comment, I have found both of divisions of the Department to be helpful and responsive to a much greater extent than dealing directly with My Aged Care. I would strongly support the Department remaining independent of My Aged Care.</p> <p>3. Moving on-line</p> <p>In my view it is unworkable to move entirely on-line. I prefer to make phone calls. This is partly because my eyesight is limited to one eye and also because I find computers difficult to use. As the veteran cohort ages, I believe that managing matters on-line will become more difficult even for those veterans who are now have no trouble, because of age related issues, including failing eyesight and failing mental capacity.</p> <p>4. Inconsistencies of application and need for Advocates</p> <p>Dad was disappointed that he was denied a Gold Card when he is aware of service men who never left Australia but who were eligible for a Gold Card when for many years he was denied this benefit. In my view this is a good example of the inconsistencies that have existed in the application of rules to veterans. Advocates are needed to address inconsistencies such as these and to assist veterans more generally with legal issues.</p> <p>5. Health Care</p> <p>Dad accesses medical, physiotherapy, OT and podiatry services. The benefits are delivered efficiently and effectively and without them Dad would not be able to remain at home.</p> <p>If the service delivery were to be merged with NDIS or other programs, it is my belief that there would be a severe reduction in efficiency.</p>
51	Former ADF member-	<p>DVA gold card provides access to a wide range of health care services for the veteran community. I do not want to overstate the situation but the weakness in the system relates to the fact that DVA is a health purchaser of services and except in some areas has little clinical understanding of successes, gaps and needs of veterans because care is at arms length. Are these mainstream services veteran specific enough to meet their needs/ The new health care around case and clinical case management of high risk individuals discharging from Defence is a bid step forward in endeavouring to understanding and providing veteran specific care that is needed. However talking to Doctors there are numbers out there in need we do not even know about. Should we outreach to them and their doctors in this wider and larger cohort and encourage them to come forward if additional or more appropriate care is needed&gt; I remember the outcomes of the peace keepers study conducted about 7 years ago. Even though the veterans were seeing their specialists and their GPs.</p>

		<p>they were still angry and over 50% wereV dissatisfied with their health care. Veteran centric health care more about needs and less about rules is a great step forward and to be applauded. Australia has a health system that has served it well ,but it is now creaking particularly in general practice and the GP is not coordinating complex cases and specialist super specialization has not helped in these same complex where we have veterans with mental health problems with comorbid chronic pain, musculoskeletal disorders alcohol dependence etc Even good functioning health systems often don't meet needs of military and veteran specific health needs. I do not believe despite good intentions that DVA understands current veteran health care needs and the model of care is not necessarily sufficiently veteran specific or flexible for their needs. A strategic review of veteran health care needs and care arrangements is needed that involves ongoing monitoring of health closer links with veterans, veterans families, their health care teams and explore use of technology for Veterans in rural areas.</p>
53	Former ADF member-Army	<p>For several years, as Guardian and Nominee, I have assisted a Korean Veteran in receipt of TPI and a Gold Card recipient. He is now 92.</p> <p>DVA undertook OT assessments connected to provision of items that would assist him remain in his own home. It is the provision of those items that have raised my concerns in that DVA pays accounts to contractors without any governance or compliance scrutiny. I can quote examples of poor installations and poor quality of materials including on one occasion leaving completed job as a further unsafe obstacle for the Veteran. I would allege that considerable overcharge is applied by contractors completing DVA OT referenced work such as charging \$175 to remove a bayonet light bulb and replacing it with a bayonet fitted sensor light valued at \$25 retail.</p> <p>Subsequent to a serious mental health issue in 2016 the aforementioned Veteran entered residential age care. DVA pay a Residential Age Care Subsidy which must be paid directly to the Age Care facility.</p> <p>I entered into a dis-functional line of inquiry with DVA concerning compliance and governance and effectively was been fobbed off to other agencies who decline to take responsibility.</p> <p>DVA's own Fact Sheet incorrectly fobbed people off to other agencies for more information.</p> <p>I have inquired with DVA concerning the nature of expenditure for the Age Care Subsidy to establish exactly what the funds may be spent on. Again I was wrongly fobbed off to other agencies and provided with irrelevant legislation references. No specific example has been provided concerning expenditure of the funds or relevant compliance/governance guidelines.</p> <p>Over three years the DVA could pay the Age Care Subsidy to the provider where it sits in the providers general revenue account and the amount would exceed \$7000. If it is not expended then the Age Care facility pockets the money. My inquiries so far with Age Care providers is that they are not sure exactly what the Age Care Subsidy may be spent on.</p> <p>DVA manage the documentation etc for calculation of Age Care Fees including the means tested fee which has a legislated annual threshold. Once the Veteran Age Care resident reaches the annual threshold the means tested fee ceases until the anniversary of the next year. The process through DVA to the Department of Human</p>

		<p>Services to notify the Age Care Provider that the means tested fee threshold has been reached appears to have an almost three month interface. This leaves the Age Care provider billing the Veteran resident for fees that he does not actually owe.</p> <p>I am former Australian Army and the Person I have assisted is former Australian Army. I am seriously concerned about the very high number of social media comments that place DVA in poor light, I now understand why, I would allege DVA processes are very questionable and may border on being defective to contemporary needs.</p>
58	Former ADF member-Navy	<p>The first dealings I had in regard to my earlier claim for injury was relatively smooth, I did, however, find the paperwork extraordinarily hard to understand and complex. I have since put in for re-assessment and the 'Claimant Report' is overly complex and simply cannot be understood. I have to fill this in for a re-assessment of my injury, the result of which is backed up by my Orthopaedic Surgeon's report?? I need specialist advice on how to fill in the form. That been said, the staff at DVA are usually keen to assist.</p>
60	Former ADF member-Air Force	<p>Currently a hot topic is 'offsetting' which is a term used by both DVA and to those veterans receiving Comsuper (from the DFDRB superannuation scheme).</p> <p>With DVA it is to do with the recovery of overpaid compensation and is worked out using Compensation offsetting using an outdated formula which you pay back for 'whole of your life based on outdated life expectancy forecast. It is conceivable that many Veterans will pay back much more than they originally received. How can this be fair or necessary.</p> <p>The same rule of thumb was and is applied to those people who took advantage of what was called 'computation' where one could receive an advance of 4 years pension (super)payments which also are paid back for life via reduced super payments which also flow on to a spouse reduced pension if the veteran dies. I believe this computation was allowed as it was considered that servicemen and women were at a disadvantage to the general population in purchasing a house due to their many postings to different parts of the continent and overseas.</p>
61	Former ADF member-Air Force	<p>An example of systems and processes:</p> <p>Last year my father, who was a WWII returned soldier and TPI, passed away. I had previously been authorised to act as an agent on his DVA business (that's another story - see below). I went into the local DVA office to find out about getting a plaque for his grave. I was told that you have to get an application form from the Office of Australian War Graves. I thought OAWG was part of DVA but apparently you cannot do OAWG business through the DVA office. They gave me a phone number to ring; which turned out to be the main DVA switch.</p> <p>When I finally spoke with someone from OAWG I was told that they just don't hand out application forms to anyone - they have to establish eligibility first (so what is the point of applying if they have already established eligibility - is this just making a job for someone?)</p> <p>On the topic of becoming an agent for my father - my brother and I went into the DVA office with the appropriate forms signed by Dad and we were told we had to produce 3 forms of ID. Each of us (who are both ex-Service) produced our drivers licence, medicare card and DVA white card. We were told that DVA doesn't accept DVA cards as a form of ID!</p>

62	Former ADF member-Army	To my experience, none of the DVA processes has sufficient & effective individual event Verification and/or ongoing welfare 'checks' (and balances), be they for such specific individual illnesses or trauma events, especially for TPI. Given even current DVA computer capacity this could surely be implemented.
64	Former ADF member-	<p>Sir/Madam</p> <p>Opportunities were unknown to me that I could apply for EDA pension via DVA.</p> <p>I missed out on thirty (30 +) years of entitlements.</p> <p>If I missed out - who else has missed out on such ?</p> <p>Recommendations for some type of digital communications to be implemented and re emburstmnt be made for pain and suffering according to law.</p> <p>'Definition of TRUTH'</p> <p>Knowledge of things, as they are, as they were and as they are to come.</p> <p>Put all enquirers after truth in possession of the fact as they have transpired</p> <p>or as they presently exist. Thank you</p>
65	Former ADF member-Army, Air Force, Reserves	While the focus on the Productivity Commission, with reference to claims on 'reducing complexity', is most likely a prelude to replacing MRCA (which is the more generous Act) with a scaled back single Act of liability and compensation, the biggest problem (with the Commission will likely ignore) with the current veterans compensation system is that it has two conflicting agendas - the first is that cutting veterans benefits goes down like cold sick with the public and is too politically hot to touch, so DVA and politicians pay lip service to veterans and pretend to care, while the real agenda has been and remains strictly financial and that is undermining entitlements and cutting liability by any tactic. And that is and remains the objective DVA work to, engaging in CommInsure style dirty tactics to try and reject or at least limit liabilities to the least possible, which ironically has lead to one of the least inefficient and most expensive processing systems for such matters. A cancerous culture of ethics exists in DVA, which embraces the byzantine and inefficient administration it adopts and actively delays and stalls claims and is the direct result of the very high levels of subsequently overturned decisions at the VRB or AAT. DVA rewards staff not for helping veterans but hindering them and for misleading them to accept entitlements lower than what they are actually entitled to. It is an organisation that makes the revelations of abuses by the current Royal Commission into the Banks seem meek in comparison. Tinkering at the edges will make no difference to this festering problem.
66	Former ADF member-Army	<p>Support your local Veteran and fix the terrible system that leaves claimants feeling like liars.</p> <p>Get DVA to adopt as mitigating factors the culture in the Army of getting on with the job and not being perceived as a malingerer which is fatal to your career progression. In other words, go to the RAP (Regimental Aid Post) and be branded as a wimp, no guts or one of the lame and lazy on a chit again....</p>

		The implications of being thought of as a malingerer and bludger were terrible stains on your character as a soldier.
69	Currently serving ADF member-Air Force	<p>I returned from deployment in Aug 2016. It is only this year, through word of mouth, I was advised to register my qualifying service with DVA. This information was not received through any formal channels which I think is odd.</p> <p>I went onto the DVA website to access the appropriate webform, which I was able to do simply. What is not simple is the electronic form needs to be printed off and mailed to DVA, this is archaic, lengthy and inconvenient given that my base does not have a mail service, I would need to go to a post office during work time to mail the form, which I have not yet done.</p> <p>I was also required to set up an online account, ironically. To achieve this, I cannot do this online, I need to ring DVA to get a contact name and password, so I can establish my identity. Given I am operating on a Defence intranet and secure defence email, I find this also an archaic requirement as my identity is verified by . When two simple processes are unnecessarily burdensome and overcomplicated, what confidence would I have when I have complex matters to administer.</p>
70	Former ADF member-Army, Air Force	I was previously on a rehabilitation program and now DVA have determined that I am rehabilitated. I do not see how I have been rehabilitated, as I still have permanent conditions and one of my conditions has deteriorated further. I also have no employment or financial assistance from DVA. My permanent conditions have been accepted by DVA, however the department does not want to be responsible for me. I do not believe the rehabilitation program is effective as it only seems to provide temporary assistance. Some Veterans' require more permanent solutions as they have suffered permanent impairment and serious illnesses from their service. From my experience I can now see how Veterans' end up homeless or committing suicide. They do not receive the support they need from DVA. It appears that Key Performances and Remuneration are more important than taking care of sick and injured Veterans'.
71	Former ADF member-Army	<p>Through a productivity lens, veterans engagement and services is far from optimal. Veterans collectively represent massive investment by Government in training of ADF members. The failure of all Government's to leverage this 'human resource' post service through policy and investment settings, for example in the national security and defence industry sectors, is a lost opportunity. The 'leadership' of this resource to remain engaged as reservists will become critical to operational success in an increasingly technical ADF. The impact of failures in managing this resource translates into a compounding effect on the issues facing veterans today; transition, employment and wellbeing.</p> <p>The legacy of the 20th Century veterans support model has had grave consequences and needs critical principles based overhaul. The fact veterans require 'advocates', and that the Department of Veterans Affairs (DVA) funds training for volunteer advocates, is the definition of failure including the high opportunity cost. The 'Veterans Entitlements Act', for example, defines what veterans are 'entitled' to receive in the way of support and compensation. This should be automatically applied as an 'entitlement' rather than shifting the onus of proof onto veterans. Making the process of claiming overly bureaucratic is both costly and has resulted in tragic consequences for veterans.</p> <p>The financial and human costs should be quantified including the cost of administering the current claims processes. A comparison with a</p>

		<p>government funded commercial option, like a private health card for all veterans for basic cover, might be appropriate.</p> <p>Recent comments by the Minister for Veterans Affairs defending DVA's relative focus on living veterans over commemoration activities should be challenged. By what measures does the Minister believe the current expenditure on veterans is effective? \$11 billion dollars 'should' result in a veteran community that is very satisfied with the services it receives and yet this is not the case. Why? Is it that DVA takes an adversarial and 'illness' approach with veterans shaped by the medical sector rather than a 'wellness' approach to creating vibrant communities?</p> <p>All this leads to the question; what does success look like? Simply applying a financial measure to a human problem is not adequate. The Productivity Commission should look to other measures, like wellbeing, to define what success looks like as spending more money is not the only answer. Spending wisely is.</p>
72	Other interested party-Army, Navy, Air Force	<p>I am an Occupational Therapist (OT) who has provided health care to war veterans and war widows for the past 18 years, via my private practice. My service involves home visits with veterans to improve independence and safety through the provision of aids and appliances provided through the DVA RAP program. This service aims to keep people safe at home with less need for costly hospital admissions. This work is so poorly paid that it is no longer financially viable to provide this service to veterans. In order to pay my staff I am required to run my business at a loss as the National Award I have to follow requires me to pay staff for all hours worked and all use of their car. As DVA does not pay me for all hours my staff work - this is an onerous task for a business. There are many hours of work for veterans for which I cannot bill the DVA. However, I still need to pay my staff for these hours worked. Add to this the very low rate of DVA pay (\$87) for an initial comprehensive visit which takes a minimum of 1 hour and may take up to 2 hours and time processing equipment orders in the office - all for \$87 earned. Clearly - it is not possible to run a viable business with this fee for service - which is not hourly - but a set fee for service. The DVA has not been able to provide any reason for this ongoing poor rate of pay or for the lack of any pay rise in any form since 2007, despite other health professionals being paid at a much higher rate for their DVA work. OTs are now seeking other work beyond the DVA to allow their businesses to remain financially viable - and this means there will be less Veterans receiving our services. After their years of serving our country - Veterans are soon going to find it hard to receive a service from an experienced OT service provider - all due to the very poor rate of pay and the high load of unpaid work. There is no other profession that I am aware of in this country that suffers such a poor deal for professional work completed - and for the most valuable of our citizens - our veterans. Is this really who we are as a country? I hope for the sake of our courageous veterans that the DVA can remedy this atrociously unprofessional and unethical arrangement for Occupational Therapists.</p>
73	Currently serving ADF member-Army	<p>I may be medically retired. DVA accepted all my claims except the ones that count - my potential retirement impairments. These have either been rejected or delayed over two years in appeal processes that call for more medical reports. The process moves at glacial speed. Getting a clear answer why claims are delayed proves impossible. They seem to want to avoid liability for supporting me if I am retired. I have provided multiple reports that state my impairments are causally related to service but still no acceptance. It is beyond stressful and causes substantial anxiety.</p>

74	Currently serving ADF member-Army	<p>I do not trust RSL advocates. They have an office next to the DVA office. My advocate takes weeks to reply to emails and was not proactive in advising me what claims to submit and provided inaccurate advice relating to what Act to claim under. During an appeal hearing he made comments and suggestions detrimental to my case. I couldn't believe it. He was either a complete idiot or deliberately undermining my claim. I strongly suspect the latter. Is it possible some advocates are part of this ugly DVA apparatus geared against hapless veterans? Despicable if so.</p>
75	Currently serving ADF member-Army	<p>After submitting a liability claim I was asked by a DVA member what my motivation for doing so was. Specifically whether my 'goal' was TPI status.</p> <p>This question belies a predisposition among DVA staff, that view veterans as being motivated by financial gain or not wanting to work.</p> <p>I took offence as I have decades of service and several postgraduate qualifications. My career and quality of life was ruined by service injuries and I face medical discharge.</p> <p>My 'motivation' was recognition that my retirement impairments are service related and accepted by DVA, as without them I will leave the ADF with damaged health and no support.</p> <p>To be asked if I seek TPI when I have had multiple failed attempts at return to work over 2.5 years was distressing. This is the landscape that ill veterans find themselves in with a skeptical DVA.</p>
76	Currently serving ADF member-Army	<p>My liability claim was 'lost' twice in 2016 by DVA. Each time it was only 'found' after I complained about the delay. I received verbal apologies, but no formal acknowledgement from DVA of the maladministration. My claim was still rejected 6 months after submission. It also took 8 months and multiple emails to get reimbursed for an audiogram.</p> <p>Specialist reports later confirmed this rejection decision to be wrong. DVA failed to put any real effort into assessing my claim and reviewing my full medical history. I was forced to do this during the VRB process. Had DVA made more effort in assessing my claim I would not have ended up in a protracted appeals process.</p> <p>My RSL advocate also neglected to tell me I could appeal first through DVA. So instead I am still mired in a lengthy VRB process two years later. Despite obtaining reports that refute the initial rejection outcome over a year ago.</p> <p>This entire claim and appeals process has been vexing and taxing on my health, as I suffer from multiple service related conditions that ruined my career. I complained to the VRB and they 'investigated' themselves but found no issues. Unfortunately nobody bothered to contact me to ask my opinion!</p> <p>How the VRB board members (public officials) can find an internal, one-sided investigation as being unbiased and acceptable beggars belief. The veterans affairs apparatus is rotten to the core and must be the subject of the next Royal Commission. Only then will veterans get justice. The swamp must be drained and decision-makers publicly held to account.</p>
78	Former ADF member-Army	<p>The Commonwealth Superannuation Corporation MUST be investigated as part of this inquiry. The CSC has been excluded from almost all forms of governance inquiry including the Royal</p>

		<p>Commission. It has avoided questions in Senate Committees and indeed recently mislead a Senate Committee when I finally succeeded in having them address one question.</p> <p>The CSC incorrectly report Invalidity Benefits to the ATO and the Family Court resulting in hundreds of dollars per week in over taxation and ridiculous valuations of a zero value Superannuation in the Family Court.</p> <p>These invalidity benefits are reviewable, not lifetime and are compensatory insurance type payments. Yet the CSC report them as lifetime pensions to the ATO and family court even though in their own annual report they admit they are NOT lifetime.</p> <p>Veterans are forced into poverty and mental health crisis by these mistakes which must be rectified.</p>
80	Former ADF member-Army	<p>A review needs to be made into the 'services' provided by Rehabilitation companies such as Konekt. In roughly a year I saw them, they did nothing to help me at all, I was quite self reliant. After speaking to my DVA rep at length about how I thought they were ripping DVA off, I now self manage and report directly to DVA, which saves the govt thousands of dollars a year! I know I am not alone in this regard.</p>
81	Relative of a serving or former ADF member-	<p>My son is a career officer with an exemplary service record and the holder of several post graduate degrees. His military service has been the cause of several serious health issues. However, he was completely unprepared for the nightmare experience that he encountered when dealing with the DVA.</p> <p>Therefore, I wish to relay the horror and distress that my son and his wife have been subjected to during the last two years, having to deal with the complexity of the DVA. This Department is a tortuous labyrinth for veterans to negotiate. My son encountered months of silence, his file was 'lost', documentation was not up to date, and letters from eminent specialists confirming his medical conditions were not accepted.</p> <p>He was so ill, yet like a circus dog he was forced to jump through numerous hoops to obtain more 'proof', and then even more 'proof'.</p> <p>His treatment by this Department has now led to a decline in his mental health. The DVA was designed to assist veterans, not to beat them down until their spirits are broken or they decide to take their own lives. The system is a complete failure and a National Disgrace. The answer is a Royal Commission, nothing else will suffice.</p>
82	Former ADF member-Army	<p>I have made previous submissions. This submission points you to further evidence that the Commonwealth Superannuation Commission (CSC) needs to be investigated. Veterans have been trying to tell MPs, Senators, the CSC and even the Ombudsman that the CSC must change its culture. Veterans have reported the problems raised in the Ombudsman's report (link provided) on numerous occasions but no action has been taken.</p> <p>Why is the CSC excluded from the Royal Commission when it clearly needs to be investigated for systemic management, administrative, performance and cultural problems?</p> <p>Please see at least the Executive Summary of the following report. This is just the tip of the ice berg with respect to the CSC.</p>



		<a href="http://www.ombudsman.gov.au/news-and-media/media-releases/media-release-documents/defence-force-ombudsman/2018/commonwealth-ombudsman-16-july-2018-commonwealth-ombudsman-releases-investigation-report-into-the-actions-and-decisions-of-dva-in-relation-to-mr-a">http://www.ombudsman.gov.au/news-and-media/media-releases/media-release-documents/defence-force-ombudsman/2018/commonwealth-ombudsman-16-july-2018-commonwealth-ombudsman-releases-investigation-report-into-the-actions-and-decisions-of-dva-in-relation-to-mr-a</a>
84	Former ADF member-Navy	<p>This matter regards the treatment by Department of Veterans Affairs, Appeals board, Comcare and the Administrative Appeals Tribunal.</p> <p>Why is it you have to fight to receive your entitlements every step of the way. What you can rely on every step of the way your claim is denied or rejected. If yourself represent you are rejected. If you have legal representation it is dragged out for many years before you get a result.</p> <p>When I joined the Royal Australian Navy I was a fit young man. On completion of service I was somewhat broken as a result of military service. Defence records were never maintained correctly with many of my deployments on submarines not recorded. This include medical records.</p> <p>I now am employed by another government organisation and Comcare is poor to the say the least in their handing of claims. DVA has still not improved in the way it treats its customers.</p> <p>You have to fight DVA to get cheaper medication and treatment.</p> <p>It is not about money or compensation it is getting the best available ongoing treatment instead of being treated as a second class citizen.</p> <p>DVA, Appeals board, Comcare and the AAT all need an overhaul. It is the question is accepting liability and at all times this is denied. A current example Comcare accepts a claim for a time frame. But time frame has expired but treatment is still required for the same medical condition.</p> <p>If you receive a lump sum payment from Comcare then DVA then wants a slice and takes a huge chunk. It never ends.</p> <p>There are many instances and examples of how the system is poor and not providing the correct service delivery.</p> <p>Another example is with the States, NSW offers free public transport to returned Veterans who have 10% DVA recognised but in Victoria you have to be returned service men and only entitled to 50% concession.</p> <p>All ex-servicemen should be entitled to free or discounted medical treatment depending on condition and service.</p> <p>Yours sincerely</p>
85	Former ADF member-Navy	<p>Medical incidents occurring whilst on deployment on Oberon Submarines deployments. The Coxswains may not have kept records of treatment of carried out the correct treatment on significant health issues. They may not have been qualified with more complex diagnosis of medical conditions. Note also restricted in treatment options due to deployments. With poor record keeping or transfer of records to medical files in some instances it makes it hard to prove that incidents occurred whilst on deployment and to make a claim with DVA. This is also further complicated by the DVA claim process as there is no proof that incident occurred. Yes this is possible a Navy issue just as much as a DVA issue.</p>

86	Former ADF member-Navy	<p>Cut down time, it takes to complete a claim, mine took almost two years. It was a fight to get any claim through and without an advocate, would have been too hard. Why do I have to provide a claimant report for lifting carrying, repetitive activities etc, when it should be obvious, the amount of work needed, and ordered to do. Please more care/ information is required,</p> <p>I was never aware of any claims I could make or help I could receive.</p>
87	Former ADF member-Navy	<p>I have PTSD and the hurdles I had to jump to get this recognised were enormous. The whole system is a minefield of red tape punctuated by lengthy delays. Apart from the frustration of having to wait, the outcome resulted in a meagre pension increase which was only a token nod to my disability claim. I still cannot work and we rely on my wife's income which put's food on the table. This exacerbates my condition and only makes life for me even harder. I feel that getting anything from DVA a lost cause due to the complicated set up and length of time it takes for anything to get done</p>
88	Former ADF member-Air Force	<p>Firstly DVA are a disgrace! I was removed from a critical part of my mental health attending group therapy for mental health. DVA reason was to save money, at the detriment to my well being. They removed Taxi services and have not reimbursed my own travel, and the process of filling out hundreds of forms for each appointment is absurd. You cannot expect people with mental health issues to have the capacity to fill out form after form [expletive]. It's hard enough getting out of bed each day!!! DVA not paying incapacity payments caused the closure of my Federal Court case as I couldn't afford to continue fighting it. DVA stated they would limit communication with me after I lost it at them, what the actual [expletive] They are a useless mob of criminals hiding under an insurance company! They don't give a single [expletive] about us!</p>
89	Former ADF member-Navy	<p>My claim for a medical condition under the VEA was initially rejected as the delegate rejected the causal factor from the SOP as not relevant to my submarine service.</p> <p>At the VRB the causal link was firmly established with evidence from independent research, however it was again rejected on the basis that the likelihood of exposure was called into question.</p> <p>The AAT ultimately decided in my favour citing that the earlier decisions were in error because they relied on the incorrect burden of proof appropriate to my qualifying service.</p> <p>The whole process took many months; almost a year. If not for the persistence and research skills of my advocate, I am certain I would not have had my medical condition and consequent disability accepted.</p>
90	Former ADF member-Navy	<p>It seems when dealing with DVA that there is a hit and miss scenario on getting claims accepted. I provided details on contact names and numbers however in 2 of my claims no one contacted the medical specialists provided for insight into my claim and therefore claim was rejected.</p> <p>Also it has taken 3 years to finalise my claims however part of this problem was I went and used an RSL Advocate who did nothing nor was I advised there were issues etc..eventually pulled my file and sought independent advocate advice which was excellent and fruitful.</p>

		<p>DVA needs to be more helpful to those legitimate veterans seeking help and advice and should as part of their service sit down with the claimant and ensure him/her are aware of what is available to them.....secrecy seems to be the norm here and a lot of veterans aren't aware of what they are entitled to.....remember a proportion of veterans don't have access to PC.</p> <p>It seems best practice from DVA is to reject claim hoping some will go away and I know of several ex veteran mates who have thrown their hands in the air and walked away.....</p>
91	Former ADF member-Navy	<p>I see the Department as a unit that is taking too long to recognise it needs to improve its processes. For years it has been way to slow. People have committed suicide waiting for some action to occur. DVA also don't advertise their services enough. If you asked around, the majority of serving and ex serving members couldn't tell you a decent proportion of what services are offered. The paperwork and wording in it, is extremely hard to decipher and appears to be designed so that most people just give up on the process of a claim. To become a DVA rep seems very intense and that is mostly why there aren't enough of them. They are invaluable to help general people wade through the complex forms. Overall ... most people that need some help from DVA find it too hard and don't bother unless they are lucky enough to get a good rep to help them.</p>
92	Former ADF member-Navy	<p>This comment is meant for Productivity Review into DVA,</p> <p>Hi there my DVA number is VSM [redacted]. I was diagnosed and treated for Prostate cancer in 2012 before leaving the Navy. I believe my cancer was caused as a result of serving in the Navy as I was exposed to many consecrated chemicals that are known to cause prostate cancer, same chemical as fire fire fighter in Victoria which they are being compensated for. In my service I could not avoid such exposure in close quarters for considerable periods of time.</p> <p>Also no family member has ever had such diseases. I also am suffering surgery after affects which also affect my spouse. So I would like to be considered for some sort of compensation. I do appreciate my ongoing support is funded by DVA.</p> <p>Kind Regards</p>
93	Relative of a serving or former ADF member-Navy	<p>When I was widowed I found the majority of DVA staff helpful until I fell outside the guidelines i.e. a very casual on call work situation. All the on line services in the world do not help when the stress levels are sky high and logic is disappearing under the weight of grief.</p> <p>I have watched others just give up - the waiting on the phone, the language of the questions, the lack of knowledge of many staff of service conditions -all adding up to frustration upon frustration. Some of the staff involved need to be encouraged to find and utilize their humanity and some of the time constraints on them removed or eased. This is people dealing with people, not numbers or objects but people, often damaged and broken. That needs to be recognised as well.</p>
95	Former ADF member-Navy	<p>Nearly three years to resolve my claim.</p> <p>DVA has far too many Branches around Australia and my Wife had to submit identical paperwork 3 times.</p>

		<p>DVA designated (so called specialists) practitioners go off a scripted version and do not thoroughly look at issues at hand.</p> <p>Independent Specialist for respective issues have to be consulted before it can even make VRB for determination.</p>
96	Former ADF member-Navy	<p>With regard to my claim I felt as though I was treated as someone not telling the truth ie a liar</p>
97	Former ADF member-Navy	<p>I was placed on an 'outreach' process in approx July 2016 ,to address my claim for 'TPI' having had to cease work due to accepted medical conditions. I don't want to go into details as it is too detailed &amp; upsetting. All I can say is it took 18+ months to get the approval with many doctors visited &amp; stress wondering on outcomes . Now that it has been approved the stress has gone and I'm in a great state of mind. I'm only doing this to hopefully save others from going through what I had to endure. Especially our young veterans who would struggle keeping it together over such a long approval process.</p> <p>Hope this helps.</p> <p>Regards</p>
99	Former ADF member-Navy	<p>Initial application process was rather lengthy and required an advocate well versed in the process to navigate through it, but I understand the process is being streamlined now. As to subsequent interaction with DVA, I have nothing but praise for them.</p>
100	Former ADF member-Navy	<p>I am extremely unhappy with the way in which ex-service personnel are currently being treated by the machinations of DVA, but am a lone voice. We are forced to jump through administrative hoops to have our legitimate claims recognised and acted upon. We are , I believe treated as second class citizens and it has become increasingly apparent that refugees coming to a supposed better future are not only treated better than us but in addition also receive far more benefits that the average exserviceman/woman.</p> <p>It seems that the attitude of the public servants employed within DVA have a mantra which says 'Why should this veteran be entitled to some benefit or compensation when it does not apply to me or mine'. It would be interesting to ascertain exactly how many of The Total DVA staff Australia wide have ever served their country and have any idea of what service life is really like.</p>
101	Former ADF member-Army	<p>This Commissions remit is based on a report of Veterans Suicide 'The Constant Battle' the genesis of which is based in Military Service, and therefore at the behest of the Australian Government and taxpayer, and thereafter, years in adversarial pursuit of rehabilitation within the compensation system, and it is the latter that causes this cohort of Veterans to succumb to the overwhelming frustration and despair, and take there lives.</p> <p>The Treasurer in framing the T.O.R. and Issue Paper (being a political animal) sees everything through purely fiscal objectivity, we are constantly told from Politicians that the system of compensation is 'the best in the world' and yet as we read from the above documents we see the wedge of politics to the fore again ie:</p> <ol style="list-style-type: none"> <li>1- A fairer system not only for the Veteran but also the Taxpayer.</li> <li>2-To look at other jurisdictions for Australian workers compensation</li> </ol>

		<p>payments, and other military compensation frameworks.</p> <p>3- Veteran Centric Reform (speak, amongst other things, for the demise of the pension system and introduction of lump sum payments)</p> <p>4-The revisiting of past reviews.</p> <p>Of course the Commission must look at all of the above, but in the end this is about getting a fit for purpose system that is an enhancement for the Veteran, dare I say-not the taxpayer.</p> <p>The T.P.I. Federation that represents Australia's injured veterans, has, since the Centenary of ANZAC been asking the Government to reassess the inequitable loss of income compensation against average weekly earnings and the need to have a mechanism in place whereby a fit for purpose benchmark (percentage based) scale that keeps their compensation payments at a constant with any ongoing movements in wages, a comprehensive study by Mr. Peter Thornton 2013 can be found at the link below:-  <a href="http://www.dfw.org.au/reference-documents/research-papers">http://www.dfw.org.au/reference-documents/research-papers</a></p> <p>In closing it is incumbent on this Commission that framing any changes in legislation that it does NOT make the Veteran worse off, and must never cause detriment to any pension or compensation payment.</p>
102	Former ADF member- Army, Air Force	<p>As both a former public servant (both State and Federal) and returned veteran, I am highly critical of the endemic culture and practices within the Commonwealth Department of Veteran Affairs (namely its non-ceremonial side, DVA is best thought of as a bunch of silos jammed together, divided into ceremonial and non-ceremonial functions, each with their own distinct cultures).</p> <p>Inefficiency, wastage, and a cancerous and combative culture infect the non-ceremonial silos of the Department, which is often run as a set of mini-fiefdoms, by large personalities within the Department's Senior Executive Service, who are responsible for a cancerous culture of opaqueness, shirking of responsibility and an ingrained culture of unethical behaviour.</p> <p>While junior levels of the Department tend to be mostly orientated towards a service culture (until they get burned out by the internal culture), the mid to senior levels of the Department have an extremely inward looking, whatever it takes culture of hostility and narcissism.</p> <p>Unwritten objectives take precedence over formal aims and objectives, and the self interest of the senior executive set the daily agenda. This is further impacted by byzantine and convoluted business practices established within the Department by policy (unsupported by specific legislation provision) that is subject to change and modification at the whim of these large personalities within the Department, who often make decisions not based on formal operational objectives, but emotional personal desires (such as increasing their standing within the Department, or indulging their egos).</p> <p>The rule of law and respect for clear processes in the Department is low, and the lack of coordination and communication between the internal silos of the Department is continually evident. Veterans are often faced with demands for redundant or irrelevant information that overlaps previous demands from another silo within the Department</p>

		<p>only weeks earlier.</p> <p>Processing of claims and other activities often stall and sit in someone's in-tray for weeks, months, occasionally years, with no reasonable excuse, due to poor work management systems.</p> <p>Delegates can often decide to ignore or exclude factors that by law they were obligated to consider (and state as much that they did), or ignore their own explicit policy, on whim (and with no repercussions, despite causing resources to be wasted on further reviews and appeals).</p> <p>There are serious systemic issues, both cultural and procedural, within the Department of Veterans' Affairs that have been long embedded. These cancerous issues infect almost every the Department touches. That the Department is also grossly inefficient and prone to wasting large amounts of resources on activities that provide no benefit to the taxpayer are an indictment on the failure of the current and previous governments to arrest the cancerous culture of the Department.</p> <p>The so called latest 'veteran centric reforms' are even more fraud.</p>
103	Former ADF member-Army	<p>Dealing with DVA has been distressing, degrading and adds to adds to afflictions such as Depression. I have endured almost 40 Surgeries due to my Army Related injuries and I have. Even lucky enough to have a solicitor and a Support Group that have guided me through these convoluted systems. The corrupted culture, the Doctor Shopping, the collusion between DVA departments, the rude arrogant way they deal with Veterans and the sheer animosity of these DVA delegates to any one who complains, must all stop. DVA almost cost me my own life to suicide. We pray that this change instigated by The Senate Inquiry into DVA is lasting and real.</p>
106	Relative of a serving or former ADF member-Army, Navy	<p>Why does DVA have to send a 5-6 page letter of confusing and painfully detailed information to inform the veteran that their pension has increased or decrease by 50cents / \$1 per fortnight!</p>
107	Relative of a serving or former ADF member-Army, Navy	<p>For too long the input of partners into the health and wellbeing of a veteran has been overlooked. If it has been acknowledged it has been by motherhood statements and in a form of tokenism.</p> <p>Support for individual partners of veterans needs to be formalised in legislation, allowing DVA to develop programs for this group.</p> <p>Consultation with PVA Tasmania Branch Inc. older members reveals a significant population of partners who are themselves experiencing significant mental health challenges, secondary post trauma stress, low self-esteem, isolation, poor general health and wellbeing as a direct result of their exposure to military life and subsequent veteran caregiving roles. (often over a period of 40 years). Providing proactive health and wellbeing programs to this group of partners, would not only enhance their health and wellbeing but also enhance the care provided to the veteran.</p> <p>The profile of the younger cohort of members of PVA Tasmania Branch Inc. is reflected in the following example:-</p> <p>Out of six younger members, two have currently remained in their relationship. One has become a widow due to her partner dying of military related illness. Three have walked away from the relationship,</p>

		<p>these relationships have involved young children. This is 50% of young partners leaving the relationship with a veteran. These figures are small, however it is suspected they could be repeated across Australia, and indicates the system has failed these veterans their partners and families. Very little or no ongoing support is being offered by DVA to separated partners. The breakup of the family unit is a very unstable time for all involved, and require extra individual support, based on their presenting needs, to ensure they remain safe, and are able to move forward with minimum trauma and distress. Research suggests suicide and homelessness rates for the veteran can increase during this period, what research has been done in regards to how the partner and children fare during this period of readjustment?</p> <p>Some other ESOs have highlighted the 'care giving role' partners have provided and support the notion that formal recognition needs to be developed in some tangible programs as partners continue to support the aged veteran requiring more care both physically and mentally. The younger partners see the caregiver role just too demanding on their own health and wellbeing and that of their families, which is NOT acknowledged in anyway by Federal Government through DVA.</p> <p>Partners are the 'backbone' of the family unit SO Further conversations with Government need to occur to ensure partners are acknowledged in their own right regarding appropriate support and not as an appendage to the veteran.</p>
108	Former ADF member- Navy	<p>I wish to raise with the commission that I have been subjected to the most appalling treatment by DVA over the past three years since lodging compensable injury claims with that agency for their assessment and determination. In that time I have encountered 23 defective administration errors that have caused me great distress, delayed claim decisions and appeals processes and left me with a \$30,000 legal bill. I have also reported an alledged act of misconduct by a delegate to DVA legal dept for their investigation. They failed to act on it and it the outcome resulted in them telling a lie to the then Minister of DVA /defence Mr Tehan in 2017. ( I have evidence to back this claim) I continue to this day to face constant obstructive conduct by staff members each time they are working on my file. The most recent one relates to an accepted VEA anxiety injury claim that I have been rated as being 80% impaired however the pension delegate only awarded me a pension rate against the general rate because he claimed I was in full time employment : which is incorrect. I now must waist more time going thru Apeals to have the delegate's error corrected. This is systems abuse. The list of other erroneous activity thus far experienced incl.</p> <ul style="list-style-type: none"> <li>- claims delegate ( SRCA) failed to open my file to read the contents of it before making a declined determination .</li> <li>- DVA legal dept. taking 6 months to investigate a complaint lodged with them re: dogdey delegate conduct. (Complaint still not resolved)</li> <li>- loosing my request for reveiw form for a declined VEA claimed injury - DVA legal contractor dragging out my appeals case by digging for dirt and generating work load ( causing my legal bill to increase at the same time) while disregarding my supplied supporting evidence.</li> <li>- This activity is going on while the same claimed injury anxiety disorder under VEA act, was accepted without fuss at the review board recently. Yet the same claimed injury going through SRCA dept has been plagued with subdefuge, misconduct, multle admin errors and ridiculous expectations imposed om me For example, DVA legal booked a MLCOA assessment appt for me in another state</li> </ul>

		<p>and expected me to fly their at my own expense. They refused to cover the cost. They then changed the specialist to one located in my state but in a location that was hard to get to. I requested I be collected by taxi but they refused to cover the expense and said I had to take public transport. They booked me in at unreaasaable time in the morning that required I leave my house around 5.30 in the morning to travel two hours to get to the clinic on time. This was after I asked them to make it a mid day appt. I was advised that if I did not make the appt I would then have to wait 3 months for another booking which meant my SRCA AAT /mediation meeting was going to be postponed ( again) The distress this sabotaging activity caused me cannot be conveyed loud enough</p>
109	Former ADF member-Army	<p>Compensation and rehabilitation services are a component of the total package of conditions of service for the ADF yet, it seems to me, they are not considered as such by the remuneration Tribunal.</p> <p>In considering the system of compensation for the ADF the PC needs to take into account that, unlike other employees, members of the ADF do not have access to industrial representation.It is suggested that one of the causes of claims in post-1990 veterans is the frequency of deployments, especially for members of the Special Forces. The attention of the PC is drawn to Page xvii of Volume Two of the Vietnam Veterans Family Study which refers to a UK MOD policy and research on this matter</p>
111	Relative of a serving or former ADF member-	<p>I was made aware some time ago that acupuncture is not an approved treatment for our Gold Card veterans and/or their dependents. Acupuncture is a recognized form of treatment throughout the country. Accredited courses are available in every state and territory. Practitioners are required to be registered and have been for a number of years. Health funds have provided refunds for acupuncture treatment by registered practitioners for some considerable time. Comcare includes acupuncture as a recognized form of treatment as do state based workers' compensation schemes. Thus, every day eligible civilians have access to the benefits of acupuncture, of which there are many, through government funded schemes. The Department of Veterans Affairs currently denies Gold Card holders access to this very same treatment unless it is provided by a general practitioner appropriately registered with Medicare. (The number of GPs so registered is very small.) Thus those who have put their very lives on the line for their fellow citizens are denied access to a treatment available to those same fellow citizens. AND this is done by the very government department that is there to support veterans and their dependents. I believe this to be an anomaly that needs to be addressed urgently. The Productivity Commission Inquiry into Veterans' Health, I trust, will look closely at this anomaly and address the situation positively.</p>
113	Former ADF member-Army	<p>As a former Nasho who was injured during training registered in my medical files I am disgusted in the way I have been treated.</p> <p>I need neck surgery or I will be a Quad by February 2019 and because we were not given correct information DVA refuse to help me. When I am in as wheel chair or have taken my life DVA will put out the usual [expletive] statement saying how sad it is that this has happened.If you stop running the place as an insurance company and run it for what it was originally intended people may get the help they deserve.50 years ago my grandfather who was on Gallipoli dogfight for his rights then through VA nothing has changed. IT seems you people are only interested in keeping your jobs. There have been countless reports written for the department but they never take up the suggestions.e.g. CLARKE TOOSE.I am in hospital now as I write this</p>



		just to try and controlled the pain in my neck. THIS DEPARTMENT SHOULD BE ASHAMED and hang their heads.
114	Former ADF member-Navy	I served in a 'war zone' with 19 days qualifying service toward the clasp 'Irian Jaya' and 16 days qualifying service toward the clasp 'Middle East'. I received correspondence from Defence Honours and Awards that I was not entitled to the ASM. This was because I did not have 30 days toward either award. I was also declined a Service Pension because I had not served in a 'war zone'.