
Compensation and Rehabilitation for Veterans

Brief comments

Selected comments received by the Productivity Commission from
14 December 2018 to 26 June 2019

Comment no.	Commenter details	Comment
117	Former ADF member	The service from DVA is disgraceful. They don't answer your questions. Claims stay outstanding for too long. They tell you that you have an excessive debt then tell you that it's been written off but continue to take payments from you without documentation or reasons why. Staff are rude. A constant struggle trying to find out information which doesn't help exservice personnel with mental health issues.
118	Former ADF member	While serving in the RAAF I suffered a chemical accident which cost me my health and lungs, half of one was removed the remainder are scared and as I get older the symptoms worsen. I spend regular time in hospital. This has limited my life and yet its taken over 20 years to finally get my medical fully paid for ... however you refuse to put me on a special rate pension. I still have dependent children and yet I only receive \$504 per fortnight to live on. After years of service how is this a fair outcome.
119	Former ADF member	Under the Veterans Entitlement Act 1986 (VEA) a Veteran can only receive a fortnightly pension (amount varies depending on impairment). A Veteran under VEA should be able to have the option (which they currently don't) to be able to choose between a lump sum payment, Disability Pension or a combination of both (as is the current practice of Superannuation schemes).
120	Former ADF member	I have a suggestion. Why can't a retired veterans only village be established. Homeless veterans living on the streets is not good enough. By establishing a retirement village they would be surrounded by other veterans who they can understand and relate to.

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121	Former ADF member	<p>I have been dealing with the department of veterans affairs now since 2001, it has been a constant struggle from the beginning and impossible to lodge and handle a claim/claims by yourself. The system of compensation, payments, pensions and health care cards is so convoluted it is impossible to understand. Returned service personnel and Veterans like myself are forced to seek assistance from legal firms and pay tens of thousands of dollars in legal fees and medico legal reports just to get a meagre pension or payment. It makes sense why so many ex defence force personnel commit suicide because the way forward with the current system drives you to despair and hopelessness you just give up. Vets like myself are forced to borrow money from short term lenders at massive interest costs just to try and get some sort of reparation payment or pension. By the time we get around to claiming we are at our lowest point and our pride and dignity are all but gone. Then we are treated like beggars asking for assistance, it's embarrassing and humiliating. 17 years now I've been in the system and I have engaged a legal firm for their assistance, so far in the 5 months I've been with them it has cost me \$13787.46 in medico legal reports, I might add up front. No payment. No report. This has got to stop, there must be a better way to help those who have served and those who have served and paid the ultimate price. My first recommendation would be to put exservice personnel in or serving personnel into the new department so at least you are talking with someone who has been there and understands. Public service employees despite their efforts simply don't get it. That's a good place to start. More financial help and help with payment of medico legal reports and stop playing one medical professional off against another, surely our learned colleagues can agree on an obvious injury sustained in service. This needs to be done sooner rather than later. We should hang our heads in shame at the suicide rates of ex and serving military personnel. Haven't they already given enough before being driven to death by federal government bureaucrats, politicians and red tape.</p>
122	Former ADF member	<p>If you are serious about improving the welfare of veterans consider fixing the DFRDB superannuation scam put on vets by COMSUPER. it should not be all that hard</p>

Comment no.	Commenter details	Comment
123	Former ADF member	<p>I am so pleased that finally a study has been conducted into DVA with some solid and helpful recommendations. The compensation system to date has been confusing, complex and extremely "Us and Them". I have had an excellent advocate which I am grateful for, as the DVA staff are either too busy, uninterested or adversarial. I like the idea of Policy/Research going to Defence, and the alignment of War Graves/Commemorations with The War Memorial, as it makes sense. The report correctly highlights a lot of waste and overlap with other systems which then adds more complexity to DVA. People who are making claims are genuinely needing assistance. One very positive change recently to DVA is the PMAT - a trial which accepts your condition whilst DVA assess it for long term acceptance. This is a huge step. Also, the white card for access to hearing services or psychologists has been a huge leap forward. The fact that the report has looked into the inequities between entitlements between the three Acts is tremendous. I could never understand why if someone's husband dies of natural causes or an accident unrelated to their ADF service the wife gets a Gold Card and "Widow" status. The whole system needs to be remodelled on the recommendations. Something needs to be done, and I believe this is in the right direction for the current and future vets.</p>
126	Former ADF member	<p>I agree that the system needs reform particularly in lodging a claim and more particularly in appealing the claim if refused. It is not appropriate if you seek a review of one part of your existing benefit to then have to go through a full review of already accepted claims. Further it seems that mental anxiety as a consequence of accepted claims for disabilities which are ongoing is not taken into account. I am also concerned at the lack of help for older veterans with accepted disabilities who are placed in the position of carers of their spouse. Financial help is needed particularly when incurring the cost of professional care which is quite significant but often unavoidable. A partial disability (heart, hearing, etc) can have a much greater impact on your ability to support your partner. I do not believe at this stage being a TPI should be the cut off.</p>
127	Former ADF member	<p>Will there be better handling of initial application ? For instance, I submitted a claim for compensation for an injury sustain. DVA took 8 weeks to determine an outcome of no diagnosis established and then closed the case to fill a "quota" (words from a DVA advocate) instead of further investigation. Because the case was closed I was told I couldn't resubmit a new claim with a similar injury for 12 months. I could only appeal which has now been going on since March this year.</p>

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128	Former ADF member	Following completion of the DVA Heart Health programme 12 years ago, a group of 12 wanted to continue with the exercise program and asked Vet Affairs if they would approve a group program that was providing health and mental wellbeing to the members of the group. Now 11 years later, with three of the group having passed away but five new members joining the group we have been advised by DVA that we will now require a doctors referral every 12 sessions to continue. Given that we do two sessions a week that is every six weeks that we now will have to go to a doctor for a further referral rather than annually at a cost to DVA. If this is a cost saving proposal then it has not been thought through. If it is just to make each of the veterans feel bad about themselves then they have succeeded in doing so. After twelve years of supporting each other and looking after each other's wellbeing DVA is proposing to destroy the program come July 2019. I have never complained of the excellent service DVA has provided to me or the group as a whole but this has caused muck concern and unwanted stress to an elderly group of veterans.
129	Currently serving ADF member	I have not yet made claims as I am put off by the stigma of what DVA is, and I am functional enough to work and still serve as a reservist. I have at times not been able to parade due to relapses in my injuries, but I am still yet to work up the effort to make a claim as I know it will be a hard and trying experience, even for some who is not mentally impaired. My other comment is related to DHOAS. I believe this should be focused on as well as it is an entitlement veterans and serving members have worked hard to earn, and DVA have not tendered this competitively. I can get an investor loan for a better rate than a DHOAS loan and up to 1% or more better rate through other banks. Whilst the DHOAS still offers better value after the rate, it is heavily eroded by higher interest rates. DHOAS should be reworked to allow it to be applied to any owner occupied loan that meets criteria for the payment, rather than locked into banks that charge 0.5-1.5% higher than other loan providers!
131	Former ADF member	I have an issue with my knees that was caused by my service in the Defence Force, during my service I was young and did not realise that this could cause an issue further down the track. I had some treatment on it however the services provided was not what I could get outside of defence with a private physio. When leaving the defence force I was spoken to about DVA however after discharging so assistance was given to even think about navigating the maze that is the DVA claims process and when talking to DVA I would have had to go spend up to \$1000.00 out of pocket to even get my claim substantiated Now that I am getting older I am considering starting this process so that I do not have issues later on in life I am already feeling overwhelmed with the thought of going through the DVA process. I hope this inquiry does make a difference and streamlines and makes the system more simpler for claims because there is many veterans and ADF members out there that need help but simply give up fighting or trying with DVA.
132	Other interested party	Adopt a veteran scheme should be applied nationally. Just like adopt a cop where schools form a nurturing relationship with a police officer. At the school I teach at we would love them there every day. I'm sure such a scheme would be mutually beneficial.

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133	Currently serving ADF member	<p>This inquiry like most commissioned inquiries will have a complex open determination (I suspect) delivered to the Government of the day who will drag it out with further reviews and consultation and will more than likely be shelved or need to have further reviews then with a change in government have to be if they consider it of importance recommissioned. Meanwhile the human beings affected by previous decision of APS3 employees(delegates) who are supposedly following sometimes promulgated internal guidance notes drawn from legislation? and constructed terminology and obviously system generated letters of concluded outcomes linked to CLIK and SOP's that appear to also be making decisions outside of the guidelines. This will continue to unfortunately result in former defence force members to further slip into periods of despair or unfortunately the ultimate outcome which again resolves the issue for DVA. One side of the debate. After all when Doctors who are employed by defence hospital admit to questions at enquiries to a member who commits suicide that the reason that medical information was not shared is they were wanting to get rid of the patient and move them on to someone else in the medical umbrella it basically reflects the culture of the whole system and displays the issue that DVA are unable to make any correct decisions as medical records are not always shared or divulged. Also the culture appears to encourage a false appearance of showing apathy and understanding but in the mind of the DVA CSO they are thinking. Go and tell someone else we can't deal with that maybe you could get assistance from Centrelink or someone else as our funding will look bad to the government of the day. Or try your superannuation fund? I know from my own experience I have been dealing with DVA for three years now regarding my appeal and I now know that it somewhat relates to the outdated forms provided to me that did not explain the complexities of the Statement of Principles and the level of proof required to substantiate my claim against CLIK. I naively thought DVA would have access to the information required. I now know the system has been engineered and constructed to ultimately reduce the burden on treasury. I remember being visited by a RSL advocate whilst undergoing chemotherapy who had learnt of my admission to hospital and prognosis. I was incapable at the time and as I was undergoing high doses of chemotherapy and was not of a conscious demeanor or of a mental emotional level in grasping my diagnosed terminal illness and what was being asked of me at the time. I filled in a form whilst in hospital with his assistance that I now know would never result in my claim being assess favorable as a service related illness under the current positive law model which also appears to contradict the VA principles. It appears I now find myself having to proceed to a Veteran Review Board.</p>
134	Relative of a serving or former ADF member	<p>Thank you - for the last 9 years it has felt like we have not fitted within a system of veterans services - you have confirmed this. The current system is completely unfit for purpose and my husband and I would love to see this radical transformation come into being. A modern system to manage modern issues faced by veterans and their families as they are now not when they are elderly.</p>

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135	Former ADF member	<p>Department of veterans Affairs (DVA) DVA should not be amalgamated with the department of defence but as a stand alone veterans Service. It has taken 100 years to get to where we are now. In the 80s you had 3 wise men making a decision on a veterans injury/illness with no guidance on the long term effects of the injury or Illness we now know what they are and the factors contributing to them. As an advocate within the RSL in Queensland I have had no trouble with the department in having injuries/Illnesses assessed and claims acted on. In essence should DVA be amalgamated with Defence it would create a conflict of interest with the Veterans being worse off.</p> <p>Legislation. The 3 Acts, VEA, DRCA and MRCA are confusing and can cause some distress. While I agree there needs to be some reform with these Acts but not to the degree as been recommended. For instance VEA TPI (SR), MRCA TPI (SRDP) the difference being VEA TPI (SR)no lump sum being dangled in front of you your Service incapacity to work is based on one Injury/Illness alone which prevents you from paid employment. Under MRCA TPI (SDRP) it is based on whole of body that is, if you have a number of injuries or illnesses the whole lot are taken into consideration. For instance you could have a bad Knee, Hearing, Anxiety and solar damage when all the impairment points are added together there may be enough to be considered for SDRP under MRCA however, none of those injuries by then selves would prevent you from gaining full time employment. Why not bring MRCA TPI inline with VEA TPI a much fairer result. A veteran at present under MRCA is given the option for a fortnightly pension and/or part lump sum. If you were offered \$400,000 to go away most people would take it without giving any consideration to the long term effects of their injury/illness. When a Former member of the ADF on incap payments or TPI should not be disadvantage by having to go onto the age pension at 65+ under MRCA. How are they disadvantaged? Unlike veterans in full time employment who can save and plan for their retirement and should and when they pass away their wives are financially better off where as a person under MRCA TPI is not and that is no fault of their own. In my view there should be no tampering with the Gold Card TPI VEA and TPI MRCA should be under the same conditions as Gold Card holders TPI VEA.</p>
136	Former ADF member	<p>I would urge the Commission to avoid the easy fallacy that uniformed service in the Australian Defence Force (ADF) is just a slightly different form of civil employment, or even identical to emergency services employment in the Fire, Police or Ambulance services. As expressed in the 'Cross Report', uniformed members of the ADF are required to serve when, where and as required, whatever the circumstances and as part of their joining the military, are required to relinquish a number of civil rights they would otherwise be entitled to receive protection for. In this regard, the ADF shares similarities to the priesthood, in that uniformed members are not even employees of their 'employer' - in this case the Commonwealth (C v Commonwealth of Australia [2015] FCAFC 113). It is the prerogative power of the Crown, as expressed by statute and regulation, that controls that relationship. The ADF, for example, may post a member anywhere, even against their wishes, require them to perform a duty on pain of imprisonment, regardless of the risk to self or others, and can even suspend its OH&S obligations towards it members via disallowable instrument (s 14D Workplace Health and Safety Act).</p>

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136 (continued)	Former ADF member	<p>No other employer enjoys such unrestricted freedom to do as it wishes to its workforce. Even civilian security organisation employees have more protections. This is also why comparisons to civilian workers compensations schemes are also inappropriate - even emergency service workers can decline to put themselves and their co-workers at risk, even if ordered to do so, and their employer cannot overrule that. Uniformed ADF members have to wear any risk their employer chooses to subject them to, on threat of imprisonment if they don't. They may complain or seek compensation afterwards, but they cannot freely refuse if ordered to do so. The unique military compensation system reflects the unique nature of military service, and reflects the compact between the Government and the military that in return for giving up freedoms and rights, the ADF and the Government will take responsibility for any harm that comes to the member as a result. Also, on the issue of 'veteran', it should be reserved for those who have been deployed on warlike and non-warlike service, or who have come under threat domestically. There is no diminishment or disgrace in simply having 'served' in the ADF, and that is the appropriate description for those who only rendered peacetime service domestically.</p> <p>A major distinction between military compensation and civil workers compensation schemes is that due to the military compact that in exchange for relinquishing freedoms and rights as part of their service, the military holds out that in the event of injury or illness due to their service, they will be looked after for their life. Workers compensation schemes, in comparison, have much narrower remits and timeframes. They are essentially one off, all in, payments - with only interim care arrangements given during the processing of the claim. Workers compensation schemes generally pay less overall, but much larger amounts in the short term. After settlement, the injured person has the freedom to arrange his care however they see fit, and has no further involvement with the scheme (unless injured again). Military compensation schemes are whole-of-life schemes. They generally pay less over the short term, but continue to 'manage' the injured person even after settlement of compensation, and in doing so take away freedom of choice from the person (for example, DVA Gold Cards only provide for MBS items and certain allied health items, even if cheaper options are available - i.e. a fee charged to re-issue a script won't be accepted by DVA, but a more expensive consultation fee will be processed). In the long run, assuming the former member lives to average age or longer, the overall financial cost of compensation/health care will be higher than civilian workers compensation schemes, just with less freedom of choice and more rules than a civilian would have to deal with. Of course, it is better for the Federal Government to adopt a longer and slower payment cycle, rather than making one all-in lump sum payment, as it reduces the impact on the budget (hence why the schemes were designed this way). The financial cost of the military compensation system is always subject to official but discreet pressure to reduce it. Discreet because the palatability to the public of slashing such arrangements runs contrary to their expectations (and impacts recruitment). This is especially the case when governments put such emphasis on military service for commemorative and national pride reasons. Howard's MRCA was legislated during a time of economic boom and reflected that, but has since that time has been sought to be undermined by the respective governments that followed, given the cost of MRCA is higher than the schemes that went before it (SRCA/VEA). It has always been difficult to do so openly though, so is achieved administratively, given it is something of a third rail (like the aged pension or mining royalties).</p>

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139	Former ADF member	So far what is being put forward by the commission is terrible nothing more than a veiled attempt at cost cutting the only people that will gain will be companies that make a living off people's incapacity and medico legal reports . There needs to be one system that looks after every one equally at the moment it's like there's a bouncer at the door saying who can come in and who's left out in the cold under different acts with different levels of care.
140	Currently serving ADF member	I note the logic behind the proposed Ministerial reorganisation, but Veterans are unlikely to be well-served by a combined Ministry. Ie, I don't support the recommendation and I'd like to see a solution in which we retain a dedicated Minister for Veterans.
141	Former ADF Member	Any move to improve the system is worthwhile, but it must be to the benefit of the veterans. The system needs both SOP's due to many veterans with qualifying service being disadvantaged if we only have the BOPSOP. DVA is supposed to be there to support veterans.
143	Former ADF member	The Balance of principles 25 year rule is a serious disadvantage to those older veterans that were injured during their service when young and fit and didn't suffer from that wear and tear until later life.
145	Former ADF member	After reading the draft PC report and the recommendations therein, I am at a total loss to see how the recommendations that you and your colleague have arrived at have the potential to significantly improve the wellbeing of veterans and their families. In my view the genesis of the inquiry is essentially about removing and reducing veterans entitlements under the auspices of removing excessive legislative complexity. The suggestion that veterans deployed in an operational hostile conflict environment, prepared to give the ultimate sacrifice for their nation, should be treated the same as the recommendation put forward to describe a veteran is, quite honestly, laughable. In fact, in my opinion, reading the whole PC report, and it's recommendations left in a state of shock. Finally, your comment that, "No compelling case for increasing the rate of the Special Rate pension, or any other compensation rate for that matter", just shows how out of touch politicians and their stooges are in their understanding of military and veteran issues.

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148	Former ADF member	<p>The Inquiry should consider higher education as a positive transition pathway for veterans, particularly other ranks. The inquiry should seek to uncover the structural and cultural elements of veteran transition. Veterans are socialised into the military over months through initial training. That socialisation generates a particular disposition to the world. It is different across the military but one can speak generally of a military disposition. Upon discharge veterans are resettled over much shorter times. This shift from soldier to veteran cannot be overstated and without suitable pathways can lead to isolation, family violence, substance use, or homelessness. The military institution and its parts are regimented, hierarchical and operate through command and control. This unique structure and culture is suitable for tactical endeavours but tends to instrumentalise the human domain. People, culture and organisation change tend to be superficial, over reliant upon administrative detail and practice and ignorant of cultural influence. This inquiry must account for this context in reorienting the interface between DVA and the DoD (ADF) and watching how this nature of defence influences the ways DVA do and can operate. DVA should reflect a culture of transition not simply being another top down overly bureaucratic, hyper regulatory department that maintains an authoritarian relation with the veteran. Pathways like higher education are great because with the right support they offer community (eg ASVA), belonging and direction, and the opportunity for growth and reintegration into the wider community.</p>
150	Former ADF member	<p>This statement appears in the overview (page 3) – “Australians join the Defence Force for a variety of reasons, but collectively they accept the forfeiture of certain freedoms enjoyed, and taken for granted, by all others in Australian society. Almost every aspect of uniformed life comes with a risk or cost to the member and/or to their families”. It completely ignores the fact that the reason some 63,000 Australians joined the ADF was simply that they had no choice. Of this number of conscripts, over 19,000 served in Vietnam. This is the only conflict in our proud military history in which conscripts were sent to fight on foreign soil. Militia fought with tenacity and valour on the Kokoda trail in Papua New Guinea during World War Two (in a situation of existential threat from Imperial Japan), but at the time, Papua New Guinea was Australian mandated territory. Australia was under no existential threat from the Vietnamese. The Vietnam war was also the only time in our history conscripts were deployed in peacetime. In addition, the National Service Act of 1964 was cynical and corrupt legislation. It used a method of selection which passed the responsibility of service to a small group of individuals based on their birthdates. It was carefully engineered to avoid the political backlash of a system of universal conscription, a concept rejected by the Australian people twice during the First World War. These individuals, at an age when they were unable to vote, were sent to fight in a war which had been in progress in Indo China since the beginning of World War Two. The Vietnamese fought a succession of invaders (the Japanese, the French, The Americans, and in the 1979 Sino Vietnamese war, the Chinese). The war was sold to the Australian people for political purposes, as a struggle against Communism. It was a war of national liberation, a fact borne out by the subsequent history. There was never universal support for our commitment, and in the latter stages of the conflict conscripts were being sent to fight without the support of most Australians. 16000 Australians fought in Vietnam, and 500 died, 200 of these conscripts.</p>

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150 (continued)	Relative of a serving or former ADF member	Hundreds were physically maimed, and thousands suffered psychic damage which affected their families and has destroyed many lives. Veterans who were conscripted are owed a different quality of compensation from those who volunteered. This should include reimbursement of stolen wages (i.e. the difference between civilian and military salary for the duration of the two year obligation), automatic status, irrespective of age or war related disabilities) to the current DVA gold card (or whatever replaces it) and a national apology delivered on the floor of federal parliament.
152	Former ADF member	I was initially conscripted as a National Serviceman but served with the Special Air Service Regiment (SASR) for the duration of the Vietnam War. I did two tours (1967/68 and 1970/71). Our work was highly dangerous and we were constantly reminded of this because we lost most of our Mates in Training. Despite this we took pride in doing whatever was necessary to protect, and take care of, Australia and all Australians. Our record speaks for itself. I am a now a DVA Totally and Permanently Incapacitated (TPI) because of this service. I have a DVA GOLD Health Card that identifies my entitlement, and DVA's responsibility for, my health care. I have provided, and DVA has maintained all of my health records on computer. Yet when I need Dental work done, to alleviate considerable pain and suffering, I have to wait 21 days before anyone will even look at the application for an implant. This is despite the fact that my Dentist has referred me to a Specialist and that specialist has provided all supporting scans etc. Why must I endure this pain for 21 days when all entitlements, and eligibility, are instantaneously available off my file (on the computer). We did our bit for Australia now it is time for DVA to do its bit for us and 21 days inactivity is not performing (and certainly not to SASR standards). We would be ashamed to have a record like that. Our bureaucracy, and the dependence on the written word, is stifling our performance and minimising our productivity. Please do something about this and start getting the care to where it should be ... the Veterans who have already served.
154	Former ADF member	My experience with DVA, the Repatriation Commission and the VRB has been so debilitating and confusing that I get anxiety just seeing a letter or email in the box before I even open it. Every communication is long winded. Reasons for decisions, usually rejection, are so hard to make sense of. The jargon and use of anagrams is no help in comprehending the message. My recent review from the VRB contained SOP's, instruments, folios, affirm, SOP factors, diagnostic criteria, and even a court case. For those of us with PTSD the perceived adversarial nature of dealings, the complication of VEA, SRCA, MRCA and RMA is too much to contend with. Please give the benefit of any doubt to the veteran, don't drag it out because of box ticking, be reasonable, don't make them feel devalued and dumb, give them peace to get the most out of their remaining (probably shortened) life.

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155	Former ADF member	<p>The Report like most Productivity Commission Reports appears to be about saving money. Whilst the report 'talks the talk' it fails to really acknowledge the difference between military service and any other employment. This is clear in its proposal to move to a normal workers compensation model with an emphasis on getting people back to work. This is a good idea but many won't be able to work again or at least only be able to work in a job that is less than their original capability. And it is code for reducing compensation over time. Rolling Veterans care into Defence has the potential to impact on the Defence budget and the veterans budget. Despite the possibility of reducing overheads, in my long experience in the QLD Government, bigger departments are not necessarily better. Most importantly, if the Minister and Secretary's focus is diversified, all their constituents suffer. Despite the problems we have seen with veterans affairs, it has been improving and their main client is us, not a range of things as proposed in the report. The report's comments on the Gold card, is where the report really 'breaks cover'. It is clear that saving money is the main objective. These comments reflect a total mis-understanding of the rigours of military service. Many of us don't claim every physical problem we have, many of which have occurred over a long military career and which have reduced our mobility or general health in later life. The Gold card is some compensation for this overall physical impairment and clear recognition and support by government and the community for our service. Finally, war service injury and harm should be treated separately from service related injuries.</p>
160	Former ADF member	<p>I am a TPI Veteran who suffers from Post Traumatic Stress Disorder from Vietnam. I have been awarded a Officially PTSD Trained dog from Assistance Dogs Australia to assist me with my ongoing Psychiatric Care. My Psychiatrist has confirmed that the dog is an essential part of my Psychiatric care. As I am a TPI veteran and have to live on my pension I seek help from DVA for the upkeep of my dog. I believe NDIS does assist some clients with PTSD.</p>