

Remarks to the Productivity Commission hearings into Veteran Compensation and Rehabilitation
James Brown, President RSL NSW
Sydney, 26th February 2019

RSL NSW is charged with ensuring that veterans and their families are respected, supported and remembered, and is a part of the RSL of Australia. We have 35,000 members in NSW and are directly assisting more than 3,000 military families both through our network of sub-Branched and volunteers, but also through our professional support team in RSL DefenceCare located in ANZAC House, Sydney. I am joined here today by James Dallas, our Manager of Claims and Advocacy, and a veteran of Iraq and Afghanistan himself.

We are grateful for the opportunity to address the Commission and respond to the draft report's recommendations. At the outset, we want to acknowledge the depth of the Commission's analysis and willingness to truly consider the system from first principles.

The conceptual framework outlined in the draft report is bold. To give you our bottom line up front, we believe it is too bold. The new conceptual structure outlined in the draft report would be too great a shift from the current system, and would cause significant disruption to the delivery of compensation and rehabilitation to the large generation of mostly Vietnam-era veterans now entering their 70s. The system outlined does not, in our opinion, sufficiently acknowledge the partial success to date of the DVA's Veteran Centric Reform program. However, this is not to say that the recommended system would not be useful to reconsider at some point in the future.

RSL NSW strongly supports draft recommendations to harmonise impairment compensation and assessment of liability across the three Acts. We see the three different Acts [VEA, DRCA and MRCA] as the primary source of friction in the system today. As you rightly identify, they are complex and reduce fairness between veterans.

To that end we strongly support the recommendation to gradually transition DRCA into MRCA, and the eventual transition to two schemes for compensation and rehabilitation (and we gratefully note that under this recommendation existing payments under DRCA would be grandfathered). We agree that the Commission's proposal is the best way to significantly simplify the system while minimising disruption to existing DVA clients.

We strongly support the recommendation to transition responsibility for commemoration from DVA to the Australian War Memorial. We do not believe that the Department is best placed, with the proper skills, structure, and systems, to handle responsibility for major commemorative events and publications. At worst, the current situation detracts from the Department's main role in looking after the health and wellbeing of living veterans. The War Memorial's recently announced budget increase, modestly augmented, should allow it to absorb into its operation the major commemorative functions currently carried out by DVA.

RSL NSW does not support the draft recommendation to terminate DVA and separate its functions to different agencies. Principally, we believe that the Veteran Centric Reform program has had some success and should be funded and supported to its completion. We also have concerns about the cultural fit of veterans' services within Defence, though we welcome the draft recommendation for Defence to have responsibilities in veteran transition that extend beyond the date of separation.

We do not support the Commission's recommendation to reduce the responsibility of the Veterans' Review Board. We see the VRB as a particularly successful component of the current system mostly

because of the environment that it creates. It is particularly important to acknowledge the state of many veterans who come before the Department and may have to challenge its decisions. We understand the Commission's desire to improve the accuracy of DVA's initial decision-making process, however, there is no reason that initiatives targeting this shortfall cannot exist alongside a strong VRB. We feel strongly that the VRB is successful because it provides an independent review of DVA decisions with a fresh set of eyes which, crucially, is free from actual and perceived bias. It offers a calming, deliberately non-adversarial environment that restores a sense of agency to the veteran, who often faces a perceived diminishment of status when navigating DVA. The VRB has also demonstrated success in minimising processing times where DVA has struggled.

We would be concerned if the Commission's final report recommended the adoption of a single rate of permanent impairment compensation for both operational and non-operational service. We have seen the arguments in the draft report regarding a reduction in complexity and unfairness, but we do not believe these justify the removal of this condition of service for the current generation of veterans. The Australian public expects that those who have served and suffered will be compensated. They respect the unique circumstances of exposure to combat and combat-related operations, and expect that those who have faced these circumstances will be somewhat more generously compensated. This is the expectation of our members as well. We understand that a service member can be severely injured in training or other non-operational service, however, there is a unique level of exposure to risk of injury that comes from operational service, and there is therefore a need for it to be set apart. For the same reasons, we do not support a move to a single standard of proof for linking a condition to service for both operational and non-operational service.

I would also like to speak to the Gold Card. We understand the Commission's arguments that it does not sufficiently target veterans with specific service-related health and wellbeing problems, and acknowledge that there is potential for a small portion of veterans and advocates to see the card as a prize to be gained – for that reason we have suggested changing its name.

However, the Gold Card acknowledges that the holder has been particularly severely impacted by their service. It is, most importantly, an attempt to limit obstacles a veteran may face in attaining whatever care is required to manage pain they have been left with. Rorting and misuse of the Gold Card is currently far below a level that might justify a move away from the card altogether. Neither general nor targeted limitations on Gold Card access are fair or appropriate paths forward. If there were to be limitations placed on the Gold Card in the future, they should not affect those who have enlisted in the comfort of knowing they would be eligible for the Gold Card when they turn 70.

At the moment, access to the Gold Card is granted at 60 impairment points for MRCA claims, which represents a severe degree of disability. At this level of impairment, when additional symptoms and conditions stemming from the original injury can crop up frequently, a White Card holder would require an entirely new claim to be submitted and processed for each one. The moral insult and frustration, and often physical suffering this can impose on a veteran can be crippling in its own right.

And finally, we do not support those draft recommendations that point to the removal of dependant benefits. We particularly acknowledge the intense burden of national security that is currently shouldered by Defence families, and we think it is entirely appropriate that the veterans' compensation and rehabilitation system factor in the wellbeing and support of carers from military families who are so often critical to whether a veteran flourishes after their military career.