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PRODUCTIVITY COMMISSION

COMPENSATION AND REHABILITATION FOR VETERANS

MR R FITZGERALD Commissioner
MR R SPENCER, Commissioner

TRANSCRIPT OF PROCEEDINGS

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COMMISSIONER FITZGERALD: If we can just grab some seats. If you're hard of hearing I suggest you just sit down the front a little. If you're almost completely deaf let me know and we've got a separate microphone. These microphones don't amplify. They're only for recording purposes. So, again, if you can't hear anybody let us know, we have another microphone.

Good morning and thank you very much for attending and welcome to this public hearing of the Productivity Commission's inquiry into veterans compensation and rehabilitation following the release of our draft report in December.

So I'll just make a short statement which we make at the beginning of each of these hearings. I'm Robert Fitzgerald, I'm the Presiding Commissioner on this inquiry, and my colleague is Commissioner Richard Spencer.

First off I'd like to express our appreciation for you giving your time to attend these hearings, particularly following the recent floods or significant weather event, however you describe it, and we do understand that there would've been people who wanted to participate today but are engaged in the recovery process and are unable to do so. Nevertheless, given the very large presence of veterans in the Townsville community we believed that it was appropriate to proceed, and we are very pleased that we have, and we are very pleased so many have shown up today.

So far we've held hearings in Sydney, Canberra, Wagga Wagga, Melbourne, Hobart, Adelaide, Perth, Darwin, Brisbane and following today's hearings there may be one further hearing in Rockhampton, but that's yet to be confirmed. Following these hearings we will be then working towards completing a final report to government which will be delivered in the last week of June of this year having considered the evidence presented at these hearings and through our consultations as well as the submissions, and if you're contemplating putting in a written submission they're due in yesterday. So you have to put them in in the next week or so, so that we can have time to consider them.

Participants and those who have registered their interest in this inquiry will automatically be advised of the final report's release by the government. So the Productivity Commission produces and releases the draft report, which we did in December. The Commonwealth Government releases our report in full, but it must do so within 25 Parliamentary sitting days after the government's receipt of our final report.

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We like to conduct all the hearings in a reasonably informal manner, but many would say this is not very informal, but nevertheless, but I remind participants that a full transcript is being taken. For this reason, comments from the floor cannot be taken, but at the end of the proceedings for the day after the first three presentations, I will provide an opportunity for any person present wishing to make a very brief presentation in relation to one or two issues. If you would like to do so, during the morning tea if you can see Stewart or Aaron, but we will give that opportunity and I understand some people have already indicated that they would like to do that.

Participants are not required to take an oath but they are required to be truthful in their remarks. Participants are welcome to comment on the issues raised by other people in their submissions.

A transcript will be made available to participants and will be posted on the Commission's website following these hearings. And all written submissions, subject to minor qualifications, are available on our website. There is a counsellor from Open Arms present today. Should anybody need that service then please see our staff and you'll be directed to that person.

In relation to OH&S it's very simple, follow the green men. There's two exits here and there's a fire escape outside the entrance to which you came in. Otherwise, again, I'd like to acknowledge and thank you for being present. I am very aware that the draft report was very complex, it's very long, and it has many detailed recommendations, and I'm immensely grateful that so many people around Australia have taken the time to respond in what is a very short period of time, but we are grateful for that.

All I can say is it's likely that the final report will be even longer, so anybody who thought we'd learnt from our mistake and making it shorter, I'm sorry, it's not going to happen. But that's because there's a whole lot of new material that's come in during these hearings.

So, I'd like to now call John Caligari. John, if you can give your full name and any organisation you represent here today.

MR CALIGARI: Lieutenant General John Caligari, AO DSC, retired.

COMMISSIONER FITZGERALD: Good. And, John, you know, the procedure is just 10 or 15 minutes of any points you'd like us to consider and then we'll have a discussion.

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MR CALIGARI: So gentlemen, thank you very much for the opportunity to speak to the Commission today. I don't actually intend to go into the detail of the report, but most of my remarks are at a level that will have an impact on many of the recommendations.

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The first thing I'd like to make clear is that in my view the Department of Veterans' Affairs mission should read that it is interested in supporting the wellbeing of the entire veteran community, not just the clients of DVA. They ought to be the experts in the whole veteran support ecosystem.
10 And in that regard it is obvious that they are not aware of who is in the entire veteran community by their own self-admission. But I do, however, think they are moving that way.

One thing that I think would be particularly useful would be that in the
15 August 2021 census there was a question in there that related to veterans. If we took this issue and the impact on veterans seriously we would have a question in there that would enable us to understand the entire veteran problem.

20 The problem is not organisational, structural, institutional. I think we all agree that the Department of Veterans' Affairs is the right place to put the veterans' affairs, but it needs some change. Clearly they are on that change, but, in my view, the main problem is that there is a lack of trust between the department and between those who the department is
25 intended to serve.

The key question here for me, as I've observed the veteran community, in the three-and-a-half years since I've been out of the Defence Force is 'what value does the Australian Government place on its veterans?'.
30 There's rhetoric perception and reality.

Some of the things that are the cause of some of the mistrust are that, for example, underpaid doctors and specialists or sub-standard services for veterans, which is different from services available to other Australians.
35 The emphasis we seem to place on things that cost no money, they're just policy, pins, cards, covenants, all of which have a great place in solving some of the problems, and those of us who have served at that level of the bureaucracy understand that, but it's not well understood at the lower levels who are just seeking help. And there are soldiers that I've
40 commanded who have killed themselves through this fight.

There are photo opportunities and dollars spent on 100 year old commemorations for wars of long ago, for which no-one lives today. I know that most of that money spent is actually a fraction, nothing more
45 than a fraction of what the Department of Veterans' Affairs has, but it

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would appear to be larger than that. The perception of where our focus is is the problem, not necessarily the reality. So there is some perception, reality, some of these things costs money and some of them don't cost anything at all. The bottom line is that words do not equal actions in the dealing with veterans and the veteran community in its entirety in Australia.

So with my 36 years' plus years of experience in the Australian Army one of the things that I have spent all of my life doing is leading soldiers, and in this respect I refer, when I say soldiers, I am referring to soldiers, sailors and airmen. In order to build trust, which is a fundamental leadership principle, in my opinion there are two things we need to do. We need to decentralise DVA, not centralise it. There should be more representation of the provinces, in particular, places like Townsville, not less. There should not need to be security guards on doors. There should be people who interact with both the Department and the veterans who understand fundamentally what the requirement is to help veterans rehabilitate and be compensated. It needs to - so we need to push out from - out to the provinces more representation, more face to face, more veteran centric reform.

The second thing I would say is that we need to professionalise the compensation advocacy. We're at a cliff, not too long away, where we have a lot of veterans, many of whom who are older veterans who have - who are now looking at the prospect of having to do a competency based advocacy training and development program in order to remain veterans and be covered by the insurance as part of DVA. Many of them will not do this anymore. Many of them will stop doing it. Many of them were doing it because they're totally and permanently incapacitated and were allowed to work for one day's pay a week, and this is what filled their day. So one day doing the same thing they got paid, but for five days, and in many cases seven days - some of these advocates have some serious caseloads, so there's a flaw there.

We need to professionalise because we need younger advocates, we need advocates who understand fundamentally the Acts. We'll probably never get to the point where we do anything about the three Acts, bringing them together, but we need younger people who understand the DVA side, who understand the entire process, but are advocating on behalf of the veterans and their families. The Ex-Service Organisations play a vital role in doing this now, and they have served a great purpose in the past and will continue to serve a great purpose. They all do things in the support of the veteran community, but compensation advocacy is one of the things they are - we are starting, as an organisation, as a group of people - as a group

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of organisations are starting to struggle to handle. A fundamental reform is required in this area. Thank you, gentlemen.

COMMISSIONER FITZGERALD: Good. Thanks very much, John,
5 and for your - you've also given us a brief submission, and obviously we met with you prior to the draft when we were up in Townsville. Can I ask a couple of questions? You've indicated right at the beginning that you believe there's an issue in relation to the relationship with DVA and the entire veteran community. When we look at DVA, it's one of the very
10 rare agencies in government, almost the only department that is heavily influenced by the group that it provides benefits to. That is, it's the only department that has exceptionally significant influence by ESOs in a way we don't see in any other part of government, and that's largely historical.

15 So, from an outsider's point of view we might say one of the issues for us was whether or not DVA is in fact too closely affected by various groups within the veteran's community, but you take a different view, that you actually don't think they serve the veteran community well enough in broad terms. So where do you think the absolute gaps or problems are
20 that you've identified?

MR CALIGARI: Well I think there's a couple of issues here. The first one is that when we talk about the Ex-Service Organisation community, so in - for example, in Townsville there are over 25 organisations that
25 would be recognised by the Department of Veterans' Affairs, I'm guessing. Do they represent the entirety of the Townsville veteran community? The answer is no. Their membership, specific to their cause and the people that they bring in for their specific cause, is who they represent, and if there are - if that is reflected elsewhere around Australia, which I suspect
30 it is having read the Aspen Foundation study of several years ago, about the number of Ex-Service Organisations in Australia, then I think it would be fair to say that if the Department of Veterans' Affairs is listening to Ex-Service Organisations or a specific round table of Ex-Service Organisations, they're not necessarily getting to the grassroots of where
35 the problems are, particularly with younger veterans, which is what we've all been struggling to get - to understand, the younger veteran, particularly those transitioning out of the ADF now.

So I think in part it's probably true to say that the Department of Veterans'
40 Affairs should potentially listen less to the Ex-Service Organisations because they don't necessarily represent the younger veterans or probably even the majority of veterans. The veteran community as a whole is the problem that DVA should be focusing on and finding the best way to get to that.

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COMMISSIONER FITZGERALD: So you've identified an issue that is now clear. It's beyond doubt that the veteran community, as we've experienced it over the last nine months, having had many round tables on bases as well as met with most ESOs - large ones - is split between older
5 veterans and younger veterans, and their needs and aspirations are different, and what they demand of the system is different. We've tried to accommodate that in some way, but that's, of course, subject to contention, but how do you believe DVA can better engage with younger or more contemporary veterans and their families, particularly in regional
10 areas such as Townsville?

MR CALIGARI: Well I think this goes to my second point, about how we could potentially build trust and improve the advocacy process. There are many advocates. We've got many advocates in Townsville who are
15 younger veterans, but the problem for a younger veteran who is keen to support the veteran community and his friends is that if he's not TPI and - or receiving some sort of a pension from the military or the government somehow, he's actually got potentially a family and a - a family to feed, so they can't do it as full on or as full-time as all of the older veterans can.
20 The older veterans doing the advocacy are working themselves hard with big caseloads - and they empathise with the younger veterans - but the younger veterans have got different needs.

We need to bring in younger veteran advocates, which means they're
25 going to need to be paid, and they need to understand and be trained fundamentally in the issues that relate to the application of the three Acts to those veterans that they would see.

COMMISSIONER FITZGERALD: In relation to advocacy, we're
30 looking at the findings and recommendations of the Robert Cornell report. That report has not been made public by the government, and we've encouraged them to do so. Nevertheless, when it is made public we'll be having some discussions around that, but can I just deal with the - there's two types of advocacy - maybe there's more than that, but certainly there's
35 claims-based advocacy, advocacy around benefits and others, and then there's what people generally call welfare advocacy, and I think what we're starting to see is a - is not so much advocacy but a very sort of soft level but very important level of support that is being provided.

40 So you've mentioned the claims advocacy and you believe that should be professionalised. Do you have a particular view as to how we deal with what is hitherto being called welfare advocacy, and/or this more soft but very important interface with veterans through support services and what have you?

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MR CALIGARI: Well I think this is the area where the Ex-Service Organisations can - Ex-Service Organisation community can really take over, and I prefer to use the term wellbeing, not welfare. Welfare has connotations of a handout.

COMMISSIONER FITZGERALD: Sure.

MR CALIGARI: Wellbeing is actually looking at all of the fundamental things that relate to an individual's wellbeing, from their health, their financial circumstances, their employment, their skills, their education, everything else, so - and many of those issues are so interrelated that an individual who comes to an advocate looking for some answers thinks in their mind they've got the answer already, "I need the following". Actually, wellbeing advocates could take a really important role in helping that person understand how his or her, or the family's, problems could be resolved by looking at the entire person in a wellbeing sense. One of the alternatives, one of the options to refer out of that process, would be to say "You need compensation and rehabilitation, and we'll refer you to an organisation that does that professionally".

It could also be that they get referred to an exercise physiologist or a gymnasium or a doctor or a GP, or any number of other referrals out, but the wellbeing of the person is where I think the expertise should lie in the ex-service community.

COMMISSIONER FITZGERALD: In relation to the scheme in its totality - and it's a complex scheme - the scheme traditionally, certainly up until 2004, was very much geared to lifelong benefits and entitlements, and the VEA, which we've recommended continue, maintains that. In the early 2000s, as you know, the government moved to trying to have a more proactive regime in relation to rehabilitation, return to work, and those sorts of things, and that correlates with what we're hearing from younger veterans, but what's your experience on the ground? Do you think that that change of attitude to wellbeing, that change of attitude to an engagement beyond just receiving the benefits, which are important, do you see that manifest in the actual veteran community that you're dealing with?

MR CALIGARI: Well it doesn't yet, because we've still got the problem of how DVA deals with us. So there is fundamental no trust. It actually becomes a problem when an individual who has been trusted in his time in the - his or her time in the ADF walks - and is used to the term "The boss said"; there is no comeback. So when dealing with DVA, with the Department of Veterans' Affairs, they turn up to get rejected, initially. I am aware of many who, having tried once, won't go back again. Anyone

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who's dealt with bureaucracy knows of course, though, that you go straight back, because it'll be elevated, and things change about how that will be dealt with, but it appears as though the bureaucratic answer is you'll be rejected initially, so many won't go back, or if they do get a success or they do get an undertaking that we'll do something on it, it takes so long. So you're not mentally - you're not able - they are not able to move on with their life because they think they're still waiting and waiting, and waiting, for something to be resolved, whether it's rehabilitation of compensation.

So in order for this - for my proposal of an ex-service community dealing with wellbeing to be affected, this needs to change.

COMMISSIONER FITZGERALD: In relation to the provision of the White Card in relation to mental health services and a whole range of sort of no liability conditions being recognised in different ways, do you believe that veterans are able to access some of those rehabilitation and other services more easily in recent times, or is - again, is that something you haven't yet seen? Because the funding mechanism now to achieve at least the service provision seems to have been changed and freed up a little, but as we've always said, people go on and on about cards and what have you, but they're only funding mechanisms. At the end of the day it's the service that you can access. So you can talk about cards as much as you like, but it's the actual service. So, what are we seeing in relation to that? Are veterans able to access services?

MR CALIGARI: So the non-liability health cover that came in has been a boon, no doubt about that. There is an ability to be able to get to someone. The issue would then become are those specialists available? That has been an issue. Another issue has been that it's all very well to say you can walk into a psychiatrist, psychologist, or a GP and talk about a mental health condition, anxiety, depression, et cetera, but in many cases the psychiatrist or the psychologist will associate with that some co-morbidity problems.

COMMISSIONER FITZGERALD: Sure.

MR CALIGARI: Which are not covered by this non-liability health cover. So then we've got to go back to the process of that was caused by Defence or not, and go through that process, and the psychiatrist and psychologist are frustrated because they can't solve the person's problem because there are co-morbidity issues that are not covered by non-liability health cover, as I understand this, and I personally haven't experienced this service myself, but in talking to a lot of the veterans who have, and

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psychiatrists who are sitting with me on my veterans and their families suicide prevention trial, that's what they are describing.

COMMISSIONER SPENCER: John, you mentioned at the outset about the veterans that are known to DVA, and that is a major issue and one we're focused on as well. I think the Secretary mentioned a figure of about 600,000, or in excess of 600,000, so only probably roughly about 20 per cent of veterans are known to DVA. The system that we're interested in recommending and supporting is about all veterans, so - because for a very good reason. Even though people may discharge and apparently have no issues or no problems, later in life those things can manifest, so the system needs to be able to respond to that, and we absolutely recognised that.

In relation to the issue of trust and changing the way DVA performs and interacts with veterans and their families, with the VCR process, from what you observe do you see progress there? Do you think that it's on the right trajectory, or are there other things that should be happening? You've mentioned a few already: be more decentralised, face to face, but generally speaking how do you see the efforts underway to try and change that?

MR CALIGARI: I think what I've seen of the veteran-centric reform program so far has been excellent. I think they are definitely on the right trajectory. I think at the rate we're doing it it'll take a long time to get there. I don't know the target end point for it. If it's more about just streamlining bureaucracy it won't achieve it. In order to achieve the level of trust that I'm talking about people who serve in the ADF and are fundamentally trusted, particularly those who have served on combat operations, who trust their leaders or they die, there is not that trust with the Department of Veterans' Affairs because the soldiers and the sailors and the airmen and women who think they need help turn their attention to the Department of Veterans' Affairs, who are failing to help them.

What I find difficult to understand is, having read, for example, the Minister's speeches through parliament about reporting on Department of Veterans' Affairs, to see that after all of these processes are gone through, after the VRB is gone through as a process and then the AAT, there is something like well over 90 per cent of claims are eventually agreed. So it would appear to me as though, if we just - so therefore it would appear to me as though there is a degree of trustworthiness in the veterans, except that we're fighting them all the way, and that's what's causing more problems, and they all talk. So one person has a problem, five people are aware of that problem, and they're all now with him or her against a

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department who's taking a long time to get to a resolution to what appears to me is likely to be resolved in his favour in the long run.

COMMISSIONER SPENCER: Yes. No, it's very interesting, and we've observed that as well, John, that despite all of the trials and tribulations that people go through, overwhelmingly the benefits are finally agreed upon and most veterans are satisfied, but the process to get there seems very tortuous, to say the least. There are some aspects of our draft report that we will continue to pursue, to try and contribute to a better experience by veterans, particularly in trying to make upfront determinations faster, better, more accurate, better informed, rather than it relying on what seems to be the case at the moment, that it has to go through to the VRB, there's an ADR process, and we've heard quite often that the first conversation that a veteran has with a VRB sorts out a lot of the issues, and we wonder why couldn't that have happened earlier? So we are making sort of recommendations about that.

I just want to come back to the role of ESOs, because it does strike us - and absolutely, you know, we agree with what you have said - that there is a terrific asset out there to be utilised by government. So ESOs, in terms of what they do, will decide what they want to do. I mean, that's part of civil society and that's a terrific thing. So government shouldn't really have anything to say about that, but what government can do is to decide who it consults with, who it talks to, and also what services that it can leverage through ESOs. So you commented earlier that that idea of services - Robert mentioned the idea of soft entry points, which we think is particularly important particularly for the most vulnerable veterans who are isolated, who don't engage with government, won't engage, but in a peer-to-peer situation they will.

So in that context one of the things that strikes us is that the funding currently that goes to ESOs to support those efforts is, to be diplomatic, modest. So we think there's potential for investment there, and I just want to connect that with the hub idea, because obviously Oasis, which we've talked about on our previous visit, and is commented on around Australia, so it's creating, as you know, a lot of interest, the hub notion of how the services available in a community can be linked to veterans, and the model that you're exploring here, how do you see the potential for that more generally across the nation? And I know that you're not going to wait for anybody to give you permission to go to the next stage. You said to us when we met you last time "We'll be doing this anyway", but it seems to us that government could really be very supportive and strategic about how it supports efforts like this. How do you see that?

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MR CALIGARI: Well the first point is that the veteran community are a group of people who have, in some cases like mine, spent their entire life helping our community and overseas communities. We have lived a life of friendships and mates that you just don't get anywhere else, so when we have the opportunity all of us, whether you're an advocate, whether you're leading an Ex-Service Organisation, or you're just participating as a volunteer with an Ex-Service Organisation, there is a strong desire, for those of us who have served our country and to serve our friends, to continue to do so. So that is definitely something that should be strongly valued by government. That is something that is - you should not let up on.

The second point is that not all Ex-Service Organisations need to be some unified body. ESOs are entirely individual organisations just as individuals are individuals. An Ex-Service Organisation, in many cases, will specialise in the sort of things they want to do, whether they only want to deal with wounded, injured, or ill, whether they deal with anyone who's been classified as totally and permanently incapacitated, whether they want to deal with all Vietnam veterans, or - they have their own niche because they have their own friendships, mates, experiences and connections. So there's no need for them all to get together. Some of them are national, some of them are local, some of them are state-based, they don't - some of them are incorporated individually but connected nationally to various other organisations, so then none of them are the same.

In my view there's no reason why they all need to form some big organisation to be able to leverage. That's another one of those adversarial things we keep coming back to, that the Department of Veterans' Affairs needs to have some other organisation that gets its act together and can discuss, deal, and negotiate. That's not trust. We should be looking at the Department of Veterans' Affairs and trusting that they have our interests at stake. All the surveys we did of Vietnam veterans' children and Vietnam veterans problems from their time of service in Vietnam, all of these sorts of things need to be done as a routine for all of the veteran community, understand the entire veteran community. Ex-service organisations will be different in location by nature of what they do.

So, for example, in Townsville to bring you to the Oasis example we have many excellent ex-service organisations in Townsville, all of who do outstanding work for the constituents that they have and the people that choose to belong to them, help them in everything that they need as best they can. They don't all need to be together. But what that community does want which in meetings they had ten years ago, led by the likes of the Vietnam Veterans' Association and Peter Hindle, was they knew that

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the difficult bit was, how does a person leaving the ADF in Townsville connect with that community because they're spread all over quite a wide area in Townsville and there's no directory that tells you exactly what they all do or who is welcome or what they provide for you.

So, the whole idea of an Oasis is not to do anything that any ESO is already doing. It's to provide and entry point to the ADF, those transitioning, in fact, in my view, the day you think – the day you have the first thought that you might leave the ADF you should connect with someone about what it is that I need to be prepared when I get out.

So, we're looking to say, we will connect you from the Oasis with the most appropriate organisation to suit your needs. So, for example, in Townsville my estimate of the situation would be that five per cent of those leaving the ADF are complex and are well managed by Department of Defence and DVA, possibly slightly more.

I would say that 75 to 85 per cent of those who get out of the ADF have no difficulty, don't really need much help, have thought this through, have planned themselves, they've got a job, and they've worked out what education they need. They've solved these issues before they transition out. There's probably then about 15 per cent who are in the middle there who are missing. They're the ones that need to know, where do you start? Where do I start with what support I can get. They're the people that we would like to see turn up to the Oasis the day they think about getting out. We would then reflect them to some other organisation and the wider community. Because the veteran community doesn't naturally go to Centrelink, Medicare. They will go to the ex-service community expecting that's where it'll come from. But actually we need to bring their attention to all of the other outstanding services are, at the government, non-government, charity, not for profit level.

COMMISSIONER SPENCER: I remember when we met earlier, John, you mentioned that one of the surprising discoveries for you in exploring this space with a number of other organisations out there doing good work that was invisible to veterans quite often, but could be accessed by veterans and your model is to actually make that connection which we think is a terrific model.

I just go back to an earlier point you mention which I think is really very important. In human services generally, there has been a trend in recent times for government bodies to be much more open and engaged with, what I would call, frontline services before actually designing a program or a solution to say, "What are seeing, what is the need, how is that best responded to?"

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I think there's been an absence of that, but we think that same trend could come in to the veteran space as well in terms of really engaging around what are the needs? Because, you know, from a distance, from a government department that you're pointing out, it's very hard to really understand what that is. So, we'd certainly be supportive of that.

I just want to go – the last point I just wanted to raise was around the joint transition command. Because we see and have heard great examples of DVA and Defence working together to get across the boundaries of what happens when somebody discharges. There's been some terrific examples of that here and in Holsworthy.

We think the difficulty could be, that relies on good will and good relationships between individuals which is important, always important. But we felt that that there was a structural response needed, and as you know the joint transition command was our proposal to give Defence the responsibility. So, it's very clear who has responsibility. But within JTC, you would have people form DVA, from Commonwealth Super working together and that would go for a period of about six months, following discharge. Others have suggested to us that should be a longer period.

But how do you respond to that particular proposal to give Defence firmly that responsibility and then the capability into Joint Transition Command that's needed?

MR CALIGARI: Well, to be quite honest with you from my time in Defence, I would've said, Defence has a mission to defend Australia and its interests. And it's not to transition people out of the ADF. Should they be interested in how that occurs? Absolutely. That will affect recruiting if you don't do that properly. If people are leaving the Defence force and not feeling as though they were – they enjoyed themselves, then you will impact your recruiting.

So, to the extent that they need to have a duty of care and they have a responsibility, absolutely Defence should be involved. But I think – I think what's actually needed now is, that the Department of Veterans' Affairs needs to connect with Defence, absolutely. Issue a white card the day they enter the ADF, absolutely. Let's get better transparency of medical records, particularly psych records which once you've left the ADF are very difficult to get out and transfer to another psych somewhere else. Let's make the process of being inside the ADF and inside DVA, seamless. There's no doubt about that.

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I personally, from my experience, both inside the Defence Department and now three and half years outside the Defence Department, believe the best people to help people transition is the Department of Veterans' Affairs and the ex-service community, supporting their friends coming out. Not either a 2 to 14 day course inside Defence, which 85 per cent will be listening but not really listening because they've already got their circumstances cracked. Or the 5 per cent who it's just too much and they're getting personal help anyway. But the 15 per cent who need that help, who will need specific support. They need more than no matter what period of time you think you can devote to training them to leave the Defence Department. I don't think a transition command, unless it's more of a description of a connectedness that I appreciate. But a formal structure of responsibilities allocated requirements inside that, I think we're getting – we're taking responsibility off the organisation who has the first principle, should be responsible for the entire veteran community.

COMMISSIONER SPENCER: The difficulty with that is, transition starts very early, for some people as you said. I mean, the government's definition of veteran, which is highly contested, is not our definition. A veteran is a person that's served more than one full day. And we understand that some of the veteran community don't agree with that definition but that's the Government's definition.

The issue we've got is, there's a lot of stuff happening in transition but if you look across Australia, we've been on many bases. As Robert indicates in some places it's done relatively well. In other places it's a dog's breakfast. It's not coordinated, it's not connected. So, at some point, what we've said is you've got to bring DVA, Comcare, comsuper and other practitioners into a central, sort of – not centralised but into an agency that brings that together. And part of that is to absolutely do what you're suggesting, that before a person discharges, they're referred to the appropriate ESOs, they're referred to appropriate rehabilitation providers. That sort of stuff is happening at or around the time they discharge. Then the person can come back to that, if they so choose, for a period of time.

So, what we're finding is there's good initiatives but there's no structure. So I suppose we have to come to a view that unless you have good structure, you'll continue to have this random approach, which is good in some places and frankly appallingly poor in others. So that's an approach. Can I come to an issue that you've raised in - - -

MR CALIGARI: Can I just answer that one. My argument would be that DVA can do that. You don't need to form a new command to do that. There is structure, if DVA's focus was on the entire veteran community and paid attention to the transition process from the day the first time

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someone enters the ADF and starts thinking about it, put in place the structures that enable it.

COMMISSIONER SPENCER: Yes.

5

MR CALIGARI: Followed the best practice innovation of what ESOs are doing and funded it, and had their own circumstances, within DVA you'd actually solve the same problem.

10 **COMMISSIONER SPENCER:** Yes. I won't go to the issue about whether Defence should, in fact, have a broader of duty of care, that'll come up later on. But it's an issue that we've been looking at right across Australia. Your interpretation of what Defence is about is obviously what most people say to us. The question that lingers for us and it remains a
15 question, is whether that should be the sole focus and that's what we're just trying to look at.

We actually have a view that Defence does have a duty of care that extends to its personnel around and beyond the time of discharge. But
20 that's the contentious issue. The other issue is that in some jurisdictions, Veterans' Affairs is in the Defence Department, such as in New Zealand. So, this notion that you can never have Veterans' Affairs and Defence linked, is not true around some other jurisdictions. But in Australia, the overwhelming view that you've put is the view of the veteran community
25 and we've heard that and acknowledged that.

Can I come to this issue about in – just in your submission, and we've only got a few more minutes to go. You say, assuming to treat the different types of Veteran as one is unjust. So can I just unpack that a little bit?

30

One is that many people have said they don't like the definition that the government has given. Some think it's a very good definition. But what is your greatest concern in the current system, or proposed system, in relation to this issue, as you say, of trying to treat different types of
35 Veteran as one.

MR CALIGARI: Well, it comes down to the value of a Veteran. What is the government – how does it actually value a Veteran? Not the rhetoric, but the reality, and in my view, there are – and I proposed in my
40 submission three levels – that to treat everyone, someone who served, for example, two tours of Vietnam, probably say Borneo confrontation, Malayan emergency, possibly even back as far as Korea, as the same as someone who served for one day and was injured in training out of Kapooka, and left at the end of their first day, haven't even been issued
45 their equipment, is in my view, unjust.

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It doesn't necessarily mean that everyone – anyone's injuries are different. There's no reason why that single individual, who may have experienced some traumatic event in their first day in the ADF, and may have PTSD, or who has a serious injury because they fell over or were involved in a grenade accident, that their injuries are no different.

They could have more injuries, worse injuries than someone who served on combat operations for two years. But the difference is that someone who served on combat operations has a different value. They need a recognition which could potentially, as I've suggested, could potentially be a simple as the standard of proof.

What standard of proof are we expected if someone's left the ADF, they put in no claims, they finished as a Vietnam Veteran, and 20 years later realised they've got some problems that could very well have been caused.

The standard of proof that you might say, highly likely that that's occurred as a result of his service. The standard of proof would be lower. We would be much more quick to recognise that it's likely, highly likely, and just do it, quickly.

Whereas someone who's been involved in, potentially, a training accident, when in Australia, Work Health & Safety laws apply. The Chief of Defence Force and the Chief of the Services are the responsible people for Work Health & Safety.

There are mandatory requirements through what we used to have, the forms we used to have, and the new Sentinel system they have now, but you could be much more demanding of the circumstances to be sure that they were – they are entitled to compensation rehabilitation.

So, in my view, it's almost a standard of proof. If I was to look at three different types, just off the top of my head, as I put in my submission, I would think there are those who have served. They would be Veterans, but they'd be service Veterans. I'm just making these names up.

COMMISSIONER FITZGERALD: Sure.

MR CALIGARI: They could be, if they served on, for instance, many of the operations we've served on in relation to tsunamis, or droughts in PNG, or evacuations from Solomon Islands during the crisis. If there is no clear enemy, but there is a serious environmental issue. Like we've had helicopter crashes in (indistinct) and so on, then it's an operational Veteran.

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But if you've served somewhere on operations where you are actually facing an enemy, and there is a chance that you will be killed, or you will send someone out to be killed by someone who out to kill you, is their intent, it's a different thing altogether as well.

So I don't see any problem with the word Veteran, but I think there needs to be some differentiation so that the Veteran of longstanding, 30 odd year service, multiple tours of combat operations is not the same as someone who spends 24 hours in the ADF.

COMMISSIONER FITZGERALD: So just in relation to that, as you are aware, the Statement of Principles does have these two different types of tests currently. One is called a reasonable hypothesis test, and the other one is a balance of probability test, and the lowest one is applied to those in certain forms of operational service, and war and non-warlike service environments.

When we're speaking to younger Veterans, almost universally, but not completely, they hold a very different view to this. Their view is your view, which is injury's an injury, and in fact, it could be worse, whether it's in training.

So they're saying to us that, in fact, there should only be one test, the lower test, that is, reasonable hypothesis, and it should apply to everybody. So that people that served within a war or non-warlike environment are not disadvantaged, but they are in fact treated the same. Now, there are mixed views about that, but I have to say, young Veterans are fairly uniform in that view.

The recognition that you talk about, they see it coming in remuneration whilst they're in the military in other forms, and maybe in relation to healthcare cards and so on.

But do you have a view about what I've just put to you?

MR CALIGARI: So you're saying that they disagree with what I'm saying?

COMMISSIONER FITZGERALD: I'm just basically saying, the younger ones are basically saying that, in relation to injury, there seems to have been a wholesale shift to the view that injury should be treated as injury, irrespective of where that's been incurred.

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MR CALIGARI: Well, I think it's true to say an injury's an injury. So if you're suffering from a back condition, and the torture of going through your own doctor, then a DVA doctor and a bunch of other doctors to confirm that, and then having to dig up the evidence through your medical records, many of whom, while you're on operations overseas, don't have medical records, or don't choose to leave their team on combat operations for the sake of seeing the Regimental Aid Post.

They want to stay with their team and they'll put up with all sorts of injuries, because they do, because it's leaving a team, is a different thing from having an accident in Australia, or having a training incident where we all know the circumstances. It's clear. In fact, it's a command responsibility to understand those circumstances.

So you should be – and the record is more likely to be there. So what I'm saying is, the chances of there not being a good record are higher on combat operations, slightly less, potentially, on operational service because it's not quite the same. You would take the opportunity to help yourself. But on training, it's different.

So I've got no trouble with the injury. An injury is an injury, and an injury needs to be dealt with and looked after and managed exactly the same, whether you got it on combat operations or you got it in training. No doubt about that whatsoever. I'm talking about potentially – and only one idea I've come up with that's been floated is the standard of proof.

COMMISSIONER FITZGERALD: In relation to the connectedness between the injury and service. Yes, okay, that's fine.

MR CALIGARI: Yes.

COMMISSIONER FITZGERALD: One last question. In relation to the Veterans community more generally, Richard's talked about trying to leverage off the work of the ESOs, and so on and so forth.

What do you see, if any, of the role of state government, and again, it's not an issue that's been very much in our report, but we are conscious in the Queensland environment, certainly, that there has been a more active approach by the Queensland government, and we now know that there are Veteran Affairs ministers in every state and territory. I might say I'm not quite sure what some of them do with that, but nevertheless, they exist.

So the question for me is, do you have any insights or thoughts about the role of state governments in the Veterans' affairs issues?

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MR CALIGARI: Well, if I was to have my way, there would be an equivalent of the Smart Cities deal, where all there levels of government were working together on the one problem. The each have a responsibility for some part of every community.

So the federal government got a responsibility for Veterans, but the state government has a responsibility for communities, and it's in their interests to support communities, and their actively looking for where are the preponderance of those communities, and support them with everything from community centres through to grants and activities.

Local government, likewise, is – considers themselves a community, and they have their own community, within which there are other communities. So all three levels of government working together would be a great outcome.

But all three have an interest in, in particular, the Veteran community, particularly where there is a preponderance of them, and in Townsville, that's significant. Twenty per cent of the Townsville population, using DVAs figures, or the figures that they extrapolate from the 4,794 registered Veterans as clients in Townsville, who have served, or are serving, who are in Townsville, they can extrapolate that one in three, they reckon they know one in three Vietnam Veterans, or one in four post-1999 Veterans, or as you said, 20 to 25 per cent. Using those figures, 20 per cent of Townsville.

There are a number of other communities around Australia that are similar. I would point to Darwin, Amberley, and possible even Newcastle, Maitland, where there is a significant ADF population in a relatively small community.

The big difference in Townsville is that we are 15 hours drive from Brisbane. All the other small non-capitals are within three hours drive of a capital city.

So we've got a particularly unique problem here. But there's opportunity there, and to go back to your question about the government, there is opportunity, I think, for the Department of Veterans Affairs to be more proactive in identifying innovative best practice that's going on in the ex-service community and follow it, instead of just taking the approach that if you put in a bid, we just rate the bids, rank them, and pay it. Let's get more innovative. Let's work out where all the best alternatives are coming up.

COMMISSIONER FITZGERALD: Good. Anything else?

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MR CALIGARI: No, that's good.

COMMISSIONER FITZGERALD: Thanks very much, John. That's
5 terrific.

MR CALIGARI: Good. Thank you. Thank very much for that.

COMMISSIONER FITZGERALD: Much appreciated. Could I have
10 now Phillip Burton, please.

MR BURTON: Sir.

COMMISSIONER FITZGERALD: So Phillip, if you can give us your
15 full name and the name of any organisation you formally represent.

MR BURTON: My name is Phillip David Burton and I'm representing
myself as an individual rather than an ex-service organisation.

20 **COMMISSIONER FITZGERALD:** Terrific. So Phillip, you know the
drill. It's – if you can give us 10 or 15 minutes of the key points you'd
like us to consider, we have received a submission from you, so thank you
for that. And then we'll have a conversation.

25 **MR BURTON:** Yes, sir. Well, again, my name is Phillip David Burton.
I am a veteran of the United States Navy, as well as the Australian
Defence Force in the army. Within the United States Navy, I was an
enlisted person. So I was in – the other ranks. My deployments included
Southern Watch, Northern Watch and Enduring Freedom.
30
My injuries, as part of my service in the US Navy, was that of a fractured
ankle. And my experience with DVA, in the United States Navy, on
transition, was that DVA came into the transition seminar, they sat down
with each of the hundreds of people that were transferring out of the
35 regular service into the active or inactive reserve and they assessed our
cases on site, on that day and they had the paperwork ready to go by the
end of the seminar which was three days long.

Post United States Navy, I immigrated to Australia where I used my
40 Montgomery GI Bill Education Benefit to pay for my Bachelor's Degree
at the University of Queensland. I'll cover the GI Bill a little bit later, but
it is a proposal that I think is – it warrants consideration by the
Commission. In 2004, I was accepted to the Royal Military College and I
attended RMC for 18 months in Canberra. Upon Commissioning or being
45 allocated to the Royal Australian Infantry, I worked as a platoon

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commander, company commander and officer of a battalion or for Battle Group Rear.

Deployments included that of Timor-Leste in 2006 and then again in Afghanistan for the winter of – Northern Hemisphere winter of 2007/8. During this time, I utilised the Defence Assistance Study scheme, in order to gain my Master's Degree, so that I could be better equipped or more competitive to attend Australian Command and Staff College. However, I played one too many rugby games and I suffered an injury, which saw me medically separated from the Army. During the time that I was between injury and separation, there was basically no management for injuries. Now, I'm not blaming or casting aspersions on the medical corps. There is no blame. It was a matter of service before self and I took decisions to fulfil my role within the unit at Battle Group Rear, in support of Afghanistan trip, so that the unit forward had more resources and less worries about operations back in Australia.

The role of the ESO's in my particular case was that I attended Corrections. I submitted the paperwork to DVA by myself. I felt that my injuries were not accurately recognised. I made representation to the VRB and enlisted the support of the RSL at (indistinct words). However, at this time, there was no broad scope of training for advocates. Not like there is today. The advocate I worked with referred me to DRCA when I was covered under MRCA. However, the VRB took pity on me, recognised my arguments and then eventually did increase any level of compensation that I would be awarded later. On separation from the Defence force, I went to study law at QUT. It's not complete yet. I've been employed in several professional roles, mostly within the project and program management sphere working on Defence contracts, government contracts and even within the construction industry.

Since Defence, I have, again, lived in Brisbane, Papua New Guinea and Port Moresby, as well as that of Canberra. Upon transition, what I found from the majority of the civilian employers was that of a lack of understanding of capability of former Defence personnel. That's not going to change until there's a greater veteran presence out there of pushing veterans into professional employment. And I'll leave that comment alone. And that will serve as my period of introductions.

Insofar as discussion, this period's going to focus on eight topics which were covered in my submission as well as I my supplementary submission to the commission.

COMMISSIONER FITZGERALD: So you'll just need to be brief in relation to those. (Indistinct) come back to – so maybe it might be best to

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highlight just very briefly, the (indistinct) but come back to one or two points.

MR BURTON: Certainly. I will agree with General Caligari in that the objective of a VSS is to support the whole of the individual. I will agree that it is only words on a page until the veterans see it in action. Too many times and too many people have made statements that said, “We are going to take care of you. You have served us. We will now serve you.” It has been incorrect and it is a blatant falsehood.

I’d caution the Commission that words on the page look brilliant, yet if the execution of the VSS transformation’s not delivered in full, on every printed word or on the entire operation will be considered by some a failure. The practical example of this is that of a George W. Bush stood on the deck of an aircraft carrier and announced to the world “Mission accomplished. We’ve done it, we’ve eradicated the Taliban.” And then 17, 18 years later, still, here we are. Yes, the tactical mission of clearing the country of interference had been accomplished, but we’re still there.

I’d like to address the use of systems, such as Sentinel and the next generation of eHealth system. At a tactical level, the information that comes out of Sentinel and comes out of the next generation eHealth system is only as good as the data entry that’s put into it. The General was talking about three aspects being on operations, you’re going to get limited data. In training you might get more data. This is correct.

Focussing on the tactical level, at the battalion level in the platoon, the issue comes into the training of the individual who puts the data into the system. If the information is incomplete, then you cannot expect a good outcome. At the same time, you must look at the interoperability of the system between all aspects. Defence, down to the platoon commander, DVA and then over to comsuper and then whoever else is going to be using this as an external support contractor.

The system must be robust enough that all personnel can access one central system with security taken care of by permissions. And as far as I see it, the natural fit for who’s responsible for providing the permissions for the security of the system, is that of the Australian Signals Director [ASD].

There are too many contractors, and I’ve worked for some of them, who will tell you in a tender application that yes, we will meet the information security manual principles and we never do. We have no intention of meeting them. But we’re going to put that paragraph in there to ensure that we sign a contract for millions of dollars.

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Back to the user friendly principles, this would see that training for data entry has to be done at an earlier level, it would have to go into the (indistinct) training or to the training that is provided on subject courses for promotion. That is not the focus of this condition, however, it is stated that we need more time and more training and better data, better security. We can't afford another MyHealthGov.gov incident where data is compromised. And that's therefore the ASD comes in control.

When speaking of notional worker's compensation premiums, the word notional, means pretend. No one in the military respects the word notional. "I have a notional enemy. I'm going to go out and kill or capture a notional enemy. I'm going to fire my blank rounds at it", but it is not a respected term. Now, it may not be a popular opinion, however, if we are to have worker's health compensations premiums, Defence is not funded to provide those. Defence has a very small budget. It is (indistinct) for everyone, three, five years. Battalions put in plans to its brigade. In order to have a real penalty, which may be what is required in order to get the attention of leadership roles, is that a career may have to end as a result of a lack of paying attention to the reduction of harm principles. That is not something that any of us want, however, I'm not quite sure that the message gets through to the senior leadership when we have – when we enter the realm of the – what do I want to call it – I'll just move along.

COMMISSIONER FITZGERALD: That's fine. Just move along.

MR BURTON: Joint Health Command reporting.

COMMISSIONER FITZGERALD: Yes.

MR BURTON: I took issue with the draft commission saying that the Joint Health Command should produce more reports, more annualised actual reports on what's happening. Joint Health Command is doing what it can. It is doing what it's resourced to do. So unless the Commission has some type of leverage to fund Defence more, to put more people into Joint Health Command, and to put more bodies on the ground, and not necessarily a treatment or an administration record/ role, but into the provision of research, then a joint health command can only do so much.

The establishment of a Joint Training Command – sorry, a Joint Transition Command, it's a good idea. However, a JTC has to sit at every single Defence establishment in order to cover off on personnel. The reason it has to sit there, is because if it does not sit at the local level, well, then more funding has to become available to Defence and to the

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personnel providing the service, so that they can support the veteran as
they transition out. I say that because Australia currently operates on an
open-ended contract series, so a soldier is a soldier until he doesn't want
to be a soldier anymore. Then he has to give 6 months' notice saying, "I
want to transition out." And an officer is an officer until he doesn't want
to be an officer anymore, but he must give 90 days' notice.

In order to fund appropriately what Defence is doing, I believe that a
trigger point or a decision point needs to be reached where the individual
has to nominate at an earlier date, potentially a year – two years out from
the actual transition or separation date so that they can move on and
actually receive the joint transition command and so forth, effectively.

COMMISSIONER FITZGERALD: So we might need to just leave that
and then come back and ask you questions and I'll pick up a couple in a
moment. Can I just come back to one or two points that you've already
made. Your experience in relation to transitioning out of the Australian
Defence Forces was vastly different to that which you've described in the
US.

MR BURTON: Yes.

COMMISSIONER FITZGERALD: So when you were transitioning
out of the Army here, how long was it before – between the time of
discharge and the time that you actually put in a claim with DVA?

MR BURTON: My claims went in very shortly after my initial injury.

COMMISSIONER FITZGERALD: Right.

MR BURTON: The entire process of having claims accepted and then
finalised was 24 months.

COMMISSIONER FITZGERALD: And ultimately, you had to go
through the VRB?

MR BURTON: I did.

COMMISSIONER FITZGERALD: And that was all – and that
resolved the matter in your favour. Is that correct or not?

MR BURTON: Yes, it did.

COMMISSIONER FITZGERALD: So what do you think should have
happened during that 24 month period? That two year period? In short,

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what would have made a difference to you and what do you think the system should have been able to deliver?

MR BURTON: I think that the system is very competitive in that I have to go back and prove and prove and prove again that I had been injured and it is a result of my service. I think that I did the proper things and that I submitted my reports early. I engaged early. And DVA at the time dragged its heels. It wanted more information. Go see a different specialist. Get another opinion. I do note that DVA has improved its clearance rate of DVA claims over the past little while and has now dropped significantly in time frame. And where my submission to DVA took 24 months, is now taking approximately 30 days at times.

COMMISSIONER FITZGERALD: Well, in some cases.

MR BURTON: Yes.

COMMISSIONER FITZGERALD: I wouldn't say 30 days is the average, but yes, that's true. But you also raised the issue that when you initially received advocacy advice, you were directed to the wrong Act as I understand it and that was fixed up in the VRB. So do you have any particular comments about what you want to see or what you'd like to see in the advocacy space? Some people have said to us, our system's an unusual system where it's one of the very rare systems in the world where you almost must have an advocate to be able to navigate it, it's so complex. We can't verify that in relation to other jurisdictions but it is certainly unusual relative to other compensation schemes. So the question for us is how can we improve that whole process? Part of it is DVA's responsibility. The other is obviously what's happening in the area of advocacy.

MR BURTON: Well, since I've separated, Australia has moved to a common training standard for advocates. There is now a general understanding across all the advocates as to what is acceptable and what is not. So they are trained more effectively than the volunteer status that they were when they were just lending a helping hand or "You want to have a chat? I'm going to help you out, but I can't guarantee that this is going to be the correct advice."

So now that advocates are more professionally trained, that is super. However, there is a role for professionalising again, so that their younger people, younger individuals who are a little bit more up to date with what the standards may be, are able to assist others more effectively. I think that when I engage the RSL, I had to call and then visit and then email and then wait, because the lines were so long.

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But a professionalised service with a series of metrics to judge the performance, KPI's, (indistinct) as well as quality outcomes for the veterans may be – may greatly assist people in submitting their claims.

COMMISSIONER FITZGERALD: Can I go to a couple of other issues? One is in relation to your comment about employment. One of the things that we're hearing from veterans, both older and younger, and it's consistent, is that they came into the ADF with an expectation that they would leave with a set of qualifications which would be readily transferable into civilian life. What we're hearing is for some that is true, but for many that has not proven to be the case, in fact we had a young veteran the other day, he had been out for two or three weeks and he's shocked to find that none of his qualifications are relevant to any of the employees. Now, its early days and hopefully he will find employment. But I just want your comment on that. And the second is about the – I suppose – the attitude of employers. You'd made a comment that that's proven to be problematic.

MR BURTON: Well, firstly, during my time in Defence, any individual can log onto the campus and start to undertake a number of professional training competencies which would lead to certification. As far as Defence training in general, leading to certification which may be useful within the employments sphere, it is non-existent. A Certificate II in Government Operations will get you nowhere. I don't think you can operate the cash register at McDonald's with a Certificate II in Government Operations. The skills that Defence personnel learn over time, are not formalised, in that one of the areas that which we can excel is that in Risk Management. This is continuity, resiliency programs. There is no formalised certification process to learn these skills or to develop plans for businesses and governments alike that are acceptable within the general population of employees and employers.

More, or something, rather, is required to be able to formalise an education within Defence. That is not your Certificate II. Certificate II in Government Operations. It's not your Certificate III in Logistics Operations. Whilst those things are great, when you look at it corps by corps, there are individuals who are more suitable to gaining a warehousing job because they were within the logistics corps whereas a standard infantryman is not going to get a forklift ticket. He will not have a heavy rigid license. He will not have qualifications that are applicable coming directly out of the Defence Force.

COMMISSIONER FITZGERALD: Is that different in your experience in United States Military, or is that similar?

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MR BURTON: I think that the work of some ex-service organisations within the United States, the work that they have done has – they've gone out and they've reached into industry and they've said this is what our people can do. Not only can our guys run fast and shoot straight, but they can think on their feet. They're very good at, you know, at managing a team. That equates to leadership principles, it equates to the ability to administer a company, means that you are a pretty good executive assistant already. They've reached in the industry and they've done that. Whereas, perhaps, the ESOs today and in Australia, have not reached in the industry, have not equated veteran's experience and veteran's skill sets to something that employers here can understand.

COMMISSIONER FITZGERALD: We have spoken to a small number of new organisations, some ESOs, some not, that are, in fact, in that employment space and what you've said resonates. But it's true to say that most ESOs that we've spoken to have not engaged proactively in the employment space. But that seems to be to us an emerging area and goes to a point that Richard raised with John in the first presentation, he's lost the role of government either through (indistinct) through ESOs roles. Can I then link that to your recommendation in relation to education benefits?

MR BURTON: Certainly.

COMMISSIONER FITZGERALD: And just briefly, you've referred to this Montgomery GI Bill, in the US.

MR BURTON: Yes.

COMMISSIONER FITZGERALD: But just tell us in principle what you think is beneficial about that approach?

MR BURTON: It is a formal funding arrangement to see higher education for any veteran who has contributed to the plan.

COMMISSIONER FITZGERALD: What's the plan?

MR BURTON: In my instance, upon enlistment in the Navy, my drill instructors said that you will sign up for this plan. What's going to happen is $100 per month for the first 12 months, will be deducted from your salary, and in return, you will receive approximately $1000 a month for 36 months to pay for technical training, collegiate degrees, attendance at university or gaining certificates.

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Whilst it was a voluntary program, being a good little squid, I said, "Yes, sir", and signed the dotted line and gave – handed over my money. In return for that, I was able to comfortably attend the University of Queensland for 24 months and finish a Bachelor's degree and not have to – I didn't have to work. That was due to the exchange rate at the time.

COMMISSIONER FITZGERALD: Yes. And this particular payment, so you were able to use that in Australia?

MR BURTON: I was.

COMMISSIONER FITZGERALD: And you had come here. Do you have any idea as to whether or not most serving United States military, would they commit to that plan or is it only a small percentage? You may not know, but your experience there, is it readily taken up or most people won't do it?

MR BURTON: Ninety-nine per cent taken up.

COMMISSIONER FITZGERALD: Taken up?

MR BURTON: Taken up.

COMMISSIONER FITZGERALD: So when the US Army spoke to you early, was there a very clear view that they were concerned about your long term well-being? I mean, in essence, that plan is a, if you've got to pay $100 per month from the day you start, almost, that's about a view to the future.

MR BURTON: It is.

COMMISSIONER FITZGERALD: A view to your post.

MR BURTON: Yes.

COMMISSIONER FITZGERALD: I'm not saying Australia doesn't have any such schemes. We have some education schemes, but there's no evidence in the military that that approach is – is well-articulated.

MR BURTON: Day to day operations, you did your job, however, you had an option for later on to take on formal education later and that the government would make a contribution to assist you. The other enlistment schemes going into it, whereas that you could have a Defence funded college fund which would then, dependent upon the MOS or the job that you decided to sign up for would increase your education benefits

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by fivefold. You could sign up on enlistment for an education benefit for $60,000. So you would have then $60,000 to spend on education and if you signed up to the GI bill, you would have additional funding on top of that, because a member voluntarily invested in a bond scheme for lack of a better word, that said that this will be your return on investment. So the government very much wanted you to look forward and not sit on your haunches waiting for something to come to you.

COMMISSIONER FITZGERALD: Phillip, you have a very unique perspective and so I just want to explore that a little bit in relation to your comments on Sentinel, the systems of reporting, of capturing that information, because, as we all understand, if information is correctly recorded up front, and the records are there, later on when the injuries become apparent, it's going to be a much easier process. You know, but we hear the stories about people don't report because for good reason sometimes and other reasons are about, particularly back here during training, it may put your career at risk, you may not be deployed, and so people sometimes go off base and we've heard all of those stories.

From your experience, and I appreciate it's some time ago, is the US, in terms of reporting and capturing that information, when the accident or injury occurs, did you experience a different system, a better system or were the same issues really at play there, as well?

MR BURTON: It was equally poor.

COMMISSIONER FITZGERALD: Okay. And for the same cultural reasons? That people – you know, it's that issue of just get over it, get on with it, do your job and also, you don't want to put your career at risk?

MR BURTON: When you have a 22 year old platoon commander who is more worried about the tactical situation rather than the administrative paperwork, you are not going to get good quality data put into the system. Platoon commander at the second battalion where I served, and I'm guilty of this as well, I need soldiers that are up. I don't need soldiers that are down. I want my administrator burden nice and low so that I can continue to run around the bush at full strength and go and kill or capture my notional enemies. I said in my submission and I said verbally, a little while ago, that additional training needs to be provided. People have to understand that it is a command responsibility to look after the welfare of your soldiers, today, tomorrow, until the end of time. When you decide to take on a commission, you're taking on that individual and those individuals that serve under you and with you forever. You are their support network, you're there, the ones that they call when they're having a hard time and you're the ones that they turn to initially to seek

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assistance. If I do not put good quality data into the system, I have made it increasingly difficult for my soldiers to make claims at a later stage.

COMMISSIONER FITZGERALD: So I come back to a couple of issues, because there are very strong incentives, as you say around capability and the – and looking after your troops, I mean, we understand and appreciate that. But you said earlier, you made a comment about that there is that duty of care and in that duty of care is not adhered to, then there need to be consequences.

MR BURTON: Yes.

COMMISSIONER FITZGERALD: And I think you mentioned, in fact, you knew careers may need to end. So other ways to focus people's minds are, first of all, is information and insight as to what is happening and what are the long term consequences of that. So that's data capture, that's tracking information. I'll come back to that in a little bit because you've commented on that. This idea of the premium, and I take your comment that notional is not a very compelling word, there is in fact just to clarify, there is a notional premium that is calculated by the Department of Defence. So they do look at the long term consequences of injuries. There is a calculation around that. Our point is that there's no actual premium. And in many other systems, the – an actual premium focuses the mind in terms of what are we doing, what are the consequences and what could we do about that.

And look, we do appreciate the very unique aspect of military service, that there is the duty of care, but also the duty to prepare. And we hear that constantly. Some systems, as you know, struggle within the same structure. And New Zealand does, for example, and we've heard from New Zealand about how they really try and strike that right balance, and it's very challenging. So – an actual premium, some would say, would focus people's minds. You've made the point that Defence is not funded, but a way of approaching this is for Defence to be funded at the outset. And then it has to work with the consequences of that into the future, so if a notional becomes an actual, does that have more interest or more rigor, more likelihood of being able to influence behaviour in your view?

MR BURTON: I think if anybody experiences a financial set back and it effects your pocket book then you understand that that had a consequence and that you take things more seriously in the future.

COMMISSIONER FITZGERALD: Okay. Could I just go to just a couple of other issues you've mentioned about joint health command. Also, our proposal of a transition command. Look, you've made a very

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good point, and that is, if it's in name only, well, nothing will change, so I just want to put this in perspective, because this comes out quite often, I think, in people's reactions to some of our proposals, if you were going to do this tomorrow, it's probably not going to work, it's not going to be possible or feasible. But the mandate we have is to look 20 to 30 years and say how do we have a system that is fit for the future? And we've had commentary already about the changing needs of younger veterans. So how does the system best respond to them? So in some of these issues, this may not happen and shouldn't happen perhaps tomorrow, but how do we move towards that? So we'll have more to say about a transitional arrangement around some of our proposals.

So do I understand you correctly that if the right capability and resources are there, first of all, just with Joint Health Command, to be able to track long term outcomes, treatment options, what works, what doesn't and true insight around that. And with the transition command, have the presence that you're suggesting are on base are the capability. If those resources are there, so, then do you feel are you supportive of what we're talking about and what we're suggesting or do you still see other issues we need to think about?

MR BURTON: I'm certainly supportive of Joint Health Command if resourced properly with more personnel who are research focussed in delivering a product or reports of instances, if they're resourced properly, then they would be able to do that. But the current role in the medical corps for – at a brigade level, is you either have a doctor or you have an administrator. And doctors are busy, administrators are busy. You can't get blood out of a stone. I would suggest that JHC, Joint Health Command, start to look at foreign partnerships, maybe with Department of Veteran's Affairs, Human Research Ethics Committee, saying we need someone to come in and write a report. Can we look at offering a grant to a research university? We give them access to data, they come up with actual reports annually.

I think with the Joint Transition Command, there's a similar model that's already in existence with what is and/or was 39 personnel support battalion out of Brandwick. They take individuals and get them ready for deployments. They are centralised but with the Joint Transition Command, you'd need to be decentralised. You'd have to be everywhere. I think that again, there is not the funding currently available within Defence to do it. If they were to receive funding in the future, could a Joint Transition Command come into effect? Yes.

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I think that one of the hurdles to get it there in the future, again, is going to be that of - the Commission mentions career planning to take place, every two years. Well, platoon commanders are not the right place to do that.

5 **COMMISSIONER FITZGERALD:** No.

MR BURTON: Company commanders are probably not the right place to do that. So to do more within the realm of career planning which identify a decision point where you would then have to – you would be
10 looking to transition out of the regular army into a reserve capacity if you chose to do that, then you would have to spend a significant more time developing junior officers in order to do the paperwork that is required to get there. A 22 year old in the US, a 19 year old platoon commander in Australia, does not have the life experience required to sit down and
15 adequately counsel an individual on transition planning.

COMMISSIONER FITZGERALD: So just a clarification on that. The JTC would be to centralise, but I want to clarify one issue. Troops are not being deployed to or attached to that command, so it's a bit like the Joint
20 Health Command. Both Army and, I understand, Navy, have various units to which a personnel can be actually attached. I understand there's a unit such as that in Townsville, I think. Pre-discharge. So the Joint Command is to be a body that brings it all together but doesn't displace that sort of notion. So just so I want to be clear, because some of the
25 submissions, there's been a lack of clarity about that.

COMMISSIONER SPENCER: Yes, I just want to add a general comment to that, because the Productivity Commission is very good at cost-benefit analysis. And that's sometimes misunderstood by people,
30 they think well, that's just kind of code language for saving money or cost-cutting. In fact, it isn't. I think some things we've been talking about is, how do you get smart and strategic about tracking outcomes, knowing what leads to those outcomes, what can you do earlier in order to achieve better outcomes, and outcomes here, means outcomes for the veteran and
35 their families. Families in the fuller sense of the word. So I just wanted to mention that. And also, another issue that's come up, in our hearings, people express a level of concern - and we understand that - that this is a cost-cutting exercise. We just want to make the point that our recommendations would actually require investment by the government.
40 The – the challenge is to work out what is the – where is that best investment made.

We've touched on some of those areas this morning about the role of ESOs, the role of services. In terms of data collection, better information,
45 better understanding and insight into outcomes, these are areas that we

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think have great potential with investment to yield really good results for the individuals and their families. So just to clarify that.

COMMISSIONER FITZGERALD: Well, just could I go to the last point and then we'll break. Health insurance and health incentives, can I just put this in a little bit of context. There's about $5.3 billion spent annually on health for veterans, non-serving veterans, so that doesn't include serving veterans. And that's going to increase. And our report will not reduce that in any way, shape or form. As you may be aware, we have said clearly, unequivocally, that nobody that currently receives a Gold card or a White card would lose that and that's unequivocal.

Nevertheless, we are trying to work out how to get better health outcomes within a well-being framework. And so cards are nothing more than a funding mechanism, that's all they are and some people seem to attribute more to them, than that. So we're not disagreeing that the importance of the White card and the Gold cards, but we are saying, are there different ways to achieve better health outcomes over the life of a veteran and their families. You've made some reference here to private health insurance. We're looking at that. But I – it's not one that we think is likely to fly. But at least it needs worthy consideration.

So I just wanted to touch on your recommendation, and hear your views in relation to health cards, private health insurance, and health services generally.

MR BURTON: Certainly. Unless there is a hub which can then – I go into a hub and a hub will farm me out to the applicable service providers, I won't know where to go to receive treatment. When I exited Defence, I still had to attend appointments with neurosurgeons and neurologists. I did some nerve damage. My White card was then – I would say it was not helpful in gaining the attention of the same surgeon and the same neurologist that I had experienced whilst in Defence. Therefore, you start to wonder what good is this piece of plastic to me.

If then, that White card, that piece of plastic were then seen as more of a general health insurance, such as basics or premiums or all the care, then you start to understand better, well, my health insurance is accepted at any place, there may be a portion where I have to make a contribution. That might be okay. It starts to open up your avenues of service providers versus people who don't accept the White card or are not looking to do things under Medicare.

COMMISSIONER FITZGERALD: So just a couple of things about that. The first thing is we are trying to understand whether or not DVA is

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underfunding or under-pricing health services and the evidence is in some areas, it is, and we had a lot of feedback in – on that. And that does seem to have an effect on the ability to access services, because providers just won't deal with veterans. In other areas, that's not so. They do, in fact, pay close to market rates.

The second one is a more contentious area and that is, whether a veteran has the right, his or her choice to use a provider and to pay a gap fee. So at the moment, you can't use a provider that would charge you a gap. So from a choice perspective, should a veteran be able to choose to go to a provider of his or her choice and pay a gap. Now, that's a highly contentious issue, but some veterans have said to us, "Why should I be denied being able to go to a doctor that I want to use," and currently they are. Others would say, "This is opening a hornet's nest," and so we understand that. You may have no view on that particular issue?

MR BURTON: Well, I operated under the principle that if you break me, you bought me and you're going to pay what you have to pay in order to make me better. Or as well as I can be. Through experience, I've learned that this is not the case and so therefore, if I want better care or different care, then I need to be prepared to come out of pocket to receive that. And I have no problems making a contribution to my own health care where required.

COMMISSIONER FITZGERALD: Good. Thank you very much indeed for that.

MR BURTON: Thank you.

COMMISSIONER FITZGERALD: We'll now break for 10 minutes. There's some morning tea at the back. Thanks.

SHORT ADJOURNMENT **[10.28 am]**

RESUMED **[10.46 am]**

COMMISSIONER FITZGERALD: If you need to have a tea or coffee during this period just do so. We've got a further formal presentation and then we have four other people that have indicated that they'd like to make comments. So if there's anybody else they can join the list after that.

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Good. So, Trevor, if you could grab a seat. Good. Trevor, can you give your full name and the organisation that you represent, please?

MR MULLINS: First of all, thank you on behalf of our organisations for allowing to be here at the Commission today. My name is Trevor Paul Mullins. I am the Vice President and Veteran Liaison Officer for the Totally Permanently Incapacitated Servicemen Townsville Inc. And I'm also on the committee of RSL Townsville.

COMMISSIONER FITZGERALD: Good. So if you can just give us 10 to 15 minutes of the key points.

MR MULLINS: Sure. I'm going to modify this a little bit, if I may, because some of the areas have been covered by previous speakers and I don't want to bore you to death. So I'm going to look at services more than anything else and how it impacts on my members.

First of all with the TPI we are the second largest ESO in Townsville. We have 470 plus members and 25 per cent of our members are under the age of 50. So we have a long group of contemporary veterans joining us for whatever reasons. Also, we currently have two contemporary veterans on our committee that was just voted in. So the changing of the guard for us is coming.

The biggest problem with my older members is change is always very difficult and any time the government decides it's going to change something or modify something the inspeak within the organisation is what are they taking off us this time? All right. One of the concerns that I had, and be advised I'm representing all these people at the moment:

> *Could you please advise how the review plans to manage war widows, widowers and/or dependents as this particular topic was only briefly covered with very little detail and we think it needs to be a bit more transparent?*

Now, there's probably no necessity for concerns but any time that somebody says that the reviews of our wives or our children are going to be suffered in some way we have concerns.

The other thing is I'd like to go back to, if I may, DVA. We have major concerns at the possibility of DVA being disbanded as we know it now and outsourced to a part-time insurance type agency, which may not have any or little experience in veteran affairs or issues or controlled by a board or part-time CEO or directors or any other civil authority i.e. human services or Centrelink.

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We have concerns that if an injured serviceman has to go to a public shopfront. I've had experience with that myself where I've fronted up to help somebody and the staff at Centrelink said "Well, you're only a serviceman, you think you're special". So there's a lot of education there. So if you do that I think you're going to get yourselves into a lot of trouble. I could imagine a couple of Afghanistan veterans, no disrespect to those chaps, who've got post traumatic stress disorder who weight about 18 or 19 stone trying to go and get their benefits at Centrelink. You will be bringing in stretchers, all right.

So DVA is rather exceptional, it is unique, they are special. I can tell you two stories. One is if you take a negative spin on DVA services in 1972 a certain veteran sitting in this seat was injured in non-warlike service. His claim was finalised two weeks before Christmas. My TPI when I was put up for my TPI in 2000 took four weeks. So depending on who tells the story depends on how effective DVA is to you and depending how you submit paperwork or you get yourself organised depends on how well DVA can support you, all right.

Any system that compares civil workers type arrangements would seem flawed and the mere fact that ADF personnel train and deploy to and for warlike missions at the behest of the elected government of the day these should not be treated or aligned with normal workers' compensation arrangements. We are unique. It doesn't matter what we're tasked to do. Service personnel from all tri-services, all genders, are unique.

There are some - you could say there are some emergency services people that are similar but our people do 24/7 non-stop, they are deployed to all avenues of the world and when they come back they are hoping that they will be looked after.

TPI members are concerned by what and how they would be infected by the possible change of system. This is regards to the gold card system. The card has been earned. We have paid for this heavily and as we have no repatriation hospitals anymore it is a simple way of receiving treatment from GPs, hospitals with no fuss or argument and respect as these cards are recognised universal.

I've never had an issue when I've presented my Gold Card with any medical authority whatsoever. I've actually found that when I haven't got them in today because one is being serviced but I wear hearing aids and when I went to the service provider recommended by DVA they upgraded me. They didn't have to but they upgraded what DVA allowed and they wore that. So GPs that I go to, GPs that service my people at TPI and I

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would say at RSL we have no issues with the service we receive. We get treated the same as anybody else that walks through a GPs office. When I've gone to a specialist I've been treated exceptionally well by specialists.

5 So there are a number of DVA service providers who are extremely skilled and knowledgeable in the various areas that we as service personnel come under. And depending on the individual case and what the reason that you're sent there will depend on I believe what treatment you get. We've had issues where people want to go and they say things
10 like "We want to go to the Mater Hospital". Well, if you're designated to the Townsville General Hospital and you demand to go to Mater Hospital and it hasn't been designated by your service provider or doctor, then you will pay the gap fee. So it's a matter of education, sir.

15 Any changes to the Acts must be given assurances that the entitlements would not be reduced or eroded no matter who oversees them. As history proved there appears to be loopholes and many changes that can reduce entitlements. Excuse me. It should be time to assess all injuries the same whether they are injured while training, deployed in warlike or non-
20 warlike service. So I'm just reiterating what General Caligari said.

We believe an injury is an injury. How you define it is another thing. The baseline of it is if you get injured you need it fixed as quickly as possible and as effectively and economically as you possibly can. But it shouldn't
25 be about dollars. It should be the respect of any service person, and there's a lot of non-operational deployments happening at the moment where people are injured. And I was sort of sitting there looking at the General here on the side and I thought as a Vietnam veteran I was about 10 and a half stone wringing wet and carried about 120 pound and I didn't
30 have armour, I didn't have all the kit that these poor young so and sos have got to carry today. No wonder they're getting injured, you know, they're carrying half a truck on their backs before they go anywhere.

And each deployment requires to be looked at differently in the opinion of
35 my organisation. But they all need to be treated with sensitivity. Just bear with me. I'm having trouble with my eyes, so that's why I'm - I had my eyes done and they're not working. My main bugbear and the bugbear of our association is until recently we didn't have advocates paid or otherwise. We had a welfare office and a pension's office. And under the
40 old training system, which has been much maligned by certain people, it was effective in different ways.

And it was effective because what we were able to do was if a service person came into our organisation and even though they weren't TPI but
45 they were currently serving or they'd just transitioned out they could come

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to us and we could do the basic paperwork that they required to help them proceed with what their entitlements might be.

So they would have initial interview. We would get and collate all the medical documentation that an advocate would require. We would have the file completed, then we would recommend an advocate, and that completed file would then be sent over to the particular advocate who could just go through it criss-cross and submit. We found that a far more effective way and it also allowed us to maintain a high level of volunteers who didn't need a law degree or, you know, hours of paperwork to maintain their certification.

Now, I know the certification of ADTP is essential moving on. The bottom line is in time they will get up to their level 4 advocates and they will be able to - as they've got a few now. But there's that little grey area which makes for servicing better if they had pensions as well as wellbeing, so there was that central focus there, right.

Now, I just want to draw your attention to something. It's not a matter of just moaning about training for the sake of doing it, but effectively when you go for a pension you see your advocate one, two, three, half a dozen times depending on the difficulty of your claim. So you would possibly see somebody for a month, three months, six months, maybe a year depending on the technical details of a claim.

A welfare or now wellbeing advocate has that person for life. It is task and duty, not only for the member that you're dealing with but their dependents. And then, of course, because you look after them the non-service families ask questions and that's where civilian organisations like PHN come into it. So it's critical that when you talk about training, the costs of training, what the training actually produce, there's just that grey area that needs addressing. It's not a matter of changing ATDP training, it's a matter of increasing the level from welfare to advocacy by allowing pensions, which means that you can bring in more non-paid volunteers, which means that the paid professional advocates are able to do their task quicker, more professionally and more efficient. And it allows organisations like TPI, and there'll always be TPI in some vein or another, to keep producing volunteers. And that in itself having volunteers is another issue of wellbeing.

Now, a lot of the other things that we've put down here have already been covered by the two previous speakers, so I'm not going to bore you with that.

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COMMISSIONER FITZGERALD: So you're finished there? And we'll just raise some questions.

MR MULLINS: Thank you.

5

COMMISSIONER FITZGERALD: Thanks very much, Trevor, and also thanks for your participation in a forum we had prior to the draft report. Just in relation to the first issue, can I just deal with this notion of - well, I think your second issue, its civil workers type arrangements. So I
10 just want to clarify that you're seeking some comment on it.

What we have done is we've looked around at all of the civil workers' compensation schemes and accident compensation schemes that operate across the nine jurisdictions of Australia, including the Commonwealth.
15 No government, no government operates compensation schemes any longer through a departmental structure. It has long been deemed not to be an effective way to operate these sorts of arrangements.

But what we've never intended is to turn the veteran support scheme into a
20 workers' compensation. So what we've tried to do is to say 'what can we learn from those schemes?'.

The second thing is we are absolutely not in favour of outsourcing the veteran support scheme to an insurance agency or any other agency.
25 Indeed it's the government who's outsourcing large portions of the back office, as you're well aware. Our view is that there needed to be a veteran specific Commission established, reportable to the Minister responsible for Veterans' Affairs, and exclusively deal with the military or veterans' compensation arrangement.
30

But can I just ask this? One of the things that is clear is that just about all of the other workers' compensation and accident compensation arrangements in Australia are very outcomes focused. Now, they do it imperfectly and there are criticisms of those schemes. But there is a
35 genuine desire to actually improve the outcomes for the individual.

Here this scheme is very much about providing people with a benefit, an entitlement. And younger veterans and your people are saying the same things to us, it's also about services, it's about other factors. So do you
40 think that in the TPI space there is a growing recognition that whilst benefits are very important, and we're not diminishing those, it is time to start to move on and to look at different ways of achieving wellbeing for veterans.

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MR MULLINS: I think organisations like myself and the Vietnam Vets and DVA have always worked on wellbeing predominantly. I mean that's why we have focus points. I mean we have an amazing building in South Townsville that was basically funded by the Townsville City Council. We
5 pay a peppercorn rent arrangement.

COMMISSIONER FITZGERALD: Sure.

MR MULLINS: It is a focal point for our particular members and those
10 people have trust in us to bring their problems or queries to us. So we probably do - it's probably digressing a bit but we're self-funded, right.

COMMISSIONER FITZGERALD: Sure.

15 **MR MULLINS:** We have assets which are on the public notice of a quarter of a million dollars. 10 years ago we had $10,000, all right. And through fundraising, as you do, and with the assistance of certain grants, which we get a small amount of money, which is gratefully received, and other community grants we are able to take away 30 or 40 people on trips
20 half a dozen times a year. We also go to Oak Park, Ironsley with our coffee truck and fundraise. And what that is in a nutshell it is another form of socialisation.

COMMISSIONER FITZGERALD: Sure.
25
MR MULLINS: And funny enough we run a Bugle, it's a magazine, and it's funded by some very leading business people in town and they pay a nominal figure for us to put out this coloured magazine every month. And the only reason I draw that to your attention is there are some very highly
30 skilled businesses out there who with the right approach would consider future employment for our younger members who are coming out and want to retain their residency in Townsville.

So it's an ongoing thing. This hub that we've got, the Oasis, the TPI
35 organisation especially is extremely excited about this hub. We see it as the way of the future. We see it as a place that once they get, you know, four or five more advocates it is something that we would use as a referral to.

40 **COMMISSIONER FITZGERALD:** Have you given consideration, Trevor, to taking up a point that Richard raised earlier in the day as to how government through DVA or any other body can and should be aiding the ESOs to deliver or target at services at all? So you may say to us that you're doing that voluntary work and we agree with that, but is the

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implication of that is you're now satisfied that the level of government support is adequate.

MR MULLINS: No.

5

COMMISSIONER FITZGERALD: In other words leave us to do ours at DVA or whatever agency does its work. Or are you as an organisation saying we actually see particular gaps and we want those filled? And if you do, what are they I suppose.

10

MR MULLINS: Well, I think the thing about it is is at some stage or another - we currently have a advocate who's a volunteer non-paid who's a Timor vet who's currently going through some personal issues himself. We would see that government funding to help us support part-time

15 advocates in the short term, that would allow us - you see in a former life, sir, each organisation was formed by a particular group of people and the history has maintained that.

COMMISSIONER FITZGERALD: Sure.

20

MR MULLINS: That is no longer the core business that our organisation does. We are the TPI and members, full members, voting members of the TPI association are people who are gold card TPIs.

25 **COMMISSIONER FITZGERALD:** Sure.

MR MULLINS: But the amount of people that come to us that are not TPIs who volunteer in other capacities who come and seek our advice and our counsel, all right. We spent the last 10 years being facilitators until 18

30 months ago, all right, and then all of a sudden the role has changed because now we need to find certificated highly qualified advocates, which we weren't in a position to find because we weren't getting those volunteers. So in answer to your question, all right, if we were eligible for some form of grant funding that would allow us to have trained advocates

35 to support our troops coming out, then it would be an invaluable lesson.

But at the same time I just want to draw attention to one thing. 80 per cent of our core business is wellbeing. Part of the thing that I wrote on the brief, I only got 70 pages of the review.

40

COMMISSIONER FITZGERALD: Sure, sure, that's fine.

MR MULLINS: All right. It was about wellbeing. It wasn’t just about getting injured, getting compensated, it was what you do afterwards.

45 Now, 80 per cent of my core business at TPI is ensuring that people are

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looked after. 24 hours ago at 11 o'clock we were doing a young veteran's intercession and somebody was threatening to do self-harm. You know, if you have only paid people doing it you can't get them or you have to call the police.

COMMISSIONER FITZGERALD: Sure.

MR MULLINS: So we use our welfare wellbeing people that volunteer to do those sort of tasks. To help the people that need initial helping you need - we do need government support to do that but it has to be directed in the right direction. And that's where ATDP does shine.

COMMISSIONER FITZGERALD: Sure.

MULLINS: Because we can have certified qualified paid advocates in the future.

COMMISSIONER FITZGERALD: So beyond advocacy, which I know, and as Richard indicated, we will be commenting on the Robert Cornell report, but it is not yet public and that, as I've indicated, we would hope the government do so. And that deals almost exclusively with ESOs and advocacy and we will wait to see how we deal with those recommendations that he has now made.

But can I come back to this system? Do you think that both - we see this as an integrated system between Defence, DVA, any other agencies that are in this space, and the ESO community. Now, one thing we see is it's not very integrated at the present time, in fact, it's quite disjointed. But the question is do you think now, and you've said you have some more contemporary veterans, do you think that ADF, DVA and the ESOs are now more responsive to the needs of contemporary veterans or do you think there are still significant weaknesses in that system, which is really those three sectors, those three players?

MR MULLINS: Well, I believe there's weaknesses but defining the weakness is very difficult. I mean you made a comment there that in our organisation, the RSL organisation, we don't have an issue with DVA. We have an extremely good rapport with our local office. We don't have the quality interaction with the brigade, all right. We are slowly working that way.

RSL, if I can take that hat off for a minute, RSL does transition and what have you lectures. They have a back-to-work and transition thing that we're doing on the 18th and the 28th. So slowly but surely that is

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improving, but there's long way to go, all right. So in answer to your question, yes, there is room for improvement.

COMMISSIONER FITZGERALD: That's fine. Well, if you put it in a submission you might care to tell us where you think that could happen. We do see greater integration and integration is hard to achieve and it can sometimes be Utopia, you can't quite get there. But I do think the current system doesn't work as well as it could even with its limitations.

Can I go to another point, just really a clarification? I don't know where this has arisen but it's been in a number of submissions about uniformed members having to pay a levy for injury insurance. Let me assure you that is not in our report. The premium we're talking about is a premium that is imposed on ADF and paid across to DVA or whatever organisation runs the agency. And the initial premium is, of course, fully funded out of the budget by the Commonwealth Government. So it's a high level premium. I don't want to go into the technicality but it never gets applied to the individual members.

MR MULLINS: But that's how I read it when I saw a section of the report that I got was and uniformed members.

COMMISSIONER FITZGERALD: No, no. And if that is in there, well, it's not there but it may well be an interpretation that's there. But I just want to be very clear. The government already raises what's called a notional premium in relation to the lifelong costs of the MRCA system.

MR MULLINS: Okay.

COMMISSIONER FITZGERALD: And technically that's ADF's responsibility, except ADF doesn't pay anything ever. So ADF is the only employer in the Commonwealth jurisdiction that doesn't have any financial commitment at all to its own personnel once they leave. Every other agency, including the Productivity Commission, pays a premium.

Now, there are pros and cons and ADF will tell us and others have their views but I just want to clarify, we're not imposing a premium on individuals. So if I could just clarify that, I think that would be helpful. And you would be right to say that's a bad idea and we would be right to say we agree, so I just want to clarify that.

But can I go to the widows and widowers? And you've raised this question. We've had very strong representation from widows, widowers and partners of living veterans and it's clear to us that we need to be clearer about the fact that that was included in our definition of families

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but we'll much more explicit about that. And we need to be more explicit about the level of support for those dependents.

But I wonder whether you have any views about what is necessary for those particular very important parts of the veteran community. They've come forward with various suggestions and we will look at those suggestions but do you have any particular views?

MR MULLINS: Well, open a can of worms here. When we were talking before about injuries and how they're assessed widows are also assessed on the same levels basically. If you are a TPI gold card holder and you're covered under all conditions, if I pass away my wife will get a war widow's pension and other additional benefits.

If you are the wife or husband of a member who is a Gold Card holder and they pass away from not exactly their conditions but, you know - I've had an 80 year-old plus person the other day who's passed away and they're not treated the same way because there's no alignment with the service person's injuries, which I understand, all right. But I get asked all the time 'my husband was a Gold Card holder and I don't get a war widow's pension' and I understand. So when you're doing your review maybe that could be brought out and explained why those situations exist, all right. Basically now that's it.

COMMISSIONER SPENCER: All right. And just on that issue one of the observations that's been made to us several times in hearings is the role played by the spouse or partner to care for the injured veteran and the impact that that has on that individual and the family and what services are available, particularly around mental health issues. So as we know Open Arms is there to assist but a number of people have put to us that's not enough. Open Arms generally speaking we heard does a very good job but people are saying that there should be a response beyond that, particularly around mental health issues, so we're considering that. But do you want to make a comment about that, Trevor?

MR MULLINS: When it comes to - there are other civilian organisations that we avail ourselves, the Townsville Suicide Prevention organisation, for example, under the PHN. There's areas, if there's a shortfall currently that's where we have to go. The other issues that we have is I get a young soldier coming in who's self-harming and he really needs to be committed to what's its name. The amount of palaver we have to go through to get into the private health clinic or something. So there's - I know it's all privacy laws and confidentiality but I don't want to call the police because we've got a self-harming contemporary veteran or any veteran, right, or somebody who's out there belting his wife.

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There's got to be avenues because it's slightly different, right, and there needs to be some - I don't know how you do it, some fast-track way to get services quicker, not having to wait to get an appointment with a GP who may or may not see you in three or four days. Or you push your way through the front door and they think you're being bold to get somebody treated, all right. So there are avenues, I know there are other avenues, but it's knowing what those avenues are available at that point, all right.

COMMISSIONER SPENCER: And, Trevor, my understanding is that the Oasis model has great potential to help navigate what is a complex system for everybody. So that in terms of where to go, when to get the service you need, the Oasis model would be a terrific asset I would think.

MR MULLINS: Well, John Caligari isn't here now, but Neta's here, you might like to address that after we're finished here.

COMMISSIONER SPENCER: Sure.

MR MULLINS: Neta would be more au fait with responding to that.

COMMISSIONER FITZGERALD: Yes. Okay.

MR MULLINS: All right.

COMMISSIONER SPENCER: Let me just come back to another issue, you mentioned about the Gold Card. And your experience is a very good experience - - -

MR MULLINS: I've had very few examples of negative responses. John's here now.

COMMISSIONER SPENCER: Yes.

MR MULLINS: I've had very few negative responses, all right.

COMMISSIONER SPENCER: Yes.

MR MULLINS: You have to be so careful what you say. There has been an influx of non-English first language speaking doctors and there are cultural differences. It's not a racist thing, it's just cultural differences. Some people that come from the Far East, the way they treat their service personnel is different to how we look after our personnel and sometimes they sit there - I've been to the Townsville General Hospital to one ward there where a particular doctor said "I don't know what you're making a

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fuss about, he's just an old veteran", all right. Now, he was pulled into line very quickly.

But when we are having service providers, and I cover doctors and
5 hospitals and every other service provider, some form of education for them. You know, when DVA was running call centres with non-English speaking first language people the older veterans and some of the younger veterans were getting very frustrated, all right.

10 **COMMISSIONER FITZGERALD:** No, there's been - we've heard some commentary around assisting GPs in particular who are often the gateway to a range of services to have a better understanding of the veteran's circumstances would be a good thing, so we're taking that onboard as well, yes.
15

MR MULLINS: Our organisation and I'm sure a number of other agencies, I know Peter's done it from Vietnam Vets, we've actually had doctors come to our organisation and give us talks and air their concerns about what services they can or cannot provide under the current
20 guidelines. And I think there needs to be a more fundamental thing across the board, information for GPs and specialists. And I'm going to digress a bit.

One of the issues that a lot of contemporary veterans, any veteran's had is
25 when there's a holdup on their paperwork because of certain terminology. Now, DVA gets hammered for that, all right. And the bottom line is if your specialist or your GP - specialists predominantly - puts the word unstable or doesn't put the word permanent, if somebody's got a back injury and is in a wheelchair and they've said the condition is ongoing is
30 that a permanent injury or is it not? Yes, it is. Well, write that permanent.

When you talk about unstable because he's damaged his knee or lower back is that condition going to improve? No. So it's a permanent impairment, all right. That allows him to be assessed. Then the
35 rehabilitation after he's got his assessment comes in because he's been accepted for that and then can get ongoing treatment whether it's a heart, he'll lose weight, change his diet, whatever it is. But once you've got the diagnosis and it's been accepted, then you can move on. And the bottom line with a lot of our service personnel they haven't been given the
40 opportunity to move on and it's not always DVA's fault. Sometimes it's in the terminology or the understanding of SOPs or the understanding of - or who writes the submissions for the specialist.

COMMISSIONER FITZGERALD: Sure.

45

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MR MULLINS: Right. And I've got one other thing I want to bring up, which I forgot before. We were talking about widows, dependents and what have you. Can the Commission please ask why if I am a TPI and I am entitled to a service pension and I have a spouse who's earning the gross national debt is still entitled to one dollar of service pension if it comes under that threshold and that means that a person who's - I only get a dollar. All right, why does the wives who are in fulltime employment why are they entitled to a service pension?

If they're not working fine but why do you get - because you've got a lot of younger veterans where they sit there and they look at the fact that, hey, we can only earn so much money, you know. Where there are wives, who are probably in some cases a lot brighter and in higher powered jobs who are earning a lot of money and they can have a professional life. Why is that anomaly in there? I mean some people would cut my throat for saying that because they say - oh, you know, right.

COMMISSIONER SPENCER: Yes.

MR MULLINS: But it's just a question I get asked.

COMMISSIONER FITZGERALD: I won't answer it, so it's all right.

MR MULLINS: Yes.

COMMISSIONER FITZGERALD: But we'll consider it. Yes.

COMMISSIONER SPENCER: Yes, indeed.

COMMISSIONER FITZGERALD: Anything else?

COMMISSIONER SPENCER: No. No, I’m fine.

COMMISSIONER FITZGERALD: You're sure?

COMMISSIONER SPENCER: Yes. Yes, thanks.

COMMISSIONER FITZGERALD: So, look, thanks very much for that, and thank you for your submission, and I do want to say that the TPI community has been very active in responding to our report, and we're grateful for that, so, again, thank you very much.

MR MULLINS: And thank you for the opportunity.

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COMMISSIONER FITZGERALD: Good. So we have a number of people who have indicated they'd like to make a presentation. These presentations are shorter and I'd ask you to stick to one or two issues, and, again, you've got about five or seven minutes to make your presentation and then Richard and I may ask a couple of questions. And, again, if at the end of these four other people in the audience wish to make a comment then we will make a time available as well. We're very conscious that people sit in the audience and suddenly think of a particular issue or a particular circumstance that's happened to them, and they'd like to express that, and we're very happy to do so.

So could I have Barry Martin? Barry or Ray?

MR R MARTIN: I'm Ray.

COMMISSIONER FITZGERALD: You're Ray.

MR R MARTIN: No relation to Barry.

COMMISSIONER FITZGERALD: There's two Martins. You're Ray. And, Ray, could you please give me your full name and the organisation that you represent?

MR R MARTIN: Certainly. My name is Raymond James Martin. I'm here as an individual today, but I wear a number of hats within the community. I'm the project manager of Operation Compass which is one of the 12 national suicide prevention trials.

COMMISSIONER FITZGERALD: Yes.

MR R MARTIN: A member of the RAR, ADSO, DFWA and other kinds of veteran ESO organisations. But as an individual I just want to touch on a few questions you raised for a number of people and just add in a couple of points that I might be able to help you with.

COMMISSIONER FITZGERALD: Yes.

MR R MARTIN: First of all you asked about the question of what responsibilities States might have to deal with veterans' affairs. I'd just like to expand on that a little bit. Obviously the Commonwealth has responsibility in regard to compensation, et cetera. In the State sense of course they own things like - well, it's not clearly owned, but housing and homelessness is a significant issue, and in the veteran community, as we know, that's an issue around the country. So they have a significant role in that piece.

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Education, and the focus this morning, I note, has been pretty well exclusively on the veteran, but of course we see this as veterans and families. So State has a particular responsibility with education. Many of our service men and women, children are moving into and out of, you know, State schools and other schools and same with the veterans' community. And things like this last event that has occurred, the flood event, et cetera, we're trying to get support to children within the community, and many of those State institutions have, you know, children within that wider Defence community.

And health services is the other key one of course. Many veterans and indeed some service people choose not to take up the option of the services they're providing. For instance, even in the ADF community where of course taking of drugs is absolutely prohibited for good reason, there are ADF members who go to providers in this city and other cities to get support. There are ADF members particularly veteran members who, through that trust issue that John was referring to before, declined to take up services through DVA, the Open Arms counselling services, and some other services. So I think the State via their health system can play a pretty significant part. And my role in Operation Compass obviously falls under the PHN.

And this goes on to pick up a point that's linked with that about particularly GPs and specialists. There is no doubt a lack of understanding for good reason amongst many of the GPs within our community and it would be across the nation. Their training does not include any training that I'm aware of in any deliberate sense about the, you know, Defence and veteran community.

We recognise that here is a particular issue and in towns like this or garrison cities like this you have - with a big proportion of people there's no doubt the GPs and others could do with training, to have an understanding of - you know the health needs for a Vietnam veteran might be common to those people of the same age within the community. With a bit more knowledge they'll know some of the circumstances the Vietnam veterans have been through, et cetera, and their families.

Families, I note, as I said before, there's only a small mention, but I really want to highlight the significance of the family in this whole space, and I note you picked that up partly in your report. I just look around this room and I know in my own case certainly my own service made a major contribution to my family, and sometimes in a negative way. We know through studies with Vietnam veterans, we know many of those issues are passed down. I would think that'll be similar within the contemporary

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veteran space. So it's not only spouses but its children, and I think that's a very key element that we really need to focus on a little more.

You mentioned the non-liability health card, and how effective that might've been. Certainly in my own experience I needed some support with that card with cancer, and within one day that was approved and within weeks I was getting excellent service. Same same I think with the psychological and mental health services that provides.

One of the big issues is DVA is not necessarily an organisation that sells that or gets that out well enough in one sense. There's I think a misconception that many people are online. Many of us are, but many still are not. And as far as DVA goes and Open Arms in particular though we have absolutely noted in the last six months or so at least a significant turnaround in the attitude of DVA. There's no doubt about that and we really appreciate that. I know of many people I deal with, and same same with Open Arms. It's really doing some very effective work.

So in one sense to me as a veteran seeing potentially an option you're looking at is let's move away from DVA, the irony here is DVA are starting to really listen. Their veteran centric program is starting to work. It's how that is - you know, I think they need to put a bit more effort into how that's solved and engage people more, but, you know, they're starting to do that.

Contemporary veterans you raised about how they are fitting in or their needs, et cetera. I think one of the issues is, and this might ever be thus, all those other ESOs and those represented in the room have organisations set up. Most of the younger veterans in the broader sense - I mean, our USA counterparts have Afghan and Iraq associations. The younger veterans have not done that yet. They would say, "No, we don't believe in those old structures". You know, "We're not going to do it that way". Well, the reality is when you get together collectively you probably have a stronger voice and I think it might be some time before they start doing that.

The only other thing I'd want to say is mention complexity. You yourself have used that word six or seven times. Yourself a couple of times, and in the audience it's been mentioned a few times. This is a very complex system. Your report is complex and you've promised us a more complex one.

COMMISSIONER FITZGERALD: No, longer.

MR R MARTIN: Or a longer. It might be more - - -

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COMMISSIONER FITZGERALD: Not more complex.

MR R MARTIN: I'm sorry. But really, I mean, to me there's an issue of
5 complexity. We've got at least those three Acts, not a fourth that covers
some of this space.

COMMISSIONER FITZGERALD: Sure.

10 **MR R MARTIN:** And I note you're aiming 15 to 20 years ahead. We
absolutely, in my view, should be aiming for an Act. The Kiwis have an
Act. That's one of their strengths. There's arguments that say this is going
to be really difficult and that might take time, but we need to be going that
way. As John and others have picked up, the other reality is over 90 per
15 cent of people that put in claims they'll prove to be correct. If we had one
Act and we said, yes, we would solve 80 per cent of the problem.

COMMISSIONER FITZGERALD: Okay.

20 **MR R MARTIN:** That's all I have.

COMMISSIONER FITZGERALD: Could I just thank you very much
for that, and, again, thanks for your contributions prior to the draft. Just a
couple of points from me. Can I just start with the last one, in relation to
25 the two scheme approach ultimately it gets to one, and you're absolutely
right, there is a universal view there at some stage we need to get to a
situation where, firstly, a person only has their claims dealt with under one
scheme, one Act. We can get there within a few years.

30 The second one is people say there should be one Act and we can get
there, but at the moment it's not possible to get there within a short
timeframe. And largely that's because of the extremely strong support for
the VEA and that's okay. But VEA we have to make a very difficult
decision to say, you know, could we push for the one or do we have to
35 acknowledge the reality of where we're at and that's why we've got the
two schemes, but eventually it does become one. If we can get there
sooner that would be terrific and maybe it is possible. But at the moment
it's difficult, but we're in the one club.

40 But I want to make the statement that you made right at the beginning. I
want to understand if I can, and I think John and others have raised this
this morning and it's been raised with us. We are told on the numerous
occasions we have visited ADF bases that in fact the culture of not
reporting of injuries has changed, and yet when we talk to veterans that
45 have left ADF they say well, they actually haven't changed at all. You've

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indicated that people use external services, and I don't want miss-describe what you're saying there but I suspect in part it's because they don't trust the processes within ADF, or there are other factors taking place. Then you've made the same comment that people don't access Open Arms even when they're veterans. So I want to understand, from your perspective whether or not you're seeing a significant change in the way in which Veterans, serving and non-serving, are prepared to deal with the services provided by ADF and DVA or are we not much advanced?

MR R MARTIN: Well, this is a personal and probably subjective view.

COMMISSIONER FITZGERALD: Sure.

MR R MARTIN: Certainly during my service between `74 and `99 we absolutely under-reported and really mental health reporting to put your hand up to seek support with a mental health issue is pretty well unheard of. I have little doubt the ADF, and I know the ADF have put a big effort into encouraging people to report, and I heard firsthand of that the other day. Even in this flood event, you know, people have been encouraged to, and putting up their hand to get support, which is wonderful.

I think the reality is though, and that's the command system saying, we encourage you. The reality is that there's still people not willing to put their hand up to get that support because they think that's a career inhibitor. I can't give you any facts or figures around that.

COMMISSIONER FITZGERALD: Sure.

MR R MARTIN: I certainly know that in that one issue of drug use there are absolutely people wanting to get help or going to get help outside because if they put their hand up they will absolutely go through - will be discharged or administratively discharged.

As far as veterans are concerned, and we've got people from Open Arms here, who I respect greatly, many people use that service. However, it is absolutely aligned to, I think there's a firewall, but you know there's the Open Arms service working with DVA. It gets back to John's point about trust. You know, some people are concerned about using Open Arms because of, you know, "Will my information go back into DVA? Might that impact me?" I think certainly people are using that service. It's a good service, however, people are also using other services. I mean, there's little doubt about that.

So I think for some in the end you need to help an individual with the issues that he or she has. You should have the option as a veteran to go to

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Open Arms first up, and if you don't like - if you're not happy with that, you go to another service but still be able to get that service, you know, to get the support you need.

COMMISSIONER FITZGERALD: Can I just explore this?

MR R MARTIN: I think in a - - -

COMMISSIONER FITZGERALD: But I want to understand this if I can.

MR R MARTIN: Yes.

COMMISSIONER FITZGERALD: Of course we believe in choice and we believe that veterans and their family members should be able to access a range of both DVA funded and community based services. The question is whether people would not use, for example, Open Arms for a reason other than just simply wanting the choice. That is, is there a perverse incentive, is there a factor or a barrier or a concern or is it the issue that you and John have raised about mistrust that might lead to people saying, "I won't go to Open Arms". So I suppose I'm trying to get to whether there's something more than just simply choice at stake. It is in fact there is a deep seated distrust by some.

MR R MARTIN: Yes, look, for some that would be correct. For others the issue is even putting their hand up to get support many years later. So that issue of seeking support, gaining support, that first step is pretty critical and if you've left the ADF with a poor experience or you've had a poor initial experience with a DVA claim and many of us did in the initial instances, well, why go down another military related path I suppose.

COMMISSIONER SPENCER: Ray, look, thanks for raising all those issues with us. I just wanted to comment on a couple of them. First of all in the New Zealand example, we did have the opportunity to sit with the New Zealand counterparts, and the two scheme approach is one they're engaged with at the moment. They were faced with not dissimilar challenges about how do you take a whole series of complex legislation and ultimately get to that, you know, ultimate goal of one Act. So those discussions help to inform the proposals we're making.

Secondly, it's a little bit just to go to this general comment about, you know, "We must maintain DVA", and their comment that said in that context is, which you did as well, and that is VCR is making good progress. Look, a bit of a sense that people have put to us that the problems that are there will be fixed by the Veteran Centric Reform.

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Clearly what we're saying is, look, we're supportive of those changes, and they should absolutely have their opportunity to succeed, and be shown to, but I think where we're at is to say that even with that the department structure, there are limitations and difficulties with the department
5 structure to have a, what we would describe as, fit for purpose, organisation, statutory corporation, Veterans' Services Commission, first word is Veterans, veteran specific, steeped in capability and experience around the military context to deliver those services in the future. And that's a big debate about that obviously in the future, but just about that.
10
The primary health networks you raised, and I'm familiar with that because one of the other hats I wear is chairing a PHN, and, look there are some interesting initiatives underway with DVA, as you know, to say how could GPs be better informed, and some pilots and trials around that, so
15 that we may be part of the answer. But I think it comes back to a question we constantly pose for ourselves and challenge everybody with is what are the best ways to deliver the health services, right time, right place, right service to get the outcomes; complex issue. And some of the sort of ideas and initiatives you suggested I think, you know, they're worthy of looking
20 at it to see how that can be achieved.

MR R MARTIN: One of the initiatives in the Operation Compass suicide prevention, one of the projects we're looking at is potentially in this community for instance there are some very good clinics who are, if
25 not specialising in certainly taking a keen interest in veterans and families, so one of the things we're looking at is, well, we should be supporting it. How can we provide further support to clinics like that? So this is a complex space. With many GPs they wouldn't necessarily want to - they don't have the time.
30
COMMISSIONER SPENCER: No.

MR R MARTIN: But you've got some in this community. They are doing some very good work. They might need some additional support to
35 do that or resources. So they're one of the things we're looking at. Rather than just across the board you might, you know, provide support to a number of clinics here already doing good work for instance. So we're looking at a number of those things in the project we're looking at in suicide prevention and wellbeing within the community.
40
COMMISSIONER SPENCER: Terrific. Good. Thanks Ray.

COMMISSIONER FITZGERALD: Good. Thank you very much, Ray. Thanks for your comments. That's good. Could I have his look
45 alike, Barry Martin?

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So, Barry if you could give us your full name and the organisation that you represent.

5 **MR B MARTIN:** Yes, my name is Barry Martin OAM. I am the president of Vietnam Veterans' Federation, Townsville, and also the senior vice president of VVF National

COMMISSIONER FITZGERALD: So, Barry, if you can just make a
10 few comments for about five minutes or so, and then we'll have some questions.

MR B MARTIN: Yes. A lot of the comments have already been made about trying to get into one Act. We believe in that strongly. Another one
15 is the inadequacies of the Funeral Act, funeral benefits. Now, under the Veterans' Entitlement Act you get up to $2000 indexed once 1986, whereas under MRCA and DRCA you get $11,654 indexed annually.

Now, a lot of veterans come under the whole three Acts, but some
20 veterans are just under one, and there seems to be a great disparity whatever you want to call it in those two Acts. You know, if we ever get to a one Act maybe all that should change, but at the moment it's terrible. We had a lady in there, her husband is getting buried today. She come in and she had no money, nothing. I rang up and DVA said we will get the
25 bereavement payment to her as quickly as possible, within a couple of days. So that would have helped her considerably, because under the Veterans' Entitlement Act when you get that there you get 12 - or, no, six payments what they're already on, the same as a pensioner does with Centrelink, exactly the same. We believe there strongly that that benefit
30 of $2000 should be looked at very quickly.

Another is people who are getting medically discharged, all liabilities should be accepted before they even leave the Defence Force and compensation commenced. You know, some of these people get out and
35 it's not done. They get themselves in a bit of bloody trouble financially, you know, and what do they do, they get no help from no-one and they try and neck themselves. You know, this has to stop. It should be liability accepted, if they're medically discharged, and compensation should be commenced before they even get out of Defence.
40

That's the two I'd like to bring up now.

COMMISSIONER FITZGERALD: Sure.

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MR B MARTIN: Because a lot them have been covered by John and others, but we'd like to see it consolidated into one Act eventually.

COMMISSIONER FITZGERALD: Good. Thank you very much.
5 Can I just raise a couple of issues? The first one is in relation to the streamlining, we all agree. It's just how do we get there to the one Act?

MR B MARTIN: Yes.

10 **COMMISSIONER FITZGERALD:** And we'll eventually get there.

MR B MARTIN: Yes.

COMMISSIONER FITZGERALD: But I do want to talk - just the
15 funeral benefits one, we think they should be aligned across all three Acts.

MR B MARTIN: Yes.

COMMISSIONER FITZGERALD: There's no reason why funeral
20 benefits should be treated differently. After all we all die the same way. So the answer - we are looking at that, so thank you for raising that issue. We see no current logic in the arrangement, so we would agree. I just don't want to be precise about what that might look like but - - -

25 **MR B MARTIN:** Yes.

COMMISSIONER FITZGERALD: - - -yes, it seems illogical. Now, there may be a reason, but at the moment we don't think so. So thanks for raising that issue with us.

30

Can I just deal with one issue that you raised or that your members have raised previously with us, the current DVA system in relation to Vietnam vets. In the early days Vietnam veterans had a very difficult relationship with DVA.

35

MR B MARTIN: Yes.

COMMISSIONER FITZGERALD: In relation to a number of matters. Would it be the case today that most Vietnam veterans have found more
40 recently changes to DVA particularly through this Veterans Centric Reforms, have you seen significant improvements in recent years?

MR B MARTIN: Yes, I have. There's still a lot who class DVA as the enemy but as a whole most of them are starting, when they put claims in
45 some put them in late, they're getting them done in reasonable time where

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it used to take two years before. So they're getting them done within six months now a lot of them, and they're very appreciative to DVA for doing that. But the assessors down there have got the same thing as all us advocates who are looking at the whole three Acts. It's too complex.

COMMISSIONER FITZGERALD: Sure. We agree.

COMMISSIONER SPENCER: Barry, just a comment again about your statement, but particularly with those being medically discharged that their entitlements have been settled, payments have commenced before they discharge. There are some good efforts under way right now, both here and, for example, in Holdsworthy, to bring together all the particular entities that need to be engaged in that process to achieve that, and we've made recommendations that if those trials are proving to be effective and getting towards what you and others, and we would all hope for, that those should be rolled out for all discharging service people, so we're aware of that. There are some good initiatives underway. We think they look promising, and indeed they should be rolled out if they prove to be effective.

MR B MARTIN: Yes. There's one more thing. With the AAPTD there's not enough courses around and if you can get one of your members on a course down south the organisation has to pay for that where before under the TIP scheme DVA take you there. You know, we think there should be a little bit - a give and take in that situation.

COMMISSIONER SPENCER: Good. Do you know roughly how much that is, Barry? That - - -

MR B MARTIN: Well, just say it was in Brisbane or the Gold Coast, it could be anything up to $600, you know, in airfares.

COMMISSIONER SPENCER: Yes, okay. Right. Yes, that's all. Thanks.

COMMISSIONER FITZGERALD: Thanks very much, Barry, for those comments, and thanks for the - as I said, we've heard from a number of Vietnam veteran groups around Australia, and we're appreciative of those inputs, so thank you.

MR B MARTIN: Thank you.

COMMISSIONER FITZGERALD: Good. Thanks very much.

MR R MARTIN: No worries.

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COMMISSIONER FITZGERALD: Could I have Lawrence White, please? Good morning. Just grab a seat, Lawrence, that's fine. Lawrence, can you give us your full name, and if you are representing an organisation, the name of that organisation, please.

MR WHITE: My name is Lawrence Charles White. I'm a Townsville resident and served in the military for 25 years in the Airforce. I'm not representing any organisation.

COMMISSIONER FITZGERALD: That's fine. Thank you for that. If you can just give us five or seven minutes comments, that'd be terrific.

MR WHITE: Well, my comments are - - -

COMMISSIONER FITZGERALD: And just speak up a little louder there.

MR WHITE: - - -based on a person enlisted in 1985 and served most of his career when the Defence force didn't deploy people. They deployed them on humanitarian grounds which was in the Airforce's case, very few deployments. Very few people were going except the aircrews of the aircraft. In the time, the helicopters were maintained by the RAAF, so the RAAF would deploy if they were a member of squadron, but the rest of us were basically in the squadrons. We did our job, made sure the aircraft were able to fly, and our job was to keep them in the air.

We're I'm coming from is recently there's been a change with the DVA Act where if members were deployed regardless of time, like you were saying of one day or more, at the age of 70 they'd get the Gold Card. Well, for the rest of us who, you know, worked during that period, we did the best we could to keep the aircraft in the air, to keep the tanks going, to keep the logistics moving, and we were given the shitty little jobs. In most of our cases we'll get a whole body, you know, of 40 per cent or more, but when we turn 70 we won't get the Gold Card, but we've done more, if not the same, as these other people.

And I was trying to raise to you that this group of people should be given the Gold Card when they reach 70. They will have, you know, in cases where they have a disability proven at age 50 or 55, which is the retirement age in Defence, they'll have a 40 per cent or more disability. Well, because they've had their claims accepted it won't raise much more, but you can consider between the ages of 55 and 70 these conditions will get worse, and, you know, they should be reconsidered and given a Gold Card at age 70. You know, it's logical that they will need tablets, which

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are $6.50, you know, if you're a Gold Card holder or a person on an aged pension. And if they're a self-funded retiree, which we all should be in Defence if we served longer than 25 years, we'll all be on a pension where we won't receive the old age pension, which means we'll be at a disadvantage if we have to pay $48 for the diabetes medicine and, you know, if we have a heart attack we've got 10 extra medicines to buy. So we're going to be retired with, you know, an inability to pay for all these medical expenses.

So what I wanted to get over was there's a group of people which you aren't looking at who should be given some time to sort of be reflected upon. It's probably about 15 per cent, which the Brigadier was raising, and there's a lot of people who need assistance but haven't got a voice.

The other thing I was going to raise was when you enter the DVA office the thing that frightens you in some respects is there's always a security officer sitting in a chair opposite listening to every word that you're saying. Surely the DVA can operate like a bank. If they're so scared of trained killers they have a glass partition, and you talk to the person behind the glass partition. And the same where they take you into a claims area, having the security guy is actually taking $100,000 away from DVA's money where it could be given to veterans in care. These little things when you add them up all around the country and the 50 offices they operate in that's a lot of money. That's the other point I wanted to raise.

And the biggest thing was, the other thing which was raised, there's members of Parliament at the local level at State level and Federal level who deal with veterans. And, you know, once we get out we're given a White Card or a Gold Card, and we all go to the different States. In some cases we have to go in for care by specialists in Brisbane and Sydney. One thing coming from this, I would like to see that the White Card and Gold Card gets us, you know, in the White Card case, the ability of travelling on trains, ferries and buses at the seniors' rate. I mean, to get to an appointment at $2.20 is better than paying a $20 cab fare. It's just a little thing, but it helps everyone get around.

Here in Townsville they operate a different bus company to what's in Brisbane. I had to talk several people to find out what I had to do to get a discounted fare, and I was told that if you show your White Card, after I got to the second in charge, and you make them aware that you've discussed it with management you'll get a discounted rate. But it's not known. It's not out there. That's what I'm trying to raise with you. These are just basics which should be a given.

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In relation to the care given by DVA, they sent around a proforma to all of us people who were on their books, and you had to give them an eight or a 10 in relation to the care that they give to you. In relation to the White Card when you go to a doctor, when you go and see them, anything they've accepted in your claims. You're getting service second to none, and my hand goes out to them. I haven't received a bad - anything bad from them. The only thing is, is getting the claim across the line. I had to fight tooth and nail with one of their claims assessors. It turned out he was denying the claim saying that during my time in service when I was attending University and had a car accident I wasn't entitled to any compensation from DVA. I had to go back to admin instructions. Fortunately I was able to get back on base. They gave me a copy of it. I handed it to them along with a written report to them to ask for it to be assessed with this extra information. It was sent to Melbourne, and it was assessed in my favour, but without fighting it tooth and nail, it was like they take a personal insult if you're going up against them.

COMMISSIONER FITZGERALD: Sure.

MR WHITE: You know, you're going up against their judgment. But in nine times out of 10 even these ones which are online they tell you that they will get you a reply back in 30 days. Normally it's what the rest of the people are saying, they'll reject your claim. For that they reckon that about half as many will come back against them, and, you know, say, "I don't like the reply I've got. These are the reasons". And in my particular case I was given a letter back by them to say that my claim was disallowed because, "We contacted your doctor and because of the tablets you're on that was giving the symptoms". The only problem is the doctor never got a referral contact phone call from them, and wasn't contacted.

Now, I read the letter and just like when I was in Defence if I received a reply from my officer in charge I accepted 100 per cent that, you know, it was all kosher. In this case with DVA I was given a letter and they hadn't made contact with the doctor. It was crud they'd given me, and I was expected to accept it. Now, I've got to go back to them, put into writing that I - you know, all of this information, and send it off to hope that an assessor higher up in the food chain will read them, take them to task over what they've done, and get an outcome for me.

COMMISSIONER FITZGERALD: Lawrence, in relation to that last matter are you using an advocate to assist you through that process?

MR WHITE: I tried to use the RSL advocate. I have to say that I've tried three times to get to see them. Each time I've been denied. I tried to leave my phone number, I don't get a call back from them, because they're

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so busy talking to the people coming back from Afghanistan operating through, you know, the barracks. And the other advocates are just as busy, so you have to either do it yourself or discuss the matter with DVA.

5 **COMMISSIONER FITZGERALD:** And in relation to the claim that you've got currently going and they've rejected it or dealt with it in a different way are you appealing that or getting a review done on that?

MR WHITE: I'm getting a review done today. I'm going in to see them,
10 and discuss with them the matter.

COMMISSIONER FITZGERALD: Sure.

MR WHITE: I've got to talk to them and find out whether I can do it as a
15 letter or whether I've got to formally put it back into one of their forms and send it back through the food chain.

COMMISSIONER FITZGERALD: Can I just ask this question, only a couple of questions very briefly, the claims that you're putting in, under
20 what Act are they?

MR WHITE: They're under the Act between 2001 to current.

COMMISSIONER FITZGERALD: So which one is that?

25

MR WHITE: MRCA, I think.

COMMISSIONER FITZGERALD: The MCRA.

30 **MR WHITE:** Yes.

COMMISSIONER FITZGERALD: Okay. And this issue about people that were not deployed, I have heard this many times that there was a large cohort within the ADF for a period of time that weren't deployed, or
35 deployments were rare and now of course they're not, they're very - - -

MR WHITE: From September, 911.

COMMISSIONER FITZGERALD: It's significantly different.

40

MR WHITE: Yes.

COMMISSIONER FITZGERALD: And this issue that people are treated differently. So your fundamental point is the mere fact that you

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had no choice and weren't deployed should not impact on the benefits that you're entitled to receive. That's the bottom line of what you're saying?

MR WHITE: Basically, yes. When you read the current Acts if you're deployed the payment figure that you can receive for an incapacity is a lot higher than if you haven't been deployed, which for example, you know, you might get $30,000 if you weren't deployed, but if you were deployed the figure it goes up $75,000.

COMMISSIONER FITZGERALD: Sure.

MR WHITE: And the criteria for your assessment is lower if you were deployed than if you weren't.

COMMISSIONER FITZGERALD: So one of the things we are doing in the MRCA/DRCA area, not the VEA, because that's remaining, that over time will largely be removed, but the difference between those that were injured in one location or one service environment to another will disappear. And the SOPS we're looking at, so that's a different issue, taking John's earlier point about a differential balance or test.

But we are of the view, and this is well supported by most of the younger veterans we've spoken to, is that once DRCA and MRC are merged people should just treated the same. Anyway that's our aim, and that would support your view.

MR WHITE: On one other point, I - - -

COMMISSIONER FITZGERALD: Sorry, I need to be very specific, that doesn't touch the Gold Card. That's a different issue entirely. Yes.

MR WHITE: Yes. On another point, I'm raising another claim with DVA. In relation to, you know, technology these days they can X-ray you, and when I got out I had an issue with my lungs, and when they used the, you know, the machine which goes around, the current X-ray machines, well, they X-rayed my lungs and told me that it was due to a lung infection. You know, which I didn't have when I enlisted, but I'm told there's no way of making a claim on it. So this was in 2008.

Come through to 2018 they re-X-rayed me and used one of their new - probably the best machine here in Queensland, which is out at the University and they got a totally new - when they reviewed the X-ray they said, "No, it's caused by a contagion within the lungs". Now, I've got to fight DVA over an issue which happened in 2003 where the chief of Defence was asked for all chemicals on every base to be removed, and I

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was part of a group of people who identified chemicals which didn't have a label on them. They were, you know, a company like Serco Sodexo won't destroy these chemicals without being given a huge bundle of money, but you can give the job to Defence members to dispose of and find out what they were and give them an MSDS and everything else.

The problem being we breathed in the fumes. We were given gloves. We weren't given breathing apparatuses, and all of these issues occurred while I was in service. Fortunately in my case, in Darwin I showed symptoms, so they sent me to a hospital. When I went off to another base in Adelaide they told me I had a contagion of the lungs which was a short time later. All of the body organs were showing signs of - they couldn't understand why they were all enlarged and they were working harder than they should. All of this was medically documented.

But the only thing is, without the information from that X-ray, I couldn't raise a claim. So now it's 2003, is when the incident occurred. Now we're in 2019, that's 16 years after.

So you're going to have a long lag between when the incident occurred and when the claims are submitted, even though you might have submitted one in 2010 that was rejected due to the X-ray, and them saying that it was caused by, you know, getting a lung issue due to cold weather or something.

COMMISSIONER FITZGERALD: Yes, sure.

COMMISSIONER SPENCER: Lawrence, I just want to acknowledge the point you raised about transport and the complexity around that. It does seem like a lesser issue, but I know it's a frustrating issue, and that is particularly we've heard from Veterans when they move interstate, and you get certain concessions in one state and not in another.

So it obviously makes good sense for governments to work together, to have a common approach to these, and we heard earlier in some of the discussions we had, about federal, state, local councils working cooperatively around how is there a seamless system, and a system that doesn't surprise you when you move from area to another.

So I just wanted to acknowledge that that's on our radar screen as well.

MR WHITE: The best system that's in operation, sir, is the one operating out of New South Wales. Anyone who receives a disability payment from DVA, whether it be White or Gold, is entitled to free transport, and that

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means all around their state, they can catch a train to go to Sydney. It costs nothing.

But in Queensland, I have to physically go down to an office which was the main train station and go upstairs and get one of their cards. Now I can go on all of their transport for $2.20, which is great. But if I go to another state, because I've got a Queensland card, White Card, it's non-transferable.

Just that when they all come together, one person agrees across the board that a person from another state who holds a minimum of a White Card will receive the $2.20 fee. That's a huge saving to someone on a fixed income.

COMMISSIONER SPENCER: Yes.

MR WHITE: You know, if you're only earning $40,000, to get $2.20 instead of paying $6.00 for every transit of going through ticket sales.

COMMISSIONER SPENCER: Yes, all right. You don't have to – yes, absolutely. Right. No, that's good.

COMMISSIONER FITZGERALD: Good. Thank you very much, Lawrence. Thanks for making those points.

MR WHITE: Thanks. It was good.

COMMISSIONER FITZGERALD: Sorry, could we have John Williams, please? Thanks John. John, if you could give us your full name, and if you represent an organisation, the name of that organisation.

MR WILLIAMS: Thank you. My name is John Ernest Williams and I represent the Vietnam Veterans Federation here in Townsville.

COMMISSIONER FITZGERALD: So if you could just make five or seven minutes of key comments, that would be great.

MR WILLIAMS: Good. In referring to the Commission today, I would refer to Vietnam Veterans reply to the Productivity Commission there. On p.13, under point 23 in the reasons and examples, the anomalous situation the DVA funding and training of Veterans' advocates under TIP and ADTP are now hiring barristers to oppose these advocates in the AAT.

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The training of advocates in ADTP must have then – must have a legal component for these advocates to appear, especially with – in dealing with the VRVs, as well as moving away the Appeals Administrative – Appeals Tribunal and going more to an alternative dispute resolution.

5

Can the Commission, as an application in allowing the ADR teams to have these advocates trained for legal purposes with the ADR systems, and where can we improve our training programs, especially for ADTP people, here in Townsville. Because, to be totally honest, our teams – our compensation advocates up here have to either fly to Brisbane, or down south to actually do their face-to-face consolidations, as well as our people here having ongoing commitment with professional development.

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COMMISSIONER FITZGERALD: So could I just clarify a couple of things in your comments, John. Are you disagreeing with a proposal that was put by one of the other organisations, or when you started off, you referred to another submission by another organisation. I just wasn't sure whether you were agreeing or disagreeing with their proposition.

15

20 **MR WILLIAMS:** Well, I'm disagreeing with the fact that the DVA actually put forward that they're using barristers in the AAT, rather than going to the alternative dispute resolution.

COMMISSIONER FITZGERALD: Right. What has your experience been? We've got alternative dispute resolution in the VRB, and we've got alternative dispute resolution in the AAT. In the AAT, you can be represented with a lawyer. In the VRB, you can't, as I understand it, and you're the experts. So what would you like to see happen?

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30 **MR WILLIAMS:** I would like to see the AAT not involved. I would actually prefer to see it go to the ADR, where you don't need to have that legal training of four years as – four years as getting your Bachelor in Law, and then spending another 12 to 18 months doing your practical legal training just to represent somebody in the AAT, which is, as per the point of law.

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COMMISSIONER FITZGERALD: Sure. So are you suggesting that if it goes to the AAT, advocates should be replaced by lawyers, at that stage, rather than advocates become legally trained?

40

MR WILLIAMS: Well, I'd rather have – well, to understand any of the Acts, you need some sort of legal training. Because when I was doing my Bachelors in Law, you had to understand the legislation. To understand that legislation, you needed to do a full semester of how to interpret an Act.

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COMMISSIONER FITZGERALD: Sorry, I just need a clarification. Are you saying that advocates in Townsville, for example, who are dealing with claims, should in fact receive some form of legal training?

MR WILLIAMS: Yes.

COMMISSIONER FITZGERALD: Okay, that's fine. How do you find – you are an advocate at the moment?

MR WILLIAMS: Yes, sir.

COMMISSIONER FITZGERALD: How do you find the current ADR in the VRB, for example?

MR WILLIAMS: It is very - - -

COMMISSIONER FITZGERALD: Sorry, I should be careful. I understand it hasn't been rolled out into Queensland, but it is in place in New South Wales. So it's coming. So you wouldn't have had experience. I take back that question.

In other states, people have spoken highly of the ADR in the VRB, but it's coming here, isn't it?

MR WILLIAMS: Yes. I have had experience with the ADR system and have been trained to do alternative dispute resolution in my Bachelor's degree.

I believe it far much less confrontational than the AAT, and that the advocates there can actually assist and do more in the ADR system than they can in the AAT.

Because when you're at the AAT, you have to abide by the strict rules and conduct of the AAT, wherein the VRB and in alternative dispute resolution, it is not so much point of law, it is a natural justice system.

COMMISSIONER SPENCER: John, some of our suggestions – because we think the experience around ADR in other states has been very positive, and I think you're reflecting that as well.

So we've suggested more of that sort of engagement process be brought earlier, and we've put that under the title of a reconsideration. Because I think most people agree that if the initial assessment is done well,

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appropriately informed by whatever paperwork and information is needed, that's going to be better than these things having to be sorted out later.

So, presumably, you would support that? To try and bring those sorts of mechanisms earlier in the process?

MR WILLIAMS: Well, in my experience, that if you prepare a claim as such a manner as a legally trained person, or some person that's had some form of really serious training, especially with the ADTP, you present the case to DVA. DVA usually look at you and go, okay, yes, this is well trained, this is well thought forward. Yes, we can accept this.

But when you get the people that just put the claim in, and especially by themselves, this is where a lot of the information is not put forward to Veterans. This is what we do. We do this because we want the Veteran to be able to be – sit back and relax and not worry, not get stressed.

And this is what I'm seeing a lot of, is our own Veterans are stressed out because they're having to deal with DVA straight away.

COMMISSIONER SPENCER: And John, as you know from Robert's earlier comments this morning, the Robert Cornell report has been finalised. It's with governments. We are keen for it to be released as soon as possible so that people can look at that.

We were a bit light on in our draft around a number of these issues because the Cornell study was underway. But we'll have a lot more to say about this in the final draft, once we're able to publicly engage with that report.

MR WILLIAMS: Thank you. Unfortunately, I haven't been able to read the report.

COMMISSIONER SPENCER: No, it hasn't been released publicly yet. So we're keen for it to be so that you and others - - -

COMMISSIONER FITZGERALD: Can I just ask one – and this, you may not have had enough experience with. The VCR, the Veteran Centric Reforms have been well supported. They're early days yet. I think people are a little bit overenthusiastic about their results, given it's only just been put in place. But we are positive, as Richard said, in relation to that.

But there has been an issue raised in public hearings about the system encourages people to put in their own claim, in that, you can go online and you can lodge it.

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But some advocates have said to us there's a danger in that, and that is, people are putting in, or have the potential to put in, incomplete or incorrect information, or to use terms that might in fact adversely affect the claim, and I was just wondering whether you have any view about that?

MR WILLIAMS: I do. This is something I've struck personally with certain people putting in their claims by themselves. That they don't understand the Act. They don't follow the SOP, and then when they try – when they put the claim in, they only put in the fact that they've received an injury. This is what I'm supposed to get. This is what I – and they have these great expectations, but they don't come to fruition because of (a), they don't know which Act to put the darned thing under.

It's like something that happens under SRCA is not – and MRCA is not recognised under the VEA. They don't realise that the cut off date for MRCA and VEA is 1 July 2004. And this is something that I have seen time and time again.

COMMISSIONER FITZGERALD: Well we may make some comments in the final report, subject to what Robert Cornell's looked at. Is there any other comments you've got?

MR WILLIAMS: No.

COMMISSIONER FITZGERALD: Thank you very much for that, Lawrence, and I understand there's another person - - -

MR WILLIAMS: John.

COMMISSIONER FITZGERALD: Sorry, John. John. Thanks John. Can I have Peter Hindle please?

MR HINDLE: Gentlemen.

COMMISSIONER FITZGERALD: Good. Peter, if you could give us your full name, and if you represent an organisation, the name of that organisation.

MR HINDLE: Good morning, Commissioners, ladies and gentlemen. Pete Hindle, State President for Queensland, sub-branch President for Townsville. Operation Compass, a few other odds and ends, as Mr Caligari knows.

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COMMISSIONER FITZGERALD: Just the organisation that you're representing.

MR HINDLE: Vietnam Veterans will do first. Basically everybody, at
5 this point. Mine is just going to be for me. Sorry.

COMMISSIONER FITZGERALD: Just slow down. So you are representing VVA Queensland, is that correct?

10 **MR HINDLE:** That'll do. Okay.

COMMISSIONER FITZGERALD: Good. It's only for the record. Now, five or seven minutes of key points.

15 **MR HINDLE:** That will be interesting, that quick. Just one thing is that I was having a discussion with a gentleman the other day, and it involves a lot of what we've been – different people may have been putting up today, is that opening up DVA to far better and greater thing. Probably similar to the VA in America, where they've got millions of claims, some are still
20 outstanding today, just by the sheer number.

And one of the things with America is that if you've got 12 injuries, you've got 12 lots of paperwork you've got to fill out. Here, with DVA now here under MRCA, if you've got 12 injuries, you basically put them
25 on one page. All right. So that makes it easier.

But the Veterans, when they get out of the defence force over there, no matter who they are, what they are, they have a big day to get out. Everything's all set up. Different people (indistinct). It's all on
30 computers. Just type your name in. Right, up you come, what are you injuries, et cetera. What can we do for you? Some say no, some say yes, away we go.

There's a possibility it's been going to be talked about here for DVA, and
35 I said, well that all comes under legislation. He said, no, that's your – it's policy.

Now, to me, I said, mate, if you can get this done, I said, fantastic. Because it opens up the doors where DVA, as the recognised group to
40 look after Veterans, or all ADF who've got injuries, people go there.

Obviously, DVA will expand exponentially with personnel. So if an individual's got a problem and he's got an injury, he just goes straight to DVA, right. Go there, and they start that process.

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In one way, maybe it will eliminate your lawyers, your advocates. You still need welfare, or you'd probably need some of the advocates (indistinct) to keep a check on DVA, right, if they decide to refer a case a back to somebody else.

And I can see that way as a possible – whether it comes off, I don't know. I'd virtually like to see it. Because they've lost the things that people were discussing. No one has got a central idea of what to do, right.

You know, there's three different Acts. Like myself, personally, I actually align to VEA. That won't happen. So you've got VEA, SRCA, DRCA, and MRCA. Bad acronyms.

And nothing will change on that. It doesn't matter who's in government. That will stay.

One of the other things, mate, John alluded to it with the packs that they – the young soldiers carry today. In real terms, in war zones, like we didn't have their weights. But it comes down to money.

The act of war, or going to war, the conditions might be different, but it's still war. You are still fighting for your life. Looking after your mates. Everybody like this.

The Australian government, and/or the defence, will not buy the, I believe, the appropriate gear. You've got this metal plate they put in here. They don't need the metal plate. They can buy the proper bloody flak, the proper jackets that they can wear. But they're too damned dear. Our government's too stingy to buy them. No, I speak the truth. They are.

Right. So there's lots of things where they could probably eliminate certain aspects. It would cost more, but our governments don't like spending money. Nobody does.

God, I had heaps of stuff in my bloody head. The PTSD kicks in. I'll leave it at that at the moment. Do you want to ask some questions?

COMMISSIONER FITZGERALD: No, that's fine. Can I just go back to your first point? We heard this morning from Phillip. Phillip Burton, about the US experience, and I was taken by the fact that in the US, by the time you're discharged, you've had that three day seminar, you're actively involved in their version of our DVA.

And here, that has not been the case. But we are moving, in a sense, to partly that through some of the initiatives that we've heard about.

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So you're view is that – what's you view? Should the situation be that a Veteran who's exhibiting some sort of ill health or injury shouldn't be discharged until they've at least got the claims in? Or do you have a different view?

MR HINDLE: If they've got an injury, they should put their claims in straight away, depending on – like everything else within, I'll just the Army, because I know it a bit better. You know, it's been a long time.

Years ago, mate, if you had an injury, mate, it was frowned upon, well and truly. In this day and age it's, you know, the different brigade commanders that I've got to know up here since I've been here the last 20 odd years, they're doing a fantastic job, and a lot of the personnel under the brigade commanders, mate, they're all – and they're trying to help the system.

From when I first came here to what it is now, mate, it is 10,000 per cent better. It really is. People have sort of been knocking DVA. Yes, give them a kick occasionally, but in real terms, DVA, VVCS – sorry, Open Arms – do a magnificent job.

And others were saying that, oh you can't do things. Mate, if you don't want to go and see someone at Open Arms, right, just go into DVA. I don't like this. I don't want to go here. I want to go there. Well, DVA pay for it. DVA, nine times out of 10, will say, yes, that's fine. We'll pay. It's covered under your card, et cetera.

The gentleman alluded before, and I feel for him, going through all this process, and I hope he gets what he needs. But even people with Gold Cards, TPIs, they still have problems, mate, in dealing with doctors, psyches, hospitals, et cetera.

Because if you had a Gold Card, and it has happened here, it even happened to me, they ask for your Medicare Card. And I say, why do you want my Medicare Card? Because that's our requirement, and I said, well guess what? There's my Gold Card, mate.

COMMISSIONER FITZGERALD: So could I just deal with a second point that you raised, and that is in relation to accessing services - well the point you've raised, so not your second question, the points that you just raised, your view is that access to service, Open Arms, health service and what have you, your experience in Townsville has been good?

MR HINDLE: Yep, I think they're probably more frightened of me.

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COMMISSIONER FITZGERALD: So my question to you is just - and you may not have a view on that, where do you think the biggest gaps are in the system at the moment? You may not have a view, you may not believe there are gaps, but are there gaps in, say, Townsville that you think governments generally need to address?

MR HINDLE: I believe there is.

COMMISSIONER FITZGERALD: What would be one?

MR HINDLE: Well actually Open Arms, they've actually announced a month ago, a bit over, that they're increasing some staff because of the amount of personnel accessing it, which is fantastic. It's like everything, everything else works on budgets from government. You've got - - -

COMMISSIONER FITZGERALD: Sure, but putting aside the budget, I mean everything costs money and you made the point that you believe safety is being impaired because governments won't spend the money on alternative safety equipment.

MR HINDLE: Yep.

COMMISSIONER FITZGERALD: We won't go there, other than to say we are looking at ADF's response to reducing preventable injury and we've got a whole chapter on that. But I just want to come to this point. Do you see through the Vietnam vet's eyes significant service gaps at the moment or do you think that it's reasonably well covered from your experience to date?

MR HINDLE: I think it's probably reasonably well covered to a certain extent. It's like - again I would say it comes back, more dollars, more things you can do.

COMMISSIONER FITZGERALD: Sure, that's okay.

MR HINDLE: I'll give you another example if you like. DVA Queensland we have two homeless houses. I've been asking different ministers and anybody who will listen, I have no shame, for $5m to upgrade Zac's house and Remembrance House, because we cover homeless and anybody, doesn't matter if you're a Vietnam veteran, ex-service, male or female. We don't cater to kids because they cry and that upsets the PTSD, sorry ladies. Et cetera. Going back to that question before about money, yes, why don't the government make or anybody give money to this. Providers may have got houses like this, where they're

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supplying a service and very - no one gives us any money for it, we've got to raise all our own money. But to expand so we can take more people who are in need.

5 **COMMISSIONER FITZGERALD:** So it's those sort of specialist services you think might be the case.

MR HINDLE: Yeah.

10 **COMMISSIONER FITZGERALD:** Okay, thanks for telling us about Zac's and - the second house was?

MR HINDLE: Remembrance House.

15 **COMMISSIONER SPENCER:** Just to comment on dollars. You're absolutely right, it's a hard ask to go to government to say spend money on this, spend money on that. But look in fairness I think what we all have a responsibility to do is to try and help government to work out where can it make its best investment. Whether its equipment, of course we can
20 comment on that, or in the area of prevention. And look I think just a good example of where progress can be made is the introduction of the Workplace Health and Safety legislation back in about 2012. Now there have been quite dramatic falls in unnecessary and preventable injuries.

25 **MR HINDLE:** Yep.

COMMISSIONER SPENCER: Which has been shown over that period since then. So that is entirely a good thing and I'm sure that there was an investment approach and having to change practice approach that went
30 with all of that. So I think, you know and this is something that I just comment on in our report in general, what we're trying to do in our report is to think through what are the best options that will be in the best interests of veterans longer term; that there's evidence there, there's good analysis and good thinking and where can government invest. And I think
35 we've made the point several times; with our current set of recommendations, and they may change in our final report, it will require government to make investment. There will be more dollars. The key question is where are those dollars best allocated and best invested to make a difference.
40

MR HINDLE: That's easy. The younger cohort more than anything else. As I said to Stewart earlier, just briefly, we as Vietnam veterans, when we got out, the last ones in 1975, I did it in 72, in those days, mate, Australia was booming, so jobs were aplenty. You know, you go somewhere, mate,
45 you got a job. You worked hard, got promoted. A similar structure, mate,

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to the ADF, you still had to report to leading hands, foremen, et cetera, so you get to a certain stage, "Righto boss, mate, have you got - can I learn something more?" "No." "Can I get more money?" "No." So you've already got a job somewhere else so you quit and go to the next job. Unfortunately, mate, the younger cohort of today, when they get out, mate, the work is not there. And I've been saying for many, many years and 300 times I think, that with the younger veterans, the ones who are bent, broke and busted, yeah, fix all them, they're probably not going to work and do some rehab so they can live a - have a quality of life. But the remainder who, like I said they were small - minor injuries, right, get their White Card, a small percentages, 50, 60 per cent or whatever. Their problems could come along when they get to their fifties and it's a known fact, you know, round about that time. If something's going to happen, mate, it'll happen about there with your PTSD or something along those lines. Then possibly look at going on to some equivalent of the TPI. But in that instance, the ones who aren't bent, broke and busted, they've just got the basics, they need to have full-time jobs, as John alluded to earlier and someone else. You've got to work. It, you know, keeps the mind happy, it's good for your rehab, mate. Sometimes you mightn't like the job but you've got your family and you've got other things to think about, so you're not sitting at home where you're going to get, as Trevor said, sitting home doing absolutely nothing, getting on the grog and doing stupid things like this. So a lot of the money, a lot more money nowaday, first thing myself, go and set up the policy and legislation for the younger cohorts from basic Timor onwards.

COMMISSIONER FITZGERALD: Well I think one of the things that's come out of today's hearing is a need to focus on employment opportunities.

MR HINDLE: Absolutely.

COMMISSIONER FITZGERALD: And that's a complex area. It's about what's happening in the economy but we are seeing signs of some fairly specific well thought through employment programs and I think the point that was made earlier about educational opportunities being built into the system, we might look at that a little bit further.

MR HINDLE: Could I just make one other comment.

COMMISSIONER FITZGERALD: Yes, last one.

MR HINDLE: Which is this, thank you. Which John alluded to. Is that ESOs don't have the ability, nor the money or the backing of anybody else, mate. We can ill-afford not to. We can't do it, simple as that, to

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make an RTO facilitate work for other people. The current legislation from government stated, Federal, mate, prohibits us from doing that. Right, so that's just - I get that in there, mate. We just can't do it. As much as it's been discussed and work health officer - work health safety officer and myself, I had to pull them up, "Mate, you want to spend $200,000 just to write up the procedures, you find it, mate, and we'll do it". It's very, very costly, we can't - as much as we'd love to, its illegal, right. Thank you.

COMMISSIONER FITZGERALD: Thanks very much, Peter.

MR HINDLE: Cheers. Hope I didn't bore you, guys.

COMMISSIONER FITZGERALD: Is there anybody else in the audience who would like to make a final statement? Yes, if you could come down and give your - - -

MS MOLLOY: Good morning, sir. My name is Lieutenant Colonel Sarah Molloy. I'm currently employed as the senior health officer at the 3rd Brigade. The comments that I'll make this morning are representative of some of the initiatives that we're employing within the 3rd Brigade and have also been socialised amongst defence establishments and some are my personal views.

COMMISSIONER FITZGERALD: So you've got about five or seven minutes, so that's great.

MS MOLLOY: Thank you. So I just wanted to touch on two points in particular. The first one was in response to your question regarding the culture of not reporting and where potentially some of those issues are. I would also acknowledge that there is still a culture of not reporting. I think that we are getting better at it as an organisation. However, there is a genuine fear that there will be career implications associated with not reporting, which is well known.

One of the initiatives that we have put in place, and I know that it is represented in the Commission report, is a system that we have employed in our physio department for physical injuries. What we've seen come through on that at the moment is approximately 400 injuries that have been reported as part of a de-identified database, which we've been able to cross-level with systems such as Sentinel. What we're finding at this point in time is that it's almost mutually exclusive to Sentinel, which is 400 injuries of which approximately 50 per cent of those are in the chronic sense. So they're the sorts of injuries that will result in medical

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downgrades and ultimately a portion of those will lead to medical separations.

Which then brings me on to the next point and that is ‘where are the gaps in service?’, and these are my personal views. I actually believe that one of the significant gaps in services at the moment is internal to the defence organisation. And if I could be critical of the defence organisation, what I would actually say is I think that there are a lot of things that Defence could be doing better in our policy and procedures to be able to support people as they transition from Defence. Whilst Townsville has a very good system in place at the moment in relation to the whole of life approach, and I note that the Commission report is very much focused on whole of life, and I commend the Commissioner for that actual report, we certainly have focused on a similar thing within the human performance framework and that is the prevention, the rehabilitation and the transition from service. Where we could potentially be supporting our Defence members is by capturing them very early in their career. And that is when they go through their periodic health examinations, to be able to rectify some of those e-health issues, whereby you could establish a tab as somebody comes in. If their injury or illness or condition is attributed to Defence service it wouldn’t take much for a medical officer to be able to articulate that on the system and then as part of that periodic health examination to then proceed them into the on-base advisor to get their DVA claims lodged and recognised while they're very early in their service. You would then see a continuum of care whilst they're currently serving, which would set them up for success as they transitioned from Defence.

The other thing that we could potentially be doing to support our veterans better would be to establish some set transition dates in the year, particularly for medical separations. We all know that medical separations come with a burden, psychologically as well, particularly if you're not prepared for it, and if there are dates and goals that people can work towards they are much better supported in that process.

COMMISSIONER FITZGERALD: Good. Any other comments?

MS MOLLOY: No, that's it.

COMMISSIONER FITZGERALD: Thank you very much for that. We are aware that Townsville and Holsworthy are the two bases that seem to have pilots addressing some of these issues and you’ve acknowledged that and we've acknowledged that in our report. So I just want to say that we've been very attentive to what's been happening up here and in Holsworthy as well.

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Can I just deal with your last one about the medical discharge area? The general experience up here on the base and more generally is that medical discharge seems to take a reasonably long period of time, 12, 18 months, sometimes even two years. Is that still the case? Some people talk about very quick medical discharges but the experience we've had is that there is a period of time over which that trajectory, that discharge pathway is likely to have been known. Would that be right?

MS MOLLOY: Sir, I think it depends on the individual circumstance, naturally. Some people will refer to that separation period from the time that they trigger an injury and recognise that that's a discharge from commission, and then the time that it takes them to work through their rehabilitation and recovery to then a point of transition. Others will recognise that quickly and then will psychologically adjust to the fact that they are going to separate and they'd rather make that decision quickly. I think there is somewhat of a culture of supporting the individual in relation to that process. So the length of time that it takes and given some of the regionally based services that we provide, for example through that human performance framework and also through the other Garrison Health services, leads to potentially a longer period of time to get to the point of transition. Which is not necessarily a bad thing. I think its setting people up for success, but it is resource intensive.

COMMISSIONER FITZGERALD: And so when we look at the discharge, and at the moment as I understand it, about one in five people that are discharging from the ADF each year have medical issues and are going through the medical discharge route, so it's quite a significant number but not the majority. Have you seen significant changes and improvements in the last two, three or four years in relation to the discharging of those on that pathway?

MS MOLLOY: In relation to their preparation for discharge?

COMMISSIONER FITZGERALD: Yes. Access to rehabilitation.

MS MOLLOY: Sure.

COMMISSIONER FITZGERALD: All of those sorts of things that we've heard about today that seem to be very important to be in place prior to, or at least at the time of discharge.

MS MOLLOY: I think what you deal with in the Townsville community is a very networked community and certainly Defence is very much part of that community as well. So when we talk about supporting people

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through this transition process there are numerous, as we've heard, ESOs out there who support that process. Defence is very well engaged with those ESOs, very well engaged with the medical support services. Open Arms, the relationship with Open Arms is very strong. I know that there was a discussion in relation to that trust component. Open Arms outsource to a number of service providers and if you're not satisfied with a particular person that you're seeing you can certainly go through a different avenue. It is, I think, better known in our region that most of that is very confidential, so I think that there is more of a trust in relation to the systems, particularly in this region, when I compare it to other regions. We're not perfect and we haven't got everything right yet.

COMMISSIONER FITZGERALD: Can I just ask one other question and then Richard might have one. We do want to take a whole of life approach to the whole system and that's our aim and it's complex to do that. The human performance framework that you're using, you've referred to that. What's the essential feature of that particular framework?

MS MOLLOY: So there's two key wings that we look at at the moment. So we've got our health and wellbeing arm, which is support to our soldiers who are going through rehabilitation and reintegrating back into the workplace, and also those personnel who are transitioning from Defence. Two distinct areas. And then we have our ready resilient arm, which is those combat behaviours. It's the preventative health measures, it's cognitive training and everything associated with your service in Defence. The point of the whole program is it's about recognising full potential within that whole systems approach, and so regardless of whether you're medically downgraded or whether you're a high performing soldier, you - just because you're medically downgraded doesn’t mean that you're not a high performing soldier and it's about giving you the skills to be able to reach your full potential. So we focus on the intellectual character and physical components of an individual. There's a lot of cognitive training, physical strength and conditioning training, nutrition, psychoeducation, combat behaviours.

COMMISSIONER FITZGERALD: And you have a soldier recovery centre in Townsville?

MS MOLLOY: So the soldier recovery centre is the health and wellbeing arm of the Human Performance Centre in North Queensland and part of that - part of the reason that that name was changed is part of a change in the strategic narrative which I would note also, from your report, the last report being the Tanza review was very focused on support to wounded injured ill, which I actually think is a terrible term; I think we

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label people when we call them "wounded injured ill" and what we're wanting to do is break away from some of that strategic language.

COMMISSIONER FITZGERALD: So what have you renamed the soldier recovery centre?

MS MOLLOY: The Human Performance Centre, North Queensland.

COMMISSIONER FITZGERALD: We visited a soldier recovery centre recently in one of the other jurisdictions. What was curious to me is, and again I don’t want to quote the figures exactly but we'll get those, about 40 per cent of those in that - by the end of that program are on a discharge pathway, and there's no comment about whether that's good, bad or indifferent. So I was interested in the fact that even in that particular program, and it may well be different on that base, a reasonable percentage of soldiers will in fact still end up discharging, and that may be quite appropriate so there's no commentary on that. But given that, do you think that that sort of number or that sort of proportion of people discharging, do you have a particular aim? I mean you could say it's 100 per cent of people returning to duty but that's unrealistic. Is there a sort of a benchmark that people - that you're trying to achieve in this renamed program area?

MS MOLLOY: No, so we learnt quite some time ago, quite a few years ago now, we originally - and I know the soldier recovery centre you're talking about - we ran our courses concurrently as well. So, for example, we would run a soldier recovery centre program and that was tailored towards our goal one, goal two and goal three personnel. So we'd have a combination of people who were trade transferring, staying in their core and rehabilitating and getting back to work, and those people who were transitioning from Defence. What we find is that attitude is infectious and if you have a group of individuals who are highly motivated individuals and focused towards returning to the workplace then the general culture within that group is one of positive change and getting back into the workplace. If you have a group of individuals who are somewhat disgruntled with service, that attitude is also infectious and can then lead to other people who would have otherwise been returning to the workplace actually then deciding to change their mode of separation and transitioning from defence.

So we made a decision a couple of years ago now to actually separate our two programs. We run one program for goal three, which is purely focused on transition, and one program for our goal one and goal two personnel which is focused on returning to the workplace. They are

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essentially - the same types of information is provided but the mind set and the approach to that is entirely different.

COMMISSIONER FITZGERALD: Sorry, just related to that. Given that there are different models in relation to what I'll just call "soldier recovery" at the moment, how does the ADF evaluate which is the most effective? So is there a formal evaluation process that at some stage says, "We've got these three or four different models out there, which one works?" I'm not sure that I see that in the ADF.

MS MOLLOY: I agree.

COMMISSIONER FITZGERALD: And that worries us, because in a systemic thing if something is going well and you want to replicate that, equally if something is going poorly you want to adapt it and change it. But again I come back to it, and people often don't like us but it's about systems and structures that allow that to happen in a formalised and regular way. So I was just wondering whether you had a comment on that.

MS MOLLOY: So very good point and completely agree. We tend to do a lot of internal evaluations and we're biased to our structures and systems. What we've actually done with the human performance framework is we've engaged a researcher with over 20 years' experience from Griffith University who's currently going through the process of externally evaluating and reviewing each of our programs within that human performance framework. That will occur this year and we're taking two different approaches to it based on how well established those course structures already are, and we will then provide that feedback into Defence to be able to utilise that approach in relation to whether the systems in Townsville are working or not working, and then the recommendations in relation to whether they should be replicated elsewhere.

COMMISSIONER SPENCER: Robert, you covered the question I was going to ask. So it's the bright spots that we see and that's the question we often have. Do the bright spots ultimately become a bright system? So there are the evaluations you're talking about and research et cetera, but the appetite for that within Defence to think about, to encourage that kind of thinking, that kind of socialisation of learning, of practice, to get the opportunities to meet with your counterparts to really talk that through, to learn from each other.

MS MOLLOY: So every year, or say twice annually we have a conference which is with all of those personnel coming together who are

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working in that health and wellbeing space. We've got one only in the next few weeks that we'll be attending. There is, I would say, a reluctance from Defence to streamline some good ideas at the moment, and it's a little bit of a culture of, you know, if you've got a region that's potentially progressing up here and you've got the rest of the region sitting here, there's a tendency to want to bring this region down so that everybody's on a level playing field, as opposed to bringing the rest of the organisation up to match the good work that's being done. And look, I think that comes down to resources. We have through what we're doing in North Queensland, we are double-hatting personnel to do that. We have a lot of very motivated individuals who believe in what they're doing and that's what's driven it, its very personality dependant. We have an excellent command structure in place with a lot of support and autonomy in doing such initiatives and I would suggest that that's replicated in part in some other areas but not so in others.

COMMISSIONER SPENCER: Thank you for that, that's very helpful.

COMMISSIONER FITZGERALD: Just one point of clarification. I should know this, given that we were out on your base, as you know. These programs that we've been talking about, under whose command are they? Are they under the joint health command or how are they coordinated?

MS MOLLOY: So they are - they're a 3rd Brigade led initiative, but we focus on the whole of the region, so it's a North Queensland approach. So we're supported by North Queensland units, not just the 3rd Brigade. Very well supported by joint health command who are integral to some of that service delivery, and we have a number of external providers and ESOs who also support programs.

COMMISSIONER FITZGERALD: And I know somebody is here from this area, but in relation to safety and injury prevention, how does that align with your group? Does that input into that? I don't quite understand the current structure but that's not the point. Is that part of the feedback group as well?

MS MOLLOY: So there's a number of initiatives that we have presented to higher command, so we actually presented to the Chief of Army Special Advisory Group last year in relation to our injury prevention trial that we would like to run in this region. It's been endorsed, it's not yet been resourced. So that is I know also referenced in the Productivity Commission report. We were anticipating that once the Chief said, "Make it happen", it would happen, but it doesn't quite happen that way.

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COMMISSIONER FITZGERALD: Yes. We were talking to somebody very senior in the military, very senior, and I did make the point that we thought the only thing that worked in military was a command structure and he said, "If only".

5

MS MOLLOY: That's right.

COMMISSIONER FITZGERALD: I suspect that was probably true. Do you have any other comments?

10

COMMISSIONER SPENCER: No, that's it.

COMMISSIONER FITZGERALD: Thank you very much.

15 **MS MOLLOY:** Thank you.

COMMISSIONER FITZGERALD: That's much appreciated. Final opportunity? And we are running just now out of time but any final comments? Going, going, gone. Thank you very much. That concludes
20 the public hearing in Brisbane. I indicated at the beginning that there may be a public hearing in Rockhampton or some other sort of consultation process up there, so that's fizzing. Just to repeat again, if you wish to put in a written submission, and that can just be a one pager, a letter or an email, we would ask you that you do that very promptly. The deadline for
25 those have stopped but there is some flexibility. The second thing I'd say is the final report will go to government at the end of June so we'll meet that deadline, but we will be holding some informal consultations and maybe some particular roundtables around different jurisdictions if the need arises. So the process is by no means finished but if you want to
30 input into it, now's the time to do that. So thank you very much.

ADJOURNED **[12.56 pm]**

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