RSL AUSTRALIA

Veterans' Entitlements, Treatment and Support (Simplification and Harmonisation) Bill 2024

RSL Response to the Exposure Draft

April 2024

RSL
Australia

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SUBMISSION DETAILS

This submission is made on behalf of RSL Australia with agreement from the State and Territory Branches who have each undertaken consultation with their membership.

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INTRODUCTION

The Returned & Service League of Australia (RSL) acknowledges the significant effort and expertise that has gone into drafting the Veterans' Entitlements, Treatment and Support (Simplification and Harmonisation) Bill 2024 (VET).

The RSL supports the 'grandfathering' of existing benefits under the *Veterans Entitlements Act 1986* (VEA) and the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA); the aim of which is to ensure that no Department of Veterans' Affairs (DVA) client will lose existing entitlements.

While the complexity of the drafting of this legislation is acknowledged, the RSL is disappointed that this has seen a more than two-month delay in publication of the draft legislation. The window of opportunity for public review and comment on the draft legislation has been just seven weeks across what is a key commemorative period for the defence and veteran community.

RSL is appreciative of the opportunities to meet with the Minister for Veterans' Affairs and DVA staff to learn more about the proposed legislation but notes that these sessions have not been available to everyone and that the information webinars which are accessible to more veterans and other stakeholders have only been made available during the last three weeks of the consultation period.

As such, it is inevitable that there will be issues that arise that have not been identified during this consultation period. The RSL requests assurance from the Government that it will be open to ongoing feedback and will be responsive to any issues that are identified. In particular, the Hon Matt Keogh MP stated in support of the Bill [1]– '*Critical safeguards will be in place including grandparenting existing arrangements so there is no change in compensation payments currently being received by veterans and to ensure that current payment rates are maintained and indexed as they would be under the current system.'* If there are situations where it is established that a veteran or eligible dependent is 'worse off' the RSL calls on prompt rectification.

For the draft legislation to provide genuine simplification for the Government and the defence and veteran community it must be supported by action to enable the entire ecosystem to prepare for the changes it will implement. From an Ex-Service Organisation (ESO) perspective, it is essential that existing issues surrounding the Advocacy Training and Development Program are resolved, and comprehensive training and information is provided to both DVA delegates and ESO advocates.

The RSL advocates that a formal review of the enacted legislation must be undertaken within three years of the implementation date to ensure emerging issues and any omissions can be formally addressed.

[1] DVA Information Booklet, Veterans' Entitlements, Treatment and Support (Simplification and Harmonisation) Bill 2024 – Exposure Draft, page 1

Summary of key submissions:

This response to DVA contains a total of 24 submissions, which are listed in the Table of Contents. The RSL believes all of these submissions are important but wishes to draw attention to the ones which we believe are key to the effective functioning of the *Military Rehabilitation and Compensation Act* into the future.

- Lift the focus on Rehabilitation within the Act. Issue 1, page 10
- Ensure a veteran-centric approach at every stage in the delivery and operation of simplified legislation, including incorporating definitions of specific words in the legislation. Issue 2, page 11
- Clarify the application of Section 443 and the link to operational service as defined in the VEA. Issue 4, page 12, Issue 5, page 12, Issue 7, page 14, and Issue 8, page 17
- Include a mechanism to enable the future creation of a new instrument that can cover 'emerging kinds of service'. Issue 5, page 12.
- Create an easier transition process from VEA/DRCA to the VET. Issue 9, page 18
- Transfer all DRCA incapacity payment recipients to come under the VET. Issue 10, page 19
- Consider how the findings and recommendations of the DVA's Working Group on Compensation Off-setting can best inform the legislative process. Issue 20, page 30

The RSL regards the issues listed in 'Transition to VETs' commencing on page 43 as vital to the success of the implementation.

- Extension of the Provisional Access to Medical Treatment (PAMT) to cover the full transition period until the new Act is in place.
- Provision of timely and comprehensive training across the new legislation and associated process and practice changes for DVA Claims Delegates and ESO Advocates.
- Access to MyService for ESO Advocates.
- A formal review of the enacted legislation within three years of the implementation date

RSL member consultation process

While the RSL's consultation process has been limited by the short timeframe provided by the department, we have sought to consult across the depth and breadth of the league. This submission has been developed in collaboration between the national, state and territory branches. Each state and territory branch has worked with district and sub-branches to facilitate feedback from their members which has further informed this submission.

There has been a total of 152 member responses which express a variety of views. The RSL has not made submissions on all of the topics raised but provides de-identified details of the issues raised for information and consideration by DVA. Most of the responses are listed in Appendix One.

Feedback from RSL members has further confirmed that the pathway to simplification is complex. Members and their families are cautiously welcoming of the intention to deliver a simpler claims process but are concerned about the lack of available detail around transitional arrangements.

What is clear from consultation, and engagement with RSL members is that they want to more

easily understand how legislation about veterans' entitlements applies to them, and they want the processes to flow from it to make it simpler and quicker to access their entitlements. That is why the process to simplify veterans' rehabilitation and entitlements legislation must be veteran-centric at every step.

The case for legislative simplification which enables a simpler claims process for veterans and their families.

The RSL has long called for a simplification of veterans' entitlements legislation in order to create a simpler process that will benefit both government and the veteran community.

Numerous inquiries and reports provided to successive Australian governments have highlighted the contribution that complex legislation has had on the claims process, contributing to excessive processing times which are detrimental to the health and wellbeing of veterans and their families, and costly and inefficient for government.

The Royal Commission into Defence and Veteran Suicide's Interim Report identified that *the Australian Government should simplify and harmonise the veteran compensation and entitlement legislative system to minimise the risk of mental harm caused to veterans when accessing the system.* ***The development of a framework that focuses on the lifetime wellbeing of veterans and encourages wellness, recovery and rehabilitation rather than sickness and invalidity is necessary and will be discussed in further detail in our final report.[2].*** The Commission made the following recommendation for simplification:

Recommendation 1: Simplify and harmonise veteran compensation and rehabilitation legislation The Australian Government should develop and implement legislation to simplify and harmonise the framework for veterans' compensation, rehabilitation and other entitlements.[3]

Preceding the Royal Commission into Defence and Veteran Suicide work was undertaken by the Productivity Commission which identified that *'veterans with the same injury or illness can receive different levels of support because the amount of compensation paid, and how the compensation is calculated or paid, varies depending on which legislation applies. As RSL NSW said 'veterans can seem to be effectively rewarded or punished for the timing of their service'.* [4] The report stated that *'moving to one Act covering all veterans is the ultimate objective of simplification (many participants called for a single Act). That the MRCA should be the predominant piece of veterans' compensation and rehabilitation legislation because the VEA has significant shortcomings with its focus on providing set rate pensions for life which is inconsistent with the goals of rehabilitation and person-centred wellness. Nor are the pensions necessarily reflective of the loss faced by individual veterans.[5]*

The RSL acknowledges the enormous challenge of simplifying the existing VEA, DRCA and MRCA. We note that the legislative process is a first and important step to simplifying policy, process and practice that can deliver better rehabilitation and compensation outcomes for veterans and their families.

The RSL asks the Australian Government and all members of the Australian Parliament to ensure that veterans and their families are at the forefront of their minds as they consider the Veterans' Entitlements, Treatment and Support (Simplification and Harmonisation) Bill 2024, and that they put the needs of our ex-servicemen and women and their families first in every decision they make about the Bill.

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[2] Royal Commission into Defence and Veteran Suicide, Interim Report, 22 August 2022, p.186
[3] Royal Commission into Defence and Veteran Suicide, Interim Report, 22 August 2022, p.202
[4] The Productivity Commission, A Better Way to Support Veterans, 4 July 2019, p.18
[5] Ibid p.39

ISSUES ON WHICH THE RSL IS MAKING SUBMISSIONS

1. *Lift the focus on rehabilitation.*

Whilst the RSL commends the approach taken to the harmonisation of the legislation, as it applies to compensation benefits, we note with some concern that there is very limited focus on the framework that focusses on the lifetime wellbeing of veterans as identified by the Royal Commission at paragraph 72 of its Interim Report [6]

'The Australian Government should simplify and harmonise the veteran compensation and entitlement legislative system to minimise the risk of mental harm caused to veterans when accessing the system. ***The development of a framework that focuses on the lifetime wellbeing of veterans and encourages wellness, recovery and rehabilitation rather than sickness and invalidity is necessary and will be discussed in further detail in our final report.'***

The new legislation must adjust to the ever changing and growing employment needs of the civilian world to not just cater to veterans individually but as a community. The new Legislation must understand that purpose is what drives those who have served, and purposeful employment is a solution to improving the well-being of the veteran community. The new legislation must showcase to the community not all veterans are suffering from complex mental health and physical disability, and that these veterans live in communities all around Australia. The new legislation must work towards building a pre-employment transition program that is a whole of defence community best practice model, allowing veterans and their families a successful and purposeful transition into civilian workforces.

The RSL supports any initiative which can encourage and support recovery and wellness within the veteran community. This includes, but should not be limited to, their formal range of 'whole of person' rehabilitation programs which provide assistance with skill and capacity development.

As the Minister for Veterans' Affairs has recently said, employment can help "veterans and their partners thrive upon their transition out of the Australian Defence Force". The Royal Commission into Defence and Veteran Suicide heard in public and private hearing blocks and written submissions – employment can be a protective factor against suicide ideation and suicide. The benefits of a job can include identity, belonging, mateship, mental and physical stimulation, motivation and routine as well as renumeration.

Submission – Lift the focus on rehabilitation.

The RSL is aware that DVA has world class vocational rehabilitation tools at its disposal. The RSL has provided suggestions for consideration in relation to this issue at Section 11 and would welcome further conversation with DVA regarding these concepts.

2. *The Definition of a Veteran*

The RSL advocates that specific words used in the legislation must necessarily be defined within the legislation itself to ensure specific meaning under law can be widely understood.

[6] Royal Commission into Defence and Veteran Suicide Interim Report, page 186

Taking such a veteran-centric approach will likely strengthen simplification in application of the legislation and the subsequent claims processes that flow from it.

It is the RSL's experience that the current claims processes are, for many veterans and their families, a significant stressor which is detrimental to their health and well-being. The inclusion of definition, rather than room for ambiguity, is in the interests of veterans and the Government because a well-prepared claim can reduce administration for all parties, enable timely decision-making and negate the need for appeal and review.

In making submissions about the inclusion of definitions for specific words, the RSL recognises that language is not static, and that is why we are also asking for a formal review of the new Act three-years post implementation. Such a review could also provide the opportunity for consideration of the need to amend definitions or other language used in the Act and associated instruments.

Chapter 1 – Section 5 of the draft revised Military Rehabilitation and Compensation Act (referred to in this document as 'The VETs') does not include a definition for the word 'veteran'. The VETs make 207 references to the word 'veteran'. DVA Policies and Procedures consistently use the term 'veteran'.

Submission – Veteran

For ease of reference and understanding, a definition of a Veteran should be provided in Section 5. RSL submits that the VETs should draw on the current definition of a veteran which is found in the Australian Veterans' Recognition (Putting Veterans and Their Families First) Act 2019 at Section 4.

'Definitions

In this Act:

Permanent Forces has the same meaning as in the Defence Act 1903.

Reserves has the same meaning as in the Defence Act 1903.

Veteran means a person who has served, or is serving, as a member of the Permanent Forces or as a member of the Reserves.'

3. The application of Section 27A and the use of the term 'Defence Duty' in the Explanatory Memorandum.

The term 'Defence Duty' is used 12 times in the Explanatory Memorandum in relation to application of s27A. As an example - in Part 3 it states – 'allowing for Commonwealth liability to be accepted for injuries that were sustained while a member was on **Defence duty** by providing for a temporal connection between service and a medical condition (as per the DRCA arrangements).

The term is not used in the Legislation and there appears to be no formal definition of this term in the VETs, Section 5, nor is there a definition in the Defence Act 1903 or the Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988.
Under s27A the kind of 'defence service' is to be specified in the 'determination', and defence service' is defined in s.6.

Submission – The application of Section 27A

The RSL submits that the reference to 'Defence Duty' in the Explanatory Memorandum has created an additional level of complexity and should be re-worded to reflect the terms used in the legislation.

4. The application of Section 443 and the link to 'Operational Service' as defined in the VEA.

Section 443 says that operational service equates to warlike and non-warlike service, and the Chapter reproduces eligibility provisions from the VEA, but doing so creates potential problems and ambiguities. For example, paragraphs 442(2)(a) and (b) use the phrase, 'for use by the Commission in determining a person's eligibility for entitlements **under this Act'**.

The reality is that the relevant instruments were NOT made for the purposes of determining a person's eligibility under the MRCA, but under the VEA. There may be a similar problem with 442(2)(c). Similarly, in s 442(5) and s 447 there is reference to instruments being made, suggesting that they are made under those sections, and it is not at all clear that it could include instruments made under or for the purposes of other legislation (VEA).

Submission – The Application of Section 443

The RSL draws attention to the potential issues that are outlined above and requests that the potential problems and ambiguities are resolved.

5. Kinds of service to which this Act applies.

Chapter 1 – Section 6 of the VETs defines the kinds of service to which the VETs applies. This section deals with existing periods of service that are recognised across the relevant Acts and draws them under the legislative framework of the VETs. The RSL commends this simple approach to the recognition of service periods as it will underpin the delivery of harmonised services. However, the RSL cautions that the legislation will need to be agile in response to emerging periods of hostilities or recognised peacekeeping activities.

Submission – Kinds of Service

The RSL submits that the legislation should include the power to create a new Instrument which covers emerging 'kinds of service'.

Should there be a future event that involves potential casualties, the legislation needs to have the flexibility to quickly respond and make provision for these situations. Effecting a change to Section 6 would be time consuming and could lead to serious delays, failure to provide necessary services, and reputational damage for both Defence and DVA.

6. *The determination of 'aggravation of an injury or disease' under MRCA.*

Under the DRCA, an aggravation is an injury or disease of itself (ss.5A and 5B) and can include a temporary aggravation. But once the effect of an aggravation ceases, liability ceases.

Under the VEA, an aggravation is *not* an injury or disease of itself (definitions of 'disease' and 'injury' in s.5D), and to create liability for pension and treatment, an aggravation must be more than a temporary worsening (*Repatriation Commission v Yates* [1995] FCA 1234). Once an existing injury or disease has been aggravated by service, the Commonwealth is liable for incapacity from the entire injury or disease.

Under the MRCA, like the VEA, aggravation is *not* an injury or disease of itself (definitions of 'disease' and 'injury' in s.5), but the MRCA expressly includes the concept of a temporary aggravation. Section 5 defines an 'aggravated injury or disease' to mean 'an injury or disease that is a service injury or disease because of paragraph 27(d), subsection 29(2) or section 30 (aggravations etc.) (and only because of that paragraph, subsection or section)'. It should be noted that paragraph 27(d), subsection 29(2) and section 30 also include the 'material contribution' to an existing injury or disease.

Subsection 43(2) has the effect that an injury or disease that has been accepted on the basis of aggravation can still be the subject of a rehabilitation program even if the effect of the aggravation on the underlying injury or disease has ceased. The following subsections have similar effect:

- Subsection 55(2) — in relation to aids and appliances.
- subsection 61(2) and 62(2) — in relation to assistance finding suitable work.

However, ss 70(2), 72(2), 88, 119, 212(5), 214(2), 217(2), and 288E permit payment of compensation from an 'aggravated injury or disease' only if the effect of the aggravation persists at the relevant time.

Sections 281(2) and 283 provide that treatment is not available for an 'aggravated injury or disease' if the effect of the aggravation on the underlying injury or disease has ceased.

Subsection 28(2) provides that an injury or disease that has been accepted on the basis of aggravation cannot form the basis of an acceptance of liability for the death of the veteran if the aggravation no longer exists at the date of death.

New section 24A of the MRCA has the effect that if there has been a successful claim 'in respect of' an injury or disease (as defined in the MRCA) under either the DRCA or the VEA, then the Commission is taken to have accepted liability for that injury or disease under Chapter

2 of Part 2 of the MRCA (see s24A(2)), but they are not entitled to compensation under the MRCA in respect of that injury or disease if they had received compensation under the DRCA or pension under the VEA in respect of it (unless another provision of the MRCA applies to it) (see s24A(3)).

Thus, an injury accepted under DRCA on the basis of aggravation (even if the aggravation has ceased to have had an effect on it) is taken to be a service injury under the MRCA, but no compensation is payable unless accepted under a different provision of MRCA.

For example, a veteran may have suffered an aggravation of their lumbar spondylosis due to a service-related activity and successfully claimed such aggravation as an 'injury' under the DRCA. They may have missed 6 weeks work due to the aggravation of their lumbar spondylosis over that period and received weekly compensation for those 6 weeks. The 'injury' that was accepted under the DRCA was the 'aggravation of lumbar spondylosis', but under section 24A of the MRCA, the 'disease' that is taken to be accepted for liability purposes is 'lumbar spondylosis' because a claim was successfully made under the DRCA 'in respect of' lumbar spondylosis. Compensation was paid 'in respect of' the disease of lumbar spondylosis under the DRCA because the aggravation of that disease was accepted as an 'injury' under the DRCA. It is the definition of 'disease' under the MRCA that is relevant to how section 24A operates, not the definition of 'injury' or 'disease' under the DRCA. All that matters is whether there had been a successful claim 'in respect of' the injury or disease (as defined in the MRCA) under the DRCA.

A possible unintended consequence of this section is that if compensation was not paid but liability had been accepted under DRCA for such a temporary aggravation, then the Commission would be taken to have accepted liability for the disease under the MRCA and there is nothing in the new provisions to limit liability for compensation only to the effect of the past aggravation. The definition of 'aggravated injury or disease' would not apply as the injury or disease has not been accepted because of paragraph 27(d), subsection 29(2) or section 30.

Submission - The determination of 'aggravation of an injury or disease' under MRCA

DVA to note the potential for unintended consequences if an aggravation of a condition has been accepted under DRCA. When the condition is taken to be accepted under MRCA there is nothing to limit liability for further compensation.

7. Permanent Impairment – the meaning of 'stabilised'

Part 2 Permanent Impairment

S66 provides that 'Interim Compensation can be payable to a person whose condition has not stabilised'. Although the term 'stabilised' is used ten times in this draft Bill, no definition of the term 'stable or stabilised' has been provided.

The payment of Interim compensation is dealt with at s75 of the VETs:

75 Interim compensation

(1) The Commonwealth is liable to pay interim compensation to a person if:

(a) the Commission is satisfied that the person will be entitled to compensation

under section 68 or 71; and

(b) *the Commission is not able to determine the degree of impairment suffered by the person because the one or more service injuries or diseases concerned have not stabilised.*

The issue of the terms 'permanent and stable' and 'stabilised' have been an issue of contention since the introduction of the MRCA in 2004.

Submission – Stabilised for the purpose of determining the degree of permanent impairment.

It is submitted that a definition should be provided. Whilst it may not be provided in the legislation it is an opportunity to consider the associated Policy.

Please see the following detail which draws on guidance provided by the Social Security Guide.

[7]

CLIK Chapter 5, para 5.4 advises:[8]

'Stable - simply means it is unlikely to improve to any major degree. This should not be judged on the basis of possible improvement in impairment ratings.

Permanent - means that the condition is not likely to resolve.

Essentially, it is a matter of medical evidence when an impairment becomes stable for the purposes of PI compensation. A delegate should rely, in particular, on medical opinion to establish a date when the impairment stabilised. However, the last date of any active (as opposed to palliative) treatment of the impairment may also be indicative of stabilisation, if that treatment is no longer required.

Where a condition is stable, but more information is required to determine the exact date, the question that should be asked of the treating doctor is: "Based on the available evidence and the plausible natural history of the condition(s), when was the current, stabilised level of impairment reached?"'

Whilst it notes that '*it is a matter of medical evidence*', a search of DVA information for Providers does not appear to provide any further clarity.

The issue of stabilisation is dealt with by Centrelink in relation to the payment of Disability Support Pension – Guides to Social Policy Law. Social Security Guide - version 1.316 – released 20 March 2024[9]. The Guide states:

A condition is stabilised if:

- *either the person has undertaken reasonable treatment for the condition and any further reasonable treatment is unlikely to result in significant functional improvement, or*

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[7] Guides to Social Policy Law. Social Security Guide - version 1.316 – released 20 March 2024

[8] 5.4 When is an Impairment Stable? | Military Compensation MRCA Manuals and Resources Library, Policy Manual, Ch 5 Permanent Impairment (dva.gov.au)

[9] 1.1.D.140 Diagnosed, reasonably treated & stabilised (DSP) | Social Security Guide (dss.gov.au)

- *the person has not undertaken reasonable treatment for the condition and*
    - *significant functional improvement is not expected to result, even if the person undertakes reasonable treatment, or*
    - *there is a medical or other compelling reason for the person not to undertake reasonable treatment.*

The term 'significant functional improvement' is defined in the instrument as improvement that is likely to enable the person to undertake work in the next 2 years.

There may be medical and or other compelling and acceptable reasons for not proceeding with reasonable treatment, such as a person's religious or recognised cultural beliefs prohibiting treatment, or where the person lacks insight or the ability to make appropriate judgements due to their condition. See 3.6.3.02 [10]'Reasonable treatment & compelling reasons for not undertaking reasonable treatment'.

The criteria for treatment is interrelated to the criteria for stability, required of conditions for the Impairment Tables to apply.

***Note:** For more information on the requirements regarding diagnosis, treatment and stabilisation in applying the Impairment Tables, refer to 3.6.3.02 Guidelines to the rules for applying the Impairment Tables - applying the Tables.*

***Note:** A condition may last for more than 2 years, but the impairment resulting from that condition may be assessed as likely to improve or cease within 2 years. If this is the case, an impairment rating cannot be assigned to the impairment.*

The Guidelines at 3.6.3.02 provide rules for applying the tables. In relation to Treatment and Stabilisation, it states:

If diagnosis of a condition has been established, treatment undertaken for the condition must be regarded. A condition must be reasonably treated for the Impairment Tables to be applied and a rating assigned.

The following factors are to be considered:

- *the nature and effectiveness of past treatment*
- *the expected outcome of current treatment*
- *any plans for further treatment, and*
- *whether past, current or future treatment can be considered reasonable, giving consideration to the individual and overall medical status and circumstances of a person.*

Based on the above considerations, it must be determined a person has received reasonable treatment or rehabilitation for their condition. Treatment includes medical treatment and other appropriate therapy (for example, physiotherapy) involving rehabilitation aimed at restoring or maintaining mental or physical function, but does not extend to rehabilitation involving specific vocational programs.

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[10] Social Security Guide 3.6.3.02 Guidelines to the rules for applying the Impairment Tables - applying the Tables

If it is determined that a person has not undertaken reasonable treatment, and there are no compelling reasons why they have not undertaken reasonable treatment, then they must not be assigned an impairment rating.

Note: *For further information on determining whether a person has compelling reasons for not undertaking reasonable treatment, please refer to the '[Reasonable treatment & compelling reasons for not undertaking reasonable treatment](#)' section below.*

In some circumstances, a condition may be considered as reasonably treated even if the treatment is ongoing or is planned. This may apply where it is clear a person's functional capacity is unlikely to significantly improve within the next 2 years even if a person continues to receive appropriate reasonable treatment.

> **This submission** urges DVA to adopt a Policy definition of stabilisation which reflects the direction provided in the Social Security Guide.

8. The definition of the term 'Date of Clinical Onset'

The term 'Date of Clinical Onset' is used in the majority of SoPs developed by the Repatriation Medical Authority (RMA).

To date, both DVA and the RMA have declined to provide a legislatively enforceable definition of what this term means (with the exception of SoPs 11,12, 13, 14, 66, 67, 68 and 69 of 2023 (which relate to conditions of the spine). The definitions provided in the conditions relevant to the SoPs identified above were required following a Federal Court case in the matter of Boys - *Boys v Repatriation Commission 2022 FCA 257.*

The decision in *Boys* has created a certain level of uncertainty in relation to the process of establishing 'the date at which the symptoms were persistently present.' Whilst DVA Policy documents provide guidance on this issue, RSL advocates have noted some inconsistencies in the way the policy is being interpreted.

The SoPs mentioned above provide the definition as follows - 'clinical onset means the point backwards in time from the first date of imaging confirming *thoracolumbar spondylosis* (the condition), to the date at which the symptoms of (the condition) were persistently present, as assessed by a registered medical practitioner.'

The question of the meaning of date of clinical onset – or date of effect has been compounded by the introduction of the Presumptive Liability in relation to some conditions (Part 3 of the Exposure Draft). The Explanatory Memorandum describes 'the date of effect' in the following paragraph:

The MRCA will adopt a presumptive liability mechanism for the connection between specified medical conditions and ADF service. The requirements ***for determining the date of effect for permanent impairment compensation will include treating doctors being able to provide a meaningful estimate of when an impairment met the requisite criteria of being permanent and stable, for payment to commence.*** *These changes will remove some of the onerous claim requirements and ease the evidentiary burden on veterans.*

Submission – Definition of Date of Clinical Onset

The RSL calls on DVA to explain if there is any difference between the 'date of clinical onset' and 'date of effect' and to provide clear definitions of the terms.

9. A DRCA/VEA clients accessing benefits under MRCA.

There is a requirement across various sections of the VETs that persons who have existing entitlements under the VEA, DRCA, or both need to establish liability for another condition or establish a deterioration of existing accepted conditions before they can access the entitlements that are available under MRCA.

S281(3) states:

(3) If the person is, or has been, paid compensation under the DRCA in respect of an injury or disease (the original condition), then the person is only entitled to treatment under subsection (1) if:

(a) the Commission has accepted liability for another injury or disease of the person (other than because of the operation of section 24A); or

(b) the Commission is satisfied that:
(i) the person has suffered additional impairment as result of another injury or disease or as a result of a deterioration in the original condition; and
(ii) the increase in the person's overall impairment constitutes at least 5 impairment points. 282 Treatment for persons who are eligible for a Special Rate.

That is, the increase in the person's **overall** impairment has to be at least 5 impairment points. This requirement is applied in the following Sections 80, 212, 220A, 258 and 281.

Achieving an overall impairment increase is reliant on the GARP M Combined Values Chart. As an example of the inequity, a person on an existing 10 points needs a further 10 points to achieve an overall increase of 5. A person on 80 points requires an additional 23 points to reach that overall increase of 5. In simple terms – the sicker a veteran is, the higher the hurdle he/she has to jump!

The RSL notes the Consultation Report prepared by DVA cites the inequities across the tri-Act system as one of the major causes for concern (46 respondents commented specifically). The submissions called out the need for 'entitlement equity.

Submission – DRCA/VEA client accessing benefits under MRCA.

The RSL, in considering the submissions calling for equity and that the overall intent of this aspect of the legislation should be to move active clients into the new legislation as seamlessly as possible, submits that this requirement should be reconsidered and the criteria should be rewritten to state that the increase in the person's overall impairment constitutes at least 5 impairment points, **or that there is a 5 impairment point increase in the assessment of any single condition which has been accepted under the VEA or DRCA**.

10. *Compensation for Incapacity for service or work – DRCA payees to transfer to MRCA.*

Parts 3, 4 and 5 of the VETs deal with the payment compensation for incapacity for service or work. This is covered under **Sections 84 to 196** of the VETs. The RSL notes that these provisions are for MRCA clients. Whilst there are many similarities between DRCA and MRCA Incapacity provisions, the RSL is aware of differences in relation to the Statutory Minimum Earnings Rate and also provisions in DRCA regarding Notional Superannuation Contributions.

In relation to Statutory Minimum Earnings Rate[11], the DRCA provides for a minimum level of compensation (calculated at statutory rates, rather than the MRCA approach which is based on an NWE) in some cases. This provision is governed by subsection 19(6)-(9) of DRCA.

Section 132 of MRCA provides the alternate and more beneficial definition of actual earnings, normal earnings and normal weekly hours.

In relation to Notional Superannuation Contributions (SC):

The 'SC' amount is only applicable to incapacity payment calculations under S20, 21 and 21A i.e. calculations where a person has received a Commonwealth superannuation amount.

The SC amount is "the amount of superannuation contributions that would have been required to be paid by the employee in that week if he or she were still contributing to the superannuation scheme".[12]

The SC amount is added to the superannuation amount (the 'SA') and reduced from the incapacity payment.

This means that DRCA Incapacity payees will remain disadvantaged in relation to ongoing payments when compared to MRCA payees.

The RSL notes that the DVA Annual Report for 2022 – 2023 identifies 2778 DRCA Incapacity payees as compared to 8113 MRCA payees. The RSL also notes that DRCA Incapacity claim numbers are decreasing and it is anticipated by the RSL that there will be an ongoing decrease in DRCA payee numbers as current payees reach retirement age.

[11] DVA CLIK Incapacity Policy Manual, Chapter 8, Parts 9, Parts 8.1 and 8.2
[12] DVA CLIK Incapacity Policy Manual, Chapter 9, Part 9.10

Submission – Alignment of DRCA and MRCA Compensation for Incapacity calculations.

In line with the previous submission that looked to 'entitlement equity'. the RSL submits that DVA should take a pragmatic approach to this issue of the differing calculation requirements and simply transfer all DRCA Incapacity payees to come under MRCA legislation from the date of implementation. This will:

(a) Simplify the investigation and determination process for DVA delegates and the IT systems they work with
(b) Simplify the process for DVA delegates, ESO advocates and clients to understand the consistent application of the legislation.
(c) Be a positive factor in the implementation of the VETs

The RSL accepts that the access to other MRCA benefits for existing DRCA clients should be via the identified pathway (with the amendment proposed by the RSL at paragraph 7 of this submission):

That the Commission is satisfied that:
(i) the person has suffered additional impairment as result of another injury or disease or as a result of a deterioration in the original condition; and
(ii) the increase in the person's overall impairment constitutes at least 5 impairment points.

(Noting the submission for change made by the RSL to add the additional criteria – *'or;*
that there is a 5 impairment point increase in the assessment of any single condition which has been accepted under the VEA or DRCA'.

11. *Eligibility for a Gold Card*

The RSL notes the existing criteria for the issue of a Veteran Gold Card and that the relevant criteria has transferred across to the VET. The RSL also notes the identified process for current DRCA veterans to potentially qualify for a Gold card.

1. The RSL expresses its concern that this process may be seen as difficult to understand and navigate following implementation date.

Our consultation process for this submission has identified various views on the current (and intended) eligibility criteria for the issue of Gold Cards.

2. The RSL calls on DVA to review these criteria, taking into account the views of ESOs to ensure the criteria are 'fit for purpose' and meet the needs of both the 'grandfathered' veterans and also contemporary veterans and their dependants.

Submission – Eligibility for a Gold Card

1. The RSL wishes to draw attention to the issue of Gold Cards to current DRCA clients and calls on DVA to produce detailed information material regarding eligibility criteria and the legislation.
2. The RSL calls on DVA to review the eligibility criteria for the issue of Gold Cards.

12.A White Card for all Reservists

Under existing NLHC arrangements, current and former full-time members of the ADF can get free mental health treatment. This includes reservists who have at least one day of continuous full-time service (CFTS). Reservists who do not meet this criterion, regardless of their length of service in the ADF, are excluded from applying for NLHC. Many of these Reservists have lengthy periods of service in the ADF, sometimes over 40 years, but have not been required or given an opportunity to undertake a period of CFTS. Extending NLHC to all Reservists would remove administrative and financial barriers to accessing mental health care for past and present Defence Force members and will allow them to seek treatment as quickly as possible.
Access to DVA funded mental health care under the provision of non-liability health care, would be a significant measure toward ensuring the mental health and well-being of alt Defence Reservists, as has been sought during evidence given to the Royal Commission into Defence and Veteran Suicide.

Submission – A White Card for all Reservists

The RSL suggests that extending NLHC arrangements would be a relatively straightforward legislative amendment, but one that would demonstrate the Government's commitment to the mental health and wellbeing of all current and former Defence personnel.

13.Working out normal and actual earnings for ADF members on FSA/FWA

The MRCA currently provides a number of different categories of service to calculate normal earnings for the purpose of claiming incapacity for work, this includes both Defence work and civilian work depending on service category.

The introduction of the ADF Total Workforce System (TWS) has seen new Flexible Service Arrangements (FSA), Flexible Work Arrangements (FWA) and service categories that do not meet the current sections of the MRCA that appropriately calculate the normal earnings and compensate loss of income.

A Flexible Service Arrangement (FSA) allows a permanent member to render a pattern of service other than full-time, while still meeting their 'continuous full-time service' obligation

Flexible service allows a member to reduce the hours and days they would normally work. When a permanent member enters into an FSA, they will transfer from SERCAT 7 to SERCAT 6. The minimum FSA period is normally 3 months; however, an approving authority may approve a shorter period. The duration of an FSA is subject to the discretion of the approving authority.

Currently a member on FSA SERCAT 6 is considered a former Permanent Forces member, as such section 141 of the MRCA applies when calculating this member's normal earnings:

S141 Working out normal earnings.

(1) The normal earnings for a week for a person who was a Permanent Forces member immediately before last ceasing to be a member of the Defence Force means the amount worked out using the following formula:

Person's ADF pay for the week + Person's allowance component for the week + $100 (i.e. Remuneration Allowance)

Note: The amount of $100 is indexed under section 183.

(2) The person's ADF pay for a week means the amount of pay that the person would have earned for the week as a Permanent Forces member if:
(a) the person were still a Permanent Forces member; and (b) the person were not incapacitated for service.

Note: The person's ADF pay for a week might be adjusted under Part 5

Members considered SERCAT 6 FSA are permitted to reduce their ADF hours and work a second civilian job, an issue currently exists where if that member were incapacitated the current formula to calculate their NE is to take the Member's normal ADF pay for the week plus their pay related allowances.

In this instance, depending upon the details of their FSA, the member's normal ADF pay for the week may be significantly reduced. s141 will only calculate the ADF pay and does not consider the member's civilian earnings.

The period in which to claim incapacity may also be affected by the time it takes the ADF to transfer this member from SERCAT 6 back to SERCAT 7, if this is protracted then the member will again only be paid for the number of hours agreed upon in the FSA.

Submission – Working out normal and actual earnings for ADF members on FSA/FWA

The RSL submits that there should be included an additional section within the VETs that explains the process to determine the normal earnings and actual earnings for members on FSA/FWA to properly compensate the loss of income from both ADF and civilian earnings.

14. Vocational rehabilitation- Employer Incentive Scheme and Work Trials

Rehabilitation programs – Part 2. Commencing at Section 42
Background to this submission

The RSL acknowledges that the focus of the Veterans' Entitlements, Treatment and Support (Simplification and Harmonisation) Bill 2024 is to achieve a single Act model as proposed in the Veterans' Legislation Reform Consultation Pathway. DVA states – *'we are simplifying and harmonising veterans' legislation that governs compensation and rehabilitation, so veterans and their families can more easily get the support they are entitled to'*.

Submission – Information available about Vocational Rehabilitation Plans

The RSL would be pleased to be involved in such a review and submits that this is a generational opportunity to look further at the services available under the DVA Rehabilitation Program and to make amendments to ensure there is optimal access to the range of services available.

It is of concern to RSL that there is limited information available about DVA Vocational Rehabilitation Programs. A UK Veterans Family Study[13] report recommended at page 82 that *'Military and veteran charities providing support for veteran family members should conduct a review of public-facing information and materials to clarify eligibility for services and advertise available supports. Services should make it clear if they provide support or signposting for family as well as veterans.'*.

In its Interim Report, the Royal Commission into Defence and Veteran Suicide noted in Section 4, Para 91 at page 190:

91. The Boss report endorsed a shift from an illness-focused approach to a fully funded wellness-focused approach and emphasised the following: To uphold the social contract for our veterans, we owe it to them to provide a fully funded, wide-ranging system that supports their lifetime wellbeing, gives them agency over their support needs, and does not require them to focus on their illness in order to get adequate compensation or support. The system should empower veterans to prosper, rather than limit their opportunities to re-engage with and contribute to society …

Veterans who have transitioned from defence already have a profound sense of purpose and belonging. Entering the civilian workforce, is for many veterans a challenge to their new purpose in communities around Australia. Successful transition from Defence into civilian work plays an important and crucial role in supporting the growth of our veteran community Adler, D.A. et.al (2011).

Veterans and their partners are based all over Australia and support communities in various aspects. Veterans leave defence with a myriad of skills and experience that is not experienced in any other workforce or industry.[14] Therefore, the community is better off with a successfully

[13] The UK Veterans Family Study - UKVFS-report-3-2023-FINAL-230224b.pdf (pcdn.co)
[14] Romaniuk, M., Kidd, C., Banfield, M., & Batterham, P. J. (2023)

transitioned defence veteran. Additionally, Defence Families come with many different skills, and therefore employing a defence family member can be just as beneficial.

The Royal Commission stated in its Interim Report in Section 4, Para 92 at page 190*:*

92. We agree with the sentiment that the veteran compensation and rehabilitation system should focus on veteran wellbeing, rather than illness, in accessing compensation or support. We will further consider veteran wellbeing in our final report.

RSL supports these observations and submits that a key focus of the VETs should be to ensure there is sufficient enabling legislation to facilitate world class rehabilitation programs for veterans.

In its booklet titled *Rehabilitation for DVA Clients*, [15]DVA pays limited attention to potentially available assistance in suitable workplaces in order to promote the independence, wellness and sense of self-esteem that transitioning veterans are entitled to strive to achieve. It states, in part:

'ASSESSING YOUR NEEDS - VOCATIONAL ASSISTANCE Your vocational goals will be designed with you to ensure they are meaningful to you. Depending on your goals and needs, vocational activities may include identifying your work skills, assisting with resumes and interviews, searching and applying for jobs. The plan will have personalised strategies that are flexible and relative to where you are in your recovery.

EXAMPLES OF VOCATIONAL ASSISTANCE

- *identifying how to build a sustainable and suitable career beyond the ADF*
- *translating your existing qualifications, skills and other strengths into a civilian employment context*
- *identifying opportunities for upskilling and understanding the job market*
- *advancing your skills to maximise performance in job interviews*
- *developing strategies to assist you manage in new or existing work environments.'*

The available support into a workplace should be a key feature of this program.

The Legislation

It is noted that Section 41(1) of VETs defines a rehabilitation program to include - vocational assessment and rehabilitation.

Section 41 provides the definition of vocational assessment and rehabilitation. It consists of or includes any one or more of the following:

(a) assessment of transferable skills;
(b) functional capacity assessment;
(c) workplace assessment;
(d) vocational counselling and training;
(e) review of medical factors;
(f) training in resume preparation, job-seeker skills and job placement;

[15] Rehabilitation for DVA Clients (Booklet) | Department of Veterans' Affairs

(g) provision of workplace aids and equipment

Section 51 states - *Rehabilitation authority may determine that a person is to undertake a rehabilitation program.*

S51(5) states - *The cost of a rehabilitation program provided for a person under this section is to be paid by the Commonwealth.*

Section 62A - Scheme may provide for payments to employers:

(1) The Commission may, in writing, determine a scheme for and in relation to the making of payments to employers in respect of the provision by the employers of suitable civilian work to persons as mentioned in paragraph 61(3)(c) and subsection 62(3).

It is noted that the **Veterans' Affairs Legislation Amendment (Omnibus) Act 2017** introduced several amendments related to veterans' entitlements and military rehabilitation and compensation, including the Employer Incentive Scheme (EIS) which provides incentive payments to employers with the aim to encourage employers to engage injured veterans who may find it challenging to compete in the labour market.

DVA's Policy Guidelines (detailed in CLIK) make provision for 'Work Trials' which can be used to achieve a return to work for clients who are not able to return to their original workplace.

DVA guidance for Rehabilitation Providers [16]states:

As a member of the Heads of Workers' Compensation Authorities Australia and New Zealand (HWCA), our approach to vocational rehabilitation uses the HWCA principles of practice for rehabilitation providers.

Vocational rehabilitation services include:

- *vocational assessments to assist with identifying skill gaps, labour market opportunities and suitable employment or retraining options.*
- *vocational counselling and guidance*
- *job seeking support.*
- ***work trials.***
- *courses for training or learning new skills.*

Anecdotally, the RSL understands that whilst there is both an Instrument and Policy Guidelines, these tools to assist veterans into employment post ADF service are not routinely made available to them. The RSL has also heard that employers can be sceptical because of the lack of available information. The recommendation in this section regarding conducting a review of available information refers.

[16] Rehabilitation program information for providers | Department of Veterans' Affairs (dva.gov.au)

Submission – Vocational Rehabilitation amendments to Section 41(1)

The RSL submits that the definitions contained in Section 41(1) of VETs should be amended to include the following –

(h) provide access to the Employer Incentive Scheme (EIS) as defined in the **Veterans' Affairs Legislation Amendment (Omnibus) Act 2017**
(i) **provide access to work trials to assess their ability to undertake employment and provide them valuable workplace skills.**

By including reference to these services in the legislation it will provide clear and visible authority to provide the services, where appropriate.

The RSL has been acknowledged for their excellent Employment Programs and we would be very pleased to work with DVA to enhance the existing access to these important aids to gaining secure employment.

15. Eligibility criteria to make the choice to receive a Special Rate Disability Pension (SRDP)

Part 6 of the MRCA deals with the eligibility requirements for the payment of a SRDP. Persons who are eligible to make a choice under this Part. Section 199 defines the eligibility criteria for a person to be able to make a choice for SRDP under Part 6.

Ss199(1)(d) states – '*the person is unable to undertake remunerative work for more than 10 hours per week, and rehabilitation is unlikely to increase the person's capacity to undertake remunerative work*.' However, the legislation is silent on the process required for establishing that rehabilitation is unlikely to increase the person's capacity to undertake remunerative work. In keeping with the view that wellbeing should be a priority, the RSL submits that there should be an additional eligibility criterion within s199.

Submission – Eligibility Criteria for SRDP, Section 199.

That sub-section (e) be added to the criteria:

(d) the person is unable to undertake remunerative work for more than 10 hours per week, and
(e) **the person has participated in an approved rehabilitation program and it has been determined that it is unlikely the person's capacity to undertake remunerative work will increase.**

By adding s199(1)(e) it will ensure there is a clear pathway to a finding that the person's capacity to undertake remunerative work will increase.

16. Provision of Treatment and Allied Health services to eligible veterans and widows who are in Aged Care facilities of accessing aged care services in their homes.

The RSL notes the current work being done by DVA to improve the services available to eligible veterans and widows who are in Aged Care facilities. The RSL submits that legislation needs to be enacted to ensure that all Aged Care facilities are consistently ensuring that eligible persons have access to the range of treatment services that are available under DVA legislation. There should be additional provision for the consistent delivery of services to those eligible veterans and widows who access home care services.

It is noted that Section 284A of the VETs provides for specified treatment for specified members and others:

Division 3A—Entitlement to treatment in other circumstances

284A Specified treatment for specified members and others.

(1) The Commission may, by legislative instrument, determine the following:

> *(a) that a member or former member included in a specified class is eligible to be provided with treatment of a specified kind under this Part;*
> *(b) that a person who is the dependant of a member or former member and who is in a specified class is eligible to be provided with treatment of a specified kind under this Part;*
> *(c) that a person who was the dependant of a member or former member and who is in a specified class is eligible to be provided with treatment of a specified kind under this Part;*
> *(d) that a person who is not covered by paragraph (a), (b) or (c) and who is in a specified class is eligible to be provided with treatment of a specified kind under this Part.*

(2) An instrument under subsection (1) has effect according to its terms, despite any other provision of this Act

287 Provision of Treatment

(1) The Commission may arrange for treatment to be provided to a person who is entitled to treatment under this Part in accordance with one or more of the following:

> *(a) a determination under section 284A;*
> *(b) the arrangements made under section 285;*
> *(c) a treatment determination under section 286.*

(2) However, if a person who is entitled to treatment under this Part requires a particular kind or class of treatment that is not dealt with in the arrangements or a determination mentioned in subsection (1) then the person's entitlement is subject to the Commission's approval of the treatment (whether that approval is given before or after the treatment is provided).

Submission – Provision of Aged Care Services – Section 284A

The RSL requests that the Commission takes action to ensure that a legislative instrument is developed which ensures that all eligible veterans and widows who are accessing Aged Care services (either residential or home care services) are identified as a specified class of person with a specified need (s284A(1)(d).

The RSL additionally requests that the provisions of Section 287 also be considered with a view to enabling consistent access to Aged Care services.

17. Presumptive Liability – Section 27A

The RSL notes the inclusion of Section 27A - **Presumption that certain injuries and diseases are attributable to defence service Injuries taken to be attributable to defence service.**

The Explanatory Memorandum state:

'Section 27A is consistent with the approach in force through subsections 7(1) and 7(2) of the DRCA, which enable the Minister to make determinations which specify diseases that can be presumed to have been contributed to, by the individual's employment. Cohorts covered by the existing provisions include Point Cook ADF firefighters, other ADF firefighters, and aircraft maintenance workers attached to the F-111 Deseal/Reseal Program at RAAF Base Amberley, for particular employment periods.

Additionally, the provision formalises the liability-determination policy in place for VEA and MRCA claims that involve medical conditions known to have a common causal connection with ADF service. The Commissions have approved a suite of medical conditions that can generally be accepted as being service-related, reflecting the view that on the balance of probabilities, the requirements of at least one of the factors detailed in the SoPs for each of the identified conditions, would be met due to the very nature of military service. The expectation therefore is that claims for the prescribed conditions would succeed unless there are exceptional circumstances.'

The RSL notes the importance of ensuring that access to entitlements currently provided under DRCA subsections 7(1) and 7(2) need to be continued and also notes that this legislation allows for the Minister to make further determinations regarding specific diseases that can be presumed to have been contributed to by the person's ADF service.

The Explanatory Memorandum also states:

'Since 2006, the Commissions have also approved arrangements variously referred to as ***decision-ready****, s****treamlinin****g and* ***straight-through processing****, which apply to claims under the VEA and MRCA. There is a suite of approved medical conditions, known to be prevalent amongst veterans and have a high acceptance rate, or have a quantifiable SoP factor that can be associated with particular service requirements/duties.'*

As a significant provider of advocacy services, the RSL voices its concern that the details of the arrangements identified in the above paragraph are difficult to locate in DVA procedural/policy documents and also difficult to understand when and how the various arrangements are being applied. The addition of 'Presumptive Liability' will add further complexity to the understanding and application of all of the provisions.

Submission – Presumptive Liability, Streamlining and Straight Through Processing

The RSL requests that DVA take action to ensure that details all of these arrangements are clearly articulated and easy to access. As a priority, DVA delegates and ESO advocates should be provided with training on this topic and DVA IT systems updated to ensure the processing of claims is as 'simple' and transparent as possible.

18. *Additional Disablement Amount (ADA) – an exclusion under the Social Security Act 1991*

The RSL notes Division 3A of the VET– Additional Disablement Amount provides for the payment of ADA - which is modelled on the Extreme Disablement Adjustment currently payable under the VEA.

Section 8(y)(ia) of the *Social Security Act 1991 excludes* as income certain payments which are made under the VEA –

Excluded amounts—general

(8) The following amounts are not income for the purposes of this Act:

(y) a payment by way of:
(ia) pension under Part II or IV of the Veterans' Entitlements Act (other than a pension that is payable under section 30 of that Act to a dependant of a deceased veteran);

This legislation ensures that the payment of Disability Compensation payable under the VEA is excluded from the social security income test under the Social Security Act 1991.

Submission – Additional Disablement Amount is not income under the Social Security Act.

The RSL requests that the Social Security Act 1991 is amended to include the Additional Disablement Amount payable under the VET as an excluded amount.

19. *Compensation for Dependants – and the use of the term 'wholly dependent partner'*

The RSL is aware of concerns expressed by Members and other ESOs regarding the use of the term 'wholly dependent partner'.

The term is defined in Section 5 of the VET as -

wholly dependent partner of a deceased member means a person:
(a) who was the partner of the member immediately before his or her death; and

(b) who was wholly dependent on the member at that time.

Note: A partner who was living with a deceased member immediately before the member's death is taken to have been wholly dependent on the partner (see section 17).

The concern relates to the actual term rather than the definition contained in Section 5 or the criteria set out in Section 17. Whilst the Act sets out that a person does not have to been 'wholly dependent' on the deceased veteran to meet the criteria, the actual term is not consistent with the norms within modern society where a partner has varying degrees of both financial and social independence.

The existing 'wholly dependent partners' under MRCA are issued with Gold Cards which use the very well-known and understood term 'War Widow' as an identifier.

Submission – The use of the term 'Wholly Dependent Partner'

The RSL supports consideration of developing a different term to define the eligible partner of a deceased veteran. The RSL requests that DVA directly consult the ESOs that have a major interest in this topic – Legacy, War Widow's Guild, and Partners of Veterans to resolve this concern.

20. *Veterans Review Board – the amount payable in connection with obtaining relevant medical documentary evidence.*

The RSL notes that the provisions of Section 170A of the VEA can now be found in Section 353P of MRCA. S353P(1) states that the Commonwealth may pay - '*an amount to cover the medical expenses incurred by the applicant in respect of relevant documentary medical evidence submitted to the Board for the purposes of the review.*'

The amount that is payable is found in the Veterans' Entitlements Regulations, Reg 8A (as amended by the Veterans' Entitlements Amendment (Medical Expenses Reimbursement) Regulations 2017 (f2017l00317). The stated amount is $1000.00 and Form D7526 states - maximum amount of $1000 for obtaining such relevant documentary medical evidence for each condition may be reimbursed. The effective date for the increase from $467.50 to $1000.00 was 1 April 2017.

Submission – Obtaining relevant medical documentary evidence for the VRB.

Given that the new section 353P will require regulations to be made to prescribe the amount for medical expenses in place of those currently prescribed by the Veterans' Entitlements Regulations, will the opportunity be taken to bring the amount in line with current amounts charged by medical specialists for medico-legal reports? The amount payable under the applicable instrument should be increased to more accurately reflect the current medico-legal costs.

21.SoP to be applied where a SoP has changed during the decision period.

Section 341 - Current Statement of Principles to be applied on review of a decision states (as copied from the marked-up MRCA):

> *(1) This section applies if:*
>
> (a) *the Commission, the Board or the Tribunal is reconsidering or reviewing a determination in relation to a claim to which section 338 or 339 applies; and*
>
> *(aa) the presumption in subsection 27A(1) or (2) was not relied on for the purposes of making the determination; and*
>
> (b) *at the time of the making of the decision on the review, there is in force a Statement of Principles (the* ***current Statement of Principles****) in respect of:*
>
> *(i) the kind of injury sustained by the person in respect of whom the claim is made; or*
>
> *(ii) the kind of disease contracted by the person in respect of whom the claim is made; or*
>
> *(iii) the kind of death suffered by the person in respect of whom the claim is made.*
>
> *(2) Subject to sections 340 and 340A, the Commission, the Board or the Tribunal is to apply the current Statement of Principles when making its decision on the reconsideration or review.*

That is, under MRCA, the current SoP at the time of making the decision must be applied.

The VEA was silent on this issue regarding the use of Statements of Principles, however, the approach to be taken regarding which Statement of Principle is to be applied under the VEA is described in *Repatriation Commission v Gorton* [2001] FCA 1194 ('*Gorton*') at [43]-[44]:

... the system operates in the following way. Assume an SOP in force at the time of the claim is revoked by another SOP which is in force at the time of the AAT decision. The starting point is that the AAT must consider the reasonableness of the hypothesis advanced by reference to the SOP which "is in force": s 120A(3): see s 43 AAT Act. If the current SOP "upholds" the claimant's hypothesis then the AAT moves, pursuant to s 120(1), to consider whether it has been disproved beyond reasonable doubt.

If, however, the current SOP does not uphold the hypothesis, the claimant may then contend, pursuant to Keeley*, that he or she has an accrued right under the earlier SOP. That contention is accepted then again the hypothesis has to be to be disproved beyond reasonable doubt under s 120(1).*

Submission - Statement of Principles to be applied.

The RSL submits that the MRCA legislation should be guided by the more beneficial nature of the VEA caselaw. If an SoP changes during the decision period, it should be recognised that the claimant has an accrued right under the earlier SoP and the most beneficial SoP should be applied.

It is submitted that MRCA legislation should be amended to reflect this beneficial approach.

22. *Military Rehabilitation and Compensation Act 2004 Section 432 - Trustees for persons entitled to compensation.*

Submission - Trustees for persons entitled to compensation.

The RSL wishes to take this opportunity to make submissions regarding its concern about the known negative health implications for some veterans with a diagnosed addictive condition (or other severe mental health condition) when they receive a large lump sum Permanent Impairment compensation payment.

RSL advocates have noted instances where veterans have used all their money to support their addiction – or to 'buy' favour with their friends and that this often leads to very negative outcomes. Similarly, the Royal Commission has heard evidence of veterans with gambling and drug addiction problems squandering large lump sum compensation payouts, with one veteran detailing how he lost over $500,000 within 12 months of receiving it, including spending $300,000 on illicit drugs.[17]

The concept of protections being in place to protect a vulnerable person's financial affairs is neither new, novel or contentious with courts long having had the power to manage compensation payouts made to persons who by reason of impairment or disability are unable to manage their own affairs or at risk of exploitation.[18]

More specifically, the issue of some veterans being incapable of managing their financial affairs by virtue of their service injuries would appear not to be a new one, with regulation 9 of the *Australian Soldiers' Repatriation Regulations 1920* (Cth) providing for the Repatriation Commission to appoint a trustee to manage the affairs of veteran where the veteran was "of unsound mind" or in such other circumstances where the Commission thinks fit.

Similarly, current veteran legislation contains provisions that provide for a trustee to be appointed to manage a veteran's financial affairs as per below:

- ***Veterans' Entitlement Act* - Section 202** and the.
- ***Safety, Rehabilitation and Compensation (Defence-Related Claims) Act* 1988 - Section 110.**
- ***The Military Rehabilitation and Compensation Act 2004 - Section 432 – which states –***

Trustees for persons entitled to compensation.

(1) This section applies if:

(a) a person who is entitled to be paid compensation under Chapter 3, 4, 5 or 6 is under a legal disability; or

(b) if such a person is under 18--there is no person who has the primary responsibility for the daily care of that person.

(2) The Commission may, in writing, appoint the Commonwealth or any other person to be the trustee of the payments of compensation under this Act.

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[17] *Royal Commission into Defence and Veteran Suicide*, Transcript of Proceedings, 16 February 2022, 3-1210-12 ('Transcript').

[18] *Supreme Court Act 1986* (Vic) s 113.

That is, for Section 432 of the MRCA to apply, the person must be under a 'legal disability'.

As 'legal disability' must be determined under State and Territory guardianship legislation by a relevant State court or tribunal, it could easily be a distressing and confronting process for a veteran who is already identified as having mental health issues. Added to this would be the cost of court or tribunal processes and who would be responsible for these costs.

RSL welcomes the potential for consideration of legislation in the proposed MRCA reform package to include safeguards for those veterans who are about to receive large lump sum compensation payments but are deemed to be unfit to manage their financial affairs because of severe, service -related metal health issues.

RSL agrees with the submission of the Chairman of Legacy Australia, Mr Richard Cranna OAM, who, in evidence to the Royal Commission, recommended that mandatory financial counselling be a precondition of any lump sum payment. [19] Currently DVA policy is that a veteran may receive advice from a legal practitioner or a licensed financial adviser. RSL submits that this policy should be amended to require a veteran who falls within the guidelines which will be detailed further below, to attend mandatory financial counselling as a precondition of any lump sum payment.

The issue of trusteeship is contentious and, following considerable discussion, the RSL is putting forward two options for consideration.

The first option provides for legislative measures that could be enacted to provide a pathway for at risk veterans to have some financial protection without the need for a formal trusteeship.

The second option considers the process to put in place a trusteeship for 'at risk' veterans where there are circumstances in which a trusteeship would be in the best interest of the veteran.

Option 1 – a pathway for financial protection

For a veteran to be considered by DVA as needing 'financial protection', the veteran must meet **all** of the following criteria:

- The veteran is entitled to receive a permanent impairment payment for a service-related serious mental health condition and substance abuse and/or addiction related condition/s.
- The veteran is assessed as having 60 or more impairment points.
- A medical practitioner attests that the veteran is incapable of managing his/her finances.
- The veteran runs the risk of mismanaging the money being paid to the extent that their resultant behaviour may become a risk to themselves or their family.

Veterans who meet the above criteria would almost certainly have come to the notice of the DVA Coordinated Client Support Team and they would likely have some history of issues/behaviours etc. Veteran advocates and DVA delegates within the Liability and Permanent Impairment process would also have become aware of the veteran's addictive behaviour.

In addition, this process would require that the veteran:

[19] Transcript , 6 December 2021, 6-571-2.

- Has a very clearly diagnosed and accepted addictive disorder and there is concern expressed by delegates/doctors that the person is not capable of managing their money.
- Has both the diagnosis and the assessment made by a psychiatrist.
- Is entitled to receive a large lump sum compensation payment.

It should be noted that any action to limit a person's perceived entitlement to receive a large payment could meet with strong resistance and hence it is important that the decision process is supported by compelling evidence.

If the veteran appears to satisfy the initial criteria for consideration of 'financial protection' then:

- Clinical notes from the treating GP should be sought to establish if the GP has any insights into the addictive condition.
- A contracted, independent psychiatrist should be asked to report on the person's ability to manage their affairs (in the light of existing evidence already available to DVA). Preferably the psych would conduct a face-to-face consultation, but this could also be done online.
- DVA Contracted Medical Advisers Compensation (MAC) should be asked to make a recommendation, having taken into account all of the available medical evidence on the veteran's records.

If the medical consensus is that the veteran is so affected by an addiction that they wouldn't be able to manage their money, the veteran should be given formal notice of DVA's concern that they would not be able to manage their proposed lump sum payment.
To allow for procedural fairness they should be given an option to make a case (and provide financial records to support them), that they are competent to manage their affairs.

The veteran would be advised at this stage that a process is being considered for their compensation to be paid as a fortnightly amount until such time as they are able to establish that they are competent to manage their money.

There would need to be legislation enacted to cover this proposal and it would need to provide for a formal right of review. The legislation could be incorporated into s 432 of the revised MRCA.

For veterans who have been placed under this program there should be:

- Legislative provision should be made for the veteran to be placed on a 'Medical management' rehabilitation program. See brief detail Attach 1, copied from the DVA website.
- Mandatory placement on a 'Medical Management' Rehabilitation program.
- The capacity for the medical management program to be reviewed regularly to consider progress – and the veteran could have a right to request a review or appeal a decision to continue them on fortnightly payments.
- Mandatory requirement (legislated) for the veteran to be placed on a Personal Financial Management Course with their progress being monitored.

- The right to request a review or appeal a decision to continue them under the described payment arrangement. The arrangement could be discontinued if the behaviour warrants it. (verified by the identified psychiatrist)
- The DVA delegation to make a decision to impose a fortnightly payment should be at **no less than EL2 level.**

In Summary

Implementing and managing a trustee process as already provided for in the existing legislation is complex, difficult and expensive – and has its own high level of impact on a person with mental health issues.

This submission suggests that some veterans could gain significant benefit from being involved in a closely supported program which minimises the risk of aberrant financial behaviour by the veteran and the possible abusive or violent behaviour with family members.

- This could have the same overall effect as a trusteeship – but would avoid the complications.
- The process for calculating fortnightly payments is already established in GARP M
- Once a person is deemed capable of managing their financial affairs, they could request/be offered the opportunity for a lump sum payment.
- The calculation of a lump sum payment would simply involve establishing the amount of pension already paid and deducting it from the original assessment amount.

Suggestion One – a supportive pathway for financial protection.

RSL requests that DVA note the concerns about the need for supportive arrangements for our most vulnerable veterans and the RSL puts forward the proposal outlined above for consideration.

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Option 2 – considering the process for imposing a trusteeship.

As with the previous option, equally strong concerns are expressed about veterans who are at risk of being unable to manage lump sum payments because of serious mental health, substance abuse or addiction related conditions.

This option calls on DVA to reconsider the reference to 'legal disability' in section 432 of MRCA.

(1) This section applies if:

*(a) a person who is entitled to be paid compensation under Chapter 3, 4, 5 or 6 is under a **legal disability**; or*

(b) if such a person is under 18--there is no person who has the primary responsibility for the daily care of that person.

(2) The Commission may, in writing, appoint the Commonwealth or any other person to be the trustee of the payments of compensation under this Act.

Whilst s 432 provides that the Commission may appoint or revoke a trustee for a person who is under a legal disability, the Bill is silent on what constitutes a legal disability and how it is to

be determined. Accordingly, it appears that an application for administration order would need to be made to a State Tribunal in order for a trustee to be appointed under s 342.[20]

Furthermore, if the Commission is reliant on a state tribunal to make a finding that a person is under a legal disability, the usual practice is that the tribunal appoints an administrator and sets out the terms under which the administrator may act. Importantly, it is also the tribunal that has the power to revoke or vary any order made and so it would seem that the provisions of s 432 as set out in the draft Bill are at odds with the powers of the tribunal i.e. The Commission has no power to determine what constitutes a legal disability and therefore must make an application to a state tribunal for an order appointing an administrator / trustee. Yet the Act purports to give the Commission the power to vary or revoke any trustee appointment without the need to make further application to the originating tribunal. This approach is unworkable and borders on being contemptuous of the tribunal.

This requirement as a prerequisite to any trustee appointment has the potential to be a distressing and confronting process for a veteran who is already struggling with mental health or addition issues. Notwithstanding that most State Tribunals are a no-cost jurisdiction, this would not extend to the cost to a veteran in engaging their own legal adviser which then raises the question as to who would be responsible for bearing these costs.

Suggestion Two – A trusteeship model

RSL requests that consideration be given to the revision of s 432 of the MRCA in order to retain the "own initiative" provisions contained within s 202 of the VEA which, when applied with a robust set of guiding policies, would allow the Commission to take steps to proactively protect the interests of improvident veterans without the need to seek recourse to a state tribunal to establish a legal disability.

The RSL would welcome legislation which would include safeguards for those veterans who are about to receive large lump sum compensation payments but are deemed to be unfit to manage their financial affairs because of severe, service-related metal health issues. The RSL would welcome the opportunity to elaborate on this suggestion.

The term 'legal disability' is not defined in the MRCA and hence must be determined under State and Territory guardianship legislation by a relevant State court or tribunal. This creates uncertainty and may suggest that a person experiencing mental health issues may first need to undertake a State/Territory Guardianship process to enable a trusteeship to be considered.

This proposal puts forward that if one or more of the following circumstances apply, a provision should exist to allow for a trustee to be appointed to manage the veteran's financial affairs if needed:

- The veteran has a diagnosed serious mental health condition or is seeking compensation for a serious mental health condition.

[20] See, eg, *Guardianship and Administration Act 2000* (Qld) s 12, *Guardianship and Administration Act 2019* (Vic) s 30.

- The veteran has substance abuse or addiction issues or is seeking compensation for such issues.
- The veteran has a previous history of financial mismanagement.
- A medical practitioner attests that the veteran will mismanage their finances or is incapable of managing their own affairs.

Any such trusteeship imposed need not be permanent and the veteran should retain the right to periodically seek to have the trusteeship reviewed or revoked where it can be shown that the reason for the trustee being appointed no longer exists or that the risk can be managed via less intrusive and controlling methods. RSL Victoria does not support Ex Service Organisations being appointed to manage veterans' financial affairs.

Compulsory financial advice

RSL Victoria agrees with the submission of the Chairman of Legacy Australia, Mr Richard Cranna OAM who in evidence to the Royal Commission recommended that mandatory financial counselling be a precondition of any lump sum payment. Currently DVA policy is that a veteran may receive advice from a legal practitioner or a licensed financial adviser. RSL Victoria submits that this policy should be amended to allow a veteran to also obtain advice from a certified practicing or chartered accountant.

23. *Compensation Offsetting*

The RSL has heard the many voices of members expressing their concerns about compensation offsetting. Offsetting is a very complex, multi-faceted process which has been poorly explained and poorly applied over many years.

Submission – Compensation Offsetting

The RSL is aware that DVA have assembled a Working Group, which includes ESO representatives, to consider this issue. The RSL will not be making formal submissions on this topic until the conclusions of the Working Group have been published.

In the interim, the RSL urges DVA to provide more information on the many types of offsetting which are imbedded in the legislation and clarify the offsetting processes and why they are in place.

24. *Recognition for interpreters who have provided services to the Australian Defence Force*

During the period of warlike activities in the Middle East Area of Operations, soldiers, sailors, airmen and airwomen of the Australian Defence Force (ADF) were provided support by locally engaged interpreters, many of whom were placed in conditions of extreme peril in the conduct of their support to the ADF, and by extension the Government of Australia.
This submission is being made on behalf of Afghan and Iraqi interpreters who have been relocated to Australia following a determination by the Government of Australia that the service of those interpreters placed their lives, and that of their families, in grave danger.
The submission seeks to have those interpreters, who satisfy certain criteria, accepted for benefits provided by the Department of Veterans' Affairs under the provisions of the *Military*

Rehabilitation and Compensation Act 2004 (the Act). This has not changed in the marked up version of VET.

Section 8 of the Act provides that *the Defence Minister may make a written determination that a person, or a class of persons, who engage, or have engaged, in activities, or who perform, or have performed, acts:*

> *(a) at the request or direction of the Defence Force; or*
> *(b) for the benefit of the Defence Force; or*
> *(c) in relation to the Defence Force, under a requirement made by or under a Commonwealth law;*

are taken to be, or to have been, members for the purposes of this Act.

This submission proposes that interpreters who worked under the day-to-day command of the ADF, during a period of Warlike Service, in Iraq or Afghanistan be recognized as 'Declared Members' under the provisions of the Act provided they meet the following criteria: -

- they have been issued with a Refugee and Humanitarian visa by the Department of Immigration and Border Protection and have been re-located to Australia.
- they have become Australian citizens since relocating to Australia.
- they are able to provide a copy of or have confirmed that they worked under a contract or had an agreement with the ADF to fill the post of Interpreter on a full-time basis for a specified period.
- they did not have their contract/agreement terminated for any alleged misconduct.
- they worked in an area which is classed as warlike under the provisions of s6 of the MRCA.
- they have been issued with or are eligible to be issued with the Australian Operational Service Medal (Civilian) and/or the Operational Service Badge – Civilian.
- they verify that they have not received from any other scheme any compensation or other payment in respect of any injuries or illnesses from which they are suffering.

Many of the interpreters are in receipt of a letter from the Chief of Defence Force, thanking them for their service and noting that the 'work was difficult, and at times dangerous'. We note that coverage for certain categories of civilians under relevant legislation administered by the Department of Veterans' Affairs has been provided since World War II.
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Submission - Recognition for Interpreters who have provided services to the Australian Defence Force

The vision of the RSL is *we support you, the military family.* In the delivery of that vision, we engage with veterans of the conflicts in Iraq and Afghanistan, who are surprised and concerned that the interpreters who served alongside them are not able to access comparable support and medical treatment for injury and illness sustained during that service.
The RSL would welcome the opportunity to make a more detailed submission on this issue.

ISSUES FOR WHICH THE RSL SEEKS CLASSIFICATION

1. *Deceased members whose dependants are entitled to benefits under this Act.*

Section 12 deals with members whose dependents are entitled to benefits under this Act.
There is a requirement that the death of the deceased member was a service death; or
It notes an 'automatic' entitlement to dependents where the deceased member had an entitlement to SRDP, ADA or the deceased member had impairment Assessed at 80 impairment points or more.

Question – If a DCRA entitled member dies on a date after the implementation date of this Act, but has not made a claim to transfer entitlement from DRCA to MRCA, can the dependent lodge a claim for death benefits under the MRCA. What section of the Act provides for this?

Question – How will DVA look to resolve a death claim if death is due to medical intervention. Will it look to the secondary cause of death, assuming it is listed on the Death Certificate. Does this require underlying legislation to ensure the decision process is consistent?

2. *Compensation for eligible young persons dependent on certain deceased members, members or former members*

Sections 250 to 260 deal with the entitlements of eligible young persons (EYP).

Question - If the DCRA entitled member dies on a date after the implementation date of this Act but has not made a claim to transfer entitlement from DRCA to MRCA, can the EYP be considered for education scheme benefits under MRCA. Subdivision B, Section 258 (1A) appears to exclude any entitlement. If an entitlement can be established, what section of the Act provides for this?

It would be exceptionally unfortunate if a potentially eligible EYP could not access benefits simply because the parents were not aware of the administrative requirements that need to be met.

Question - If a member whose established benefits were payable under the DRCA has died prior to the implementation date and that member's dependent partner has applied for and received death benefits prior to the implementation date is there any enabling legislation for dependent children to be considered for Education Scheme benefits under the criteria provided in Section 259?

The RSL is of the view that there should be a clear pathway to ensure the young dependents of all deceased members are treated equitably.

3. Choice to take a lump sum once the weekly amount is calculated under s74.

Section 78 notes the various criteria under which a person can elect to receive a full lump sum – or can elect to convert (under defined conditions) 25%, 50% or 75% of the convertible amount to a lump sum.

Question -
For a person who has entitlements under the VEA and/or DRCA and they claim (and are accepted for) further compensation under MRCA post the implementation date, do the same s78 criteria apply?

4. Motor Vehicle Compensation Scheme Division 2, Section 212

The Explanatory Memorandum inform that the effect of subsection 12AA is that there would be no new claims or applications, other than the exceptions in subsection (2), for:

- compensation payments under Part II and IV;
- allowances and other benefits under Part VII, which includes clothing allowance, attendant allowance, funeral benefits, decoration allowance, Victoria Cross allowance, recreation transport allowance, **Vehicle Assistance Scheme,** special assistance, loss of earnings allowance and travelling expenses;
- Veterans' Vocational Rehabilitation Scheme under Part VIA.

Section 212 provides for the Motor Vehicle Compensation Scheme (MVCS) in VETs

Section 212(2) provides for the kinds of compensation available under the MVCS:

(a) modifying a motor vehicle for a person; and
(b) maintaining or repairing modifications to a motor vehicle; and
(c) subsidising the purchase of a motor vehicle by a person; and
(d) purchasing a motor vehicle for a person; and
(e) other kinds of compensation relating to motor vehicles specified in the MVCS.

Question - Is DVA able to confirm that all veterans who currently have entitlements under the VEA Vehicle Assistance Scheme (VAS) will continue to have those entitlements. Will DVA continue to provide assistance to existing VAS participants with:

- the purchase or **replacement** of a car; and
- vehicle modifications, driving devices; and
- running and maintenance costs for the vehicle provided under the scheme.

Question - Can entitlements to MVCS for DRCA veterans post implementation date be clarified. DVA information states:

Under DRCA, modifications to motor vehicles are provided under section 39 in the Rehabilitation provisions but there is not a distinct scheme. While the DRCA provisions appear to limit compensation to the cost of modifications, in reality there is some flexibility in this regard. Rehabilitation Coordinators are requested to contact rehabilitation@dva.gov.au for further information.

If a DRCA veteran satisfies Section 212(1A)(d) does that person become entitled to all of the benefits of the MVCS if they satisfy the provisions of s212(1)?

5. *Veterans Vocational Rehabilitation Scheme (VVRS) – to be the Transferred VEA Rehabilitation Program*

The RSL notes that Section 5Q(1) of the marked up VEA provides a 'signpost' to the new VEA *rehabilitation program which has been transferred to Section 115A.*

Section 115A provides the definition:

'transferred VEA rehabilitation program means a rehabilitation program under this Act that: (a) on and after the date of commencement, is taken to be an approved rehabilitation program for the purposes of the MRCA because of section 97 of the CTPA; and (b) has not ceased under section 53 of the MRCA.'

The Transferred VEA Rehabilitation Program has replaced the VVRS and appears to provide for the continuation of existing arrangements for any veteran who had been an approved participant of the existing VVRS.

To retain the existing provisions is a positive action for certain categories of veterans who have sought options to be able to return to meaningful employment.

Whilst the VVRS is a voluntary scheme and has not been widely used, it has certainly been of great benefit to some veterans who are seeking to break from an existence where the legislative requirements of their compensation payments prevent them from undertaking

remunerative work.

Under MRCA, Section 200 of the VETs provides for a person to make the 'choice to receive Special Rate Disability Pension.'

Section 210 of the VETs provides for a return-to-work scheme for those veterans who are receiving a Special Rate Disability Pension. It states:

Section 210 Return to work scheme

(1) The Commission may determine, in writing, a scheme, called the Return-to-Work Scheme, under which the Commonwealth is liable to pay compensation of a kind mentioned in subsection (2) to a person in circumstances identified in the Return to Work Scheme if:

(a) the person:

(i) was receiving a Special Rate Disability Pension; and

(ii) becomes able to undertake remunerative work for more than 10 hours per week; and

1. *a claim for compensation in respect of the person has been made under section 319.*

Note: The person would no longer be entitled to Special Rate Disability Pension because of paragraph 209(b).

(2) The compensation is a weekly payment of an amount:

(a) worked out under the Return-to-Work Scheme; and

(b) worked out, at least in part, by reference to the number of hours per week of remunerative work that the person is able to undertake.

The RSL notes that there is provision for the Commission to determine – '*in writing, a scheme, called the Return-to-Work Scheme, under which the Commonwealth is liable to pay compensation of a kind mentioned in subsection (2) to a person in circumstances identified in the Return to Work Scheme.'*

The RSL has not been able to locate the above Return to Work Scheme Instrument.

Question – the RSL requests a copy of the 'Return to Work Scheme'. The RSL strongly supports any initiative which will support veterans who are open to an opportunity to return to the workplace to provide them with every opportunity and incentive to do so. The RSL would like to be reassured that the Return to Work Scheme under MRCA reflects many of the benefits that are contained in the existing VVRS scheme.

The RSL also questions if consideration can be given to including wholly dependent partners (War Widows) under this scheme.

The RSL would appreciate the opportunity to work with DVA on this issue.

TRANSITIONING TO VETS

1. *Provisional Access to Medical Treatment program (PAMT*

Under the Provisional Access to Medical Treatment program (PAMT) DVA pays for the treatment for twenty identified conditions before they have accepted liability for them.

DVA introduced PAMT because it acknowledged the challenges that were caused by the times taken to process claims whilst they had such a large backlog of claims. PAMT allowed claimants to access treatment whilst they awaited an outcome on a claim they had lodged.

This initiative has been very well received by veterans.

In December 2022, the Minister for Veterans Affairs, Matt Keogh extended the program until 30 June 2024.

February 2024 statistics provided by DVA show that the time taken to process a MRCA IL claim is standing at 386 days. A DRCA IL claim takes 477 days and a VEA claim stands at 512 days. The RSL notes the work being done by DVA to remediate this problem, but the figures still demonstrate that this situation is totally unacceptable.

Submission – PAMT

The RSL calls on the Minister for Veterans Affairs to extend PAMT until 30 June 2026. This will allow DVA further time to improve the time it is taking to process claims and also give veterans a level of certainty that they can access certain medical treatment – even at a time when DVA is undergoing such immense change.

2. *Training for both DVA Claims Delegates and ESO Advocates*

Whilst the overall intended outcome for the revised legislation is simplification, there is no doubt that the period between now and the implementation of the legislation will be one of confusion and uncertainty.

The current difficulties being experienced by ATDP in the delivery of training to advocates are well known.

Submission – Training for ESO Advocates

The RSL calls on **DVA to treat ATDP as a priority** – to resolve existing governance and internal issues and move quickly to develop training programs which encompass the transition to the revised legislation.

3. Claims processing

DVA lauds the benefits of MyService but has consistently failed to provide trained advocates with access to it, so they are able to assist their clients through the MyService claims process.

Submission – Advocate access to MyService

The RSL calls on DVA to provide the funding and capability to make the IT changes that will enable trained ESO advocates to access MyService in an advocacy capacity. We strongly hold that advocates will be in a position to guide veterans to lodge well-prepared claims on MyService and this will be a longer term efficiency and savings measure for DVA.

4. Policy and Procedural Documentation

Submission – Policy and Procedural documentation to support revised Legislation

The importance of this is self-evident. The RSL calls on DVA to ensure documentation regarding the revised legislation is available for use.

THE RSL SUPPORTS

1. The Veterans Review Board

The Productivity Commission recommended at Recommendation 10.3 that the role of the VRB should be amended so that: it would serve as a review and resolution body to resolve claims for veterans and that their determinative power should be removed. The RSL opposed this recommendation.

The RSL is very pleased to note the support for the VRB provided in this draft legislation and the acknowledgement of the work they do.

Over the last decade the VRB has broadened access to justice for veterans and their families by simplifying processes and promoting innovations. The proposed reforms are expected to further improve efficiency and reduce delay by enabling the direct lodgment of VRB applications and a shortened time frame for the Commission to provide the section 137 report/documents to the applicant and the VRB. The RSL welcomes the enhanced role and remit of the VRB. We would seek assurances that an increase in the VRB's workload, which will result from its increased remit, is accompanied by increases to the VRB's resources from the Department of Veterans' Affairs.

It is noted that, under the proposed legislative reform, the VRB will become a specialist service that provides:

- A single, consistent review pathway for all compensation claimants, with access to the first point of external review by the VRB.
- The 'single review pathway' removes the internal reconsideration process for DRCA claimants and gives DRCA appellants access to the VRB which is "*a less adversarial, veteran-friendly environment, where matters can be resolved without the involvement of lawyers.*"
- Applications for review of an original determination of the MRCC are to be made directly to the VRB.
- Applications must be given to the VRB within 12 months after the day on which notice of the original determination was given to the person making the application. There are simplified requirements for an application for review.
- The Bill also amends the timeframe for the Secretary of DVA (or their delegates) to provide reports to the VRB from 42 days to 28 days.
- Applications for review to the VRB can be made for some reviewable decisions under the single Act; and also, applications for certain decisions under the VEA and the DRCA.
- The applicant and the Commission are parties to a review before the VRB. The Chief of Defence Force also may seek to join proceedings as a party. The parties may appear in person or through a representative.
- The longstanding exclusion of legal practitioners from appearing as a representative at a VRB hearing is retained. However, legal representatives may help an applicant prepare their case.

- A provision has been included to place a restriction on charging fees or any payments for VRB review representations.

The RSL notes and supports the recommendation 10.1 by the Productivity Commission:

'DVA and the VRB should establish a memorandum of understanding to report aggregated statistical and thematic information on claims where DVA's decisions are varied through hearings or alternative dispute resolution processes. This reporting should cover VRB decisions, as well as variations made with the consent of the parties through an alternative dispute resolution process. This information should be collected and provided to DVA on a quarterly basis and published in the VRB's annual report.'

2. No changes to the standard of proof

The RSL notes that DVA has made no legislative changes to the different standards of proof that are applied according to the types of service undertaken by the veteran.

The Productivity Commission recommended at 8.4 that the MRCA should move to a single standard of proof:

'Recommendation 8.4 – Move MRCA to a single standard of proof.

The Australian Government should remove the distinction between types of service when determining causality between a veteran's condition and their service under the Military Rehabilitation and Compensation Act 2004 (MRCA). This should include:

- *amending the MRCA to adopt the reasonable hypothesis Statement of Principles for all initial liability claims.*
- *requesting that the Australian Law Reform Commission conduct a review into simplifying the legislation and moving to a single decision-making process for all MRCA claims, preferably based on the reasonable hypothesis process.'*

The RSL understands that the implementation of this recommendation will involve very detailed consideration as to how it can be implemented and accepts that this is an issue that could be given further consideration post the implementation of the harmonised legislation.

3. No changes to the PI differential

Similarly, the RSL notes that the Productivity Commission also recommended the removal of the Permanent Impairment differential.

'Recommendation 14.1 – Single rate of Permanent Impairment Compensation
The Australian Government should amend the Military Rehabilitation and Compensation Act 2004 to remove the requirement that veterans with impairments relating to warlike and non-warlike service receive different rates of permanent impairment compensation from those with peacetime service.

The Department of Veterans' Affairs should amend tables 23.1 and 23.2 of the Guide to Determining Impairment and Compensation to specify one rate of compensation to apply to veterans with warlike, non-warlike and peacetime service. This should be achieved via a transition path, with the compensation factors merging to a single rate over the course of about 10 years.

Prior to setting the single rate the Australian Government will need to balance the lifetime

fiscal implications of the change with the benefits needed by veterans, as well as the transitional arrangements that will be necessary to implement a single rate.'

As with Productivity Commission Recommendation 8.4, the RSL is also of the view that such a change will involve significant consideration and accepts that this issue did not get addressed in the implementation of the harmonization legislation.

APPENDIX ONE

RESPONSES FROM MEMBERS

The RSL sought the views of Members on the proposed legislation. Members were invited to identify their key concerns.

In general terms please identify any concerns you	Suggest your proposed solution to your concerns
Even the proposed system is too complicated and continues to rely on bureaucratic processes	As a recognition of service and part of improving retention rates, all people serving a minimum period of three years or for those less than 3 years but have deployed on duty overseas should automatically be given a Gold Card.
Currently, there is a major gap in entitlement periods - I'm not sure of the exact dates, but it's something like 1961-1968 (or something). This basically covers my period of enlistment, which means I do not qualify for any entitlements. THIS NEEDS TO BE CHANGED AND NO DISQUALIFYING PERIOD SHOULD BE INCLUDED IN LEGISLATION.	Remove the disqualifying period and make anyone who has served eligible for benefits.
I do not know what is in the proposed legislation, but what I do know from experience is that servicemen are vulnerable on leaving and entering civilian society. The self worth which has built up over years disintegrates. Mates and those you relied on, sometimes for your existence, can no longer give you support or company. your qualifications which you had earned, no longer are accepted. for example--I was qualified to be in charge of the watch on the Aircraft Carrier Melbourne, and then on a guided missile destroyer (HMAS Perth) from the age of 23, but when I left the navy (after two Vietnam deployments) those qualifications were worthless.	Ex servicemen need a path to work. Businesses need to be given incentives to re-train and employ ex-servicemen. When a serviceman expresses his --or her---desire to re-enter civilian life, a counselling service should be engaged using people who have had the experience, to guide and assist those transitioning. It is my experience that work is the basis of self worth in any society, and people are judged on what they do, and how well they do it. Ex-servicemen can't exist on their memories of what they used to do. There are those who put all sorts of obstacles in the path of those who have done their time and wish to leave. If the country wish to keep trained people, then there must be incentives like sign on bonuses, large deployment allowances, Family support, child care, and education. Bearing in mind that families can be up-rooted and moved at any time. Those servicemen with overseas deployment time in a war zone, should be entitled to an education allowance, which should include university to assist them in their future life, and show the countries appreciation for their sacrifice and effort.

could not find anything about Legacy deployments	I'd' like to see the protection of service personnel for all past incidents, that have occurred under government-ordered deployments so our people don't get the same treatment as the Pom Squaddies, who were in Northern Ireland, following legitimate direct or indirect orders from their superiors. Let the Government/Politicians take the blame for what they ordered and not pass the buck onto the personnel on the ground.
The problem is initially respect . Veterans typically don't ask for help until it is to late and even though there is processes in place it takes to long and often they are treated like drug addicts , wife beaters and overall bums. To a veteran this plays at the core of there being, they are proud people in a bad time . By the time we can get them recognition and get them to make sense of everything they are feeling it is too late. I have seen this over and over again and one change will nearly eradicate suicide in returned service men and women. I can testify that when you present to ER with a gold card, your experience is different to when you don't. Furthermore if you promote this sensibility you would find it has an impact on intake into the services For your consideration	When you are awarded the ASM you receive the gold card When you receive the AASM you receive the gold card TPI I know we are moving to one medal but there will be differences as written in the acts
As an Advocate for the RSL the biggest concern I have is the length of time it is currently taking to have Veterans Submissions allocated to a Delegate for a decision [Up to 18 Months]	Ensure that there is adequate/Competent Staff to ensure a speedy process.
One of the many things DVA offered me as a veteran is access to a gym for rehabilitation and general fitness maintenance with an Exercise Physiologist. The introduction of 12 visit referrals means a new referral every 6 weeks (based on a twice weekly Gym visit). While a 12 visit referral is fine for most specialist appointments, the situation with ongoing gym rehabilitation means a mostly unnecessary visit to the GP every 6 weeks to obtain a new referral. Would it be possible to return to a yearly or time based referral in this instance.	A yearly or time based referral.
I recently received a DVA pension and back pay for my hearing loss, and I am very grateful for the help I got from the RSL advocate. The only thing is, now Centerlink has lowered the age pension. I do not believe this is fair.	I don't know how, but the DVA pension should not interfere with the age pension. NOTE by RSL – It does not appear to be correct that this veteran's Centrelink payment has been reduced by his Disability Compensation. Would DVA care to comment.

I have read the 'Veterans' Entitlements, Treatment and Support (Simplification and Harmonisation) Bill 2024 - Exposure Draft' and note on Page 4 (Addressing recommendations from the productivity Commission), Recommendation 14.10 that this Bill has harmonised the funeral expenses and that is has been 'Fully Achieved'. To give some background to this matter, Kevin Rudd stated that one of his goals as PM was to standardise the funeral allowance/benefit for all Veterans. He lied, as it was never done. On talking to an advocate, it appears that this harmonisation does not include veterans with entitlement under the Veterans Entitlement Act (VEA). The current woeful Funeral Allowance under the VEA is $2,000 yet DRCA and MRCA receive a Funeral Benefit of $14,062.53 respectively. How is this acceptable? Can you provide me clarification whether veterans under VEA are included under recommendation 14.10 and if VEA is not included can you provide reasons for this exclusion? I believe it imperative that the harmonisation of the Funeral Allowance is revised to include service members with entitlement under the VEA.	Harmonise Funeral Benefits across all the Acts.
My concern is that I was mentally and emotionally damaged in 1971, in Australia during the war. DVA will not accept that the timing of my damage was done with the exception of a white card for my phycologist's visits.	DVA should be more accepting with the way that the respond to a veteran, speaking to them they just seem to be faceless public servants with idea of communication.

There is a fundamental disconnect at the highest level of the whole legislative reform process. We have bureaucrats involved, we have lawyers involved, and we have many others involved from across the spectrum. However, there are very few involved in any step of the development process who have actually been involved in the execution, that is submission of assessment or appeal of complex claims. I speak here of those at the Level 3-4 advocates, VRB members or legal professionals who ruled at the AAT. It is only those folk who have dealt with the legislation day in day out for many years who can accurately and faithfully identify the pitfalls in the soon to be superseded and soon to be implemented legislation. Similarly, among those aforementioned "drafting experts", there are very few who have served in one capacity or another, and who have dealt with the Department as a customer and, because of their experience, have become experts in unpicking the legislation and overcoming its faults. The Repatriation Commission was established post WW1 to assist returned servicemen to get by or to overcome their injuries. The DVA of today is essentially a worker's compensation system but hidden under a veneer. It either becomes a fully blown compensation scheme like Comcare or it reverts to the original intent, repatriation. It cannot be both.	There is no simple fix but it would be advantageous if those senior legal practitioners who have served and who have experience in the area of claims AND legislation such as Doug Humphries and Sylvia Winter (formerly of the VRB) and perhaps Greg Melick, (former presiding member of the AAT), there are many others, be appointed to review the legislation and the forthcoming submission and recommend which of the those proposed changes will have the most beneficial effect and discard those DVA proposed changes that will either not achieve anything or which will have a detrimental effect.
The process is way to complicated, you should be able to access trained personnel to help you through the process, which are support by DVA. These members should be able to act independently from DVA, but DVA fund this process. These members should be at every single Centrelink office and situated on every Military facility that has Defence members working in their day to day jobs. So if a member thinks they may have a claim they can access this skill set. The medical facilities on base should also be able to refer members to this skill set if they think the member has a claim.	DVA fund trained staff to help military members through the claim process either at Centrelink offices or on military bases. They must be independent of DVA, but properly trained by DVA. They must be at least level 2 approved. Medical facilities should also refer members directly to the DVA represented if they think they might have a claim
The DVA processes are difficult for a reasonable person to understand. To fully understand the processes which are controlled by multiple layers of legislation a reasonable person would have to work with the processes which have become more complicated in attempts to simplify the process. To acquire understanding a reasonable person would need time and a veteran with problems does not have time to process the process while dealing with personal health issues.	1. Simple application form 2. Simply explain what will be required to support the application and how it may be obtained. 3. Confirm the applicant's documentation meets the requirements or simply ask for more details. 4. Simplify the current DVA jargonese to explain in clear and concise words what is required. 5. Approve 6. Turn around for the process should be 1 calendar month.

The VEA has to remain for quite some time. The numbers of Veterans still putting in for VEA compensation etc is still part of the Advocates on going workload. Payouts and pensions should still be offered where applicable.	Counsel Advocates as to the amendments of the three ACTs and allow for discussion and guidance from DVA, RSL and the Advocates.
1. The new legislation does not appear to address unexpected outcomes of surgery/treatment which is available currently under the DRCA, 2. Funeral expenses under the new Act appear to be $3000, whilst under the current MRCA the amount is listed as up to $14,062.53 3. Reference to War Widows under the new Act appear to restrict War Widows to under 65 years of age 4. Additional Disablement Allowance appears to be capped at $933.20 instead of linked to CPI	DVA to respond
The inconsistencies in compensation for veterans and access to support. For example, those on MRCA compared to DRCA have access to far more medical support and children have access to more financial support in education facilities including the RSL scholarships.	Allow those who have liabilities with DRCA with children to have the same access to educational financial support and RSL scholarships.
The legislative framework pre-disposes all actions and all stakeholders toward a minimisation of financial liability toward the commonwealth and forces all discussions toward financial pay-out amounts, as opposed to health and recovery of the veteran as the primarily focus. It results in a minimisation of outlay in the short-term but often then increases the costs in the long-term as the drip-feed of services in a 'just-too-late-in-time' model to the veteran as their health and well-being deteriorates. It negatively impacts the genuinely in need of support veteran's mental health by drawing them into a dollar figure discussion, but then also attracts more of the less genuine applicant by the nature of a focus on cash pay-outs. It is a lawyer driven and lawyer centric model, as opposed to a health / medical centred approach.	Have financial settlement of incapacities as a very distant step in the process of consideration of claims that only kicks in once all available medical and health-based investments have been maximised. The end result may be similar in many cases but the benefits will be: - earlier support intervention and best options for maximised recovery - natural weeding out of less genuine claims by providing a route that is tortuous only for those not seeking to assist in their own recovery - enhanced mental health for all those seeking support because the lawyers are well away from the process and only infect the process when there is a dispute around recovery outcomes
The is not enough info as to how the implementation of the reform and the system to input the Veterans claims and if the system will allow a waiting que ticket for the veteran, as to know where they stand in the waiting line should there be one. How are advocates going to be trained under the new proposed legislation ? what is the proposed timeline of full implementation?	make the new claim system more user friendly and accountable. give a ticket number to each case and live feedback on the development of the ticket in the system. training for all compensation Advocates needs to start ASAP. thanks 👍

Para 449. Sub Mariners needs to be included it Op service South Vietnam for protection of SoP's	Schedule 1 Part 2 para 6 needs to be expanded to cover Sub Mariners for service in Cam Ram Bay in the 80's
When going through the discharge process there was no one to advise me of anything I might have been entitled to. It took until I turned 61 to find out about a part pension and this was only because I attended a platoon reunion. I did not even know anything about claims and delegates. It was up to a mate at this reunion to point me in the right direction. I am a Vietnam veteran and I thought that my total lack of support and information from my service left a lot to be desired. A lot of my physical and mental suffering could have been helped with a little bit of support at discharge time.	Have support available during the discharge process and not like me 50 years too late
I agree with the proposal to have everything into one Act. However, the older Volunteer advocates at the Sub Branch level are under educated in the current systems and acts. There must be a constructive and formalised training program put in place dedicates with "in the field" resources and travelling trainers to educate and support each sub branch before and during transition. There needs to be more resources and funding provided to the Regional Sub Branches and areas. The older generation Sub Branch Volunteer advocates are in their 60's and 70's. They are not up to speed with the ADTP Compensation requirements and the applicable acts MERCA/DERCA that is relevant to the Young Contemporary Veterans from the post 1990's conflicts.	Allocate funding to employ more RSL Queensland Paid advocates. Why, because certain areas in particular Central Queensland there is currently No paid advocates in Rockhampton, The nearest is either Bundaberg or Mackay. The Sub Branches that are seeing more and more Veterans need the support and therefore requires RSL Qld and the respective District Boards to allocate Funding and additional training to the Volunteer Advocates. If also, a Sub Branch (eg Gladstone) has the capability and applicable justification to have a full Time paid advocate. Then its a simple requirement to base the business case on justification. Not about how many are "only budgeted for"? The Veterans need the help! RSL Queensland has the Funding from the Lottery, has the annual funding allocated to "Mates for Mates". RSL Queensland have built new "Veteran Support Centres". Well where is the support in our Region? How about you look at a feasibility plan to build one in Gladstone? That is centrally located geographically, has a large and growing Veteran Population and can service the Region? Or give some funding to Sub Branches to employ and train their own Advocates to the applicable levels.
The lack of clarity of available services that ex service members can obtain. Also the length of time it takes for claims to be processed and a decision to be made	Faster processing of claims and more visibility of the services that all veterans are able to access
Rifle company Butterworth veterans have been ignored by the government the last review into war like service was a sham the evidence provided by the veterans team was overwhelming and yet ignored by the government the veterans of rifle company Butterworth need to be recognised for their service and each one of them need to be awarded the AASM .	Award the RCB veterans the AASM.

Discharged 1990 had a motorcycle accident 1975 while serving in the RAAF. A year later complained about pain in both knees. The RAAF Doctors made a comment on my medical documents that I was a malingerer , blunger try to get out of work. After discharge I visited a real civi Doctor and told him that I had a motorcycle accident and I am suffering with knee pain. The GP asked me so " where are the X rays ? There were none. I visited Surgeon Dr John Dodsworth and I had an arthroscope to both knees 1993 and again 1995. after that nothing. 2015 I put in a claim for knee replacement. 2017 I had my left knee replaced but not my right knee still waiting. I have back, shoulder, hip pain but my claim was rejected. I have tinnitus approved, gourd approved, PTSD, chronic depression, anxiety, alcohol abuse (self medication for pain relief) I have had 2 attempts to commute suicide. 2017 while I was having my knee operation my wife (Robyn) was sent a message by phone that I must attend to see my Psychiatrist in Cairns, Have a hearing test in Innisfail (100 klms from Cairns) and see my GP that was in Malanda (100 klm away) all in the same time I was having my knee replaced. My wife phoned my case manager DVA and told her that I will not be able to visit my appointment due to the fact that I was in Cairns Private Hospital having my knee replaced. The lady from DVA told my wife that she didn`t approve the operation and that Peter is going to pay for the operation in full. When I returned home some months later my wife told me what had happened with DVA this triggered me to try for my second suicide. I am now heavily medicated to help with my mental problems, Am I in good health NO. am I living a normal healthy life NO. I am still in constant pain in my right knee, lower back, both shoulders and my neck. High blood pressure, diabetic type 2, gout, Poor hearing . blind in my right eye. I have become a recluse I don't leave my house, I don`t talk to any one, I don`t socialize everything I do hurts. I life worth living NO. Why am I not dead ? My wife and 3 boys keep me alive. If I kill myself my love one will suffer and I have suffered enough with out hurting any more people.	I asked the Hon Bob Katter MP to help me in my darked hour 2016 my first attempt at suicide. Bob visited DVA Brisbane office to see what is going on and who he could help me. I was given a copy of the letter Bob sent to the Minister of Veterans Affairs. Bob asked the staff working for DVA what do you do at DVA ? I just process claims Do you know who is the claims for ? NO it is just a number. Do you know what a Veteran is ? NO. What do Veterans Do ? NO. Bob also said the average age of the DVA staff processing claims was under 30 years of age. I would like to see ex DVA Veterans members of the DVA staff. I would like to see staff have the knowledge what the ADF Veterans did and sacrificed for their Country Australia. How many Veterans have died to suicide since the end of Vietnam War ? Sow some compassion to fellow Australian, We are NOT trying to rip off the Federal Government Veterans just want to able to member of the community. Australian government sent DVA to fight wars and when they returned they came home broken, Some have retuned home my in their mind they are still at war. You broke them You fix them. Stop the delays, denying, deleting claims. Stop the bull shit, process claims with speed. Don`t make the Veteran fell like they are less of a person because they want help. We served our country with no questions asked. Why is DVA putting up road blocks and hurdles that we cant pass. Why do we have to visit GP, X rays, Ultra sounds, MRI`s, just a bloody merry go round. I am now 67 years old and the fight in me has gone, DVA has broken me both physically and mentally. I GIVE UP. I also have problems finding GP`s that are DVA approved WHY ? I am on medicinal cannabis oil and I can`t find a GP in Gladstone Qld to give me a script for cannabis oil. I have to use the internet to have a script filled monthly and have my medication mailed to me from NSW, WHY ? This problem has been ongoing for 34 years for me. How to fix this ? is going to be just as hard and the question What is the meaning of life ?
I agree that legislation needs to be simplified but am concerned that government/DVA is only looking to simplify it for their own purposes, ie, cut back of staff, cut back on DVA payments etc. Centrelink use a 'grandfathered' system and I've personally experienced its failure due to a 'grandfathered' check box not being 'ticked' when transferring records from one account to a new account. I also have concerned that those with 'war service' entitlements at age 70, aren't fully mentioned and are likely to the ones affect by the 'grandfathered system'.	I have no 'solutions', just concerns. Having served for 20 years, been involved in ESO's for 30 years, having spoken to many veterans, I think it could be more beneficial to government/DVA to have a simple system, 'war service or 20 years service' = a gold card immediately on separation from the force - most I have spoken to over the years complain that their injuries aren't treated and whinge about the process of applying for a card to simply cover their injuries now and into the future. Claims for pensions would be up to the individual, but I know some who say they wouldn't claim if they received paid treatment. Or drop the 'age related gold card' for war service to a more workable age, such as 40, when many service related injuries start to affect lives.

1. It appears throughout the changes there is no clear indication on what is occurring regarding the VEA Alone factor for special rate (TPI) change. If a client has all current claims within VEA / DRCA but submits a new claim with evidence occurring with a VEA service period this will then become a MRCA claim? If this is the case it will then most likely have an drastic effect on the Alone Factor and achieving TPI at a later date. If DVA is viewing this as removing TPI decisions and replacing with SRDP than this will have a massive financial implication on the veteran as TPI is not offset against CSC pensions however SRDP is. Veterans are seeking clarity as this topic has not been address in a public forums to my understanding nor can I find a reference to it. There are thousands of young veterans with limited service after 2004 but had VEA service in the East Timor, Bougainville, and Middle East period that could still apply and access TPI pensions. 2. Eligible Young Person payment - provision of this payment to VEA / DRCA veterans that submit new claims under the Harmonisation MRCA claim system. Will this change see veterans able to apply for a Combined (or new just MRCA) assessment whereby a veterans exceeds 80 points and entitled to EYP?? 3. Will the term TPI remain - The Australian commercial seems to only know and accept the term TPI. Will new DVA Gold cards all now change to SRDP or is DVA going to remove SRDP and bring the term TPI forward. It sound like a very easy question but I can assure that it is a big issue. It seems that the balance of opinion is to retain the term TPI (CSC also uses such a term) and close out the term SRDP as all current cards for both Acts reflects the term - TPI. 4. House Hold services - The current MRCA policy is based around a veteran living in the a house with a lawn, pool, gutters and garden. There is a predominately high younger Veteran population living in high density and this will only increase. Access to many of these locations involves confined movement, stairs and load / unload access. 5. Overhaul of the RMA policy regarding the assessments / application of Reasonable Hypothesis and Balance of Probabilities (also noting that this must change as Reasonable Satisfaction will be removed when closing out DRCA). 6. The New Harmonised MRCA should also see a renewed RMA body as the current organisation has zero lived experience or current ADF relevant information to drive SOP changes.	1A - A possible solution offered is that with making changes to the MRCA, consider the removal / de-linking of the SRDP offset. This would benefit all Veterans and would also be a substantial transformation in the decision process during a veterans service journey and provide a beneficial option to accept a disability pension rather than a lump sum. This change would provide enduring financial support and enhance future recommendations from the RC. If the new policy is applied to Veterans that could have applied for TPI but now cannot - this may result in a class action which would not be very helpful the health and well-being of the Veteran community. 2A. Extent EYP to the VEA / DRCA veteran community when the veteran either requests review of conditions (increase to General Rate) or new claims submitted. 3A. Abolish the term SRDP and revert to TPI. 4A.A suggest enhancement of HHS is provided as follows: deliver and removal of essential items (fridge, freezer, washing machine etc), grocery delivery costs, and gym subsidy (to encourage Veterans to exercise and engage with people noting many can not have pets). There should also be a consideration or different assessment when Veterans are in a relationship together and service accepted conditions. 5A. There must be a governing body including Veterans and Current ADF training policy that enhance the RMA framework as it is currently completed outdated and affecting DVAs ability to increase claim output. There must only be 1 single assessment guideline as ADF members train for operations and therefore loads, exposure and occurrence are just as relevant in training as on operations - it should be noted that many Veteran might train for 10 years (or more) before an operational deployment. Using the Cervical Spondylosis SOP as an example (loads of 15KG between neck / shoulder - RH versus 30kg on the Head -BOP) it is completely unfair and does not offer the veteran procedural fairness. 6A. Minister Veteran's Affairs to appoint a new RMA board to ensure an even balance of Medical and Military Experts to ensure that policy aligns with current training, equipment and exposure factors.
All returned veterans should automatically receive a Gold Card.	Legislation to be changed.

It appears to be as plain as the nose on one's face that the current pathway for seeking assistance from the DVA is not working and has been this way for decades. Why is it that the majority of suicides going all the way back to Phil Thompson can be attributed in some way to the DVA	Draft new legislation
Having been involved with Sub-Branch administration for 18 years, 12 of those as Sub-Branch president, I found the biggest problem faced by veterans applying for benefits, for whatever reason, was the lack of communication from DVA.	When DVA receives a claim, someone needs to immediately contact the veteran, explain the process which is about to start, explain the time it will likely take and leave a contact name and phone number for the veteran to call for any or further information. The information available to the veteran should include a regular progress report.
Whilst the grand parenting provision for VEA claims is good, the new legislation should give current claims the ability to elect to use new provisions such as lump sums for old claims. The grandparenting would in some case continue to disadvantage the already exist for these recipients	For those with current recognised claims under the VEA they may elect to receive enhanced provisions under the new Legislation or retain current disability pensions etc
Lack of welfare support and lack of and miscommunication.	More advocacy, wellbeing and welfare support urgently required.
I have a friend who is an ex service person and has dementia he is now in an age care home at $200.00 a day. For WO1 person who spent all his life in the army now the DVA say they are unable to do anything. He has a gold card.	RSL should be able to help in him and his wife in some way.
Simplify the acts--VEA-MCRA-DRCA	No matter where or when you served, if you are affected by injury or disease, in War like service or not, eg. Solar exposure, Skin cancers, Melanoma, Eye damage or any service related incident should be accessed under one rule, not three as is the case at present. DRCA members are grossly disadvantages in not having Gold Card possibility.
Good afternoon, my main concern is the lack of support for are soldiers mental well-being. The lack of mental health support in defence concerns me, I myself am a veteran who became extremely mentally unwell, during my time in service, during my time in service, there was zero support for my mental health, an I had to be medically discharged as a result of this.	There needs to be more rules set in place, to better help prevent poor mental health. Early intervention is a must ! An early access to services is also a must, main services I have found most helpful in my recovery, DVA, CSC, RSL & Mates4Mates. Early intervention is a must, this will ensure that are current & future soldiers are looked after ! This will prevent the ongoing numbers of soldiers having to be medically discharged, due to the lack of care, of poor chain of command.
Providing genuine and reliable support to the aging veterans like myself, I find myself at the end of my tether with the cost of living, the crippling increases in my rent and now we've been informed of the sale of the house we rent. I have no idea how we can get through the current situation and don't know who to ask for help.	Of course financial support would be the a major step in the right direction but also the need for a advocacy person we can ask for advice and help with our overwhelming situations.

National Servicemen who compulsory served are continually being ignored	Gold card for ALL who served their enlistment terms
I have 3 accepted claims under DRCA with severe disabilities/points. I was hoping to change to VEA as my injuries were done before 1994. As I was a reservist and had done f/t duty as I was unemployed at the time, I cannot transfer to VEA. I was trying to have my pension with DVA instead of Centrelink DSP.	DRCA really isn't a fair Act
We do focus on Veterans who had lengthy military service however those with short theatre experience also suffer post leaving the Services because of their personality changes e.g. Become OCD, work best in organised/hierarchical environment (few out on Civvy street particularly in this wore society) and miss the military conformity and predictability....Please understand that these Peace time integrations into non-military environments can drive stress and frustration also as Civvy Street is far different and lacks the team work and mateship of the Services.	Include ability to integrate into non-theatre of war as a reason for stress, anxiety, frustration all that can also lead to frustration. The legislation should not just consider involvement n War situations (although that is the greatest commitment a person can make) but also about lifelong Civvy Street integration because of the personality changes during military service.
I'm concerned that veterans have to fight so much to get entitlements from DVA. These disputes can take years and have a devastating effect on veterans, who sometimes get discouraged and unfortunately don't continue with the journey all the way through (i.e. abandon or suicide).	Instead of DVA beginning from a position of not trusting or believing veterans and taking years to verify claims before payment, how about a 180o shift to beginning from a position of trust and belief? As a standing principle, veterans are honourable people and have been trusted with operation of millions of dollars worth of military equipment. Why doesn't DVA believe anything that they say? Why not DVA believe everything that veterans say and immediately pay anything that they ask for? DVA can then spend years verifying claims if they like, or even better, not bother verifying. Most veterans I know would be ashamed to ask for help. It might sound crazy but the reason I suggest that not verifying claims might be a possible course of action for DVA is that I honestly think veterans as a whole are trustworthy people and can be believed. Of course there will be liars and cheats, as there are in any group, but fraudulent claims from a trusted group of people would be minuscule, or at least, would be less than the cost of wages for DVA staff to thoroughly investigate every single claim that gets put before them. Fraudulent claims probably have some telltale red flags, so perhaps just these doubtful claims could be investigated instead of every claim. This approach would be both speedy and cost effective.
I was with 6RAR in Malaysia 1971-72 and did two tours of Butterworth Airforce Base with Rifle Company Butterworth. A tribunal early this year made recommendation that our service at RCB was hazardous, dangerous and should be classified as warlike with those entitlements.	The tribunal spent considerable time and effort to come to those recommendations, I would like the government and especially RVA to honour their results.

I have previously applied for a review of my payment in relation to skin cancer and in response to undertake a hearing test and tests for all over conditions previously accepted. This type of response deters you from submitting a review of your impairment. This type of response is upsetting and stressful.	If you ask for a review of an accepted condition only the condition you are nominating should be addressed.
Veterans concerns are not treated with the urgency, understanding or compassion by the public servants within the DVA who lack the necessary familiarity, knowledge and experience with an often particular and complex range of issues and circumstances faced by service men and women .	Public Servants within the DVA should consist of greater numbers of ex service men and women or those related or familiar with the same.
I am an Australian citizen. I am a British army veteran serving in Malaya, Hong Kong and Germany 1952 to 1954. I am not recognized as a deserving veteran by Australia..	You tell me!!!!!!!l
I was badly injured in the army. I have a white card. Which is the biggest joke in the defence force . Most medical departments won't accept it as its to hard to get payments for. The gold card should be for all personal in the defence force as we sacrificed our lives for Australia. I always use my Medicare card.	Get rid of the white card and give every defence personnel a gold card
My main concern, as a Veteran under VEA, is that none of our existing entitlements under the current VEA will be eroded by the planned "amalgamation of the 3 Veterans acts into a new one! This happened when MRVA and SRCA were legislated." to those Veterans not subsequently under VEA.	That existing VEA Veterans entitlements and processes to add additional conditions will become more complicated under the planned Veterans Compensation Legislation.
DVA GST free cars. Is the car a motor vehicle that can only carry a load less than one tonne and less than 9 passengers. This definition should be changed by an emended legislation wording.	could read eg . Is the car a motor vehicle that can carry a load of no more than one tonne. Or read eg . Is the car a motor vehicle the can carry a load no greater than one tonne. Or read eg . Is the car a motor vehicle that can carry a load up to one tonne. The effect of the current wordage means that a carrying capacity of 999.999 kilograms is compliant but if the carrying capacity is exactly 1000 kilograms is forcing TPIs to pay an extra $ 6000 plus to the ATO for their supposed GST free entitlement vehicle purchase.

My own experience with DVA over many years have not been great I must say. My reasons; 1. It all takes too long. I have all my service medical reports which are quite comprehensive and clearly state my issues, however, the process for lodgement etc etc is far far too long. While my issues are clear and precise, DVA does not keep the pace. 2. When you claim for a medical or other issue, you should be allocated a face to face delegate who looks after your claim/issue for the entire process. I have unfortunately been dealt with many delegates, who are actually not even in my state. 3 your delegate should always be in your state. I have dealt with my delegate for many years, who is in Sydney, while I reside in Victoria. These should be face to face, not phone or e mails. 4. The Presumption of injury or cause in your agenda is a great idea, which should be adopted without any objections. My example of this is as follows; 1. No one has asked me what I did in my service life! Which is odd. If one is a cook, or a stoker, or even a diver, there are so many variables here which should be considered. This includes the Army, Navy or Airforce. I hope this helps. Face to face with your delegate is vital	The presumption of injury as stated, is a must and will be supported by all. Cut out the long process, is a Must. we served because we cared.
Entitlements should not be limited to service members with " war service " only. Many allowances and entitlements are for those who served outside Australia.Reservist members were NOT required to serve overseas prior to around 2000. Reservists on full time duty do NOT receive any pension or superannuation and this is not right as many reservists did Not get full time civilian jobs so that they could be professional soldiers in the Army Reserve. This has never been recognised by defence in financial remuneration .Simply they offered a lower pay rate and called it " Tax free" with a limit of 150 days per year maximum.	Have no distinction between service members , having served in war like zones or not, being reservists or full time . Treat all service members with the same rights and renumerations.
Hi am a veteran and have bad PTSD and am currently hospitalised for suicidal tendencies this is due to continuous flashbacks, sweats and nightmares over my service in East Timor help from the RSL and DVA would be greatly appreciated both financially and mentally.	More access to mental health services easier access to mental health services and financial support for people that are struggling that are unable to like myself to get a job and have to live on a small Centrelink DSP pension.
I believe that members (especially National Service members) should be given the same rights and privileges as those members that served overseas. I would like to note that we served our Country and would have gone overseas to fight if required to do so.	Give every white card holder a gold card with the same benefits as current gold card holders. White card holders in a lot of cases have gone through more stressful times than some gold card holders.

I find in the past the DVA has been very slow to reply to any issues a veteran may require , this makes the concerned Veteran angry, it seems the staff at DVA have been taught this method hoping the complainant will give up. I recently applied for a Mobility scooter for my ongoing issues which I'm afraid are not going to improve I am 76 years of age, it took 6 months to get this issue sorted out through my Occupational Therapist, all I got was lies, lies, lies.	I think there has to be an investigation in the behaviour of the DVA staff, I believe there could be a Special support worker allocated at each RSL in Victoria, When I was in a Vietnam Veteran organization in West Gippsland For a few years I was a Pensions officer, and I told all my clients don't be disappointed because your application will not be accepted the first time around but maybe the second or the third time around. in my opinion this was disgusting, now I hear it takes years for an application to be looked at. What is going on?
I have recently tried to investigate applying for a veterans card on line not so easy directed from My gov to ,my govID , to service vic, AND BACK AGAIN around and around we go	NEED LESS SMOKE AND MIRRORS may be a call back to staff would be best
Younger vets have unique needs that require specific solution I see a role for rsls to entice this group using pints of contact other than alcohol and or gambling	Create contact points that entice this group to participate Perhaps with a modest incentive be it money or points Create discussion groups to tease out possible approaches. Alter the approach to this group to be proactive rather than reactive
My concern is that I was involved in a MVA after leaving the RAN, which has given me life lasting disabilities. These disabilities are life changing and require further medical attention on a regular basis. I am concerned that being a DVA Gold Card recipient will not assist me in my future years.	My disability should be recognised under the DVA Gold Card and any future medical treatment that is deemed to be of necessity be completely covered by DVA.
Only one concern. Abolish the white DV card and all ADF past and present should have a GOLD card with out discriminating between overseas service and Australia based service.	As above

Currently and over the past 17 or so years I have been very well looked after by DVA. My one big concern that I had before that 17 years was that I was working full time, particularly since leaving the RAN in 1984 and did not have any idea in any way of any entitlements that I may have had. At the age of about 60-61 or so I was advised to approach the RSL Advisory committee in Sale, Victoria. Upon consultation with them I was educated as to what my entitlements were and how I was entitled to compensation for my hearing loss and other matters. From 1984 to about 2007 and up until then I had no idea. I was then guided as to which forms to complete and since then have received great support from DVA. I am unsure as to when I received my White Card and compensation for less that 50% hearing loss, due to my military service, but since then I have received my Gold Card and have found out that my hearing loss has now increased to 70%. I am unaware if my compensation payments have increased to cover this loss apart from the normal financial increases to pensions etc. To sum up, the one main recommendation I would like to see introduced is to have some form of education, information criteria for all serving members prior to leaving the service and continuing afterwards.	I would like to see introduced is to have some form of education, information criteria for all serving members prior to leaving the service and continuing afterwards. As I said above, I "payed-off" at age 38 and worked full time until age 73 it was not until those final 13 years or so that I had no idea of what I was entitled to. In recent times since living here I have met one particular ex-Army man and have mentioned to him of my experiences and how important to him it would be to have some form of communication with DVA. I believe he has not done so as I think he is too scared to do so. Another example is an ex-British Army man, age 92 now permanent resident in Australia with his family members. I have tried to encourage him to speak with someone about how he can engage with DVA. So far no luck, I think he too is reluctant. An Aunt of mine early next month will turn 100 years of age. She served in the RAAF during WWII but did not leave Australia. She lost her Husband about 9 years ago and he was a veteran of New Guinea conflict during the WWII and as far as I know she has never been offered any assistance from any organisation their entire lives. The lines of communication surely must be improved some where along the line.
Evidence at the RC and lived experience shows there is the certainty that a person in the Army and Navy will be injured during service; perhaps less so for the Air Force. There is near certainty that a person will be injured on a number of occasions, there is a likelihood that a person will receive life changing injuries during service, and occasionally fatalities occur. And this is during training let alone on operations! This is not reflected in the Draft. There is no recognition that ADF personnel give up human rights in order to service effectively. There is no recognition or acknowledgement that ADF personnel are entitled to a similar standard of living to their civilian counterparts despite short, long term or cumulative injuries. DVA should not be developing the legislation. DVA is an enabler not a policy making organisation. All responsibility for the legislative development should not include DVA, and organisation that the RC has shown to be malfeasant, negligent and inefficient. The original concept for harmonized legislation was that a soldier could, without prejudice, enter his claim via and ADF terminal with an immediate response. This is not a consideration in the draft.	Presumptive legislation. Defence Personnel and Veterans would be reassured that despite the certainty of injury at the completion of their regular service that if these illnesses and injuries were considered to be normal, they were automatically noted on their discharge papers and medical documents. On discharge, the service person would receive a cash payout, in accordance with current legislative payouts automatic for these injuries. This is recognition that military service is difficult and dangerous and also provide an incentive to stay in the service. Such injuries are: • Hearing damage i.e., use of firearms, shooting, explosions either caused or subjected, live fire of heavy weapons such as mortars, anti-tank, tanks round artillery etc. exposure to high-speed wind and water exposure, use of demolition and explosives and live fire in enclosed spaces; • Skin damage due to constant exposure to the elements; • Illnesses such as malaria, Berri Beri etc; • Back, shoulder, neck, knee, and ankle injuries due to Physical Training (PT); • Back, shoulder, neck, knee, and ankle injuries due to load carrying over distance training for courses, deployments, and promotion; • Combat and combat training injuries. The action recommended for immediate implementation is:

There are no performance metrics or lines of responsibility for DVA. There is no fusion between ADF and DVA for claims or Transition. Draft retains legal barriers not encountered in equivalent government legislation such as COMCARE. Shopping MRCA V2 is not harmonisation. Indeed, such is the degree of evidence and the detail that a completely new series of legislation is required. Such is the Veteran mistrust in this process we believe that this new legislation is being used to erase Case Law and legal precedence. Timeline for consultation is ridiculous! The RSL mantra should be: a. Service in the Australian Defence Force should not incur a compromised quality of life. If they are injured, then we are, as a Nation, are obligated to look after their interests and that of their families. b. When a service person leaves the ADF they must be transitioned effectively to enable them to fulfill their potential in the civilian environment with the consequent benefits to our economy and society.	• When a claim exceeds 100 days: a. If the member is a Veteran i.e., he/she served; and b. Injury was as a result of service, an AC 563 and/or a Sentinel report is supplied – compulsory; and c. The injury was reported to and diagnosed by a RMO or MO or any Doctor with a medical report; and d. Injury diagnosis was supported by any specialist report, that specialist report does not expire; then e. The claim is immediately accepted.
Commencement date should be earlier, 2 years is a long time in a veterans life.	Commencement date no later than July 1, 2025
I have been TPI Gold Card since 1999 and I was medically discharged from ARA in 1998 after being diagnosed with PTSD, and a number injury claims. I served in the ADF from June 1980 as Army reservist then enlisted in APR 1981 as ARA served 17 years as an Infantryman. 3 years ago I put in applications to have my injuries re assessed as in 20 odd years they have worsened to a much higher degree than they may have without my Service. My problem is why is it taken so long to have this decided even now it hasn't been assessed. I would not want it to have taken this long in 1999 and it didn't . So I also wouldn't want to be a younger veteran waiting on decisions from DVA. So I am probably the "Lucky" one ? since dealing with DVA over the last few years I believe I have been allocated a different delegate about 4 times!	The Federal Government needs to spend more on DVA and the employees of DVA need to be better trained, speak good English as we are in Australia, stop making the Veteran do all the work, use telecommunication i.e telephones, easier to contact through and not rely solely on computers to obtain and disseminate information.

Between the years of 1966 to 1972 approximately 870,00 Australian men turned 20 years of age. Approximately 63,000 of these men were conscripted by way of a ballot into 2 years of compulsory service in the Australian armed forces. When National Service was reintroduced into legislation in 1964 Australian Prime Minister Robert Menzies declared that conscripted soldiers would be treated no differently to regular soldiers. It is no coincidence that Australian troops were serving in support of the USA in the Vietnam war during those years. After Prime Minister Holt declared that "Australia would be all the way with LBJ" 19,500 of those men served in Vietnam. Those brave young men received no thanks from the general public of Australia but did and thankfully do receive support through the Department of Veterans Affairs. The remaining 43,500 serving soldiers received no thanks, reparation or benefit of any sort for the 2 career interrupting years of their young life, taken from them. The legislation which benefits Veterans is currently proposed to be amended and consolidated through a drafted Veterans' Entitlements, Treatment & Support (Simplification and Harmonization) Bill 2024. Comments on the proposed bill will be received by the government until 28 April 2024. This Bill is intended to result in an improved Military Rehabilitation and Compensation Act 2004 (MRCA) The Veterans Entitlement Act 1986 and the Safety, Rehabilitation and Compensation (Defence-related claims) Act 1988 are proposed to be closed to new claims when the new Bill in enacted into legislation. As things are, the remaining estimated 30,000 of those 43,500 serving soldiers mentioned above are excluded from the benefits enjoyed by all veterans. The proposed MRCA does not appear to define a Veteran. The general community wide definition of a veteran includes all people who have served in the military forces of Australia. This is a definition which should be included in the MRCA. The Nash Fair Go organisation has been formed to represent the 30,00 or so former National Servicemen still living, under a National body and State sub-committees. More than 3,000 men are paid up members including over 3,000 in Victoria. Surely due consideration must be included for all National Servicemen who involuntarily gave up 2yrs of their lives	All National Servicemen who involuntarily gave up 2yrs of their lives should be entitled to free medical & Dental
I am supportive of the new legislation as it removes the complexity of the current Acts. As a former Army member who started military life in the very late 1960s in the CMF, then from 1973-1980 in the Regular Army, and then from 1984-2019 in the Army Reserve, trying to get recognition of Defence related injuries has been a very difficult process and still not resolved. I've had a claim in for serious back and hip issues for 2.5 years and still waiting an outcome. Fortunately hearing and tinnitus issues are being attended to by DVA.	No issues in this area.

It would appear that DVA claims are taking longer and longer to be processed. Former colleagues have told me their claims were finalised within a couple of months of submission. Now I'm being told my claims won't be looked at for more than at least 18 months or more due to the number of claims nationwide. If the current workforce processing said claims is that undermanned why aren't more people employed to ease the congestion? Surely this type of thing is yet another contributing factor towards stresses felt by veterans at all levels!	Expand the workforce that is processing DVA claims to ensure a more prompt solution.
I have read all 100 pages of the proposed bill to end current legislation and replaced those Acts of Parliament with a new single act of Parliament. The currents acts give no recognition to or apply to those 30,000 or so remaining former National Service soldiers who completed 24 months of compulsory service between 1965 and 1972. Any new legislation should be drafted to include those former soldiers in the benefits available to all veterans. In 1964 when Robert Menzies introduced the legislation which reintroduce selective compulsory national service he said that all those who were called we be treated similarly to regular soldiers. This did not happen then or now	Draft the new legislation to include all people who have served in the Australian Military, without exception, discrimination and without exclusion. Remove all and any reference to dates and times of service
I am on a CPAP Machine and don't get any support from DVA . Why not I have a white card that covers me for skin cancer only.	It would be a help if I was covered for CPAP Machine and parts as I am on my 4 Machine at the moment
I joined the Army in October 72 to 75, There was a common catchphrase, by all NCOs and Brass, (have a smoke or go through the actions) , I never smoked prior to joining the Army except once and made me quite sick, but after joining, if you didn’t smoke then you got all the jobs needed to be done in the time others had their smokes. I soon got cheesed off with copping all the extra duties while the smokers sat on their arse, so after numerous attempts of pushing myself through nausea feelings of smoking, I eventually became addicted, and from then on no extra duties, by the time I left the Army I was smoking a 30 pack a day and as the size of the pack increased so did my smoking habit increase to 50 per day. I now suffer from Asthma Hayfever and Breathing problems quickly gasping for air after doing little work. I never put a claim in for it as it was knocked back as a failure to Army regulations, because it wasn’t an injury incurred on exercise or deployment. But it was in a way forced upon us as already stated	Duties should be spread evenly across the entire section/ platoon or company, whether you smoke or not before joining the ADF, as I presume the same applied to all Services

many Vietnam veterans were never advised about rights and help available to them.	it is to late
The length to accept claims in the process. My last one took two years from re submission after advocate failed. Once process starts it doesn't take long	Better contact with veterans who are waiting as I literally only heard once in two years from someone in DVA saying my claims had progressed and been received
My father suicided after Vietnam	More ….. MUCH. MORE discussion, counselling, stigmas of needing held Make people more at ease about discussing anxiety without it being passed on to supervisors
Compensation process is too complex	SOPs are far too inflexible, outdated and excessively prescriptive. EG medial ligament damage in knees can lead to a knee replacement but are subject to separate claims processes. GPS object to the ponderous filling out of forms and some vulnerable veterans find it difficult to navigate and negotiate the processes. DVA is a typical bureaucratic monster. IE. any problem is fixed by employing more staff not by common sense.
Grandfathering, if I am VEA but cannot be assessed as TPI due to stand alone clause, can I be reassessed under new legislation for TPI or whatever it's called?	Take the ridiculous stand alone clause out of the VEA, or reassess under MRCA or new MRCA
Please teach legislation authors how to structure legally correct legislation and not recreate the DVA clogmire that I had to live through after my retirement from the ADF. I mean the Disability Pension Legislations which nearly cost me my life by self infliction and bankrupted me and my wife and I'm still paying for it in health. I have had an apology from the DVA QC in Melbourne for being correct in my interpretation of the relevant legislations and that both, the DVA and the TTGRSL DVA rep. Therefore I will find about $24,000 in my TPI account, which it was but I dont know if it was hush money or refund.	In about 1964 when attending my first promotion subject "C" Mil Law course I was told by our instructor from UK that our government will send me to skirmishes around the world, but my biggest war would be at home called "The Polly BurroWar". What has changed? in 59 years? NOTHING!. As I stated previously, teach the Legislators how to structure legally correct legislation and not leave them open for editing by self promoters.

1) This legislation is couched in legalese terminology that will create confusion for those not familiar with such speak. ie most veterans. 2) there needs to be a "no harm" clause in the legislation. 3) Due to the rushed nature of this consultation process, one has to be suspicious of the content of the legislation.	1) This legislation needs to be drafted and presented in Plain English language, for easy understanding by all users. 2) this is to ensure that any veteran with claims under VEA or DRCA or MCRA are not disadvantaged in any way with the introduction of this new legislation. 3) I would recommend that before we agree to anything that is put to the Government to become legislation that we use an Industrial Lawyer or someone qualified in this area of law to read the legislation in full, to ascertain the correctness of the "word of Law" v "the spirit and intent" of the legislation. In any section of the legislation, we might mean one thing to occur, but the government may legally interpret the wording against the "Spirit and intent" of that particular section, to the detriment of the veteran community.
Darwin a RSL . Make it the best in Australia . Make it welcoming to all peoples .	As a veteran we need to look after vets and there families . Make Darwin great again .
Hundreds of blokes from 8/12 MDM regt have killed them self	When discharging from the army you should have a internal interview with the RSL and DVA made compulsory, so they know what help there is.

Please enter your feedback here:
After undertaking TIP training in VEA, MRCA, SRCA and being confused by the complexities of those various and subsequent Acts that apply to Military Compensation, I can only hope that the establishment of a single Act is definitely going to occur and happen quickly, to assist future and current applicants for compensation.
I was discharged 10/04/1968 after serving 20 mths.of 3yr.enlistment ara.reason for discharge bad quality of service,i had a doctors certificate while on leave for 4 days.on future enquiries I was told I should have been discharged medically unfit for service. I am not entitled to a service because I didn't serve three yrs.ihave a white card for hearing loss sustained at rifle range at recruit training. I would be grateful for any support to assist me in retirement.
The RSL make it nearly impossible to volunteer. I tried for nearly 12 months, to no avail. I'm no expert but I'll guarantee you Loneliness is the single biggest reason for suicide, yet I couldn't find out where to offer my services. maybe I'm not the right person but I do volunteer now at RSL Lifecare; through no effort of RSL. people are fed up with laborious websites that are for all practicality useless. For ALL services you intend to offer, MAKE IT SIMPLE

As a very injured veteran, covered by DRCA only I am happy for this. I will wait to see if this will become the answer to a lot of the ongoing issues caused simply by the dates I served.
My personal treatment has been absolutely shameful and disgraceful over the last 4/5 years, claims being determined and denied by people who have never served, and I doubt have any medical qualifications what so ever. These case managers hold veterans livelihoods in their determinations sometimes solely relying on an inadequate and incomplete rap reports, “it is well know army’s reluctance to X-ray and the raps main treatment is ibuprofen, Voltaren gel liniment and a chit for restricted duties until symptoms have subsided/gone then back to lines” unsympathetic treatment constant long delays and the lack of communication as well as the attitudes of some case manages from RCG have at times had me with thoughts of suicide. The attrition rate, especially of army are at an all time low and members choosing to discharge due to conditions and treatment. This all has to change veterans need to be treated with respect and more then just as a number…!!!
Are resident in Australia, Allied Force members,to be included in this legislation? They are tax paying members of Australian society, & often Australian citizens. DVA currently, will not deal with allied personnel.
I was medically discharged from the Defence force in February 2019, I found it difficult to navigate the DVA claiming process. I only had 2 claims in, I am reluctant to pursue any other claims relating to the previous claims, because of the process involved. I also have a lack of confidence in my DVA representative. I have on going issues which DVA is funding.
All veterans over the age of 75, should get a DVA gold card. All survivors of major incidents (eg. major ship collisions, air crashes, incidents involving death or injury when on the training field etc), should also be entitled to a DVA gold card. Anyone injured or who survived an incident where a death(s) occurred, should be given a DVA gold card.
I have always believed that a revised and updated existing VEA, taking and incorporating all existing entitlements that are better from the other acts, would be best. Simplification and Harmonisation in 327 pages? Are any existing entitlements to be reduced or eliminated? Does the draft honour the spirit and letter of the Australian Veterans’ Recognition (Putting Veterans and Their Families First) Act 2019 and its Covenant?
Older Veterans who are covered under the VEA are at risk with the removal of any grand father clauses. Would this new act require any assistance to be re approved. The biggest problem now is that the definition of Veteran has been changed. Vietnam Veterans covered under the VEA are all now in their 70's, why change things for them. Previously any Veteran was entitled to a Gold Card at 72 years of age, would the new act get rid of this or would it mean someone who served one day or was even in the reserves be entitled to the same benefits as someone who actually experienced war like service

As an ex serviceman with 23 years service in the RAE who is classified as having Hazardous Service while on Operation Salam with the United Nations Minefield Clearance Training Team and being 72 years old I feel I should be entitled to a Gold Card. I am either a Veteran or I am not, to say I am not because I did not go on operations at war is an anomaly that is not only unfair but wrong, thank you. Phone 0457009309
For your info, I have included two recent emails to Matt Keogh MP which are pertinent to your request for feedback. I refer to the email below sent last Thursday, requesting support for Veterans to understand and respond to your recently released 'The Veterans' Entitlements, Treatment and Support (Simplification and Harmonisation) Bill' - thus ensuring veterans are able to fully comprehend the proposed Bill and how it may effect the future of current serving Defence Members, ordinary Veterans and retired Veteran Superannuants. As stated, I know you are a busy man, but I do not believe it is too much to ask for every assistance be made available to the Veteran community to ensure that the proposed legislation is 'fit for purpose'. ie The safety, security and financial and medical support for all veterans going forward is safe guarded. Please respond to my emails outlining what measures have been implemented, or are available to ESO's, Veterans and Serving Members to seek legal and other aid to assist in establishing a just and robust Veteran centric Legislation. I believe time is of the essence in this matter !! Dear Sir, I have spent some time this morning looking through upwards of 1000 pages of information, Legislation Reform Explanatory Documents, Draft Legislation, Guidelines on submission process, how proposed changes are to impact Veterans, and many other references provided - meant to assist and define the proposed legislative process. I must say, the Government has unlimited resources to generate huge amounts of data, spurious information and critique on how this proposed legislation will impact former, current and future Veterans if passed. How does the Government expect a Veteran to have the legal skills, the ability to understand the complexity and often obtuse nature of the proposed legislation, and thus safeguard his or her future. One only needs to look at Hansard to see the confusion of MP's at the reading of the DFRB/DFRDB Acts during the Legislative process, where they deemed the Legislation as unintelligible, and further, the conflicting nature successive DRCA, MRCA, VEA and DFRDB legislative efforts - of which all have more loopholes obtuse definitions and meanings within to make many of the laws unworkable - or worse, able to be misinterpreted by bureaucrats for a Veteran's lifetime disadvantage, which has resulted in many, many very costly Inquires, Senate hearings; a huge increase on manpower resources in an attempt to manage unworkable laws, Courts of Inquiry and suicides et al. What steps has the Government put in place to assist all Veterans in establishing the varsity of the proposed Legislation - least it be an unmanageable ongoing disaster that various previous and current legislation has unwittingly been foisted upon unsuspecting Veterans ? I know you're a busy man Mr. Keogh, but please respond to these very important observations, and put in place SUITABLE support to ensure we get this proposed Legislation correct.

Why can't white card holders have more entitlements as ie cheaper registration, and reduced electricity and gas costs. As the injuries resulted from our service at present unless you have a gold card or been access above 70%, there is no benefit from state or territory governments.
The key issue with any proposed legislation is that its business model is about channelling money to so-called 'veteran service providers' rather than directly to veterans themselves. This means it will inevitably become as bureaucratic and corrupt as the existing processes because the government will develop policies which distribute those funds to their corporate donors and any other organisations it seeks to influence. In turn, this will entrench the veteran community in the precise circumstances which led to the Royal Commission into veteran suicide. Therefore, the Returned and Services League should not support any model that could be manipulated by the government and its departments - or private industry - and instead lobby for it to be overseen by a Statutory Authority with an independent Board of Directors comprised of veterans and the general public; all selected by Services Members via a general election, in which any Australian citizen may apply without any caveat whatsoever, completely free from corporate and government interference. Anything less is like handing money and power straight back to the duopoly along with those who corrupt Australia's economy.
I support the development, I'm watching for results of my claim for compensation after an injury in1966,lots of surgery on both knee's replacement of both knee's, last one October 2023, all accepted DVA and approved, I'm very grateful, my claim for compensation was lodged last July 2023 I have heard nothing, hopefully this is what you want?
Have been waiting For 3yrs and have not been allocated a delegate yet Joint health Command has lost all my medical records 1992-2024 Advocate has had no success in penetration of DVA
Being an Army Veteran who has tried to commit suicide on a number of occasions I believe that this is a wonderful help to all concerned.
The current system allows discrimination between ex service men who at the moment don't come under DVA and return service personnel even if you served overseas. It should come under the one banner which would save a lot of stress on knowing your rights.
As a member of Service, I have bean with a lot of members that do not talk about where they have served. These are the people, HUMANS that need the help most before they go beyond recovery!
As a Pension Officer/ Advocate Level II for nearly 20 years this is a great initiative to simply for veterans, advocates and DVA. Whether I see it delivered in my lifetime is the question
Please don't allow DVA personal (Army, Airforce or Navy), to fall through the ever present cracks from political or security reasoning!
Yes I think the present system is complicated and must become stressing to younger veterans especially if they try to navigate the system without expert help and advice.
I Agree with the RSL amendments

Feedback on the draft Veterans' Entitlements, Treatment and Support (Simplification and Harmonisation) Bill 2024
This submission deals with some of the 13 recommendations of the Royal Commission and then addresses some of the detail provided in the DVA Information Booklet on the draft bill.
Royal Commission Interim Report Recommendations
Recommendation 1: Simplify and harmonise veteran compensation and rehabilitation legislation.
Simplifying legislation is a laudable objective. Harmonising legislation is an obscure concept.
On Recommendation 1 the DVA fact sheet states:
"Australia's veteran compensation and rehabilitation legislative system is so complicated
that it adversely affects the mental health of some veterans."

While this is true, the claim/application process for veterans is relatively straight forward and completed on departmental proformas. The anguish that veterans experience is with the DVA processing of the claim. The time taken, the negativity, the lack of understanding by delegates of defence service and the slavish adherence to medico/legal documents -SOPs.
In short, veterans can manoeuvre the claim process but it is obvious that DVA cannot do so effectively. A backlog of 42,000 claims clearly identifies where the primary problem exists.
To better understand the backlog problem it is necessary to categorise the 42,000 claims into:
a. Initial undetermined claims with DVA,
b. Claims/determinations subject to VRB review, and
c. Claims/determinations referred to the AAT.
Concerns about a complicated system and mental health exist. The time delays occur in each category and cause frustration. The review processes of the VRB are complex and generally require qualified advocates. The AAT system requires legal representation. As the timeframe grows so does the complexity and costs which increases frustration further. At any stage the veteran can withdraw. The system and the legislation seem to encourage this outcome.
Recommendation 2: Eliminate the claims backlog
The fact sheet states: "DVA should eliminate the claims backlog by March 2024. The Australian Government should provide the necessary resources to DVA to allow them to reduce the backlog."
Has the backlog been eliminated? – No. The suggestion that Government should provide extra resources - while it might reduce the backlog – only serves to perpetuate the inability of DVA to perform its role. It does nothing to change the culture within the department. The reduction of legislation to one Act will not solve this problem.
Government should examine closely the performance of DVA in carrying out the six tasks set with this recommendation. That performance would give a clear picture of the resolve and attitude of the department to the problems that led to the Royal Commission.
Recommendation 3: Improve the administration of the claims system
The Government should examine the administration of claims system to know what improvements have been or will be made by 1 July 2024. The veteran community knows.
Legislation, of itself, will not improve administration.
Recommendations 4-13 do nothing to enhance veterans entitlements but are internalising department funding and privacy matters.
The draft Veterans' Entitlements, Treatment and Support
(Simplification and Harmonisation) Bill 2024
(The italicised elements are taken from the Legislation Reform 2024 Information Booklet)

Single ongoing Act – amendments
The key objective of this Bill is to simplify and harmonise the legislation governing rehabilitation and compensation for veterans. This will be achieved by adapting the Military Rehabilitation and Compensation Act 2004 (MRCA) so that it is the 'single ongoing Act' for veterans' rehabilitation and compensation.

The objective of simplifying seems laudable. The draft Act is possibly simplifying the bureaucracy into a single entity that will determine veterans entitlements. Commissions will be subsumed into the Repatriation Commission and the Repatriation will be

subsumed into the Repatriation Commission and the Repatriation will be subsumed into the Department of Veterans Affairs. Veterans will then confront a monolithic organisation which is adversarial to them.

Currently these separate commissions are all funded in the Veterans Affairs budget. In this regard, nothing has changed.

What exactly 'harmonise' means as an objective is obscure.

The context of veteran service spans from World War 2 through to active service in Afghanistan. Current legislation and amendments were introduced to meet the extant needs service personnel. Service life, conditions, training, deployment and operational service have varied dramatically in 80 years.

The notion that a single Act will now cover all requirements of all veterans, currently serving and retrospectively for 80 years, is unrealistic. It has the potential to create circumstance where a veteran falls outside the prescriptions of the Act and its regulations. The department will apply the provisions strictly. The veteran will not an improved claim system.

Various provisions which had previously operated differently across the MRCA, the DRCA and the VEA will be standardised. This includes retaining war widow/er auto-grants, and posthumous grants of Permanent Impairment compensation [Schedule 1].

It is unclear what "standardised" means. If the most beneficial provision is not retained some veterans will suffer a detriment.

Presumptive liability

Proposed changes will see the MRCA enhanced for various entitlements. Enhancements include:

2. The introduction of 'presumptive liability' which means the Repatriation Commission would be able to specify injuries and diseases that can be determined on a presumptive (in other words – automatic unless proven otherwise) basis where they are known to have a common connection with military service.

This process is unclear. Schedule 2 is unclear how presumptive liability works in relation to statements of principle. As stated above, it is the Repatriation Commission that has this discretion of presumptive liability. It is not vested in DVA which will receive and examine the claim initially.

It is assumed that presumed liability will nullify the application of factors in Statements of Principle (SOP). SOPs are disallowable instruments which are tabled in both Houses of the Australian Parliament and they are binding on the various decision makers. Until specific diseases and injuries are designated as resumptive liabilities there is no clear enhancement to veterans in the claim process.

s352T(1) gives the VRB latitude in dealing with technicalities. S352(2) removes this latitude by allowing the Repatriation Commission to rely on SOPs. This would have the effect of SOPs overriding presumptive liabilities.

The potential to complicate the application of presumptive liabilities is that SOPs are developed by the Repatriation Commission which is to be subsumed into the Repatriation Commission. In s27A the Repatriation Commission may determine what diseases and injuries are attributable to defence service. It may not. As written the provision provides no certainty.

The claim assessment process would benefit from presumptive liabilities being promulgated as SOPs are. The recognition of presumptive liabilities by DVA delegates in the initial assessment of claims could only simplify claim processing.

The Review pathway

If the claim is refused and the veteran so choses, the determination can be appealed to the Veterans Review Board (VRB). At that stage the veteran becomes the applicant and the Repatriation Commission becomes the respondent.

At any subsequent dispute resolution/hearing the Repatriation commission is the respondent party but it need not (and currently does not) attend. When it does not attend, the VRB acts as its agent and defends the DVA determination as opposed to acting as an independent reviewer.

The draft bill retains this system. At s353D(4) a review can be dismissed by the VRB if the applicant

At any subsequent dispute resolution/hearing the Repatriation commission is the respondent party but it need not (and currently does not) attend. When it does not attend, the VRB acts as its agent and defends the DVA determination as opposed to acting as an independent reviewer. The draft bill retains this system. At s353D(4) a review can be dismissed by the VRB if the applicant does not attend the hearing. However, if the respondent does not attend the hearing a finding for the applicant is not made due to a lack of defence of the determination. As such, the VRB is not acting as an independent reviewer but acting as an agent for the respondent. In the conduct of its dispute resolution/hearings, the VRB claims its independence from DVA and the Repatriation Commission. The reality is that its actions do not justify the claim of independence/impartiality. The funding/budget administration of the VRB and Repatriation Commission through the DVA create the perception of dependence and not one of impartiality. Without clarity as to the stage in which a claim transfers from DVA responsibility to Repatriation Commission in the review process it is difficult to see any improvement in the administration of claims. Merging commissions It is proposed that the powers and functions of the Repatriation Commission and the Military Rehabilitation and Compensation Commission are consolidated, with the Repatriation Commission (originally established in 1920) continuing. This change would give administration of all veterans' rehabilitation and compensation legislation to the Repatriation Commission. The merging of commissions creates within the Department of Veterans Affairs a large and powerful Repatriation Commission. Few veterans believe that the DVA is a voice, advocate or a governmental representative of veterans. The general experience is that the DVA is antagonistic/adversarial/negative towards veterans. The Repatriation Commission and the Repatriation Medical Authority have been and will continue to be adversaries to veterans. One of the roles of the Repatriation Commission is to ensure that in compensating veterans for Defence related medical problems, the judicious spending of public monies is applied. With the merging of commissions into the Repatriation Commission and that commission coming under the auspices of the DVA, this role will become DVA's role. That perception exists today. It will be more widely held with the merging of commissions. The Repatriation Commission and the DVA should be discrete entities, budgeted separately. Effective administration of veteran issues would be achieved by allocating this responsibility to the Department of Defence. The draft Act will only serve to empower DVA/Repatriation Commission. It will not improve anything for veterans. The administration of the Act will be guided by the Regulations in whatever form they take. They are unknown.
I am all for simplification, however history shows that when government changes a scheme ala DFRDB it invariably means that Defence members will be worse off particularly in the pocket. Care must be taken that we don't trade simplification for compensation
I served for 34 years as a Reservist who also undertook FTS. I keep getting emails for DVA support for footwear or gym membership but when I apply I'm told I'm not entitled! If my 34 years weren't good enough then I will be leaving the RSL and putting my medals in the bottom drawer!
Having been a senior member at the VRB for 20 years I found the VEA much easier to deal with than the later introduced MRCA. Trying to simplify and harmonise the host of current legislation will be a daunting task and I suspect will actually make the compensation scene more complex. In my view the better option would be to stay with the VEA and broaden its content to provide for weekly payments of compensation in appropriate cases. MRCA, SRCA and DRCA have just added extra layers of complexity. The other option is to draft a new piece of legislation, i.e. one Act covering all, that is veterans and serving members. It could be called The Veterans and Serving Members Compensation Act.
The current legislation, similar to all the previous iterations, is far too complex for use in real time, what is needed is a simple, uncomplicated suit of regulations for Veterans benefits.

I served my National Service and was discharged when National Service was abolished. When I suffered Prostate Cancer recently my Private Health Insurer (Defence Health) advised me to make a claim to DVA as National Servicemen were included. However, when contacting DVA it was made clear that only NS deserters were eligible. How is this fair and equitable.
Minister Keogh has given his personal assurance "Nobody goes backwards. That has been an important part of the design." RSLWA only supports changes which align with the principle that no veteran will be worse off. If there are cases which see veterans losing out on entitlements, they should be treated individually so adjustments can be made by the Department of Veterans' Affairs to ensure those affected are looked after. The Minister is to be commended for his willingness to engage with the veteran community and provide easier and more understandable legislation to better help veterans. That said, there is a lot of information for veterans to understand and the issue is complex. It would be useful to have an even simpler explanation of the changes – and reduce the size of the explanatory documents. As with any change there is suspicion people will be worse off because the government is trying to save money. It is critical DVA makes a sustained effort to show the changes do not disadvantage any veterans and in fact, make their lives easier, and they feel more valued and supported.
Among the concerns that need to be addressed: • Veterans who already see a psychologist do not want to be forced to start seeing a new one because their psychologist doesn't bulk bill with DVA. Explaining issues again to someone new just forces them to relive trauma. In some cases psychologists don't accept payment direct from DVA. This forces the veteran to claim the cost from DVA - adding stress. If DVA doesn't cover all the costs - the veteran is out of pocket. It cannot be claimed all mental health treatment is free for veterans when those who want to see their preferred psychologist are left out of pocket. Gold Card complexity. A Gold Card is described as: *The Veteran Gold Card is a treatment card that provides individuals with clinically required treatment for all medical conditions, whether or not they're related to service.* There are misconceptions about who can get a Gold Card. The explanation on the DVA website is complicated and needs simplification. It's not clear if you are eligible automatically if you are aged 70 years or over and have qualifying service, or if you also need to be receiving compensation payments or a service pension. I agree with the proposal to expand Gold Card eligibility for veterans – but they need to have qualifying service. It was suggested that Gold Cards should be issued automatically after 20 years of service. I believe this can be improved. A suggested re-wording could be "Gold Cards should be issued automatically 20 years after qualifying service, or earlier if treatment is required."

Regarding the Veterans Legislation Reform, I have looked through the vast document and it seems to cover most things for the benefits to Veterans. In saying that there are a few points that I would like to raise. 1. Bulk billing for Psychologists. Some providers bulk bill while others have set fees that some veterans cannot afford, or they are out of pocket. Is there some mechanism that DVA can provide free Psychological treatment to veterans with mental issues ???? 2. For many years I have thought that veterans should be afforded free Public transport in recognition of their service. Currently there are approximately 362,000 Veterans in Australia, consisting of Approximately 60,000 permanent,39,000 reserve and 263,000 ex serving members. I understand that this would be a cost to the Budget, but maybe it's something the Government could look at to help veterans. The gold Card criteria also is a contentious issue. There is a lot of information on the DVA website about the eligibility criteria, but it can be quite confusing for some veterans. Could this be something DVA can look at and perhaps simplify the information so all veterans can clearly understand their entitlements
I support the new changes the government's bringing in to speed up and simplify DVA claims. It's a step in the right direction, given how complex things were before. While I haven't spotted any major red flags with the plan, there's one thing on my mind: after the switch, will veterans get less for the same types of claims than they used to? I just want to make sure they're getting a fair deal with these updates.
I think I sit comfortable with the idea of reform, to the three legislations as it sits today, to one simplified legislative document. It will be easier for DVA, advocates and veterans to understand and use, however I wondered if we were ever in a sustained conflict with mass deaths and casualties whether the reformed legislation would be robust enough to avoid long and complicated delays like previously. The present legislations although hard to understand and not helpful for veterans and families at times, has worked when DVA have been able to expeditiously process claims and support. This has come in for criticism in the Royal Commission into Veteran Suicide. One of the areas that has been and is still problematic is access to medical professionals and the complicated paperwork that needs to be considered by these medical practitioners. I am not sure this has been addressed in the legislation or beyond in other legislative documents. One positive mentioned is the presumptive liability, however until a list of presumptive conditions is broadcast and open to expansion then the legislation will not be helpful to veterans. Where there is 'probable cause' being military service for a good size list and not needing to prove service life did it at every step as now, the legislation will let down a veteran and family. I think there is more work in the legislation or associated legal documents or veterans will be suspicious. I believe it is long over due for special powers to grant special assistance to veterans and families particularly in hardship of any form. I wonder about accountability and criteria here though as I am not sure of the how this change is going to work. I hope there will be explanatory documents to the legislation to help understand how the changes will work and what accountability is expected for expeditious processing of claims and support to veterans and families.
In reviewing the Veteran's Legislation Reform information, the benefits of a harmonised system in terms of clarity, simplicity and efficiency are clear. The endeavour to seek equity across the Veteran community through this reform is also notable and supported. As with any reform, transition is critical and whilst the information provided provides some exposure to how veterans under a number of current coverage arrangements (MRCA, VEA and DRCA etc) will all be covered under the new legislation and system, it will be important to ensure that no veterans are disadvantaged in the short or longer term - what if there are specific

cases of where a veteran or specific cohort of veterans may, in fact, 'go backwards'? Whilst the DVA website is good in providing a facility to test how the changes work in a 'range of scenarios developed', this may not cover all individual cases. The work done on this reform by the Commonwealth is commendable. The depth and breadth of information on the DVA website should also be recognised.
After reading many of the documents regarding the proposed legislative pathway I agree that it is a positive way forward in navigating the current confusing and complicated legislation. A single Act model seems the way to go forward and if they can ensure that there will be no reduction in entitlements currently being received by veterans I think it will be better in the future. I agree with some Presumptive Liability for certain conditions and will make claims for these easier and will speed up the DVA claims process. My only criticism is that I disagree with the expansion of the eligibility of gold cards. The cost to tax payers will be enormous if gold cards are given to children and spouses without a specific need for them. I am on the fence regarding the suggestion by some respondents in the consultation process that they would be issued to veterans automatically after 20 years as more data would be needed whether the retention cost outweighs the gold card costs.
Expansion of the gold card. Unsure of the intent behind this proposal. Agree that the criteria should be more clearly defined and straightforward, but do not support the expansion (particularly if it is automatic on age or years of service), as it has the potential to grow at an exponential rate (e.g. NDIS) and become unsustainable, potentially meaning that other areas of veterans affairs miss out. Recognised conditions on white card are sufficient to cover the requirements of veterans. By way of example, should someone with a gold card be entitled to free IVF access just because they have served 20 years in the ADF? Mental health services. Veterans should be able to access mental health services at no/low cost, regardless of provider. One of my sailors has experienced extreme distress at the hands of DVA trying to access mental health services, and is now out of pocket as he is seeing his preferred psychologist out of pocket. My overall comment is that any changes to legislation need to be supported by the processes, procedures and structures of DVA internally. This applies to DVA interactions with both veterans and service providers. DVA culture needs to change to be outcomes focussed, not problems focussed. They also need to be flexible to account for veteran cases which are nuanced