The Association of Totally and Permanently Incapacitated Ex-Service Men and Women (South Australian Branch) Incorporated

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Governor of South Australia

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Veterans Compensation and Rehabilitation Inquiry

Dear Sirs,

Attached is this Association's submission on your draft report. Our members have all been determined as being Totally and Permanently Incapacitated as a result of injuries incurred while serving Australia. They are the most damaged diggers. At some stage during recruitment all these people were told "If you are injured serving Australia, you will be cared for and all your medical requirements will be met". Yet too often we find politicians and public servants denying adequate compensation because of the cost of that compensation.

I hold **ALL** politicians responsible for our Servicemen and Women and Veterans. I do not accept the politicians' reply of "We were not in power when that happened". It is the politicians collectively who send our young Men and Women to war. That decision is made by the Parliament with all elected representatives having the duty to debate the matter and vote on it. All politicians have the chance to defeat any Motion to go to war by lobbying hard against it.

If politicians are going to make the decision to go to war, they must realize there are consequences and those consequences include harm to the Diggers. That harm must be treated with compassion and fairness not by reneging on promises they make about Diggers' welfare.

Similarly, all politicians have allowed Veterans' welfare to be degraded.

Consider this; the right of two people, who love each other, to get married was so important that the politicians wouldn't vote on it. They abrogated that responsibility to the people of Australia. However, the decision on whether to go war or not has never been put to the people. The decision to send our young ones into harm's way, even to their death, is made by Government. Politicians with all their arrogance are wise enough to make that decision alone.

I quote United States Senator Bernie Sanders **"If you think it's too expensive to take care of veterans, then don't send them to war."**

Leon Eddy, President
15th February 2019

DISABLED VETERANS TOGETHER

The Commission misunderstands Uniqueness

Starting at Page 2, Dot 5 there are numerous mentions in the report of the "uniqueness" of military service", therefore you cannot compare any aspects of the veterans' system to "workers' compensation and contemporary social insurance schemes." The service Is UNIQUE. The Commission appears not to understand the uniqueness.
Page 3. The first para admits "that military service is a unique occupation." but then understates the uniqueness with the quaint statement "the forfeiture of certain freedoms".

The decision to not only not remove oneself from danger but to obey orders to deliberately go into danger is a lot more than a loss of freedom. It requires a great deal of courage to do that job correctly. Not all have that courage.
Again on Page 4, twice (at 1st para and at Dot 3 of 2nd para) we have comparison with civilian schemes. Again, military service is unique.
Page 5. Dot 2. One cannot "focus on prevention of injury" in a combat situation. Uniqueness!
On page 29 Again you cannot use "standard approaches of workers' compensation schemes." Defence is unique.
Page 24. 1st para. you compare Defence to other workplaces. It is Unique, there is no comparison.

Distressing attempts to suggest a Veteran support package more valuable than it is.

Parts of the Draft Report appear to be little better than "Veteran bashing", there are repeated mentions of "generous" schemes. On page 3 para 2 under "Australia's response" contains the first of many, many references to how "generous" Australia's veterans' compensation system is.

Page 5. Last para. Don't be concerned about "spending $13.2 billion on veterans' rehabilitation and compensation" if you are wasting "$60 million on commemorative activities". Don't spend money on dead veterans; look after the living ones!

Page 6. The statement "A further $800 million was provided to veterans.....by the CSC" is outrageous. It wasn't provided, it is a superannuation scheme; it repays the members' own investments. Its their own money.

Page 9. Two more refences to how generous veterans' benefits are; payments align but "there are additional payments, and (next para) "relatively beneficial". Offensive.

Page 10. You mention how things have improved since WW1 but you must realise the whole of Australia has improved since then, conditions in the whole world are better.

Page 13. First para under Box 3. "value for money" is not the correct priority. The priority is "providing the support that covers the needs of injured or ill veterans". The "clinical need".

Page 21. Box 6 Again "largely generous"
All the many mentions of the "generosity" of veterans' schemes are simply setting the scene for Draft Finding 13.3 "the special rate of disability pension is reasonable."

The Special Rate Disability Pension (SRDP) has gone from 80.28% of the average weekly wage in 1951 to 43% in 2014. This is 53.5% of what it was. It has lost half of its value. The cost of living has not halved since 1951. Current politicians are reneging on the promises made when enticing recruits to join the ADF. (see Attachment 2 which shows the erosion of value of the SRDP when compared with Average Weekly Earnings).

Page 14. You cannot have a "lifetime approach" including both in-service and ex-service, they are separate lives. After service people value their time in Defence but no longer want to be dictated to by Defence.

The average time that persons serve in Defence is approx. 8 years. They then have about another 50 years of life to live. They will not accept being responsible to or answering to Defence for the rest of their life. Ex-Service people like to maintain the friendship and camaraderie they have made in Defence, but they do not want to have any contact with Defence and abhor any attempt by Defence to control them. Indeed, many people who have left Defence want to have nothing whatsoever to do with it. Defence does not have the empathy required to care for injured people and their families and neither should it have. That is not Defences job and should not be its mindset.

Page 19. "...some discourage wellness"

This chapter is offensive and adversarial. Nobody **chooses** to be Totally and Permanently Incapacitated (TPI). Nobody wants to be so ill that they cannot work more than 8 or 10 hours a week. Most TPIs are referred to a Pension Officer by their medical practitioner, they then undergo a protracted medical evaluation by Government appointed medicos and, usually after a "trial" period as TTI (imposed by DVA) they are begrudgingly accepted as TPI. Many of today's TPI had careers after their service and most were successful, indeed many were workaholics. They were ordered to stop work by their Doctor, mostly as a result of the latent effects of their service.

Page 22. VCR "is demonstrating early signs of success."

and page 51 of the Draft Report mentions "likely efficiency savings from VCR". We should not assume these efficiencies alone will solve the current problems with DVA, the restrictive staff levels must be corrected first.
(see attachment 1. which is a graph comparing DVA staff levels to the APS).

Page 27. New governance arrangements for a lifetime wellbeing focus

There is absolutely no need to change the name of Department of Veterans' Affairs (DVA) to Veteran Service Commission. DVA is well known and respected.
The staff at DVA are helpful and empathetic. They do a marvellous job when you consider that the Department is understaffed and has been handicapped by outdated and conflicting ICT systems. Please see Attachment 1 which shows the decline of staff numbers at DVA.

There is a great need for a Veterans Policy Group (VPG) to ensure that accurate Policy Guidelines are kept and that negotiated conditions are met. Examples of this not happening are:- 1. When MRCA was enacted it forced Veterans to offset their own compensation. TPI Federal President protested and was assured that this would be rectified. It was not rectified. Policy and negotiations forming it must be recorded.
2. For years the Department claimed that increasing SRDP to correct its erosion of value would cost $4B and was therefore unaffordable. In 2017 the Parliamentary Budget Office costed the increase at $240M. Previous advice was obfuscation.

The establishment of a Veterans' Advisory Council (VAC) needs further discussion. Some states have VACs that are working well. The Veteran Ministers Round Table working together with VPG may fill the role of a Federal VAC.

The Australian War Memorial should remain within DVA.

Office of War Graves should remain within DVA.

It is inappropriate for the DVA and VPG to be within the Defence portfolio, there is an obvious conflict of interest there. The functions of the VSC as listed at Draft Recommendation 11.2 are not Defence functions, they are the functions of DVA and are at odds to the functions of Defence.
Defence's job is to Defend Australia from its enemies and in extremis, seek out, hunt down and kill that enemy. That job means that Defence needs to recruit, train and deploy people who are trained to do just that. Defence must instil a "warrior mentality" into its people to give them the physical and mental hardness required to complete their mission. The warrior mentality of Defence is at odds with the empathy and understanding required in an officer of DVA.

P 45 "Given that the Veteran Services Commission (VSC) ...will replace DVA" Pretty big supposition!

Page 29. A levy on Defence to pay for compensation
would be a disincentive to do its' job; it would be a restriction. Defence must not be too cautious to seek out and destroy the enemy.

Page 29. Improving Veterans' transition experience.

Defence does not do Transition well at all, it needs to improve greatly. Defence's primary role are to Recruit, Train and Deploy; they must remain as its prime concern. Defence needs to improve greatly in this transition and therefore I support the creation of a Joint Transition Command within Defence. That Command must liaise closely with DVA. Defence is not good at getting rid of staff that have been injured in their service to this country, many people who have been medically discharged feel that they have virtually been told, "You are broken, get out and go away". Our members have referred to the "Continued Coercive Environment" experienced during medical discharge from Defence.

Once a member has transitioned out, they become the concern of DVA which is not answerable to Defence and is not inside the Defence portfolio.

Transition may be working for people who have done their 20-25 years and have time to plan an orderly retirement. It is not working for the young digger who is medically discharged. As stated above they feel unwanted, alienated even.

We are becoming alarmed at the way very young people are being "discarded" by the Army. TPI-SA is signing-up members as young as 30 and 31 who are built like body builders and outwardly look extremely fit; however, these young infantrymen have been broken mentally and physically by their service and repeated deployments. They are all distressed by being discarded by Defence and this coming on top of a "loss of tribe" knocks

the wind right out of them. They are hurt and feel they are not appreciated. These people are at risk!

Page 30. Para 1. "on discharge I was lost, you need to belong". This recognises the "loss of tribe" concept. Camaraderie is far stronger in Defence that in any other job; it must be because of the nature of that job. This is another example of the uniqueness of service in Defence.

These are people who care about guarding Australia, they are security aware; can't Australia find a meaningful role for them. Defence must look harder to find a meaningful role for them in Defence; maybe not on the active list but if we had fewer outsources logistic jobs, then maybe we could retain these people in Defence.

Page 32 & 33. The Gold Card should only be issued to those who are TPI, POW, SRDP, EDA or War Widows.

The issue of Gold Cards to those aged 70 or over with qualifying service was done as a measure to attract votes before an election. Then, after widely issuing the Gold Card, the Government complained about the costs incurred by it. They then said, "look what these Veterans' healthcare is costing us". The Gold Card provides medical treatment to those who need it. Don't splash it around as an act of largess and then be critical of the cost.

Page 33. Mental Health Care

"Younger veterans with recent engagements" are now a very small percentage of the population and they are therefore isolated. After the World Wars a large part of the population were "returned" people and therefore there was help widely available from comrades. After Vietnam the veterans were a smaller but close-knit group and looked out for each other. Todays' veteran is incredibly isolated in the community outside Defence. We must recognise that isolation and help them. NLHC is a great assistance and will prevent risks increasing.

Page 35 The role of ex-service organisations

The first dot point for ESOs activities is "welfare and mentoring services for veterans and their families".

We agree this is our number one priority. **BUT** the BEST grants did not recognise this, they were determined on how much pensions work an ESO did. Pension work is only the start of advocacy, Welfare continues for the life of a Veteran, indeed after the veteran's death, caring for the family. The priority should be Welfare ahead of Pensions. Our Hospital visitors alone perform an average of 240 visits per month. This does not mention the many enquiries our office volunteers answer. We save DVA countless enquiries by the welfare work we do. We often provide the correct DVA form or direct a veteran to the relevant section of DVA. However, we got so sick and tired of making unsuccessful applications for BEST grants that we said, "Let's not waste the effort applying for BEST grants, we'll fund our own hospital-visitor and other welfare officers' costs".

There are several thousand ESOs but how many are relevant? How many are just "Beer and Bingo" enterprises? How many accept "civilians" as members? Are family accepted as members? There should be two levels of ESOs. To be a level one ESO an organisation should only accept Ex-Service members as its members and should have not less than 500 members. Level two can be the others. Departmental funding should give

priority to Level one ESOs. This would ensure taxpayer funds are spent most equitably, better prioritised and provide savings to DVA and Treasury.

Page 37 says "This is because the VEA has significant shortcomings with its focus on providing set rate pensions for life which is inconsistent with the goals of rehabilitation and person-centred wellness. Nor are the pensions necessarily reflective of the loss faced by individual veterans."

If you are going to train for, and go to war, you are going to have people who are TPI; it's no good saying you won't. There is a need to retain SRDP and Gold Card. The quoted statement assumes that every injured person can be rehabilitated. If your own accreditation system accepts that a person is "Totally and Permanently Incapacitated"; what are you going to rehabilitate them to do? Working in a sheltered workshop is not rehabilitating a multi-deployed veteran.

Page 37. Dot3 We need to have it re-stated that a TPI dies as a result of his/her war-related injuries. He should always be treated as dying of war-wounds and the partner be accepted as a War-widow(er).

Page 57. Draft Recommendation 12.1 Combine DRCA and MRCA but keep the most beneficial. Don't use alteration designed to improve the system to reduce the benefits to Veterans. (See comments on VPG Page 3 above)

Page 58 Draft Recommendation 12.2. There is no reason why an adequate DVA ICT system should not "speak" to CSC on financial matters. The system should conform with current data-matching guidelines.

Page 59. Draft Recommendation 13.1. Remove the distinction between warlike, non-warlike and peacetime service .....as long as the most beneficial is accepted for all.

There are two types of TPIs. Some of our members do not have qualifying service. Governments discriminate against TPIs who don't have qualifying service. These people do not get Pharmaceutical Reimbursement; their disability pension is counted as income when they apply for rent assistance; they are denied travel concessions and they are forced to deal with Centrelink.

The Defence Force's job is to Recruit, Train and Deploy. Some people are injured during their training. It is not their fault that they did not deploy; they were willing to, that is what they were training for. But they were so badly injured during their training that they are unable to work 8 hours per week, they are Totally and Permanently Incapacitated. They were injured giving service to their country. A damaged digger is a damaged digger, it does not matter if she was blown up in Afghanistan, crashed a helicopter in the Solomon Islands, crashed a truck in a dockyard, or fell while training on an obstacle course. He is still a damaged digger, a brother TPI and deserving of treatment equal to other TPIs.

In 1985 the Minister of Veterans' Affairs said:-

"The special or TPI rate pension was designed for severely disabled veterans of a relatively young age who could never go back to work and could never hope to support themselves or their families or put away money for their old age. It was never intended that the TPI rate would become payable to a veteran who, having enjoyed a full working life after war

service, then retires from work possibly with whatever superannuation or other retirement benefits are available to the Australian work force. If a person has had the usual span of a working life or has retired voluntarily or has left employment for reasons other than accepted disabilities, a T&PI pension is not payable."

But now the young diggers; being broken by their military service and discarded by Defence as "damaged goods" have their Special Rate compensation cut out at age 65. So, these young diggers are broken and don't have a chance to build a nest egg (because their SRP is only paid at 43% of the average wage [see Attachment 2]) and their compensation ceases at age 65. Are we breaking these young people in their service to Australia and then committing them to a life of poverty in their old age? This is very shabby, inappropriate treatment.

Draft Recommendation 13.2. What will be the "long term" financial outcome if an impairment is downgraded? Will the Veteran suffer an old age of poverty?

TPI-SA has engaged a Financial Advisor to study the financial outcome of one of our younger member's discharge payment and determine what the projection into the future looks like for this young person.

Page 61 Suggests "exempt DVA adjusted disability pensions from income tests for income-support payments...." TPI-SA supports this exemption

DVA should be the "Front Door" for all Veterans contact with Government. The whole matter of Veterans' income should be handled by DVA, cut out any reference to Centrelink for income support. If DVA knows that there is no need to adjust the income support downwards it will not do so and there will be no need to pay Defence Force Income Support Allowance (DFISA).

Our members tell us of the anguish and anxiety caused by having to attend Centrelink offices. These are people who have worn this country's uniform proudly for many years. In many cases they were injured training for war; training to go into harm's way at the behest of Australia. After working in a respectful and orderly, regimented environment for years the atmosphere in Centrelink Offices is totally alien to them.

The problems that arise when there is a shortfall in the amount paid to the Veteran are unbelievable. DVA sends the Veteran to Centrelink, Centrelink then says the problem is with DVA and sends the Veteran to them, and so it lobs back and forth until the Veterans gives up in frustration and goes without what is rightly his. Some outcomes have been worse!

We hear all the time about "Special Needs Groups" and why they need special consideration. Veterans are a Special Needs Group and are recognised as such in the Aged Care Act of 1997. We so much deserve special consideration that we have our own Department. Why are we fobbed off to another Department for no appreciable benefit? Indeed, for a reduction in benefit because of a convoluted, unnecessary, complicated process.

All Veterans' contact with the Federal Government should be through DVA and DVA should have Veteran Liaison Officers to deal with other Government Departments "Back of House" on behalf of affected Veterans.

I fear the Whole of Government (WOG) policy is being used to devolve DVA clients to Centrelink, Medicare, DHS etc with the end goal being to do away with DVA. The reduction in staff numbers at DVA suggests this is so, (see Attachment 1). The WOG for Veterans should be through DVA and staff numbers at DVA increased to service this. I suggest some

of that extra staff is recruited from Defence's discards. They will have the empathy desirable.

P 61 "the package of compensation received by veterans on the special rate of disability pension is reasonable. Despite strong veterans' representation on this issue, there is no compelling case for increasing the rate of the pension."

The SRDP has gone from 80.28% of the average weekly wage in 1951 to 43% in 2014. This is 53.5% of what it was. It has lost half of its value. (see Attachment 2)

The cost of living has not halved since 1951. Current politicians are reneging on the promises made when enticing the public to join the ADF.

P 65 The priority is not "A cost-effective system" for veterans' health care. The priority is meeting the **Clinical Need**. The cost can only be considered if the veteran is receiving the treatment needed. Co-payments are unacceptable to veterans. Co-payments were introduced for pharmaceutical at a low rate and they have increased over time. This is another example of the duplicity of politicians; they are big on saying "Join up and we will look after you if anything happens", and then turning away when the veteran is injured.

Why are younger Veterans not engaging with ESOs.

We believe it is not time yet, but it will happen. At the moment they have other priorities. Their top priority is their family, and so it should be. They must feed, house and educate their children. When those children have jobs, are driving cars themselves and may have left home; then the Veterans will have time to give to other Veterans through ESOs. Most people leaving Defence are men, when they are incapacitated the whole Family dynamics changes. Usually the Veteran takes on the Home Duties and the partner pursues a career of their own. This must happen as the current Veterans' benefits are not adequate to support a growing family. Indeed, if the working partner gets an increase in pay due to hard work, the Veteran's pension is cut; can you imagine the pressure that puts on a family relationship?

We believe we have yet to see an increase in Post-Traumatic Stress cases thirty to forty years after deployment like the Vietnam experience. We believe the Moral Injury sits behind the scenes and grows with time to PTSD.

The "warrior mentality" of Veterans keeps them working hard to provide for their families. In many cases they hide their Post-Traumatic Stress Disorder by becoming workaholics. Often when their children are grown and no longer dependant on them, these veterans "hit the wall' and their PTSD manifests itself. This is the very time when these veterans would be saving for their retirement; they would have fewer outgoings and would be at a high earning position. They are denied the opportunity to save for their retirement by being struck down once they relax their guard against PTSD symptoms.

It is not healthy for these people to have nothing to do. When they have less family obligations, they will find valuable and fulfilling roles in the Ex-Service community. Our South Australian office and Hospital Visitors section is staffed solely by Veterans and the camaraderie of Ex-serving people is immediately obvious. Veterans have a common bond that is welcoming. We hope the younger Veterans take an active role soon as we need a reasonable handover period. Welfare training can only occur over time, there is no quick and easy solution.

Welfare training has been setback significantly by the introduction of the Advocacy Training and Development Program. (ATDP) ATDP concentrates greatly on Pensions work

and virtually ignores Welfare. Its distain for Welfare has caused many, many good Pension Officers with years of experienced to disassociate themselves from ATDP.

Page 63. Draft Finding 15.1. Nobody **chooses** to be a TPI. Nobody wants to be so ill that they cannot work 8 or 10 hours a week. A Gold Card is issued to cover all conditions. A TPI is a TPI because of his/her service to Australia. That service caused the health need. The Gold Card is wellness focused, that is why it covers physiotherapy and exercise. DVA itself causes over-servicing when they insist on referrals only covering 12 visits to exercise classes; this means only four or six weeks before another referral is needed, hence another visit to the Doctor.

Page 64. Information request 15.1

1)"the Commission is seeking feedback on whether a future system should have a coloured health card system"

The current Coloured Card system is working well, and we see no appreciable benefit to Veterans if it is changed.

2)"Should Gold Card be given to dependants etc of Veterans with qualifying service at age 70."

No. DVA Health Cards are issued to provide treatment for service-related injuries. They are not issued simply because a person has the good fortune to live to an advanced age.
The Gold Card should only be issued to those who are TPI, POW, SRDP, EDA or War Widows.

The issue of Gold Cards to those aged 70 or over with qualifying service was done as a measure to attract votes before an election. Then, after widely issuing the Gold Card, the Government complained about the costs incurred by it. They then said, "look what these Veterans' healthcare is costing us". The Gold Card provides medical treatment to those who need it. Don't splash it around as an act of largess if you are then going to be critical of the cost.

Page 65. Draft Recommendation 15.4. Veterans' Counselling disappears.

We believe you should not worry anymore about Open Arms. I believe the name change has removed its relevance to Veterans and it will wither and die.

This critical service was established following strong advocacy by Vietnam Veterans as the Vietnam Veterans Counselling Service. To signify that it was available to all Veterans its name was changed to Veterans and Veterans Families Counselling Service (still VVCS). We have been told that the name was too long, and the media didn't like it. So, VVCS have been advised by a consultancy group to call it "Open Arms" as this is the signal used to bring in a resupply helicopter or a helicopter to take you back to camp after operations. We don't agree with the Consultants at all. I might try to kid myself by saying "Resupply coming in" when I hear a helicopter, but I invariably think of Dust-off and the distressing memories that invokes. Helicopters are not a pleasant association for me. Most veterans that I speak to associate helicopters with "Dust-off".

Did these consultants consider the core business of the VVCS? The core business is the Counselling of Veterans, surely the name should relate to that. What is "Open Arms", is it a Yoga position, a dating website perhaps? The name means nothing.
If they wanted a simpler name, what's wrong with "Veterans Counselling Service".

Page 65. Information Request 15.2 The Commission is seeking participants' views on fee-setting arrangements for veterans' health care that would promote accessible services while maintaining a cost-effective system.

The basic question has the wrong priority. The priority is not cost it is the CLINICAL NEED being met. Veterans deserve a fee level over basic Medicare as at present. This ensures a slight degree of priority to those who have been injured while giving service to Australia.

What would be the benefits and costs of separate fee-setting arrangements for Gold Card and White Card holders?

The Govt has financial Advisors to calculate this. You should be careful not to complicate this. Why do this? Will any perceived gains be more than the increased administration cost?

To allow cardholders more choice of provider, should providers be allowed to charge co-payments? Should co-payments, if permitted, be restricted to treatment of non-service related conditions?

Absolutely not. You have determined that these injuries are the Government responsibility, therefore the Government should pay for the treatment of those injuries. Any discussion of co-payments will open the floodgates to excess charges. Veterans treatment for "non-service related conditions" is not covered by the Government unless they are Gold Card. The Gold Card is only issued if a detailed and protracted evaluation has taken place and the Government has accepted responsibility for all conditions.

Co-payments were introduced for pharmaceuticals and we had suffered from repeated and continual increases to the co-payments.

If co-payments are introduced the Government is honour-bound to display signs in every Recruiting Centre saying, "If you are injured in your service to Australia, the Government will pay some of your medical costs, but not all of them".

Page 65. Information request 15.3 "The Commission is seeking participants' views on the desirability of subsidising private health insurance for veterans and dependants in place of other forms of healthcare assistance."

NO, it is PRIVATE. Veterans do not want DVA becoming involved with private health insurance. It is PRIVATE and is a private matter.

DVA Cards should be more beneficial for the supplier of services than Medicare is, that will give Veterans priority; just leave it at that.

TPI-SA ANSWERS TO INFORMATION REQUESTS

5.1 The Commission was told that the data recorded on Sentinel significantly understates the true incidence of most types of work health and safety incidents. What aspects of Sentinel contribute to this and what might be done to improve reporting rate?
Answer. This Association cannot answer on Sentinel.
Our comments on Chapter 5 Preventing injury and illness are:-
There are obviously Health & Safety guidelines adhered to during training.
During operations all levels of command work to lessening friendly injuries, there must not be a "Cavalier" attitude to pursuing the enemy. Casualties are a fact of life in combat.
I thought the 2017-18 figures on Page 178 were reasonable. 4.1% not fit for deployment is acceptable. Table 5.1 shows a good trend since 2013-14.

6.1The Commission is seeking information (both quantitative and qualitative) on return-to-work outcomes from Australian Defence Force and Department of Veterans' Affairs rehabilitation programs. Areas of particular interest include the appropriateness of comparing return-to-work outcome measures in military and civilian contexts, and what approaches to return to work are effective both in-service and post-service.
Answer. Veterans who are medically discharged are people who care about guarding Australia, they are security aware; can't Australia find a meaningful role for them. Defence must look harder to find a meaningful role for them in Defence; maybe not on the active list but if we had fewer outsources logistic jobs, then maybe we could retain these people in Defence.

6.2 The Commission is seeking further views on the potential use of consumer-directed care for the rehabilitation services provided to veterans, or on alternatives for providing more tailored, person-centred rehabilitation services.
Answer. This requires input from health professionals. We did like the considerations of Consumer Directed Care as discussed at Chapter 6.

7.1 The Commission is seeking feedback on the period of time that Joint Transition Command should have responsibility for providing support to members and former members of the Australian Defence Force who require that support.
Answer. JTC should be within Defence and DVA not within Defence. There should be a clear delineation of responsibility.
The JTC should be able to adequately complete its work within 3 months; DVA will provide lifelong support as it always has.

7.2 The Commission is seeking information to inform the design of the proposed veteran education allowance. In particular:
- at what rate should the veteran education allowance be paid?

Answer. TPI-SA cannot answer this question.
- should eligibility for the veteran education allowance be contingent on having completed a minimum period of service? If so, what should that minimum be?

Answer. Education allowance should be available to those who are medically discharged or who have served at least six years Full Time (FT) service or equivalent service in the Reserves.
- should any other conditions be put on eligibility for the veteran education allowance?

Answer. The continuance of the allowance should be dependant on pass grades being achieved.

7.3 The Commission is seeking further information on the transition needs of members when they leave the Reserves.
Answer. If the member has previously transitioned from FT Defence under the new JTC no further assistance is needed. If they have been FT Reserve only, normal JTC procedure. If they have only been part-time Reserve, no assistance unless they have had 10 years' service.

8.1 The Statements of Principles are created on two different standards of proof for the underlying medical-scientific evidence – a 'reasonable hypothesis standard' and a 'balance of probabilities' standard.
The Commission is seeking participants' views on which standard of proof the veteran support system should use going forward. What would be the impacts of that choice on future claims and government expenditure, and how could they be quantified?
Answer. We are dealing with people who have already agreed to go into harm's way at the behest of Australia. They have proved they care for this country and are therefore not likely to defraud it. They deserve the most beneficial standard. SoPs should use "Reasonable hypothesis".

8.2 The Commission is seeking participants' views on whether there is merit in the Specialist Medical Review Council remaining as a standalone organisation, or whether its roles should be folded into an augmented Repatriation Medical Authority review process that brings in additional medical specialists.
Answer. TPI-SA cannot answer this.

10.1 The Commission is seeking further information on whether there are any decisions that are not reviewable, that should be reviewable.
Answer. TPI-SA cannot answer this.

11.1 The Commission is seeking feedback on the extent and design of the veteran support system funding model, particularly whether the fully-funded system should cover future liabilities only, or whether existing liabilities (including the Veterans' Entitlements Act 1986) should be capitalised into the insurance pool.
Answer. This is a decision for Govt financial governance to decide.

12.1 What are the costs and benefits of further integration between superannuation insurance benefits and the veteran compensation scheme, and how might this integration be achieved?
Answer. Superannuation is savings the member puts aside for his retirement, Compensation is recognition of and support for injury received: they should not be integrated. Compensation should be constant for life. Superannuation will affect the amount of age-pension that a person receives, Compensation must not.

13.1 The Commission is seeking information on the new level of permanent impairment compensation that would be reasonable, taking into account the costs, benefits and equity implications to veterans, governments and the broader community.

Answer. The Special Rate Disability Pension (SRDP) has gone from 80.28% of the average weekly wage in 1951 to 43% in 2014. This is 53.5% of what it was. It has lost half of its value. The cost of living has not halved since 1951. Current politicians are reneging on the promises made when enticing recruits to join the ADF. (see Attachment 2 which shows the erosion of value of the SRDP when compared with Average Weekly Earnings).

15.1 Given the Gold Card runs counter to a number of key design principles, the Commission is seeking feedback on whether a future system should have a coloured health card system. If not, what are the other options?

Answer. The current coloured card system is working well, I see no appreciable benefit to Veterans if it is changed.

In particular, the Commission is seeking feedback on the benefits and costs of providing the Gold Card to dependants, service pensioners and veterans with qualifying service at age 70.

Answer. No. The Gold Card should only be issued to those who are TPI, POW, SRDP, EDA or War Widows. The Gold Card provides medical treatment to those who need it.

The issue of Gold Cards to those aged 70 or over with qualifying service was done as a measure to attract votes before an election. Then, after widely issuing the Gold Card, the Government complained about the costs incurred by it. They then said, "look what these Veterans' healthcare is costing us". Don't splash it around as an act of largess if you are then going to be critical of the cost.

15.2 The Commission is seeking participants' views on fee-setting arrangements for veterans' health care that would promote accessible services while maintaining a cost-effective system.

Answer. The basic question has the wrong priority. The priority is not cost it is the CLINICAL NEED being met. Veterans deserve a fee level over basic Medicare as at present. This ensures a slight degree of priority to those who have been injured while giving service to Australia.

What would be the benefits and costs of separate fee-setting arrangements for Gold Card and White Card holders?

The Govt has financial Advisors to calculate this. You should be careful not to complicate this. Why do this? Will any perceived gains be more than the increased administration cost?

To allow cardholders more choice of provider, should providers be allowed to charge co-payments? Should co-payments, if permitted, be restricted to treatment of non-service related conditions?

Answer. Absolutely not. You have determined that these injuries are the Government responsibility, therefore the Government should pay for the treatment of those injuries. Any discussion of co-payments will open the floodgates to excess charges. Veterans treatment for "non-service relate conditions" is not covered by the Government unless they are Gold Card. The Gold Card is only issued if a detailed and protracted evaluation has taken place and the Government has accepted responsibility for all conditions.

Co-payments were introduced for pharmaceuticals and we had suffered from repeated and continual increases to the co-payments.

If co-payments are introduced the Government is honour-bound to display signs in every Recruiting Centre saying "If you are injured in your service to Australia, the Government will pay some of your medical costs, but not all of them".

15.3 The Commission is seeking participants' views on the desirability of subsidising private health insurance for veterans and dependants in place of other forms of healthcare assistance.

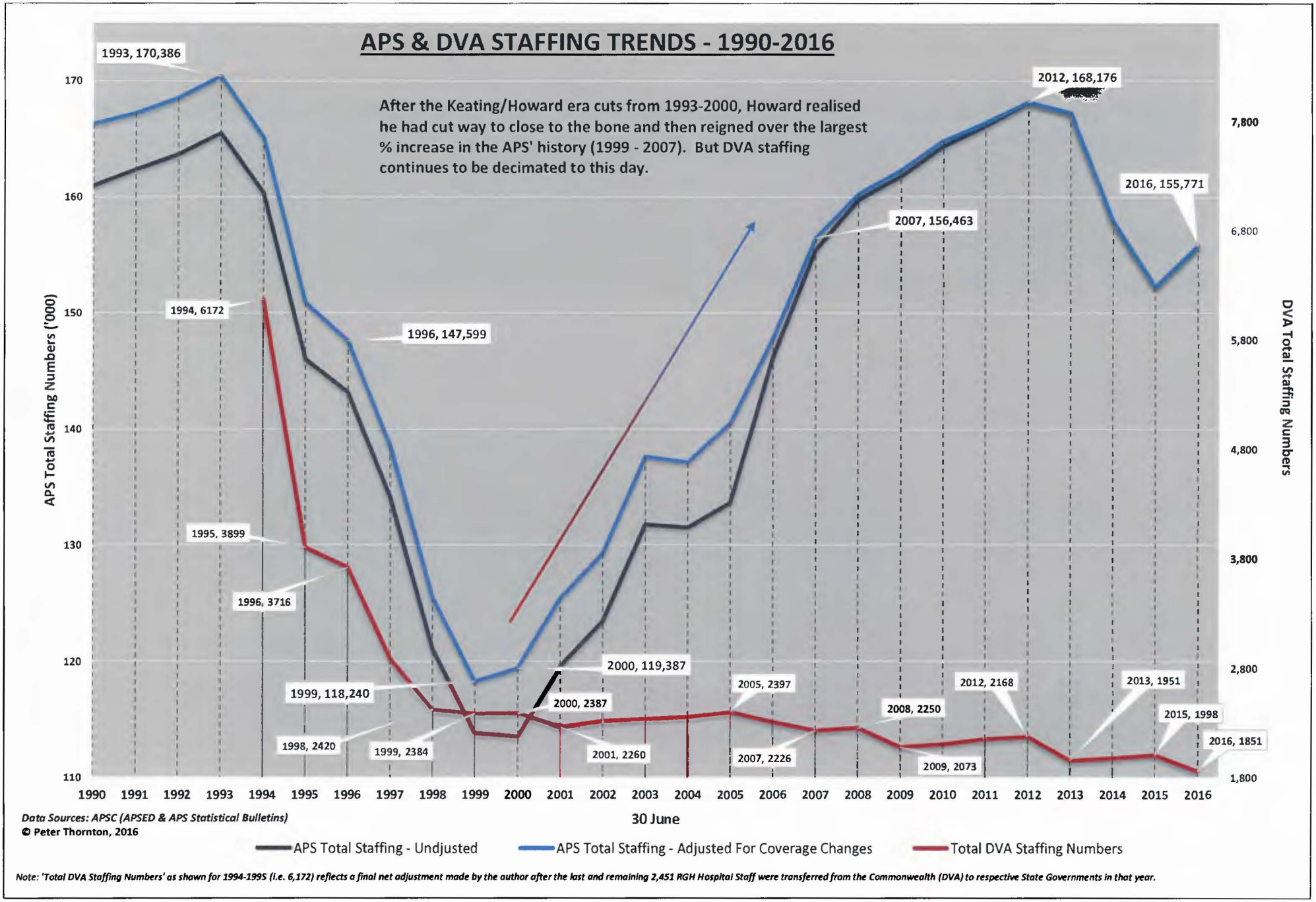
Answer. NO, it is private health insurance and is PRIVATE.

Veterans do not want the Government becoming involved with their private health insurance. That is PRIVATE and is a private matter.

17.1 The Commission is seeking feedback from participants on how the two scheme approach would work for veterans who currently have claims under multiple Acts. What factors should determine which scheme these veterans are covered by for their future claims? Should these veterans be given a choice of which scheme would cover them going forward?

Answer. TPI-SA cannot answer this.

ATTACHMENT 1



Note: 'Total DVA Staffing Numbers' as shown for 1994-1995 (i.e. 6,172) reflects a final net adjustment made by the author after the last and remaining 2,451 RGH Hospital Staff were transferred from the Commonwealth (DVA) to respective State Governments in that year.

ATTACHMENT 2