

2024_Q0081

DVA Health & Home Care Services.

Currently Veterans covered only by the VEA are only able to access the inadequate Veteran Home Care (VHC) services, and are not eligible to access the more favorable and beneficial Household Services program.

Our older veterans' are in desperate need of sufficient, reliable home care services and the provisions of the VEA result in Service Providers turning their backs on providing services funded by VHC, for more fruitful funding available to self funded or those with My Aged Care's Home Care Packages.

For the want of better words, VHC is an absolute joke, it is not designed to meet the needs of our aging veterans (who in most instances do not have DRCA/MRCA eligibility and therefore unable to access DVA's Household Service's program.

This is how DVA treats its ageing Veterans and it is disgraceful.

The solution, make available Household Services to Veterans' under the VEA. This needs to be done immediately.

2024_Q0083 M.R. Legro

1. Whilst covered by previous submissions I reiterate the need for 20 year non active service veterans receiving a gold at age 70. Currently an air traffic controller in the middle east operating from a secure location qualifies for active service gold card at 70. It is weird that loyal long term members do not given they served and went on exercises or stationed at locations like Butterworth and do not.

2. I was refused a claim for my ulcerative colitis. It was accepted the condition was diagnosed within the require time frame of quitting smoking. Yet because I had no active service I could not prove my smoking addiction (i had been a casual smoker for two years before joining at age 18) was service related even though I was in a heavy smoking and drinking environment for many years and had extreme stress factors like at age 18 having a boy die in my arms from a car accident, finding out I was adopted 6 weeks before departure to butterworth. Both these time created PTSD that was never treated. Once i was recommended for treatment but they refused to give m psychiatric help. A member on active duty but not frontline would have been given approval.

3. Non Liability Health Care. I have approval for cancer treatments under NLHC. But there is no provision to have preventative treatment covered even tough with the ulcerative colitis and primary sclerosing cholangitis my chances of having bowel cancer is extremely high. The last colonoscopy I had under the public system (where there are often delays getting the procedure done, thy did 22 biopsies. Thankfully all benign but some were pre-cancerous. Surely in such circumstances the preventative procedures should be included. They could be covered by making NLHC for mental health only available to those who served over one year.

Thank you for reading this short submission

2024_Q0084

Hi I would like to make 2 submissions:

1. Recognition of Civilians to be covered by DVA

I worked overseas as a defence civilian in a non war like environment for just under 12 months.

During that time I had a staff of 10 working for me - 6 military and 4 civilians. We lived in the same accommodation, eat in the same mess, were all given the same Defence passes to get on and off base. We all were under the same defence discipline act. Yet we were covered by different compensation acts. Other non Defence civilians were covered by DVA by a Ministerial direction. If Australia deploys overseas then all deployed personnel should be covered by the same compensation act.

2. Gold Card Considerations.

I served for over 21 years full time and 17 years part time in the Australian Army. I believe there are numerous submissions on providing a Gold Card to those that served over 20 years full time. I support that submission. During my service there was never a need for me to be deployed overseas, like a lot of my contemporaries, we served during the 'Cold War' period. There were limited opportunities to deploy. However, we trained hard to be ready if Australia was ever attacked or need a force to deploy. We provided the expertise and training for those coming through to be able and ready to be deployed. Yet we have no recognition for the long service we completed, and are not eligible for a gold card when we reach 70, as we didn't deploy.

Thank you

2024_Q0085

Another thing I noticed, Medical Transport for Veterans under the DRCA should be updated. I can't attend my sports physio due to poor public transport times and not able to drive a motor vehicle.

If I try to attend my sports physio session it takes me 45 minutes to get there via public transport, then I do my 25 min session then it takes me 70 minutes to get home via public transport. Total travel time is just under 2 hours. This isn't ideal in anyway. My sport physio service falls under Allied Health Services which DVA transport don't cover. I believe this needs to be included so I can have arranged DVA transport which allows me to get to my appointment and get me back home.

2024_Q0086

Off setting rules

I've had over \$200 a fortnight taken away from my pension Gold Card TPI, since 2014. I've already paid back the little compensation payout I got due to ill advice from a lawyer. I very contacted finance a few time and written to politicians about off setting rules are so unfair.. I was told by DVA that, my money will be reduced forever,. Even though I may have already paid back my compensation payout under MRCA, because under VEA I will have my pension off set forever regardless if I have paid back the compensation pay out. So as far as I am concerned I'm paying for my own pension,.

The so call lump payout over time and the off setting is do unfair . Ive already paid over \$50,000 in off setting losing my pension. This will increase considerably . I f live to 80 another 24 years of off setting payments far exceeding my compensation lump sump payout.

How is this fair ??

2024_Q0093

PAY VETERANS MORE MONEY WHEN CLAIMING COMPENSATION!

2024_Q0095

I am currently receiving 100 % of the general rate under the VEA. I understand that under the new arrangements VEA pension recipients may be able to receive lump sum payments under the MRCA only if their conditions worsen. At my age and due to my life and financial circumstances largely due to the effects of my service related conditions I have found myself unable to generate a house deposit and therefore there is no chance for myself and my family from ever exiting the rental market. I have been forced to move 5 times in 5 years in [REDACTED] causing a massive amount of stress. It would absolutely benefit myself and other veterans in similar circumstances if the fortnightly payments could be converted into a lump sum or partial if only for this reason without having to apply for a worsening of conditions and the original DCP portion grandfathered as a fortnightly pension which is hardly life changing. Kind regards

2024_Q0097 D. Pope

I am a ex National Serviceman who served in South Vietnam

I have a big issue with the definition of a veteran

In my view you must have served in a war zone or a peace keeping environment

For navy and airforce the definition needs to be clearly defined

Just because you were in the armed services does NOT make you a veteran

2024_Q0098

Firstly, I think that the proposed reform is a great step in the right direction, even if it is long overdue.

My only opposition is to the proposed commencement date of the 1st of July 2026. I understand that there is red tape to get through with new legislation, but surely given that the primary objective should be veteran welfare, the legislation can be pushed through much sooner than that?

There is a reason that the reform has chosen to scrap VEA and DRCA in favour of MRCA and that is because it is a fairer system for all veterans and generally will provide better outcomes for veterans. Therefore by delaying the commencement date for another two years and 3 months or so, you put veterans in the position of holding off on submitting claims for that protracted period just so that they can get a better result than they would otherwise. Some of these veterans are in need of assistance well before that commencement date and whilst common sense says that if they are in desperate need they should submit claims ASAP, the reality is that they won't if they know they will get a better outcome by waiting. For some, this extended wait may be too late.

One of the reasons I saw published for the commencement delay was that advocates would need to be trained in the reforms. This training would not be extensive whatsoever given that advocates currently already operate under MRCA, which will essentially be the same MRCA of the new system in most respects.

I urge the stakeholders to reconsider the commencement date in the best interests of veterans and their families.

2024_Q0099

Section 449 mentions Operational Service - Service on submarines Special operations. It does not give a geographical location of these special Ops.

Operational Areas

Schedule 1 Part 2

6. Vietnam (Southern Zone)

The period from and including 31 July 1962 to and including 11 January 1973.

There are Statements of Principle in existence that have factors that rely on service in South Vietnam.

The Special Ops period is outside the period mentioned above. So in order to avoid confusion it would be sensible to include the Special Ops periods within the Operational Areas. It must be remembered that Vietnam was not the only geographical area that Special Ops went to.

What we are supposed to be creating here is an Act that takes away any confusion. It will be too late after the act is proclaimed, to say OOPS, we should have seen that, and rely on the courts to fix it.

kind regards

2024_Q0100 D.S. Maidens

The veterans entitlement treatment support (VETS) bill should NOT go before government before the final recommendations from the Royal Commission have been provided. Why have a Royal Commission if the government moves ahead prior to completion of the enquiry. This would be disadvantageous to all veterans.

Furthermore the grandfathering of the DRCA/MRCA will again be disadvantageous to all veterans. Finally the VEA TPI pensions should be provided to MRCA SRDP recipients with no CSC offsetting unlike what is currently provided.

Currently veterans who have provided long periods of service and are across all three acts are substantially financially disadvantaged due to VEA or MRCA condition date of acceptance.

For example two veterans have both served from 1990-2020.
Both veterans have the same operational/war like service prior to 2004.
Both veterans are receiving a CSC Class A super based pension

One has claims for conditions A, B, C & D accepted under VEA and is provided TPI special rate under VEA \$1760 with no offsetting against CSC Class A super based pension

The other has claims for same conditions A, B, C & D accepted under MRCA and is provided SRDP under MRCA \$880pw WITH offsetting against CSC Class A super based pension. Likely to receive \$0

Same service, same claims, same CSC Class A super based pension substantially different outcome.

The advantageous provisions of the VEA & MRCA should be merged to provide the same outcome for all.

2024_Q0102 B.

There seems to be very little alterations (or enhancements) to the treatment/rehabilitation sections of the legislation, and this is a critical area that has lacked improvement over time.

The RAP schedule for example is extremely limited, especially when you compare what is available to NDIS participants vs DVA clients. NDIS participants have a very wide range of appliances available to them, that are not available to DVA clients. DVA legislation seems to

insinuate that all clients are able to be 'rehabilitated' back to full health, when this is rarely the case. I wonder whether this is why there is a discrepancy in what is available via NDIS vs DVA, because NDIS participants are (by virtue of their acceptance into the NDIS) considered to have 'life-long impairments.

Provision of psychosocial support is also currently tied to 'rehab' within the DVA treatment provisions, but again, if I have been deemed to have permanent impairments of a particular degree, how is it that this is not something I have access to generally alongside regular treatment? We need this to be embedded into a treatment offering to clients, as there is good evidence for psychosocial prescribing and it's ability to reduce acute presentations (especially for mentally unwell clients).

2024_Q0103

I am a 59 year old Veteran. I am finding the proposal difficult as it is not simple to me even though many might find it simple and easy to understand. I find it lengthy and difficult to understand.

My concerns are for all Veterans and current serving members who need to submit claims that we all get equal treatment considering our individual circumstances.

I also am concerned about myself having been a Reservist, what will happen to our entitlements? What is going to happen to SRCA and how will this impact Veterans who are classified under SRCA?

The other issue I have has not been mentioned but I doubt I'm not the only Reservist Veteran who experiences this but there is a confusion around receiving DVA payments and a part Centrelink Disability Support Pension.

When I was a member of the ADF Reserves my income was not taxable income. However, no matter how many times I have asked for an explanation, I am still confused. My ADF Reserves income is non taxable but Centrelink treat it as taxable income. I cannot understand how this is allowed. Both are Government departments, both are non taxable. So, how is it that since 2018 I have been receiving a part Disability Support Pension because my non taxable income is treated by Centrelink as taxable income. I was already living in poverty for 18 years previously due to Army injuries that I was told I wasn't allowed to claim.

I don't understand how MRCA and VEA will help Veterans.

I had the understanding that VEA classification for pre 1975 Veterans. They too have had difficulty receiving their DVA entitlements for decades so will this Bill be easier for them to receive their payments as their ongoing injuries and illnesses will be changing with ageing? And once again, what about those such as myself who are covered by SRCA? What will happen to us and our changing injuries and illnesses?

My other concern is PTSD. Could it please be easier for Veterans to receive their diagnoses for all their injuries without having to appeal when they provided all the relevant medical information including as inpatients. I discharged in 1989 and was only diagnosed with PTSD and all my other injuries 28 years later. How will the Bill care for Veterans with complex needs? The Bill needs to take into account that many Veterans do not have an Advocate or Carer or Support person to help them navigate these processes. Please make it easy for them to understand, to receive their payments and make it a supportive process.

2024_Q0107 C. Palmer

If the aim of this Legislation was to simplify Veteran Entitlements, then this draft fails! Fatalities during training, self-harm statistics, low ADF retention and recruitment, all suggest that, at this most hazardous time since the Cuban Missile Crisis, Veteran Legislation needs to be really simple and universal. The Legislation needs to be such that any ADF Member can apply without

Advocacy or Legal assistance. Inquiries, from Dunt 2009 to Senate 2017, all contain recommendations which, on initial reading, appear absent in this draft, which is complex and confusing.

In summary:

- a. The ADF Covenant clearly recognises the unique and hazardous nature of ADF training and operations. Therefore, unless the Commission can prove otherwise, any disease or injury during, or arising from, Service, must be accepted.
- b. Any critical review of RMA SoP's will find many unscientific, that is, unproven by repetition by experiment. Therefore, SoP's should be interpreted to accept a given condition, but NOT to deny IF a practising registered Medical Specialist offers a reasonable hypothesis for a claimed condition.
- c. Any Legislation MUST state: "Benefit of doubt and interpretation of legislation are ALWAYS to favour the Veteran".

2024_Q0108 M. King
Good evening.

I am not an Australian national. Indeed, I was born in a different country, and only found myself here, randomly one day.

I have lived here ten years. Ten beautiful, wonderful years. I have seen so many things in Australia which I never dared to even dream about in my native country.

It brings to mind that most wonderful anthem. Advance Australia fair. It is a calling for all to uphold this wonderful land, respecting those who came before. Honouring those who fought so we could live. Raising our voices so those who are unheard can no longer remain silent.

I believe in this country. I have never believed in anything in my life. Indeed, I considered nihilist at one point, but now... Advance Australia Fair.

My love for this country is such that I am urged to raise my lungs for certain people. Veterans. Natives. Non-natives who choose to come here and live respectfully by Australian laws and rules.

I respect the government for their hard work in ensuring a nation which is equal and free to pursue whatever it is passionate about.

I am not a veteran. Neither am I an advocate for a veteran. I doubt I even know anyone who fought for this country.

But I do know one thing. People who fought and died. Suffered. Still suffer in ways we can never even begin to understand. They deserve more than just complication and being pushed aside.

If people like LGBT or religious members can have the rights they deserve just for a personal opinions, then those who fought for liberty, justice, honour, and truth, should be more than justified to have what they deserve.

I beg you, and I know the Australian people beg you... Give the heroes what they deserve. Just look around you. Nothing here would be yours if not for their sacrifices.

Thank you for your time.

A single wanderer,

2024_Q0111 P. Rafferty

While the improvements are splendid they fail to address the discrimination against National Servicemen who did not serve overseas.

The trauma and life long effects of being trained and prepared to go into a war zone are as damaging and traumatic as going to said war zone, we were subjected to horrendous conditions against our will - search and destroy missions in booby trapped tunnels with intent to slit the throats of any enemy man woman or child.

That's just one example, of the treatment we got as conscripts, so all in all the DVA gold card is the least that should be on offer before the rest of these blokes are dead!

2024_Q0112

I feel that any veteran that qualifies for a Class A pension and hits enough PI points for a TPI Gold Card should be afforded 100% of their salary at time of discharge. Currently veterans who medically discharge have their wages dropped to 75% of thier original wage. In a time of coat of living crisis in Australia you can't expect a veteran to give his/her all for thier country and then without fault of their own (medical injuries) take away 25% of their take home wages per year for life.

2024_Q0113

The recent free physio initiative is a good one, please continue it.

Psych counselling being as easy as physio be nice (maybe with GP referral).

For the love of god, index my pension fairly, at least with CPI. This has been asked for by veterans for decades. How would you feel if your earning power is deliberately diminished by the government as you get older. It may be the government is waiting out remaining DFRDB members to die out. But that is even more disgraceful and proves that systemically both sides of government really don't care.

Plus injury claims remain too long winded, my knees have slowly been getting worse, but for the marginal increase in pension it's not worth the hassle. My knees are only going to get worse so a quick 5 yearly phone call assessment would be ideal.

2024_Q0118

I feel the servicemen and women should only be entitled to all the perks if they have actually left the country to serve.

I know of several ex RAAF members using the system to get their 'old age/old football' injuries repaired using their DVA benefits while they were only working in the office their whole career. In summery, if they were to be injured whilst at work they should be entitled to work-cover or the DVA benefits. If they served overseas they should be entitled to lifetime support.

Enough spending on the systems leeches.

2024_Q0119

The current process is over complicated, demeaning, difficult and stressful beyond what would be expected of an already necessarily traumatic experience. This not only impacts the veteran, but has an impact on family, including dependents. My childhood stressors and negative experiences are largely associated with my father's PTSD after extensive combat service. I can

categorically state that his experience with the system as an employee of DVA lead him to avoid the compensation process completely for years, because he knew the experience that awaited him. When we as a family unit finally were able to coax him into engaging with the system it nearly destroyed us. It was belittling, confrontational and lacked support. This process will always be difficult, and will always involve trauma, that is unavoidable. However wide spread change is required to genuinely support the veteran, and his/her family DURING the process as well as after an outcome. Our veterans should be viewed with trust and respect at the point of assessment, not the long standing position of distrust, scepticism and burden of proof. It is appalling to me as a survivor of the process that it is far easier to prove medical/mental disability as an unemployed young person than it is for a combat veteran, or indeed as a workers comp victim than a person who put their life in danger for our nation. Please enact significant, welfare based, peer supported change asap for our veterans and their families

2024_Q0120

I would like to submit a very simple, non-complex submission:

" That all ex service persons who served in the ADF over the age of 75, be offered a Gold Card."

2024_Q0121 N.H. Sanders

1. How do I know how this new system will affect me?
2. In 47 years of Defence service 1971 to 2018 changes to DVA legislation has not been for the benefit of veterans. They have made veterans worse off, e.g changing SOP, smoking and alcohol consumption no longer an SOP.
3. The legislation will be enacted regardless of what any veteran has to say.
4. I would suggest that funding be provided to veterans to independently legally challenge decisions made by DVA which the veteran considers ,unjust, incorrect,unfair and contrary to public service values and code of conduct.

2024_Q0123

When looking for assistance to apply for our DVA pensions, it seems one has no choice but to do so by the internet. With ages of very late 70's, limited computer skills mild Dyslexia this is truly a nightmare. There seems to be NO facility for face to face assistance and guidance in submitting the forms required. On asking, we are routinely sent back to the never ending internet forms. I understand the DVA's preference but it is extremely stressful, not to mention the financial disadvantage.

I would welcome any assistance for person to person assistance.

2024_Q0124

I am a tier assessed ex F-111 fuel tank entry maintainer.

After talking to many colleagues, I raised a couple of concerns regarding the transition away from DRCA onto the new model MRCA in July 2026.

The reason for this submission is to capture ahead of time a gap that may become present that will have a very negative effect on the mental health of Reseal/Deseal personnel.

There are 30+ conditions that have previously been identified and streamlined for DVA acceptance for those approved under the Tier system (through SRCA). Effectively, those that claim one of these conditions do not have to prove a link to service due to their service exposures.

With the new proposed single act (MRCA 2026) proposal, it appears (via FAQs) that the new presumptive liability provision will be used to capture the Reseal/Deseal conditions.

Question #1 is: When will the DRAFT instrument be available that will tie MRCA presumptive liability (s27A) to the F-111 Reseal/Deseal conditions and,

Question #2 is: Is it possible that exposed F-111 maintainers be recognised for a Non-liability Health Care Treatment for All Conditions (Gold Card), as per similar systemically exposed personnel?

E.g. the identified British nuclear exposed veterans are of a similar nature in that risks were known but the exposures continued. They rightly have access to the above, F-111 reseal/deseal maintainers do not.

I do thank you for your time on this, I raise this issue to cover off potential gaps moving forward, knowing that the diseases covered for this cohort will likely increase in prevalence.

A smooth process should be maintained to protect the mental health of exposed F-111 Airmen/Airwomen.

2024_Q0126 C. Chaffey

To whom it may concern

In relation to Government consultation regarding proposed changes to veterans compensation and rehabilitation legislation.

I have written this submission in the hope that retired Military Working Dogs (MWDs) can be considered in this process.

Having been a Military Working Dog (MWD) handler for 16 years, I have had the honour of deploying with my MWD and retiring several MWD's from service. Unfortunately their lives are relatively short, more so following service life. The average retirement age of a MWD is from 7-10 years old with a life expectancy of around 11-14yrs. Whilst it is very rewarding to enable some higher quality of life for these veterans, letting them "just be dogs" for a period of their lives, their loss is none the less heartbreaking.

Unlike us, canines do not choose to enlist in the Defence Force. We make that choice for them, based on the natural aptitude and talent they demonstrate for particular roles required by Defence. The roles we assign our canines to, cannot be replicated by man or man-made means. MWD's are housed in a kennel environment for the entirety of their careers, and whilst their health and general well-being requirements are met, they are far from living the life of an average dog. They do not request extra leave following a deployment or exercise, they are on deck ready to work every day.

When MWD's become physically unable to continue on with their role, they are retired from service. Unlike us, they do not receive a pension or paid medical expenses for the remainder of their relatively short lives. In fact their care and the cost of that is generally the responsibility of the handler who has elected to take the dog home.

Some of these dogs finish service life with a raft of ailments such as but not limited to:

- Dental issues
- arthritic conditions,
- previously undiagnosed cancers and intestinal conditions,
- musculoskeletal problems and more, which are 100% caused by their service.

Many of these dogs are euthanised far earlier than necessary due to the carers inability to afford

the cost of ongoing treatment and or surgeries these ex - serving members require.
I thank you very kindly for taking the time to consider my submission.

Kind regards

2024_Q0127

Please let me start by saying DVA has a tough job! I know, from personal experience, there are a not insignificant number of serving and ex- ADF personnel who are exploiting the system for all they can get out of it with the Gold Card being the their sole aspiration regardless of what it takes to get it.

I, for one, cannot understand how a current serving member can hold a Gold Card and yet remain physically and psychologically fit enough to remain in the ADF...it just does not make sense to me.

My personal experience with DVA was not great, not because of the outcome (I was not successful) but because of the complexity and the way I was treated...being asked by the Chair of the Review Board if 'I am normally a liar' really hurt. And I can only imagine the impact upon those who are truly in need.

As such, I agree a single legislation should be implemented and can I suggest the Review Boards be professionalised.

2024_Q0129

I served in the RAN Feb 1997 to January 2004, I was medically discharged. Unfortunately, I fall under the DRCA legislation, I was discharged in 2004 with 2 specialists stating that I will never be gainfully employed again. I have enough points to be TPI but due to the legislation that I fall under I am not entitled to TPI.

For us veterans that fall under DRCA and are totally permanent impaired we are not only financially disadvantaged, but we are also medically disadvantaged.

Financially - we are not entitled to the TPI pension, which puts us in financial stress and disadvantaged. We are not eligible for many state government discounts which are available to others that are on a medical disability payment.

Medically - All medical treatment is held up & hindered as we have to wait for approval for all substantial medical treatment. The wait for medical treatment approval is lengthy which is detrimental to our physical and mental health. Some medical providers will not treat or engage with veterans that have a white card. So, you have to search for a medical provider that is willing to treat you under a white card. If we are to have a CT or MRI we are treated like anyone else that doesn't have a health care card. Which majority of us cannot afford, so we go without.

So, for any veteran that falls under the DRCA legislation we are both medically and financially disadvantaged.

It shouldn't matter what year you served; it should be a matter of if you have enough points to be TPI than you should be approved.

2024_Q0130 J. Hill

Having worked in a clinical role for both [REDACTED], I have been privy to the barriers and challenges that current serving and ex-serving ADF members face.

The largest barrier I have encountered has been access to supports and services for reservists. For example, I have worked with numerous reservists that are unable to access Non-Liability Health Care (NLHC), Mental Health treatment or other supports such as gaining a White Card - as they have not been deemed eligible due to not having Continuous Full-Time Service (CFTS).

For example, one client of mine had worked full-time hours within the ADF and served in

reserves for 20 years but could not access any supports due to his ineligibility.

Whereas, I was worked with clients that had 10 days of enlisted service, did not finish their training but can access NLHC, Veteran Payments and other financial supplements.

I have worked with ADF reservists as colleagues within [REDACTED], these people provide an amazing service for those that are serving and ex-serving, yet are not able to be recognised for their efforts outside of the Veteran Recognition Program.

Perhaps it may be beneficial that a review of Reservist eligibility be added to the new Legislation Reform, to ensure those that have served in whatever capacity, can access the services and supports they are entitled to.

2024_Q0131

Regarding automatic accepting of events that occur while on duty, will this cover incidents of abuse or trauma? for example if someone was sexually assaulted while on duty and as a result of that event got PTSD, would the PTSD be accepted under this provision?

Presumptive basis to accept certain conditions: would be great to get some more clarity on what the activities/jobs/exposures will be, possibly a few examples.

when drafting cover sheet for GP assessments it would be great to clarify that the doctor is not required to determine if the persons service caused the condition, it is only their role to medically assess the conditions, many GPs will not complete the assessments as they fear they could be reprimanded or face legal trouble.

A definition of the MRCA test for current DRCA veterans would be great

a document which states the heads of liability under the new act

an outline of how DVA will teach and transition staff to the new act, how and if information requested by DVA will be reduced during assessment of claims, currently the amount of information DVA requests for claims is far too excessive and often overlaps and often is requesting information that has already been provided.

2024_Q0132

(1) I would like to know if, or suggest that, existing DVA clients with dual VEA-DRCA eligibility who have not applied for any DRCA conditions prior to the proposed date of the legislative reform, be provided with dual VEA-MRCA eligibility on or after that date.

(2) I'd like to confirm whether the proposed reform will automatically allow clients with accepted conditions under the VEA, access to Household Services without having to go through the current process of having their already accepted VEA conditions accepted again under another compensation Act. This would reduce a lot of red tape for veterans and reduce workload on the department. Obviously people claiming lump sum PI compensation and/or incapacity payments would still need to have their conditions accepted under another Act.

Not everyone wants lump sum compensation nor incapacity payments with a possible reduction of their DCP through offsetting; many just want access to Household Services for their already accepted conditions.

2024_Q0134

Please establish an independent Board of Directors comprised of everyday citizens to oversee the development of this legislation, as well as the veterans affairs industry in-general, because both sides of government have become completely corrupted by their corporate donors. It is obvious that this Royal Commission into veteran suicide has nothing to do with helping anyone, it is merely about replacing the Liberal Party's business model with one developed by the Labor Party so that they can funnel money back to their sponsors instead; aka 'Veteran Service Providers'. As part of this, the government must have no involvement with the selection and appointment process either, otherwise they will simply use their star-studded proxies to achieve the same outcomes. So, any citizen must be allowed to nominate themselves for appointment, and only Australian veterans should be able to vote for them. Without this, nothing will change because the Liberal-Labor duopoly are both responsible for the things that led to this predicament as only they have been in government since at least World War Two. Therefore, given their track record of negligence spans about a century, it is time for them to admit incompetence and transfer power back to the people to fix it. Give veterans the money, and tell your sponsors to get f***ed!

2024_Q0136 Defence Kidz

We write on behalf of 'Defence Kidz' who advocate for Defence and Veteran children in Australia.

Currently the MRCA legislation ensures a lump sum of \$104,291.61 is provided as an additional payment for severely impaired veterans with eligible dependants, that being over 80 impairment points, according to the DVA website.

It appears that the intention of this section when initially written was to support defence and veteran children and assist with their education given it is part of the Dependant Education Scheme.

However, the proposed changes by the new Bill to the allocation of the compensation raises critical questions about its impact on family dynamics and financial stability.

Section 80A outlines that the compensation is payable to the person with primary care responsibility. Typically, this responsibility falls to the mother, which could inadvertently affect her Centrelink benefits, including pension and child care subsidies. The unintended consequence? A financial penalty for receiving due compensation for the children.

Moreover, there's a glaring absence of safeguards ensuring the funds benefit the child directly.

Without accountability measures, the compensation's intent could be diluted, and the children—the intended beneficiaries—might not receive the full advantage of these funds.

The potential for increased familial conflict, particularly in separated families, cannot be overlooked. Such disputes could exacerbate stress and mental health issues, further complicating an already delicate situation.

The question then becomes: How do we ensure that this significant sum truly serves its purpose?

We recommend that a third-party oversight mechanism provide the necessary protection and

assurance that the compensation reaches the children as intended or in the alternative the payment is made in instalments on a regular basis to an educational facility.

2024_Q0137 I. Holburn

I suggest that survivors of major non warlike incidents be included to the entitlements of the Gold Card. Currently incidents that threaten or endanger a service person by an enemy is a criteria for recognition, however I would suggest that (for example) a peacetime ship collision/sinking at night with considerable deaths and casualties occurring is equally as terrifying as any warlike incident.

The survivors who saved their comrades, ships and equipment deserve this recognition if nothing else.

I believe the survivors of the Melbourne/Voyager and Melbourne/USNS Evans incidents faced a more harrowing time than (say) being crew of a destroyer firing at a target 15 kilometres away. I humbly request that this submission be approved as soon as possible as there are not many of these veterans left.

2024_Q0139

A person who enlists for a period of 9 years or greater should be regarded a veteran. Willing to serve one's country without doubt.

2024_Q0141 S. King

Hello,

I served back in 1991 my defense number is [REDACTED]

I suffered and continue to suffer great amount of stress because I served at [REDACTED] unit.

I was targeted by our Warrant Officer and was subjected to many days of Restriction of Privilege's and forced after work hour duties, made to sleep at the back of the [REDACTED] toilet block with terrible sleeping conditions and loss of wages. I was hospitalized for mental illness at [REDACTED] where they drugged me up with Morphine. I have tried to seek help on many occasions.

Will this Bill ensure I get help and compensation for the trauma I suffered?

2024_Q0142

All ex serving veterans should have access to hearing services through Australian Hearing at no cost to themselves. We have all fired various weapons and been exposed to the high level of noise from using firearms. Whether during warlike operations or peace time serving we have been exposed to the same level of firearm noise. Back in the 1960's there was no real hearing protection like today. There should be no difference between those veterans with Qualifying Service and those without, as we have all been exposed to the same level of decibels over time. Time since serving should be irrelevant, this is an entitlement that should apply to all veterans.

2024_Q0146

The private vehicle klm rate is not covering fuel costs and wear and tear yet if. I use the other option of Hire car or Taxi the Dept pays extraordinary amounts of money out three and four times what the private vehicle gets. These days since and through COVID I like many veterans feel safer in our own vehicle also there many times Taxies and Hire cars are late or do not turn up so you miss your appointment. There has to be some common sense put to the use of your

own vehicle. I live in a rural area not the inner city the roads are in poor to terrible condition so wear and tear is costly. That is another reason why hire cars and taxis do not turn up.

2024_Q0147

Firstly if this legislation is so positive for veterans then why is it not a voluntary change. Doesn't pass the pub test.

Drca veterans will receive less compensation under the new act. But may receive a gold card but already get free medical on a white card. What are the chances and numbers of veterans that could claim 22 years after DRCA ended and get points required for gold card when the government doesn't know how the P.I.G and Garp will work together. This is obviously getting veterans hopes up but is unlikely to make a difference.

Vea veterans who are currently 100% general rate who cannot work due to defence injuries or illness after 2026 will lose thousands of dollars due to not having the benefit of the offsetting rule under vea and csc when TPI. No one should be worse off under this legislation. If they are then you have failed. It looks like a cost saving exercise.

The lump sum that DRCA and mcra give are contributing factor in veterans suicide and homelessness. Veterans with mental health issues often separate from wives and families due to defence caused illness. When lump sum is given as compensation they buy a house. After breaking up the house goes to the wife /kids and veterans are left with very little and unable to work.

Lastly if someone gets a job and has conditions of employment. Being compensation if injured why is the government continually changing legislation that seems only to improve the government's budget. Why aren't they going back and changing politicians entitlements. Like cars, staff and travel when they have retired.

2024_Q0150 G. Archard

There needs to be a clause or provision that no veteran will ever be worse off under the new legislation, including but not limited to treatment options, compensation, incapacity payments (including veterans who have already converted their incapacity payments to a lump sum and if under the new 'single' piece legislation had they not converted their incapacity payments to a lump sum that they would now effectively be entitled to a higher amount of incapacity payment taking into account necessary adjustments for inflation), travel reimbursement and transport bookings not changed or affected negatively, streamline of reimbursement for travel and a single system for dealing with travel reimbursement (currently some travel is reimbursed under different acts and when using mygov/dva website claims can 'disappear' off the system because claims may be under 2 different acts).

2024_Q0156

Good morning,

I am a 25 year Veteran based in Brisbane. Will there be face to face information sessions being run by DVA across the country so that that veterans can be well informed on what this means? As it stands I do not understand what this will look like going forward, and which to be well informed

Best regards

2024_Q0161 I. Newbery

Today is the 12th of April 2024. This morning I received my copy of the Vet Affairs Newspaper Vol 40 No 1 April 2024. The first time I have been advised of the Consultation on new Veterans' Legislation contained there in is today the 12th April 2024.

I note there were webinars on the 3rd and 9th of April and that submissions on the proposed legislation closes on 28th April. None of this was in the Vet Affairs News but I had to go to the DVA Web page to find them out.

WHY DO YOU AND OUR GOVERNMENT TREAT SERVICEMEN AND WOMEN AND VETERANS SO POORLY???

HOW DARE YOU GIVE US SUCH POOR NOTICE AND SO LITTLE TIME TO REPLY???

I INTEND TO ASK THE PRESS TO PUBLISH THIS TREATMENT OF AUSTRALIAN SERVICE PERSONNEL AND VETERANS IF YOU DO NOT REVISE YOUR CLOSING DATE FOR SUBMISSIONS.

2024_Q0162 R. Steley

The term "Balance of Probabilities" requires a definition under the new Act. I came under the 1930/1972 now 1988 Act and VEA. A number of claims submitted were rejected using the term "Balance of Probabilities". I served in the Australian Navy Submarine Service, medical records to say the least were limited or non-existent in my service in Submarines, no medical staff were carried and records were rarely updated and this term was used to reject medical claims, it would seem to be a non-medical term used by a public servant, a non-medical person but left very little room for appeal of that decision.

How on earth is one expected to appeal against a decision of "Balance of Probabilities". It is certainly not a term used in law, I can find very little reference in Civil Law or criminal law yet a public servant untrained in either medical or law uses this term to reject a claim of injury, at the very least moving forward, a definition of this term should be included to allow appeals to move forward.

Under the new Act, Delegates must be required to provide full reasoning for rejection of a claim NOT using a generic overall term "Balance of Probabilities" as happened in the past

2024_Q0166

Hello,

Under current Law there is a manifest agreement between DVA (VEA veteran) and Services Australia (Centrelink) for disability support payments granted when you have enough PI points.

There currently is NO manifest agreement between DVA DRCA/MRCA and Services Australia. I have personally tried to navigate/apply for disability support payments unsuccessfully several times.

THIS NEEDS TO BE RECTIFIED!!!

How can I be TPI (80 points- the highest you can get) for DVA yet another government agency won't even look at me, listen to me or correspond with another government agency? So many veterans are giving up because these systems in place are so hard and against them.

There should be manifest agreement across the board where if a veteran has 80 points of incapacity you should be allowed to apply for disability - without months of red tape... done that with DVA for over a decade.

Things need to be fairer.

2024_Q0167 G. Hooker

I am a veteran covered by the VEA. The VEA has significant protections that support my whole-of-life pension entitlements.

Should the Government change the VEA and include it into a single piece of legislation, I firmly believe that it opens up VEA veterans for changes that affect the more modern veteran legislation. Regardless of the Government or Minister's statement of 'grandfather' protection, any future Government decisions may affect many older veterans who have been covered under the VEA for a very long time. This may add significant stress and anxiety to veterans who believed that they would be supported under the VEA forever.

If the Government wants to change and fix the Veteran legislation, it (and the Department) should create a piece of legislation that will better support veteran moving forward from the approval point. This will ensure that 'good' legislation such as the VEA will not be impacted and the protections provided to older veterans will remain in place.

The VEA supports many older, long-term veterans and should be left well alone. Fix the DVA issues going forward - not complicating approvals and protections that have happened in the past. Our veterans need support, not more stress and anxiety. Leave the VEA alone and in-place.

2024_Q0169 D. Deakin-Bell

I would like to see the veterans' eligibility criteria (<https://www.dva.gov.au/get-support/financial-support/income-support/eligibility-benefits-and-payments>) extended to include members of the Australian Public Service who have served as members of ADF operational deployments in warlike and peacekeeping missions, to bring them in line with members of Federal and state police services (ref Eligibility for benefits and payments "If you are a police officer who served in a declared peacekeeping force, you may be eligible to claim Disability Compensation Payment and treatment for any injury or disease accepted as being caused by your peacekeeping service. You may also be eligible for the Veterans' Vocational Rehabilitation Scheme").

APS members, such as myself, were embedded and served alongside ADF and Police members, sharing the dangers and hardships involved in operational service undertaking roles such as Civilian Monitor (Bougainville Operation Bel Isi), Political Officer (Afghanistan and Iraq) and logistics support (Operation Slipper). In both the Civilian Monitor and Political Officer roles, APS members of the Departments of Defence and Foreign Affairs served in isolated small forward operating bases or liaison teams, acting as primary contacts between the ADF mission and locals.

Tasks included gathering information about local issues, political structures, weapon deployment, critical incidents, etc to develop intelligence for future actions; working in communities as influencers on local leaders and populations to pursue ADF taskings such as spreading peace messages, etc.

While most tasks that involved going into the community were as part of an ADF military lead patrol, there were occasional tasks that involved either individual APS members or small APS teams undertaking activities in the community without military support.

Seeking compensation for conditions gained or exacerbated by this operational service is difficult or not understood through the APS workers' compensation and WHS mechanisms. For example, in my case, during Operation Bel Isi, while I was employed and paid by the Department of Defence, I was seconded to the Department of Foreign Affairs which co-ordinated most Australian-based aspects of the Civilian Monitor Program, then embedded into the ADF lead system for final pre-deployment training and processing, the mission itself and then the return to Australia. So the question of who was responsible at what stage, and what records, including medical records, were kept is difficult to determine. I had to physically hand in copies of my Bel Isi medical docs from Bougainville to Defence APS for inclusion on my Personal file. What happened then is anyone's guess.

Thus extending the definition would simplify the process and improve the lot of current and former APS members who have served their country on operational service.

2024_Q0170

My wife and I do not want to change from our fortnightly payments, and we want to stay as it is, and not have all this stress and worry about what you are trying to do.