

2024\_Q0171

We need a board comprised of Australian citizens that are elected by veterans rather than appointed by government to circumvent the politics and extreme corruption within the veterans services industry. We know what you're doing! This RC has nothing to do with helping veterans. It's about redirecting the cash flow away from Liberal's mates and towards Labor and the Greens. Deregulation by members of the public is the only way to get around this. Any involvement by the political duopoly predestines these "reforms" to pour money into the coffers of their paymasters at the expense of veterans and their families; aka the status quo. Enough of this BS, we're calling you out! #followthemoney

2024\_Q0174 W. Wilson

Not happy. Don't do it.

2024\_Q0178

Please combine the initial liability and permanent impairment assessment process. It is ridiculous and embarrassing that us veterans have to jump through two processes.

- having permanent impairment and initial liability is a drawn out process that is doubled up due to two steps

-requires multiple delegates to be involved across the process.

- adds to the waiting time and impacts the "que" process due to multiple claims being submitted and needing to have them determined twice. If there is an error at any point the claim could be pushed back to the start of the initial liability even if it's made permanent impairment.

-commonsense. Why do you even need two processes.

-one delegate per claim not two.

The veterans community constantly feel that due to the two step process you are wanting us to "die off" rather than have compensation awarded once liability has been granted.

2024\_Q0179

Removal of cap on compensation

One delegate handles initial liability and PI

2024\_Q0182 J.

It's a good start and a much needed improvement, however, this is just the start of what is required to ensure veterans receive fair and equal treatment

2024\_Q0183 V. Voncina

My biggest concern currently is regarding assistance and care of veterans once they pass retirement age. Currently under VEA, which most over 65 would be covered under due to age and time of service, there are a very limited number of services available. I recently returned home from a bout in hospital which required medical staff to revive me three times, having nearly passed away. Prior to my leaving hospital, I and members of hospital staff attempted to get home help from DVA without any success. Having been told that I was only entitled to home cleaning which I gratefully had in place and unaccompanied shopping. When I got home I was in a dreadful state. To get to the toilet I had to crawl on my hands and knees because I lacked the

strength to walk. On my second day home a nurse visited who could barely speak English making it difficult to communicate. She took my measurements and said you don't need a nurse and that was the extent of my DVA help. No physio, no follow up visits, no checking to see if I was coping ok ( I live alone) in fact I was unable to cook at all so for the first three weeks I ate junk food just to keep going. I can assure you I had many a tearful moment. I am writing this submission to ensure any other aged veteran, who shares his home only with his dog, and who becomes ill and discharge from hospital do not face those post fatal times without any assistance. When a soldier serve should not be a factor in any government decision made. Ever. The fact that he served should be the only relevant point. I understand some soldiers served one year and were deployed to different areas o/s and receive extra consideration, but there are many who served 20 years and more but because of political influence were never deployed. That should never enter into the equation. They volunteered to serve, and then governments took away the volunteer medal and made it the Australian Defence Medal yet gave those who never volunteered their own special recognition. It seems to me, volunteers get less because they volunteered.

2024\_Q0186

In order to speed submissions for Disability pensions, in particular to recipients currently in the system, why is it necessary to start from the beginning again with giving all service details when the current recipient is in the DVA system.

I.e. I have been wanting to submit a claim for hearing loss and Tinnitus but I'm overwhelmed by the amount of paperwork and information required that DVA already have.

I'm sure I'm not alone

A short cut for current recipient's would help speed the process

2024\_Q0188

Since leaving the ADF, I have noted trying to negotiate DVA and all the separate Legislations has been a complete Minefield.

You need to be a subject matter expert to start looking at lodging claims.

This process and lodging claims with DVA and referencing legislation needs to be taught to current ADF members for future use when required.

My first advocate I utilised, he was of retiring age and it is a voluntary position.

So this advocate had to balance personal life with the life of his veteran clients.

I was let down on my first allotment of claims by this advocate.

So with other personal contacts, I managed to locate another advocate from a large ADF veteran organisation to assist with my claims.

This advocate and other members of this large veteran organisation have been awesome in assisting me on further claims and impeccable on there knowledge of the legislations and assistance moving forward.

The current system needs huge room for improvement.

It is over complicated and not simplified.

My claims were lodged approximately [REDACTED] through to the end of [REDACTED]

I have been advised there is a 12 month wait for these claims to be allocated to a case officer for investigation.

This 12 month wait is pathetic and shows how under resourced DVA is with actioning these claims.

This is my personal point of view and not the view of others.

2024\_Q0190 W. Sim

Hi

I currently fall under VEA and DRCA, making the claims process very difficult. I have got several conditions accepted under DRCA with others in the claims process, with my main condition it causes sequelae conditions. So will be more claims coming in future. Currently under DRCA Incapacity payment and had a few PI payments.

I do like in the legislation that I will finally get a whole body classification with the opportunity to receive a Gold Card which means I can stop putting claims in to get treatment covered.

My big concern is at the DVA Legislation webinar it was said if under DRCA Incapacity payments you can not move to MRCA Incapacity payments without a break in Incapacity payments. This would be impossible for someone with permanent injuries living week to week. I feel that this is a huge disadvantage for those under the DRCA Act as it has been well documented in this process how low DRCA Incapacity Payments are compared to MRCA Incapacity Payments, due to the working out of Defence pay and entitlements. Also it means we are still dealing with more than one Act. I was hoping moving forward to be fully under one Act. I think this can be achieved by two ways either at a time of reform implementation all those on DRCA Incapacity payments receive a one time offer to switch to MRCA Incapacity payments. Or when getting a new claim accepted or reviewing an accepted condition give the option to go to MRCA Incapacity payments as you will have a MRCA accepted condition.

The time frame is a concern would be good for this process to happen quicker as the complexity of multiple Acts was highlighted in the Royal Commission into Veterans suicide, but I do understand there is a lengthy process involved with changing legislation.

2024\_Q0191

VEA veterans who become unable to work due to their VEA accepted conditions will be severely disadvantaged by the new legislation.

They will lose their entitlement to TPI under the VEA when the new legislation comes in. Which TPI under the VEA is NOT subject to offsetting.

However, under MRCA 2.0 or whatever they call it. SRDP/TPI is subject to offsetting. So most likely their offer of SRDP/TPI will be ZERO under the new legislation.

Which will severely financially screw them over disadvantaging them. As offsetting will apply under the new legislation. As VEA veterans will lose their entitlement to TPI under the VEA.

Also, a VEA veteran will not be able to get the EYP Eligible Young Persons payment under the new legislation, or the education assistance/payments for their children under the new legislation.

As VEA veterans children are now, well and truly no longer dependents, as the children of VEA veterans are now in their 30's and 40's. So these parts of the new legislation MRCA 2.0 are absolutely useless and worthless to a VEA veteran.

So, taking away a VEA veterans entitlement to VEA TPI under the new legislation will even more so disadvantage a VEA Veteran.

This is totally wrong and is total inequality.

VEA veterans should be entitled to the entitlements of legislation that they were applicable to their enlistment, and that their period of service was under from then, now and going forward.

You can't just change the legislation and then take away a VEA veterans right and entitlement to TPI under the VEA going forward, should the VEA veteran be no longer able to work, and subsequently has to cease employment due to the VEA accepted conditions.

2024\_Q0192

The new legislation will severely disadvantage VEA Veterans. If a VEA veteran becomes unable to work due to their VEA conditions after the new legislation comes in.

They will lose their entitlement to TPI under the VEA. Which TPI under the VEA is NOT subject to offsetting.

Under the new legislation they may get SRDP, but the offer will most likely ZERO. Because under the new legislation MRCA 2.0 or whatever they call it. It WILL be subject to offsetting.

Also with the MRCA or MRCA 2.0 EYP Eligible Young Persons payments, and Education Assistance and Payments for a VEA veterans children, this will be useless and absolutely worthless to a VEA veteran.

Because a VEA veterans children are well and truly no longer dependents. A VEA veterans children are in at least their late 20's most likely in their 30's if not 40's. So there is absolutely no benefit in these payments at all for a VEA veteran under the new legislation.

A VEA veteran should not lose their entitlement to TPI under the VEA, going forward. A VEA veteran enlisted, signed on and served their period of service under the understanding of and legislation that they signed up and served under. You can't go taking away from them now. That is just completely wrong and a total injustice.

2024\_Q0193

The new legislation will severely disadvantage VEA Veterans. If a VEA veteran becomes unable to work due to their VEA conditions after the new legislation comes in.

They will lose their entitlement to TPI under the VEA. Which TPI under the VEA is NOT subject to offsetting.

Under the new legislation they may get SRDP, but the offer will most likely ZERO. Because under the new legislation MRCA 2.0 or whatever they call it. It WILL be subject to offsetting.

Also with the MRCA or MRCA 2.0 EYP Eligible Young Persons payments, and Education Assistance and Payments for a VEA veterans children, this will be useless and absolutely worthless to a VEA veteran.

Because a VEA veterans children are well and truly no longer dependents. A VEA veterans children are in at least their late 20's most likely in their 30's if not 40's. So there is absolutely no benefit in these payments at all for a VEA veteran under the new legislation.

A VEA veteran should not lose their entitlement to TPI under the VEA, going forward. A VEA

veteran enlisted, signed on and served their period of service under the understanding of and legislation that they signed up and served under. You can't go taking away from them now. That is just completely wrong and a total injustice.

2024\_Q0194

The new legislation will severely disadvantage VEA Veterans. If a VEA veteran becomes unable to work due to their VEA conditions after the new legislation comes in.

They will lose their entitlement to TPI under the VEA. Which TPI under the VEA is NOT subject to offsetting.

Under the new legislation they may get SRDP, but the offer will most likely ZERO. Because under the new legislation MRCA 2.0 or whatever they call it. It WILL be subject to offsetting.

Also, with the MRCA or MRCA 2.0 EYP Eligible Young Persons payments, and Education Assistance and Payments for a VEA veteran's children, this will be useless and absolutely worthless to a VEA veteran.

Because a VEA veteran's children are well and truly no longer dependents. A VEA veteran's children are in at least their late 20's most likely in their 30's if not 40's. So, there is absolutely no benefit in these payments at all for a VEA veteran under the new legislation.

A VEA veteran should not lose their entitlement to TPI under the VEA, going forward. A VEA veteran enlisted, signed on and served their period of service under the understanding of and legislation that they signed up and served under. You can't go taking away from them now. That is just completely wrong and a total injustice.

2024\_Q0195

I have read all the pertinent facts sheets that affect VEA clients as of this date.

If the legislation is accepted as it is stated without any major changes, especially to Gold Cards and the widows/widowers of TPI recipients, I believe the changes are fair and required.

As an Advocate for veterans, the current mixture of Acts is a maze of confusion. VEA was fairly uncomplicated. MRCA was a minefield.

As we VEA veterans disappear, there needs to be a clearer ACT for the contemporary military personnel.

2024\_Q0200

Since [REDACTED] I have been cared for by DVA and was issued a Gold Card and in granted a TPI Pension for which I am very grateful. I believe I was also paid a lump sum amount for my disability however, in comparison to the payments that get awarded for similar conditions in Civilian Street it was such a negligible amount. ( I was devastated at what paltry lump sum payments service personnel are awarded. For over 30 years my health has been horrific and I have had no follow up personal contact by anyone, my life because of my condition despite having treatment which was of little help has had devastating consequences that has resulted in me losing my only son because of not being so unwell enough to be available for him and also seriously effecting myself, wife having to care for me and with effected and especially including my families especially time spending with my only daughter who also has suffered because of little interaction with her due to my worsening health. I wanted to submit my views and feel very strongly that those members of the Defence Forces should get someone to personally

follow up with them and their families especially those with mental health problems and get them the help needed which many won't do themselves. GIVE THEM A DECENT LUMP SUM PAYMENT SIMILAR TO THOSE THAT CIVILIANS GET NOT LIKE THE CRAP PAYMENT I GOT YET I HAVE SUFFERED FO 30 YEARS AND SO HAS MY FAMILY!!!!!!! EVERY DAY.....AT LEAST IT CAN HELP TO GO ON A CRUISE, PAY OFF THE HOUSE OR SOMETHING AND EASE THE SHIT THEY HAVE GONE THROUGH SERVING THEIR COUNTRY. THANK YOU.

2024\_Q0203

To whom it may concern,

There is currently no support or low cost home loans available to ex military servicemen pre year 2000 . I am currently renting with no accommodation security for \$900/ week for a family of five.

Stamp duty is waived in Victoria though not in Western Australia why ?

If stamp duty and mortgage lenders insurance was waived it would be possible to buy a property and keep families together and not separating ,avoiding being homeless , trauma to the children and the prevention of suicide !

I have personally spent the last two and a half years handballed from departments within DVA , 5 case managers later no result in trying to secure some housing stability. The stress is immense!

2024\_Q0206

Currently, it is a requirement for mental health conditions (PTSD and Major Depressive Disorder being of particular relevance) to be diagnosed by a psychiatrist for DVA to accept an initial liability claim. For certain veterans, and here I am referring to those in the intelligence and special operations communities, particular details of operations relevant to our conditions are classified.

Various government agencies employing these members and/or veterans provide in-house counseling services with psychologists who have sufficient security clearances to discuss these operations. As such, in many cases, veterans working on sensitive operations will often have received their diagnoses from an in-house psychologist - not a psychiatrist.

While it is not an insurmountable impediment for a veteran/member with sufficient administrative know-how to engage with a DVA nominated psychiatrist without breaching security regulations, not all veterans have that skill set and so I can state from experience that many of those without are not filing their claims under the mistaken belief that their service is too secret to be claimed. Even for those of us who do have that skill set, I can say from experience that not breaking the law during our claim is more front of mind than actually progressing our claim, leading to delays and unnecessary stress.

As there already exists a cohort of security cleared psychologists, a simple amendment to the MCRA stating that a diagnosis of mental health conditions requires sign off from a psychiatrist OR a treating clinical psychologist would greatly smooth the way for a community historically adverse to seeking assistance from DVA.

2024\_Q0210 T. Woods

What will occur with review matters before the VRB leading up to the commencement of the new MRCA legislation where such matters under review will likely be accepted automatically

under such new legislation.

For example. A veteran has applied under VEA and DRCA for Osteoarthritis knee conditions to be accepted as service related. The conditions were rejected under VEA but accepted under DRCA. The veteran appeals the VEA decision and the matter is before the VRB. One would assume that it's highly likely once the new legislation comes into effect the DRCA accepted knee conditions will be accepted in any case under MRCA and thus the review of the VEA decision is pointless.

Surely the VRB is not going to continue with proceedings of such review matters in such instances.

2024\_Q0211 M. Butler

I have a question relating to the availability of the gold card to entitled recipients. It seems to me that it is generally awarded too late to be of substantive benefit to some members. Meaning that it is awarded once a member demonstrates significant incapacity past a certain point as opposed to in time to allow for an improvement in quality of life of a veteran. So the card seems to be more about management rather than the opportunity for quality of life improvement (if possible) before a veteran gets to a point of needing care management.

Perhaps the legislation could include opportunities to allow earlier or conditional access to the gold card earlier in the process to look at quality of life improvement as an assessment criteria. Perhaps my understanding of the process is naive and I'm happy to see advice on this.

2024\_Q0212 R. Hill

Is the Bill going to be retrospective and will this affect previous rejected Disability Claims having regard to possible automatically accepted medical conditions under this new Bill?

2024\_Q0215

What is required is a simple and fair system not one that requires an advocate to get a fair outcome which may be in form of a pension, treatment or lump sum. The current system if you apply as the applicant it is destined to fail even if your conditions are caused as a result of military service. Why do I need a advocate to get what I may be entitled to. This is not a fair system, military life is hard and caused so many medical physical and mental which the average person in society has never experienced. Then there are all the items that DVA is well aware of service conditions but remain hidden. What is required is a fair and equitable system, access to medical services, pension and compensation if required. It should not be necessary to have to seek legal representation to get medical treatment, pensions and compensation.

2024\_Q0216 S. K. Samuel

Re GST Vehicle Tax Concessions only for TPI Veterans.

I am an EDA veteran. My DVA known disabilities are worse than or the same as many of the TPI Veterans yet the ATO will only give a GST exemption to TPI recipients.

The ATO should be advised that there are many veterans with disabilities similar to mine who should be considered for this tax concession also.

2024\_Q0217 D. Skene

After what members go through all ex defence members should be given a gold card regardless. The reason is we were given nothing for our service, no support to reintegrate into civilian life and the least the government could do is support us medically in our old age

2024\_Q0219

The draft does not go far to address service by AFP members to places like East Timor.

In 2006 we worked alongside ADF.

We should be treated the same and covered together.

Please include sworn police service in war like theatres as service for VA purposes.

2024\_Q0224 G. A. Madden

In January 1955 20 Air Training corps Cadets ( of whom I was one ) went to Malaya

on an exchange visit on what I consider to be a peace keeping mission or perhaps a peace building mission .

The reference to the visit is contained in the book "75 Years Aloft - Australian Air force Cadets ( RAAF Air Training corps - 1941 2016 )" by Mathew Glozier .

The exchange was authorised at the highest level - & as a matter of historical accuracy -

& to give credit to A/Marshall Scherger -

should be recorded into the meaning of peacekeeping service and peacekeeping force -

& in the table "Description of Peacekeeping Force" in the Bill.

2024\_Q0226

All I know is that DVA makes things way harder for veterans than it should be. It should not take up to 2 years for a claim to be approved! It should take 6 months at worst.

The money is for veterans, it's not coming out of your own pockets.

Stop treating members like they are committing fraud. 99 percent of case's can be proved by medical tests.

Make sure your staff treat members with the respect they deserve and start triaging claims

It's not rocket science

And lastly get rid of those horrible people like [REDACTED] on the veterans review board. Their a pack of jerks who keep threatening people. It's criminal

2024\_Q0228

I am worried that when I separate from defence now or at retiring age that I will not have a place to live. I currently work in Sydney and most of my pay even with RA is used for rent and I can't possibly buy in Sydney at the current housing market. Saving for a future whilst living in Sydney is pretty hard as well.

I know that over the last 24 yrs that I have served in the RAN the common theme is why are we paying a substantial amount of our rent via RA to other landlords. Why can't we as serving members be allowed to either use the same RA amount for a mortgage or a partial amount to



allow us to buy a house or apartment close to where we work instead of buying out West, up to north coast or does the south coast where you might be able to buy a house.

This might also help with retention as many serving members departure due to wanting to have a family and have a house for them to live in.

2024\_Q0229

I have been a serving member for 34 years and have seen lots of people getting massive DVA payouts. When I worked at Kapooka, some recruits were getting ridiculous payouts, meanwhile my colleagues and I were getting nothing.

We need to have a more simplified system, and those of us with decades of dedicated and loyal service need to be fast tracked to claims, instead of teenagers who've been in the army for 2 weeks.

2024\_Q0233 Disabled Veterans of Australia Network  
'Some never wholly return'

To whom it may concern:

Veterans' Legislation Reform Submission.

We believe all living Veterans and their families require to be granted equal benefits, entitlements and compensation for losses incurred in ADF regardless of era of service.

For this to happen the 'three' existing legislations must be examined clause by clause and the best outcome for the Veteran extracted and placed in the reformed legislation. This would ensure all those under the Repatriation system would be granted the best practices and outcomes from the current models. The new Legislation then needs to be examined against 2024 'Australian Insurance Loss Industry' standards, practices, and compliance. This will ensure those of the ADF Veterans benefit from the same community's expectation for fair right and just compensation for losses.

Simply, Veterans expect from Government the same compensation standards that a Trades Union would require for their industrial or commercial workers/members suffering the same losses in disability and earnings.

All Veterans need to be brought up to the same level, the best level. All served in defence of the same Australia. All live in the present 2024. Today no Veteran lives in the 1986 when the VEA was enacted and designed for the benefit of WW2 Veterans entering retirement. Today no Veteran lives in 2002 when the MRCA was enacted that excludes Veterans from the Vietnam era enjoying the same level of compensation as later Veterans. This time Government must ensure no Veteran is left behind.

Minister Keogh has announced Australia will have 'one' Repatriation Act from 2026. However, he fails to say that he will be retaining the VEA of 1986 for those currently under that Act.

Of DVAs 285,500 clients 242,000 come under the VEA 1986, the oldest and most out of touch with life in 2024 of the three existing Repatriation Acts yet these Veterans have been excluded from the new Reformed Legislation. These clients constitute 85 per cent of our nations Disabled Veterans, War Widows, and their dependants.

Without the inclusion of all our Veterans in the proposed Reformed Repatriation Legislation (One Act) the Albanese Labor Government stands accused of deceiving our Veterans and being dishonest with the Australian public by pretending to bring the lives of all their defenders up to the acceptable compensation standards in 2024.

The only honest and truthful way forward is to bring all Australian Veterans under the one Australian Repatriation Act.

Disabled Veterans of Australia Network

2024\_Q0234 F. J. O'Neill

All Veterans should be compensated equally for the same losses .

This is the story of a TPI Veteran wounded during two years in Vietnam under the VEA 1986. No DFRB, No ISP, just the TPI rate. Compensated less than the Minimum Wage.

Under MRCA things are much different.

A Veteran with no War Service is compensated at a much higher level under MRCA compensated with Lump Sums and 75% of last earnings.

Explain why Veterans from different eras are compensated differently in the year 2024.

Any new legislation must treat all 285,000 DVA clients the same.

ANZAC Betrayal - How DVA is pushing me towards Suicide

I am a TPI Disabled from two years' service in Vietnam . An explosion in December 1969 threw me backwards down a hill fracturing three vertebra and causing second degree burns to torso. Since then I have had psychological problems, fire phobias as well as the physical injuries.

There was no Mental Health treatment offered by Army in the early seventies so after my second year in Vietnam I went 'Walk About.' Returning I was Courts Martialled and sent to [REDACTED] to march up and down in the sun and scrub out lavatories. Not the ideal 'correction' for a trained technical with mental health issues. Discharged without a Mental Health assessment (though Blind Freddie could see I wasn't right in the head) , having my six years contributions to DFRB returned without interest exonerated Army from any disability compensation.

When thirty-eight I had another 'mental breakdown' and my first contact with DVA. Classified unfit for employment and compensated with TPI rate and its resultant Invalidity Service Pension. This for as the Act states "suffering loss of earnings." I had foregone better than average earnings plus overtime and employers' superannuation contributions for my retirement to live on little more than the minimum wage.

I survived on the TPI rate and the ISP while raising my three children from primary school age when my first wife walked out on us saying 'she didn't want to live in poverty.' We got by with help from RSL fortnightly food vouchers, St Vinies Christmas parcels and second-hand school uniforms. I did odd repair jobs for the school in place of fees, second-hand appliances from the Salvos and cheap dinners from the TPI Assn kitchens . Not easy but we did Ok. I was fortunate

to have a good bunch of friends from the local Catholic Church.

Ten years ago, I met a lovely lady and we got married. DVA immediately reduced my compensation by 40%, removing the ISP component under a welfare means test regime saying my new partner requires sharing her earnings to care for me. My replacement for earning compensation was now less than the minimum wage.

At the start of this year, 2024 my wife retired. Her superannuation funds from a life as a [REDACTED] is 70% of what the average male retires on due to time out of employment childbearing and rearing. I applied to DVA for the reinstatement of my Invalidity Service Pension. They responded that my wife must continue funding my life from her retirement pension fund. My wife now a grandmother was still at school when I spent those two years in Vietnam. I have forgone a better life for the defence and foreign policy of my country. I am now even more of a burden on my wife in her retirement. Where she should have the free choice to use her limited saved superannuation to travel, help her children and grandchildren, instead DVA and Politicians mandate her to draw upon her retirement funds allowing them to abrogate their financial duty.

As far back as PM Billy Hughes our politicians have promised the Australian public and our Returned Disabled Veterans and their families "we will take care of you, so you never need to seek charity." To me and those like me this is a blatant lie, a confidence trick played on the families of our nations Disabled Veterans left to 'carry the can' for the ongoing cost of the wars our politicians commit us to. While our nation benefits from, peace, prosperity, and the ability to prosper our Diggers Veterans and their families live in disadvantage.

I have brought my situation and that of around 6,000 others in similar circumstances to the attention of the Department Secretary and Minister Keogh. Neither are understanding or interested in the pointless discrimination they inflict upon Disabled Veterans or the harm they have caused to families by adhering to their punitive and Dickensian policy. Before I married, I had my full compensation for losses in the form of the TPI rate and the ISP. Where I forego the love and companionship of another, go against my religion and divorce DVA would immediately reinstate the ISP and I would no longer be a burden on my wife's retirement funds, her life, and her children. The reason for my compensation, "suffering loss of earnings" due to ill health did/will not change whether I am single or married. There was no miracle at the altar where 40% of my illness disappeared however 40% of my compensation did.

DVA and the Minister know full well they are driving once proud Diggers to an early grave due to their welfare model means testing our compensation but take no notice of Veterans advocacy to cease this policy. They ignore the findings of their own Review into Disability Payments independently conducted by KPMG in 2019. In which KPMG informs the department at least six times they are deliberately underpaying Disabled Veterans by offsetting compensation against their or another's assets and/or income. KPMG tells DVA straight it is unknown in the 'Australian Loss Insurance Industry' to withhold or reduce Compensation dependant upon means. I believe from the reading of review such offsetting is illegal.

My mental health is not good. I'm under a Psychiatrist and medicated. My hold on life is precarious. I am depressed and anxious. I am under constant stress because I am unable to contribute my equal share to the family let alone my own upkeep. I have no dignity. I am ashamed of my service to Australia. I have endured physical and mental disability from war service to my country now required to seek charity from my loved ones. It's immoral.

In short all would be far better off without me around. Soon, again we will have to endure the

Department and the Minister and fellow politicians who on ANZAC Day will be telling the nation how they respect, care and support Veterans and their families.

DVAs idea of support is slowly draining a Veterans will to live.

"We honour all our Veterans" PM Anthony Albanese 21.04.2024

2024\_Q0235 A. Ronalds

Please consider simplification of how former service personnel are categorised. The warlike, non warlike, and other forms of "type of service" create a system which demeans ones' service; as do the resultant cards (gold, white, etc.), and what medical access they offer.

I have suffered from some form of depression every day since leaving the RAAF (about 24 years), and then finding my time in uniform wasn't equal to the next person's. I actually felt ashamed and stayed away from any potential contact with former uniforms. I didn't feel I was able to stand as an equal with them. ... and yet I knew I was equal. Why did government, sometime in the past, link medical to where you served. As a resource, we went with the assets that best supported the deployments. .... and we didn't have much say in the matter.

Why do we need a system of "entitlements" or access to medical treatments or support, based on how our service time unfolded. We all joined as equals, we all served as equals via our skill set, we were all reminder during the course of our careers of team work, team effort. We have our medals to show our service journey and history, and we have all been deemed veterans, yet when we leave the service we find our career service isn't necessarily equal to the next uniform.

If you are genuine about fixing things then give all former uniforms equality of medical access. That dignity might then have some positive flow on.

And one last thing, if government cannot fund this proposal, (and I imagine it would cost a bucket load of loot) then don't engage in activities we cannot support for its full life cycle.

Thank you.

2024\_Q0236

DVA is too slow processing claims, and very inconsistent, eg: A certain Ex RAAF member who has been given TPI for ptsd who was a fireman, never saw a doctor but his mates all wrote stat decs. While Vietnam Veterans have to jump through hoops to get any recognition, People are committing suicide because they can't live with the PTSD, I left Nam in 1970, still can't get a decent nights sleep, and still check surrounds for anything out of place, I was forward scout, and had to pick the way through mine fields, the defence department is too busy covering its own arse, to help diggers, Officers who were in charge, now didn't see a thing , knew nothing about it,

And as for the

what is the military coming to, mistakes are made , innocent people are killed, it's bloody war, you have split seconds to make a decision or react as you have been trained to do, some of the things we saw no human should ever see, but we get no help, and base personnel who know someone get a free ride

2024\_Q0237

This is add on my submission that i did about my service etc.

When i was working on equipment that returned from Vietnam at [REDACTED] clovered in Red Dust as mention before we had to use a chemical from I.C.I. at the time with bare hands in it, no safety equipmet, it cleaned the metal back like new and i do mean new, ended up with a rash on my hands and face, no M.S.D.S. back then.

At [REDACTED] i was using equipment from the Second World War a R.A. 87 Power Box which no matter what you did you still ended up being electrocuted, i still think about that box even now. Also at [REDACTED] we had a laundry that had Asbesto Langing on the pipe work hanging down from the roof as all the buildings had Asbesto sheeting, again from the Second World War. I have scaring in my lungs which can be caused by Asbesto and at last count five lumps in them and noone can tell me why?

All this was told to D.V.A. BUT dismissed it would not accept what i had said, so you see that no matter how you try and change the Legislation, you just have the wrong people doing it.

2024\_Q0242

Dear sir/madam

I would like you to please explain the term veteran. I have been a proud Army Reservist in the RACT corps for a total of 12 years. I did not serve outside Australia or officially sign up for CFTS. However I was AIRN ready and was willing to serve my country at a moments notice if called upon. My camps and training that I attended were full time and sometimes weeks at a time. Also having been awarded the ADM For Service, none of this counts toward me being a veteran? Is this correct?

Is it also true that a Gap year student who completes 12 months is officially eligible to be classed as a veteran and I am not?

If this is all to be true, how can this be classed as equal or equal opportunity when a Australian Army Government Member like I was am being told from the Government that I served and swore to protect believes that I am lesser than??

I would really appreciate a response to my questions.

2024\_Q0243

On the [REDACTED] of July 2022, I was having breakfast at a hotel called [REDACTED] [REDACTED] when I suddenly started feeling extremely sick. After going to the gym with a friend, I returned to my room and did a COVID test because of the symptoms. I messaged the nurse on duty and asked to see her. She was available an hour or two later, so I waited. By the time the nurse returned to the medical room, I was hysterical, curled up on the floor outside her door. After being examined by the nurses and a doctor, I was diagnosed with Pelvic Inflammatory Disease, which led to detailed questions about my sex life and speculation about alcohol consumption and sexual activity.

A few days before falling ill, I had to remove an IUD myself due to extreme pain it was causing. Additionally, I was involved in an Aviation Safety Incident where rapid cabin pressure changes caused ear pain and inflammation. Despite reporting these issues, they were attributed to my illness, and the incident was downplayed, leaving me feeling dismissed.

On the [REDACTED] of July 2022, I was medically evacuated from [REDACTED]. After five weeks abroad, I returned home alone, with a severe illness and no phone. The lack of support during

my return home, coupled with my deteriorating health, left me feeling abandoned and overwhelmed.

Upon returning home, my sickness continued, and I struggled to find proper medical care and emotional support. Despite frequent visits to medical facilities and specialists, my condition remained undiagnosed for months. The lack of clarity and support from both medical professionals and my chain of command exacerbated my distress.

Eventually, after undergoing blood tests, the correct diagnosis was determined to be Japanese encephalitis. However, later on, the Department of Veterans Affairs (DVA) denied this diagnosis, citing inconclusive evidence. This added another layer of frustration and uncertainty to my already challenging situation.

Throughout 2023 and into 2024, my health declined further, and my interactions with my chain of command only added to my stress. Despite expressing my struggles and seeking understanding, I faced dismissive responses and additional challenges in my workplace. The lack of empathy and support worsened my mental health.

Dealing with ongoing health issues, bureaucratic hurdles, and a lack of understanding from those around me has been emotionally draining. The uncertainty about my future, particularly regarding my career and financial stability, has caused sleepless nights and heightened anxiety.

Overall, the past few years have been the most challenging of my life, marked by physical suffering, emotional distress, and a sense of isolation. Despite my efforts to seek help and understanding, I have often felt unheard, unsupported, and unfairly treated.

More specific details regarding my ordeal can be provided upon request.

Change of Policy Suggestion: Improving Support and Communication for Trauma Survivors

Policy Proposal:

#### 1. Reevaluation of Acceptance Criteria:

It is imperative to revise the criteria for acceptance of claims, particularly concerning individuals who have undergone traumatic experiences. Currently, individuals are being informed that their experiences are insufficient or not severe enough to warrant support/compensation. This stance undermines the validity of their trauma and denies them the assistance they may desperately need. By revising the acceptance criteria process, you can ensure that all individuals in need receive the support and validation they deserve.

#### 2. Enhanced Communication Protocols:

Communication from DVA must be improved to provide members with the support and assistance they require. Currently, all calls originate from private numbers, offering anonymity but also creating a sense of detachment and uncertainty. To address this, it is recommended that personal numbers for case managers be provided to survivors, fostering a sense of connection and accessibility. Additionally, follow-up emails should be implemented to document discussions and ensure clarity and accountability. Moreover, efforts should be made to expedite response times, as the current delay of months with no clarity or follow up exacerbates the distress and uncertainty experienced by survivors.

Implementation of these policy changes will not only improve the support system for members

dealing with DVA but also demonstrate your commitment to compassion, inclusivity, and a general care for members mental health.

2024\_Q0244

Hi my name is [REDACTED] I have multiple accepted conditions with my impairment points more then what is needed under mrca to be intiteld to a Gold card but as I'm under DRCA due to the dates I was in the army I'm only intiteld to a white card I can not work and will never work again and I believe it shouldn't matter which legislation your under if you have the accepted conditions and can't work and required impairment points you should be intiteld to a GOLD CARD , in nsw you get no concessions with a white card from any government organizations as they say you only have a white card like saying your not impaired enough even though I would be more impaired then some people under mrca with a gold card after getting my incapacity payments each fortnight and paying my rent ect I'm left with hardly anything I should be intiteld to a gold card which would give me multiple concessions and help greatly with service nsw lisencc fees rego council and transport nsw you get no help with a white card even have to pay for a fishing lisencc which you don't have to if you have a gold card if you can't work and have multiple accepted conditions with the required impairment points and will never work again because of or service we should receive a gold card regards [REDACTED]

2024\_Q0246

The severe impairment payment should not be linked to children but rather age. I would argue that having a child who is 18 and studying and you are at retirement age or older you should not get this payment over a thirty year old yet to have children how is going to be more significantly impacted by this high level of impairment both financially and socially.

I would like to see this payment instead of being linked to having children being linked to age and assessed on a sliding scale.

I think there are numerous ways this payment could be better implemented.

2024\_Q0247

I think there is a significant risk of providing lump sum payments to veterans with substance abuse conditions. I would like to see payments either all pension and you can apply for a lump sum if you meet certain criteria such as you have a terminal condition, you need the financial assistance to purchase a property or for medical treatment or any number of things but a protection there so people don't end up with nothing and no further entitlements.

2024\_Q0248

I make this submission around the definition of "treatment" within all three Acts they hold a similar definition.

Definition of treatment

(1) In this Act:

treatment means treatment provided, or action taken, with a view to:

(a) restoring a person to physical or mental health or maintaining a person in physical or mental health; or

(b) alleviating a person's suffering; or

(c) ensuring a person's social well-being.

(2) For the purposes of subsection (1), treatment includes:

(a) providing accommodation in a hospital or other institution, or providing medical procedures, nursing care, social or domestic assistance or transport; and

(b) supplying, renewing, maintaining and repairing artificial replacements, medical aids and other aids and appliances; and

(c) providing diagnostic and counselling services;

for the purposes of, or in connection with, any treatment.

This is also the same definition in the proposed legislation. This clearly does not limit treatment to certain medical practitioners or allied health professionals. Yet DVA has made policy that contradicts the law with regard to who can deliver treatment and how. Nowhere in the legislation is the treatment options limited to Medicare Benefits Schedules, Pharmaceutical Benefits Schedules. It in fact stipulates treatment means treatment provided, or action taken, with a view to:

(a) restoring a person to physical or mental health or maintaining a person in physical or mental health; or

(b) alleviating a person's suffering; or

(c) ensuring a person's social well-being.

When DVA forms their CLIK and other policy documents this definition has to be at the forefront as veterans ongoing health and wellbeing are detrimental to this definition.

I would also like to submit that a Gold treatment card be issued to spouses of veterans that are or were eligible for Special Rate Disability Pension or are in receipt of either Carers payment or allowance. Many spouses and families are financially constrained when a veteran can no longer be employed by granting treatment cards to the families this will improve the whole family dynamic.

2024\_Q0249

Updated reform information is so complicated for our Veteran who is only 60 years old. I am still unsure if there will be any change to his VEA TPI.

Addressing the miniscule \$25k for VEA discounted housing loan has not been changed.

Veteran Housing should be a gov dept just as Defence Housing is. We are a family who is currently renting in a market that is becoming beyond our reach and housing that is inadequate for our needs.

I was fulltime carer for my ex husband, a TPI Veteran for many years. Due to his severe chronic PTSD and anger outbursts we were forced to separate. I had to move out with our children. My service pension was cancelled and no longer eligible for support from DVA even though our reason for separation was domestic violence aimed at not only myself but our two children as well. Despite being discarded by DVA due to the change in legislation for separated partners to be no longer eligible after 12 months separation, I still continued to support my ex husband. Financially, medically and in most aspects of his life. That separation occurred around 12 years



ago now and I have continued to this day to care for him.

Last year, my ex husband the Veteran [REDACTED] came to me in tears as he could no longer do life on his own due to severe loneliness and isolation.

By December 2023 he moved into our place, a room separate from the main house where our special needs son and I live. This living situation has benefitted [REDACTED] as he now has company and lives in a home again compared to the mobile home park he was residing in where he was constantly disturbed by violence, crime and danger. The park he resided in was home to addicts, alcoholics and recently released prisoners.

Our home situation is not ideal as [REDACTED] ideally needs a granny flat where he can live but be close enough to me to be able to provide the care he requires as he ages further.

Please consider

1. Reinstating ex partners to lifelong service pension again. We have earned it.
2. Change Defence housing to Defence and Veteran Housing. Again we have earned it. We deserve a permanent place to call home rather than the fear of privately renting in this awful rental crisis.
3. Change dependant child's age for those Veteran's children that are disabled. My son studies part time and is 21 with autism, adhd, depressive disorder, generalized anxiety, social anxiety and OCD.
4. Train the DVA phone staff. It is so frustrating to call up and I actually know more about DVA than these staff members do. What on earth happened to the training and staff members being well versed in their department?
5. Staff the DVA offices so we can actually go in and meet with someone to answer the queries we have.

Thankyou for reading my submission.