

2024_Q0001 R.J Smith

Government needs to address ex firefighters (adf) re compensation for contamination by aff foam the same as way as it has for landowners who have had monetary compensation as we ex firefighters are slowly reducing in numbers due to age and illness.

2024_Q0002 N. Keats

I think the consolidation of acts is going to make support access simpler for serving members and is overdue.

DVA processes will be more efficient and claimants will be well served.

A key aspect must be a 'no detriment' clause, to ensure veterans will not be adversely impacted by the changes, without this, there will likely be significant resistance from ESOs.

2024_Q0003

I have had conditions accepted under all three Acts. The most recent determination for me was made under MRCA wherein all accepted disabilities were assessed. The outcome (points + lifestyle rating) would have entitled me to the EDA had there been such a rate under the MRCA but, unfortunately that is restricted to the VEA.

The attraction of the EDA is not so much financial but more the benefit accrued by the spouse on the veteran's demise.

If the proposed Additional Disablement Amount is included in the new scheme, I trust it will also provide the same eligibility for the spouse on the veteran's demise.

2024_Q0007

I am struggling to see how this will make any tangible difference. The issue with the previous system was the adversarial nature of the process where it was more like an insurance company culture where No is the default answer. I am an ADF health provider and was on many occasions horrified at the lengths that our people had to go to to 'prove' that their issues were service related. There seemed to be a perverse delight in saying No. It is no wonder that many felt hopeless and resorted to suicide and suicide attempts. The lack of empathy and understanding was the root cause - not necessarily the system but how it was applied. Until that adversarial culture is fixed, there will be no change to outcomes. Pleasing to hear that more things will be automatically accepted but the proof will be in the pudding. I actually think that it would be easier and cheaper in the long run to give everyone a gold card and accept the responsibility of liability for life - you bought it, you own it! That would at least ensure that health costs are covered - what a great recruitment carrot that would be. It would then allow the claims for compensation to be done methodically and fairly. Less money to lawyers and medical specialists reviewing people in order to prove that the government is not liable; more money available to compensate fairly.

2024_Q0008 B. Wright

If the MCRA is to introduce presumptive liability for specific injuries and diseases - the the ADF should be made to report all instances of these injuries and diseases to DVA each quarter.

There should be synchronisation between ADF Member Health records, and that same individual's DVA file. This should be a fully automated process. If necessary, all ADF member's should be given the right to allow or deny this sharing of information.

Once an ADF Member separates from full time service - their DVA file should already be pre-

populated with all injuries or diseases diagnosed during their ADF service that have presumptive liability.

2024_Q0010 B. Mesken

Good afternoon, thanks you for providing this opportunity to have my say. I submitted my claims about 2 yrs ago, I have just recently been approached by DVA to provide more evidence, i would think that they would already have access to my documents and have profiles of different job categories to be able to fill in lift and carry reports and repetitive injury tables. I am here trying to remember how many times I lifted a M198, M198 spade, jerry carries and all of the other stuff i have done in the last 34yrs, including deployments.

I have spoken to a few mates that have gotten out over the last couple years and this was also their major complaint, who remembers how many times we did all this stuff we just got on and done as we were told at the time.

I understand that im broken and looking down the barrel of a ■ determination, but sitting here trying to remember what happened 30 years ago is not helping. I have rang my advocate and he said that I would have to wait 3mths for an appointment to see him, this is also not helping.

If you are to make changes I would think that understanding job profiles and cutting down on the amount of paperwork would help to stream line this system, this would also reduce the amount of stress that people like me are suffering.

2024_Q0011 J.W. Hunt

Regarding the Exposure draft page 39 item 7.

The period states :-The period from and including 1 August 1960 to and including 16 August 1964.

I am currently waiting for a DHAAT tribunal hearing into my service on the Thai/Malay Border between 1970 and 1971. My service completely parallels those that served in the 60 to 64 period, yet currently, my service is classified as "Normal Peacetime Service".

I believe that I have a very good chance of having my current ASM, elevated to the AASM 45 to 75 clasp Thai/Malay border, with benefits.

If I am successful, then the period dates will need to be changed to include 1969 to 1971.

2024_Q0014

My submission is limited to the draft changes to the VRB. At present, the independence and integrity of the VRB has long been under attack by the Department of Veterans' Affairs. Department staff transition to and from the VRB and recently Members have been appointed directly from the Department of Veterans' Affairs.

This is unethical and a direct conflict of interest.

I submit that the VRB should be made a real independent statutory authority separate from the influence of the Department of Veterans' Affairs with:

- any persons previously employed or contracted by the Department of Veterans' Affairs in the last ten years prohibited from being employed by the VRB or made a member of the VRB due to the direct conflict of interest

- an independent selection committee, instead of the Minister of DVA making Captain picks (including service members being nominated by ESOs who only have a very small percentage of

veterans as members), to stop further stacking of the VRB with DVA puppets

- limiting the number of 'plastic' service members (specialist part-time officers in the Legal Corps, etc) so that the composition of the VRB reflects its original membership base

2024_Q0015

I was 22 year serving member medically discharged with PTSD & many other medical contortions. My mental health conditions have never been correctly acknowledged. I never had PTSD depression or alcohol abuse prior to deploying to IRAQ in 2005 & since then I now live with all this & my family is affected every day. I feel that all new claims should be assessed as new claim not lumped into previous claims & you get left high & dry financially. The delays with DVA is so stressful & draining on people's mental health, a claim can take over 12 months with no updates or anything explaining where your claims are at. This I know affects people it has affected me & leaves you feeling like your life, injuries & mental health don't matter. Then when your claim is approved you get bugger all to compensate your conditions. After giving my life for 22 years & completing operational duties government has left me high & dry & still waiting on claims.

2024_Q0016 S. Crouch

I support the suggested changes that the Simplification and Harmonisation Bill 2024 is proposing, a single VEA will make the claims process easier for veterans and their families. The suggested enhanced entitlements for the MRCA, will greatly benefit the veteran community. Veterans have already volunteered for service and made their sacrifice's in support of Defence and the Australian government, so it's time for the government to do the right thing by them. My wish is for parliament to support the changes.

2024_Q0018

I feel my second DVA claim involved a highly unethical assessor (doctor) and it has really tainted my overall experience in Defence (I am still serving). I have 3 bulging discs incurred during a PESA PT session when I was 25. I was very fit (graduated fittest [REDACTED] from Duntroon for my year) and worked very hard in this area. During the PT session, I felt severe pain in my back, dropped the weight I was using and went to the medical centre immediately after for treatment (my leg wasn't working properly as I walked due to the back injury, I was given pain medication to sleep, and required 6 months of intensive physio afterwards). I was careful to fill out all the required paperwork at the time to ensure the injury would be properly recognised on my file.

A couple of years later, we were encouraged to get all our DVA claims assessed early through a DVA presentation, so I followed suit. It was also clear by this point that I has suffered a permanent injury in my back - I could still do my job, and exercise carefully, but dealt with ongoing daily pain and had to be extremely careful with any activities that involved bending forward. I thought my careful recording of my injury, including the fact I required 6 months of physio, plus a later MRI and orthopaedic surgeon's report confirming I had three bulging discs and was on the cusp of major back surgery, would mean a fairly straight forward assessment from DVA. I now know how naive I was to think DVA had my best interests at heart.

During my second DVA medical assessment, the doctor hired by DVA was playing all sorts of games, although I was too young to realise what he was doing at the time. As my back was still undergoing treatment when I put in my initial DVA claim (which included a collapsed bone in my foot, hip bursitis, and hearing loss), I had been encouraged to come back and get my back assessed separately once it had healed somewhat and was stable in terms of the long term

impairment. For the first assessment, I received 6 impairment points for my foot, hip and hearing, which I actually felt was fair.

For my second assessment, which was after my back had stabilised in terms of impairment (still lots of pain and not able to do certain activities such as bend forward with weight), the DVA doctor kept stating to me that I was only allowed to answer questions during the assessment in relation to my back only - he kept repeating this over and over (i.e. I was not allowed to answer questions from the perspective of my foot, hip, or hearing). He also asked me to bend backwards during the assessment, which I politely declined as I said it caused me sharp pain, and he literally grabbed me by my shoulders and forced me back without notice - this was quite shocking to me. He was also verbally recording me as I saw the tape recorder on his desk when I got changed with the record button depressed (which I don't have a problem with per say if he had informed me), but I know from being trained in this area that he should have informed me that he was recording me under the surveillance legislation and did not at any stage. Then I received my updated DVA assessment, which despite what he said, now INCLUDED my foot, hip and hearing on top of my back injury (which he repeated said were completely separate), and he had deleted 5 of the 6 impairment points I had previously (despite no improvement in these), had given me zero new points for my back, and had changed my independent orthopaedic surgeon's assessment to one that meant I had age related changes only (I was 26, not 60!). I didn't challenge it at the time as I had significant battles relating to fertility treatment that I was undergoing at the time, and had no energy left to fight what felt like a corrupt DVA system.

When we join up, we are all promised by the recruiting process that if the Army breaks us, that they will fix us up and compensate us fairly. I now feel like that is a lie, and that Army chews people up and spits them out with no care as to their long-term impairment. I struggle to do many things with my young children, such as sit on the floor and play with them, or carry them, but according to DVA there is "nothing to see here" based off their last assessment. My children have also spoken about joining the Army to "be like Mummy", my response has been to discourage them primarily based off my experience with DVA treating me unfairly. Why would I encourage them to join the Army, likely be injured to some degree, suffer permanent injuries that will affect their quality of life, that they are not compensated fairly for? DVA need to stop employing these cowboy doctors - are there kickbacks involved when they manage to dismiss claims? This is directly affecting recruitment of new members into Defence, as currently serving members are rightly discouraging new members from joining based off their own poor DVA experiences.

I have also heard stories of DVA staff celebrating when they finally managed to "dismiss" a soldier's DVA claim - how sickening.... I don't doubt that there may be the occasional person that puts in an exaggerated claim, but DVA staff celebrating what could have been a very legitimate claim is just a whole new low.

2024_Q0019

My submission will be short and sharp. There are several things DVA can do instantly to provide Veterans better support.

1. Hire a small team 2-3 people that can contact Veterans and provide an update on their claims. Customer support officers. All they need to say is that your claim has been received and is progressing in the queue. Likely time frames for resolution. Follow up contact.
2. All veterans that have war-like service be provided free public transport for life. It should not matter what level of DVA incapacity they have.

3. Reduce the time frames for approving claims. If this involves hiring more staff, then do it. If this stops one more veteran suicide, then the cost is worth it.

Veterans have fought for our country and DVA are fighting against our veterans.

2024_Q0021

The system is being rorted by members who have served very little time, this is clogging the system for members who have legitimate claims.

I would think that any member who has done 30 years should be able to access a Gold card, and only that no compensation but looked after medically, this would free up the system also.

2024_Q0023

I am currently working through the process to have injuries recognised.

The things that I am finding problematic or stressful are:

- I concealed a number of injuries and issues because of impacts to my deployability or the culture of the time meaning it wasn't a good idea to admit weaknesses lest one be bullied (as I experienced for injuries I couldn't hide). An easier means of attesting to these would be beneficial

- The current system encourages me to be more broken, not less. This is created by the arbitrary gates that decide if I reach a certain number of points, I get a Class B and if I reach another benchmark I get a Class A. I believe we need to do away with this, as it drives people to demonstrate they're more broken in order to access more points towards this benchmark. I believe a better approach is to place people on a spectrum, and pay it more in a pro rata style. That would encourage me to just be who I am, and not target a number that might allow me to partially or fully retire on a medical pension. In case it's not clear, I've tried to explain below.

CURRENT

Class C = \$0

Class B = \$65k/yr, 40 (?) points

Class A = \$115k/yr, 80 points.

Under this system, if I'm on 70 points my understanding is I get \$65k/yr.

PROPOSED

Every point is worth a pension of say \$1.5k/yr (or whatever the persons salary credit points are). I accept this may increase people trying to argue for additional points, but actually will mean that the benefit to me of adding points is actually decreased. Currently, if I fight and can go from 70 to 80, it's a huge benefit, but then I have to stay that broken lest I lose that huge difference. If I get to 80 and through treatment my life improves, under the proposed system I lose a few \$1000 per year, which to be honest I'd be happy with because my life is better.

If I've understood this incorrectly, then there's a broad-based misconception worth addressing.

2024_Q0024

My husband fell under four DVA Acts and the process of claiming through DVA was extremely difficult. If he was found unsuitable through one Act he was not directed to apply through the appropriate Act.

I can see why this leads to suicides as members don't believe that they would not be look after as they are not given the correct guidance by DVA.

Fortunately we had a good advocate that was aware of the process but not all member have that privilege and dealing with DVA is a nightmare.

It took over two years to get any results, pension and compensation. We were left financially strained for several years.

2024_Q0025 W. Griffiths

Hello,

I am a returned SERCAT 7 defence member after Completing 20 years in the permanent Defence Force, then transitioning to SERCAT 5 for 12 years, then returning late last year SERCAT 7. I have served in operations in Timor 2000 /2010, IRAQ, Afghanistan, Solomons and various international and domestic National disasters, 1994 bushfires in Blue Mountains, 1998 Floods in Katherine, which I accept were all in the line of duty, I have never received any formal recognition for, unlike serving members who have assisted with recent national emergencies - apparently there is a difference from being pulled of annual leave to deploy to being 'Force assigned' yet I have worked side by side those who have been force assigned and received recognition such as the HOSM and other accolades.

I have been battling DVA since my first discharge in 2011, I have had some success with some claims however other claims seemed to disappear/fall away.

I engaged a paid advocacy business in late 2022 to try and get my claims addressed, this however is still ongoing only being appointed a DVA case manager late 2023.

One of my claims is for severe Tinnitus that i have been putting up with for some time, claim submitted directly through the MYGOV/ DVA portal with no luck then re-submitted through the advocate I engaged late 2022. A full audiologists report dated Sep 2022 was attached to both claims, yet I have just received a letter from DVA 23 Feb 2024 requesting I obtain an assessment from an Audiologist. This is unacceptable, as I know a number of former defence personnel who only separated in the last 18 months and submitted very similar hearing claims to mine and have had them settled months ago.

Why am I being treated differently and unfairly.

Over the years I have struggled with my mental health and the dealings I have had with the DVA process has left me very depressed to the point I have given up on pursuing claims only to be encouraged to retry, hence the engagement with a business advocacy to act on my behalf. I have become very disjointed in regards to the lack of action received from DVA over the years and the incumbent, prolonged processes involved in getting claims recognised and accepted. I try to be patient yet I feel I am a ticking time bomb about to go off!

The new proposals appear to be a step in the right direction however it does not cover the disproportionate way DVA assist veterans throughout Australia. Support in services that veterans are approved to access are capped to set national amount and does not take into account the higher costs charged in remote (if any) and locations like Darwin. I have tried to gain access to Physio support for an accepted condition on my white card but there are no Physio's in Darwin who will provide their service for what DVA are willing to pay, therefore I have to make up the gap, yet another veteran, say living in Sydney can obtain the medical support within the cost set by DVA without being out of pocket. This did my head in to the point, where I have given up and no longer try to seek treatment for an accepted condition, instead just try to

learn to live with the constant pain and just carry on as best with my life.

It is a similar story with psychologists in Darwin, as there are very few available and most only do by video link. I have tried this process but it hasn't work and I find I am getting worse in my head because it feels disconnected and un-engaging. Not having regular face to face access has made any progress I am making with my mental health go backwards and again giving up has stalled any progress with my claim for diminished mental health. I have recently tried to access this support through Mates for mates but unfortunately they are unable to provide this support until potentially late this year at this stage.

2024_Q0027

Very much like the changes, when things a simpler it easier. Hope it makes better all veterans.

2024_Q0028

If you have a Gold Card Dental treatment must be covered in all aspects. Veterans like myself who suffer from severe PTSD and Psychological Disorders. We struggle with people in our personal space, we also some of us perceive the pain that is inflicted is there to hurt us. We lash out at the medical professionals. It is so hard to gain support for the need of anaesthesia due to the current legislation. I currently need to pay for this myself. It has gone from paying for Nitrous Oxide now to me paying for general Anaesthetic. The legislation should be changed to allow a streamed line approach and allow veterans to get the help they need

2024_Q0029

In 2020, on advice of my Defence medical officer, I initiated a claim for Tinnitus. As a very senior (current serving) ADF officer, who is use to staff work, I found the process daunting to say the least. I was unsure as to the correct wording in case I inadvertently mis-represented my claim as I had no idea how it might be received by the DVA processing staff/Delegate. I subsequently engaged a local fee-for-service advocate, who has been first-rate in their advice and guidance.

If it was not for my Advocate, and someone who has been serving full-time since 1984, I would be completely baffled by the differing regulations, Determinations and Acts. I suffered a workplace accident in November 2000 and subsequently put in a claim, and while paid out, still am not sure I submitted the claim correctly some 20 years ago.

I welcome the unification of the Acts as part of simplifying this most stressful and cumbersome process.

2024_Q0030 S. Fyffe

Inclusion of retired MWD's [military working dog] in DVA legislation

2024_Q0032 A. Grossman

No dog deserves to be euthanised in the s device or Australia going back to the 70a and 80 and the early 1990s dogs posted to Singapore and Malaysia were euthanised after the handler returning ro Australia upon posting. I have estimated at least 250 dogs were euthanised a little known fact in the Australian community. Australia must take a lead out of the Aussie military playbook in that after sogs serving the Aus military are able to be adopted by civilians after a behavioural assessment by the US army vets. A lage number of retired MWDs have been adopted by families following service and assessment. In the Australian military if a handler does not wish to retire the allocated dog there is no choice other than euthanising this is an indictment on defence and the reputation of the the Australian defence force if this were to get out.

Also poor kenneling that creates welfare concerns where dogs are suffering from noise induced

hearing loss. Trust me I am aware as I was working on these issues whilst serving my final few years in defence.

2024_Q0033

Why can't all members of army reserve get white cards. At the moment you can only get white if you done 1 day full time service or injured. But if i went to join the army in 1 day i can say i don't like it anymore and get white card. I don't get .It but if you do couple of years reserve and not done 1 day full time im not entitled to a white unless im injured. I think this is unfair. You like giving medals I can't get one because i didn't do 4 years. The reason was i was in a bank hold up with shotgun pointed at me. Got no support from army which is disgraceful. so i left.

2024_Q0037

I have recognized injuries through DVA. My example is receiving Physio for my back.

I am required to get a referral from my doctor for 12 sessions, at which time I am required to supply the business name of the Physio.

This situation is okay if you are at a fixed address. However if you are travelling or at no fixed address, you may only use 1-2 sessions of the referral because of the business location.

I have no problems getting the referral from my doctor however remove the requirement to supply a business address. I would then be able to use all 12 sessions without having to continually go back to my doctor for a new referral.

The organization giving the service could confirm with DVA what I am entitled to before hand and supply treatment while I am in location.

For consideration.

2024_Q0038 G. Ridge

I am a Vietnam veteran now receiving the 100% disability pension.

I commenced my claim in 2015, three and a half years to have the pension 100% pension granted. Required me to demand a panel hearing due to the ridiculous level of obstruction provided by DVA.

Every inch of the way I was contradicted with no evidence provided by DVA. I only won out due to my obstinance to giving in.

I was then told that i could not get a higher level of pension as my points were not sufficiently high. The points system determined by DVA make it virtually impossible to get past 100% to EDA or higher. The points system needs to be reviewed in order to make it reasonable instead of impossible.

During the course of my struggle with DVA, ably assisted by my RSL representative, I was informed that as I was no longer working, I could not possibly qualify for a TPI pension. Had I been working; I could not qualify for the TPI pension as I would have been demonstrating that I did not need it!!! DVA play two parts against the middle to save pension payments.

Force DVA to cease its adversarial stance towards the veterans they exist to help!

2024_Q0039 D. Steley

██████████ ██████ had me arrested for asking them for help dealing with a problem with DVA and the DVA ministers office

My pension has been cut by 2/3s for almost 3 years simply because I'm a disabled ex service

man who has PTSD Depression and Anxiety from my service and I am also badly dyslexic

Police dragged me from the [REDACTED] at the instruction of the Senators staff because I was desperate for their help and had a major panic attack

I feel this kind of treatment of veterans by DVA, By The DVA Minister, by Senators and by the staff who have been paid and employed to help veterans like myself needs to stop.

I believe there should be an oversight body for DVA and there needs to be an oversight body to look at the behaviour and performance of politicians and their staff where complaints like this can be made public.

I am happy to discuss this with the Minister with the Senator or with DVA but so far they have steadfastly refused any meaningful communications

DVA, the Minister's office and the senator's office have my contact details and I will happily communicate with them or anyone else on these issues

I will lodge a more formal response when I am less angry and distressed

Our government has killed and is killing veterans through both neglect and active harassment

This needs to stop and the systems repaired

2024_Q0040

My submission is brief. I believe it would be beneficial if benefits for children that are assessed as eligible young persons was extended to include the provision of a Gold Card until they enter full time employment or reach the age of 18. Perhaps the criteria could reflect their entitlement to the support provided by the MRCA education scheme.

The cost of health care for these dependents can be well over what is comparable to the general community due, in part, to the level of disability suffered by the dependents parent. This added cost in turn increases pressure on the veteran. The provision of a Gold Card for eligible young persons would provide significant financial relief to veterans as well as improving the emotional and mental well being of all involved.

I thank you for your time.

2024_Q0041 L. Laurie

I submit that All DVA staff be replaced with Veterans because they cannot comprehend that without Veterans they would not have a job.

Also that ALL Legislation and the word Privacy be scrapped and rewritten so as to make the Veterans life appreciated not Hell as it is now.

2024_Q0043 M. Shea

I find no reference to Non-Liability Health Care in the draft legislation. I am still concerned that if or when it is included it will discriminate against servicemen from different eras.

2024_Q0045 G. Lambert

I have a DVA White Card. I required treatment on my left ankle, which is an accepted injury. Early January 2024 I went to my GP and saw him about it and he recommended an MRI and a review by a Orthopedic Specialist. The first MRI request did not mention a specialist and was refused by DVA. So I got a second MRI request issued that did mention a review by a specialist,

as directed by DVA.

I emailed the second MRI request to I-Med and waited about a week or two but I didn't receive a call to book an appointment. So I called I-Med to book an appointment and they said that I needed to call DVA for approval first. I called DVA and was informed that I don't ask for approval, I-Med have to request it from DVA. I called I-Med back and was told that they would make an appointment and request approval. An appointment was made for 04-MAR-2024 at 0715. They would call me if there was any issue.

At 1730 on 29-FEB-2024 I received a call from I-Med informing me that DVA had not approved the MRI and that I would be required to pay for it if I chose to proceed. I told I-Med that I would proceed with the appointment and due to the late hour, I would contact DVA on 01-MAR-2024 and sort this issue out.

At 0600 on 01-MAR-2024 I checked my emails and found that there had been email communication between my GP and DVA. DVA stated in their email that the MRI hadn't been approved for a number of reasons and requested further information about the MRI request. This information was sent by my GP to DVA later that day, my GP CC'd me into this email chain and this was the first that I'd heard about it.

I replied to [REDACTED], Customer Service at DVA, via email as I was in [REDACTED] traveling between [REDACTED] and [REDACTED] and mobile phone coverage was patchy. I asked if this issue had been resolved and if she could let me know. As I was returning to Melbourne and it would be late in the day and if this hadn't been resolved I would need to make some phone calls to change appointments.

At 12.30 on 01-MAR-2024 I received a phone call from [REDACTED]. She informed me that the call was being recorded and then proceeded to lay into me about the request. I felt that she was being overly authoritative and rude. During the conversation it became apparent to me that the MRI request she had was the first one and not the second one. Once she realized this she changed her tune and stated that the request would be approved.

When I arrived at Launceston Airport I called I-Med and informed them that DVA had approved the MRI request. I-Med stated that they had not yet been informed of this by DVA.

I called DVA and explained that it was now 1430 on Friday and I had an appointment at 0730 on Monday, and that I-Med had not yet received notification from DVA. I was informed that DVA would advise I-MED that the MRI request was approved by COB Friday.

02-MAR-2024 I was contacted by I-MED to see if I still wanted to keep my appointment at 0715 on 04-MAR-2024 and that they had not been advised of any approval by DVA.

I attended my appointment on 04-MAR-2024 at 0715 and had to pay \$355 for my MRI.

This saga has been going for two months and has caused me to have an extreme bout of anxiety and I'm still stressing about it as I have no idea what will happen when I visit the specialist in 19-MAR-2024.

This is the second time I have attempted to get treatment for an accepted injury and both times it has FAILED!

The Problem

DVA has a strict guideline that are different from the normal sequence of events. I have an issue, I go to the Gp, he does his thing and decides the next course of action. In this case it was an MRI and then off to see a specialist. DVA wants me to go to the specialist first and then get an MRI.

The Solution

My White Card has a magnetic strip, why can't I just swipe my card whenever I need treatment for an accepted injury? I could swipe it at the GP's office, I could swipe it at the I-Med and the specialist.

The current system is too complex, does not follow a logical sequence and NO ONE KNOWS HOW IT WORKS!

I have a number of mates who refuses to have anything to do with DVA for this very reason.

2024_Q0046 M. Shea

I was conscripted into the Regular Army (RAS) in January 1969, aged 23, married 18 months, with a child on the way. We had saved enough for a deposit on a house. I was a skilled technician and my salary dropped 40%. After nine months of Recruit and Corp training, I was posted to a Signals unit where my skills were put to work. I was part of a small team that repaired and overhauled a mobile central communications platform for transport to Vietnam, that option was then not used, but I was proud of my work anyway. Throughout my service I was not allocated a married quarter and our savings were slowly eroded. In November 1970 I experienced a traumatic event and, by the time I was discharged in January 1971, I was broke and suffering from PTSD. Those National Servicemen who served after December 5, 1972, were covered by the VEA and had access to a Defence Service Loan and Non-Liability Health care. The Government has an opportunity to right the wrong in this draft bill. Please include 65-72 Nashos in Non-Liability Health Care.

2024_Q0047

The compensation offsetting in its present form is simply unfair. I understand that you can't be compensated twice for the same condition but when your pension is reduced for life when you receive a lump sum it is wrong.

In my case I was paid \$110,000 lump sum and accordingly my TPI pension was reduced by \$380.00 a fortnight for life, including adjustments reducing every increase to that pension.

This started in 1991, over time the total pension reduction is \$326,000, three times the amount of the lump sum, now fully recovered. How is that fair?

Once the lump sum is recovered, the pension should revert to normal.

At the very least, DVA, should have advised the effect on a pension if a lump sum is accepted, in my case they didn't.

A much fairer system needs to be looked at, rather than penalising Veterans.

2024_Q0048

This legislation has been written with the consultation of the whole veteran community. This is because the minister refuses to meet with veterans who aren't of his political persuasion. He has also consulted heavily with the RSL who are out of touch with the veterans who this legislation will impact the most



2024_Q0049

We have been going through the claims process now for four years it is so frustrating and convoluted for all involved from the veteran to the GP ,advocate , and family members
There is no support or information at hand to access any of the supposed benefits
My husband has just gotten a Gold Card that realistically does not provide any more benefits than the white card

Was told by a delegate 13/12/2023 one of his claims was at letter of offer stage as it was at offsetting it is now first week of March and when I contacted this delegate on 09/02 ' will look into it tomorrow' after sending a further enquiry yesterday 04/03/2024 I was told - they are on leavethere seems to be a lot of days , hours and leave taken by delegates that are leading to these delays whilst we are expected to do our due process in a given timeframe now another delegate has taken over at primary claims this changing repeatedly of delegates is ridiculous just finish what you start you open the claim then YOU finish it !!

This definitely has a detrimental impact on my husband's health and mental health dealing with this it's a bloody joke I'm over the process,the GP can't understand half of the questions posed to them as it isn't explained correctly so the veteran is possibly being assessed incorrectly plus you can't ask DVA as to what pension they may be on if they retire even though they have the information,my husband needs to retire due to his service conditions but unless we have an idea of what his benefits maybe he is continuing to work which is causing further deterioration of his health ,the system needs a major overhaul a Centrelink recipient gets more than a returned service person

2024_Q0050

I would like to see the education monies that are available to people under MRCA made available to all veterans.

2024_Q0051 A.C. Cull

At long last there appears to be some sort of help, on which I wont hold my breath on.
I have been trying since 70s for medical help re a back injury. I have been shifted from one act to another and always told not enough medical info, after sending in reems of Dr Medical reports All putting blame on Army.

Recently (i have email) I was told no service history and had finalised on MRCA, Told no TPI, no Points for TPI and reapply under DRCA, which is nothing but a fob off, in fact a chooks breakfast on mixed grains, great employees at DVA looking after the head turkeys !!!!

SO does this mean I will be reinstated on MRCA have my points reinstated get the help to keep walking, bot bounced between Aged Care, HHS or NDIS.

I have a copy of every Doc: I have sent (medical) you look up DVA on MY GOV and all my doc are "Pending" really !!! yet my white card says different.

Looking forward to see if book/s get cooked again with this Legislation.

Sorry to be so cynical but 70 years of fighting is Hard to erase

Alec Cull

2024_Q0053

I am going to be in the minority on this, but, I am so tired of people thinking that Defence owes them.

Hearing about other people's mental illness on the daily is exhausting. Everyone relates everything to mental illness, and Defence has enabled this to happen.

Members in their 20s and 30s are claiming mental illness as soon as they don't want to do something or it gets a little tough. They see their friends getting huge payments and pensions and know that the mention of mental health, anxiety, it's makes me feel sick putting the uniform on (they know what to say, what words to use because they all talk) will allow them the same and loads of stress leave. Like the rest of us will just cope with the giant workloads of filling 2-3 positions.

I hear people say all the time, I am going for medical discharge...like it is their choice? How is this an option? I thought we were trying to get members to stay in with different mec codes.

It's just not right, and it's just going to get worse unfortunately thanks to Defence and DVA.

2024_Q0054

I was inappropriately discharged and denied support for 16 years, as a result the impact on my life and that of my children has been substantial. I was subjected to relentless bullying and sexual harassment for 6 yr of my service. I had my mec down graded and should have been medically discharged. I have had my ptsd and other conditions accepted I still have to fight for retrospective supper and my discharge type has not been changed which adds further insult to injury.

My barriers even with compensation to achieve stable housing or home ownership is near impossible unless I can change my discharge type I can't get. Dohas supported loan, but I can't even get that as my discharge was 2008 feb so I miss out by a few months

There should be some assistance to help veterans gain secure housing by either allowing Gold card recipients to access Dohas or a similar scheme this would help improve the standard of living for veterans and their dependants. As a single mother and a veteran who has been deemed permintantly impaired I rely on day daycare to help me cope but due to receiving a lump sum I will loose my childcare subsidy benifit making daycare unaffordable. how is this fair. DVA is not a lotto ticket to get rich is scraps the surface of the hardship we endured especially after being denied support for 16 years

In this housing crisi and cost of housing and living as a single mum with limited lenders tell me how do I buy a home to provide stability for my children?

The retrospective process takes too long and the dva claim proceeds takes to long and has caused more harm to my mental health.

My two older children who should have been supported miss out on support as they are now 18-20 and I didnt know they were entitled to support now it is too late for them this support should be backdated if you claims are approved during a time they would have been entitled

I will never get an apology for what adf has done to me I will never be the person I was the people who caused injuries and assault co workers will never be held accountable

I can't even apply for the \$50 k payment for abused people because I had no information about

it as I was given zero support that scheme should not have had an end date sexual abuse in defence still happens. In 2020 as a civilian worker for [REDACTED] at [REDACTED] I was subject to pornography played on tv in a locked room where I had no means to call for help I was not allowed to work in another room I had to sit with 5 men while this happened and as a result my mental health went down hill resulting in Time off and loss of my job. This was in 2020 so your scheme should still be there as sexual assault is still a big problem.

I would like to be able to put a claim in for this matter going to work to be subjected to on a wall of tv is not ok. ADF is a cult for the mens club they break you and throw you away you are a job just a job I didn't have deploy to damaged I just had to join and the adf did there damage

I am angry and am enraged I am sick of fighting and everyday is a fight dva is the same as defence and it's not good enough if we are at dva we are clearly bloody broken and need help do be better we gave you our life when we signed that line we trusted in this organisation and all you did was break us with little care or apology

2024_Q0056 K. Yates

Concerns regarding Veterans' Entitlements Act 1986 (VEA) benefits transitioning to the Safety, Rehabilitation and Compensation Act (SRCA) and Military Rehabilitation and Compensation Act 2004 (MRCA).

Currently if a Veteran has accepted injuries under all the above Acts but does not have 100% under the VEA, they cannot be deemed TPI even if the medical profession deems them as such and prevents them from ever returning to work. This is a gross miscarriage to Veterans who fall into this unintended hole. They subsequently miss out on an array of benefits they would otherwise be entitled to including discounted public transport to say the least. We owe it to these Veterans' under the Veterans Covenant to fix this error and have a mechanism to deem them TPI if appropriate.

2024_Q0057

It is heart breaking for me that the proposed legislation STILL separates veterans into different classes. Some veterans and their families remain more "worthy" of support than others.

I object in the strongest terms to the continuation of this sort of discrimination. A defence veteran who breaks their back while training in Australia, should get EXACTLY the same treatment, compensation and support as would be provided a defence veteran who broke their back on deployment, or in conflict. This is not the case, with some supports remaining restricted to those who were serving in specific circumstances.

EVERY veteran signs up to give their all for Australia! EVERY veteran should be assured of the SAME level of care and support if they are injured or become ill due to their service.

I re-iterate my previous suggestion that the smartest thing to do is to provide all veterans with a Gold Card on reaching age 60. This would take a massive and increasing load off the public health system, and while expensive for DVA's budget would absolutely be cost neutral or positive to the budget overall, when factoring in the benefits - i.e. Veterans would actually get medical help and support prior to deteriorating to the point of collapse and hospitalisation - and the massive costs involved at that point.

Moving in this direction would also give a clear signal not only to Veterans, but to current serving members that their contribution is ACTUALLY valued, their willingness to give EVERYTHING is

valued and will be repaid through simple provision of free health care. This can be done on the same non-liability basis that Mental health is currently supported, with veterans still required to make a claim if they were seeking compensation. However it is worth noting that the vast majority of veterans care MUCH more about simply being given adequate care and support without having to fight every step of the way, than they care about compensation payments.

2024_Q0061

Good Afternoon,

The following are recommendations that should be considered in this Bill as part of the new and improved MRCA:

- Incorporate Super for incapacity payments (why should those that can't work due to military accepted conditions miss out on Super contributions as if it wasn't for these accepted conditions, veterans would be able to earn Super. This is even more so applicable for Veterans that are TPI Gold Card who can work up to 10 hours a week OR for some Veterans, can't even work at all and therefore Super should be paid towards their Incapacity Payments),

- Consideration for Gold Card for all Veterans or potentially automatic for Gold Card at 70 years old regardless of Qualifying Service or not (This ensures it's fair for all and not excluding other Veterans),

- Increase the weekly maximum amount for Household Services to a higher amount or allow an increase in a case by case basis for some veterans who have more severe accepted conditions that affect their daily activities (as for some Veterans, more services are required due to their military accepted conditions).

Please seriously consider these recommendations as you would actually help Veterans more

2024_Q0062 C. Ibbott

Query that the definition of Mariner which relates to 'ships' excludes the veterans serving as submariners on Submarines (I believe this is in s445). I note we didn't have Submarines in WW2, but looking at whether this legislation is potentially future proof or not

2024_Q0063 K.L. Cull

It's time that Veterans receive similar benefits as those of NDIS. We can no longer receive services from many medical and ancillary providers as DVA does not pay a reasonable amount to compensate for those services. For example my physio charges \$150 for a long session but is only reimbursed \$70 by DVA. For the same service 10 years ago her fee was \$75 and she was reimbursed \$65. I can not get the service of an occupational Therapist in [REDACTED] as none accept DVA clients. I would like to have a deep tissue massage once amount as it helps with pain management, this is not covered by DVA but an NDIS client can receive this service. There are many things NDIS clients are able to access that Gold Card Veterans cannot. Are we less deserving? Are the providers that help us not entitled to proper recompense at current rates. Since the introduction of NDIS, the Veteran community has been discriminated against as our benefits have been severely regulated and we are not able to be assessed for NDIS as we were told we were already being supported.

2024_Q0064 B. Donnelly

I don't understand why when I submit a claim that includes my GP report I then have to revisit my GP another 2 times just to fill out more DVA documents

2024_Q0065

my first objection is the 2026 before becoming law, since the Royal Commission started how many more Veterans are going to Die or commit suicide before this all becomes LAW. MY other argument has been ongoing with the D.V.A. since I was first told that there was such an organisation as the DVA as I never had any contact with the Army or Government after I was released in 1967. In 1965 I was conscripted into the Australian Army or threatened with 2 years in Jail, I think I chose the wrong one. At my medical in 1965 the Doctors found I had a heart murmur that later in life I was told was a birth defect and had to have a Aortic Valve replaced. Even this I had no knowledge of that as the Doctors never bothered to tell me and passed me A1, all this I did not find out about till 2003 when I had a complete mental breakdown in 2003 and was told by the veteran I met in a mental ward a hospital who advised me to get an Advocate to try and get some help or even a pension that I also did not know existed. My advocate was all so surprised when all my medical records finally arrived and there was no psychological report, we later found out that the Army did not bother carrying out such tests because they did not want to lose to many young males,, I won't say men as we were not legally men by, as we were not old enough to VOTE or by Alcohol in WA. Yet at the end of my 2 years I had been turned in to a Very Disturbed Chain smoking Alcoholic with no prospects and no help from the Government then or now I say now because after fighting the DVA for 6 years off being in and out of one mental ward or another on Suicidal watch with my Wife as my main carer the DVA finally said I was entitled to a TPI pension. I have written many letters since then to every Prime Minister and Minister for DVA seeking support in how I would go about getting Compensation for the way they treated me while trying to get help between 2003/2009 and not being given a psychological examination before being classed A1 and for the last 57 years of my life that they Fucked up. [REDACTED]

2024_Q0067

The tedious DVA application processes and evaluation of claims has in the past appeared to be focused more on ways to discourage and dismiss veteran claims, rather than positively assisting ex-service personnel.

For example, in 2015 I submitted a claim for an over 65 employment pension adjustment and completely satisfied all of the criteria, plus provided all necessary documentary evidence. The advocate who represented me agreed that my claim met all of DVA's criteria.

However, the review board went through my records and found a claim I had made regarding a badly injured shoulder from an accident during my pre-Vietnam basic training. This injury was aggravated by my subsequent service activities, which were heavily physical.

My shoulder injury was never recognized by DVA, however the over 65 claim review board made a case that the degree of injury and ongoing pain from this injury could perhaps be such that it alone might have precluded me continuing to work in full time employment.

DVA shouldn't be able to twist and turn in its arguments to produce a narrow, unproven answer to the department's satisfaction.

The degree of administrative effort to protest this outcome was so daunting that I gave up, which was probably the point of it all.

And, of course, I still have this uncompensated injury that DVA refuses to recognize - because it occurred just prior to my deployment on war service.

2024_Q0068 R. McVey

Thank you for this opportunity. From the outset I should disclose I am a recipient of an EDA disability benefit arising from my service in an operational zone.

I wish to highlight my volunteer advocacy service within the RSL sub branch structure wherein I was privileged to represent many older veterans who felt their service was not adequately acknowledged by DVA compared to other veterans whom many did not serve in operational areas but through questionable representation were granted TPI status.

Whilst I understand this may be a unsubstantiated statement, it has highlighted to me that despite the severity of medical conditions endured the access to appropriate compensation was diminished purely because of age. TPI was not available to ex-service people when they reached 65 years and older.

Consequently they commented they have been discriminated against and had no basis of appeal and suffered significant loss of benefit compared to TPI recipients.

I also understand this appeal has been highlighted for many years but has been largely ignored by successive governments.

With respect I believe this aspect is needing urgent and equitable review.

Thank you

2024_Q0070

One of my most significant concerns for the updated legislation is gold card coverage.

Currently, I have a combined WPI of over 300% and very significant disabilities, both physical and psychological after a range of bullying and sexual harassment incidents during training, including the development of a severe foot injury (which led to bullying) and later an eating disorder.

However, as my eligibility is under DRCA, I cannot access a gold card. This makes seeking treatment extremely difficult as the boundaries of care are unclear.

For example, my accepted claims include dental caries (caused by an eating disorder; also accepted) however if I try to seek treatment most dentals are confused by what is able to be paid. Does 'treatment' include check ups? Or only treating cavities?

Because I have many sequelae resulting from the chronic eating disorder, I often have health issues I haven't claimed – but to seek treatment for these issues under DRCA's current system I need to claim them. If I had a gold card, I could merely seek treatment and would not need to go through the process of having a claim approved. This may have avoided me needing to add many of the specific conditions I've claimed (e.g. GORD, IBS etc).

Many GPs (especially in rural areas) also now refuse to accept white cards and say they only accept gold cards, making it very difficult to access care. The difference between gold and white cards often creates significant confusion when accessing care.

Gold cards should automatically be made available to veterans with over 80% WPI. Veterans with a high degree of impairment should also be able to access other benefits now available under MRCA, such as financial advice and dependent benefits and other benefits offered to gold card recipients (e.g. discounted car registration in some states).

Many significantly disabled DRCA recipients feel like second-class veterans – this is a very common theme on veteran support groups such as DVA Entitlements on Facebook.

If DRCA and MRCA are brought into alignment, the benefits that would be available had a

person been assessed under MRCA should be made available automatically to avoid those veterans having to make additional claims; providing any new benefits automatically would also avoid a lot of anxiety and confusion for veterans now unsure of what they might be entitled to claim and could avoid the emergence of a new flood of claims and new backlog.

2024_Q0071

I was a member of the Royal Australian Navy Submarine Service from 1967 until end 1973 which puts me under SRCA and VEA. I like many dealing with DVA had massive difficulties, the favourite rejection point was "Balance of Probabilities" and in Submarine Service we never carried a Medical Person so any injuries were rarely officially recorded and due to blanket cover, no Qualifying Service for any operations prior to 1978.

I believe there should be provision in the new legislation for those who suffered (I selected that word carefully) to reapply for coverage for those injuries rejected by then operating DVA which had a culture of Deny Liability if at all possible. A good example I had with claims was being advised that I had claimed under the wrong Act, if I claimed under SRCA then I should have claimed under VEA and vice versa and it is extremely disheartening when their own specialists agree with me on the injury and cause but still rejected by a Public Servant with no medical knowledge.

There is I am sure many many incidents of this happening to other veterans, from what my advocate tells me I am probably one of the worst but certainly not alone and she is an ex DVA Employee.

I understand that the submission should not be done in such a way to open the floodgates of claims but there should be a provision for at least a review even if the legislation only allows a review process to take place for these old claims when requested and if anomalies are found that Review process should be able to allow that claim to move forward.

Examples:

1. I suffer from Sinus Barotrauma, a condition common amongst Submariners caused by the sudden change of pressure with the submarine. I claimed under SRCA, sorry not covered, claimed under VEA sorry you should have claimed under SRCA and that was at the appeal.
2. I have neck injuries, my lower back is covered, I was in a Traffic Accident which included extensive Head Injuries after being thrown into the windscreen head first, the head injury is covered but neck injury is not, reason given like a lot a medical records in Submarines, not on my medical file, it happened in UK whilst standing by RAN Ship being built in Shipyard and at that time the ship wasn't even an RAN Vessel, this is prior to handover. DVA sent me to Injury Specialists, they were not very complimentary of DVA or their reasoning with their report being ignored.

AND I know there are thousands of other stories much worse than mine.

2024_Q0080

With this new legislation I think its great that we are reverting to the single act instead of having three. After reading the new legislation I don't see anything about the States and Territories and the services they will provide. (IE. In WA if you are under the VEA or MRCA and you receive a pension then your entitled to a Veteran Transperth Card but if your in the DRCA you aren't entitled to it. In VIC if your a Veteran it doesn't matter what act your in you are entitled to a Veteran Public Transport Card).

The issue I see is that the States and Territories need to change the way they provide services to a Veteran under the new legislation.