Members of RAAF Aeromedical Evacuation and Critical Care Teams tend casualties being flown home to Australia after being wounded at a patrol base in Kandahar Province, Afghanistan, in October 2011. (Dept of Defence)
Secretary’s year in review

In 2012-13, the Repatriation Commission, the Military Rehabilitation and Compensation Commission (MRCC) and the Department of Veterans’ Affairs (DVA) continued to witness significant demographic changes in the veteran and ex-service community and the consequent altering of service delivery expectations placed upon the Department.

The Department promoted services and engaged with the Australian Defence Force (ADF) and ex-service community to ensure that current and former serving members are aware of the services and support that they may access. DVA also continued to invest in programs aimed at improving accessibility to services and support. The On Base Advisory Service, New Service Models and Choice and Maintainability in Veterans’ Services program were refined and enhanced.

There was an increased focus on the mental health needs of current and former ADF members, as well as the health needs of an ageing population. There was also significant focus, with the rapidly approaching Anzac Centenary, on the acknowledgement and commemoration of the service and sacrifice of the men and women who have served Australia and its allies in wars, conflicts and peace operations.

In July 2013, the Department said farewell to Secretary Ian Campbell PSM, after more than 10 years of service in DVA, and 42 years in the Australian Public Service. Ian came into the role as Secretary during a time of significant demographic and cultural change for the Department. Under his leadership the Department acknowledged and acted upon the need to change its service delivery capabilities. In a time of diminishing budgets, he ensured that resources continued to allow staff to carry out their roles to a high standard. He has left the Department well placed to deal with challenges in the years ahead.

I would like to thank him on behalf of staff and the veteran community for his vision and leadership.

During the past 12 months the Commissions continued to receive high numbers of submissions. The Repatriation Commission met 29 times and considered 194 submissions. During the same period, the MRCC met 22 times and the MRCC sub-committee met 13 times. The MRCC and sub-committee have considered 211 submissions. Over the past five years, the MRCC business has grown substantially, with the number of submissions presented being greater than that considered by the Repatriation Commission for the second year in a row. This is indicative of the increasing number of current and former serving members accessing services and support under the Military Rehabilitation and Compensation Act 2004 (MRCA).

I have joined a Department that undertakes a number of complex and important roles to ensure that current and former serving members of the ADF and their families receive the highest level of service and support. I am confident that the Department will continue to provide this high level of service in the coming years and will continue to adapt its programs and activities in order to meet the needs of all those we serve.

List of achievements

In 2012-13, the two Commissions and the Department realised a number of significant achievements that will benefit the veteran and defence communities. Among these were:

• implementation of the recommendations from the Review of Military Compensation Arrangements through legislative change and administration
• release of the Veteran Mental Health Strategy
• establishment of a Veteran Mental Health Clinical Reference Group
• launch of a range of mental health educational resources and self-assessment tools
• commencement of an in-home telemonitoring trial for health monitoring
• development of a new Strategic Research Framework
• finalisation of numerous significant research studies
• implementation of the household assistance package
• completion of a review of the National Consultation Framework and establishment of a National Consultation Framework Steering Committee
• publication of the Department’s first iBook, Gallipoli
• delivery of the 2012 Ministerial Summit and Senior International Forum on Veterans’ Affairs, held in Canberra, with representatives from the US, Canada, New Zealand and Australia
• delivery of a suite of training packages aimed at increasing staff understanding of military culture and mental health issues
• refurbishment or relocation of offices in Darwin, Lismore, Newcastle and Launceston to better meet the needs of the veteran and defence community
• supporting the government in the development of a joint position with New Zealand and Turkey on the management of attendance at Gallipoli on Anzac Day in 2015
• undertaking commemorative missions to mark the 70th anniversaries of the Second Battle of El Alamein and Australia’s contribution to the North Africa Campaign, Sparrow Force in East Timor, the Battle of Milne Bay in Papua New Guinea, the Battles of Kokoda and the Beachheads in Papua New Guinea, and the Battle of the Atlantic
• sponsorship of a national conference in partnership with the Australian National University and the Australian War Memorial, on *Prisoners of War: The Australian Experience of Captivity in the 20th Century*
• organisation of, or assistance provided to, Anzac Day services at Gallipoli, Villers-Bretonneux, Hellfire Pass, Isurava and Bomana War Cemetery.

I have elaborated on some of these significant achievements, as well as what they mean for current and former serving members and their families, in the following sections.

**Review of Military Compensation Arrangements**

The Government response to the Review of Military Compensation Arrangements was announced in the 2012-13 Budget. As part of that response, the Government accepted 96 of the 108 recommendations made in the review and allocated $17.4 million over four years for the implementation of these recommendations. A further three recommendations were deferred for further consideration.

Over the past 12 months, significant work has occurred in order for the implementation of the accepted recommendations to begin from 1 July 2013. This has included work relating to, among many other actions, associated instructions, training requirements and communication needs.

Most importantly, some of the significant changes which you will see implemented in the next 12 months include:
• an increased rate of weekly compensation for dependent children of deceased members
• increased compensation for advice – including legal advice in addition to financial advice
• earlier payment of compensation for permanent impairment (PI) claimants with more than one accepted condition
• greater use of interim PI compensation
• a new method for calculating transitional PI compensation
• the issuing of treatment cards to clients under the *Safety, Rehabilitation and Compensation Act 1988* (SRCA)
• the extension of non-liability health care for psychiatric conditions to those with ADF peacetime service from April 1994 and to include treatment for alcohol and drug dependence.
There is also ongoing work required in order to finalise other recommendations over the next two to three years, including several that require further examination of issues and resubmission to Government.

**Expansion of mental health services**

The 2013-14 Budget allocated $26.4 million over four years to the expansion of mental health services. A highlight of this package is the extension of non-liability health cover, which provides access to treatment for diagnosed PTSD, other anxiety disorders and depression, without the need to lodge a compensation claim. From 1 July 2014 these arrangements will be extended to include treatment for alcohol and substance misuse disorders. These arrangements, already available to veterans with operational service, will be extended to include ex-serving personnel with eligible peacetime service since 1994.

In recognition of the important role played by the Veterans and Veterans Families Counselling Service (VVCS), eligibility for this service will be extended to new groups of current and former ADF personnel. This will ensure that the VVCS will be available to provide crucial support to this additional group of clients, with issues relating to anger, depression, relationship difficulties, transition from the military and problems with sleeping all being covered.

An online program, LifeSMART, will be developed to build veteran resilience, improve mental health literacy and reduce stigma related to seeking help for mental health conditions.

A peer-to-peer support network will be developed to support the recovery of clients with a mental health condition by providing a non-clinical support network. Individuals will be matched with a trained and supervised peer to assist in the development of coping strategies and management of day-to-day challenges associated with a mental health condition. This network will expand on the peer education and support concepts used in the Department’s successful Men’s Health Peer Education program.

A post-discharge GP health assessment will be designed to strengthen early detection and promote intervention for potential mental health related concerns prior to the development of acute and/or chronic conditions. This will be available to ADF members after discharge and will be supported by a health screening tool with a mental health component that will be developed for use by GPs.

Resources have also been allocated towards improving processing times for compensation claims, as well as enhancing pathways for clients with a mental health condition when accessing DVA arrangements. This additional funding will help mitigate the risk of the claims process exacerbating a client’s mental health condition.

**Mental health strategy**

A new Veteran Mental Health Strategy was launched in May 2013. The new strategy provides a 10-year framework for the provision of mental health care in the veteran and ex-service community. The strategy:

- sets the context for the provision of mental health services in the veteran and ex-service community and for addressing mental health needs
- identifies strategic objectives and priority actions to guide mental health policy and programs
- ensures the best possible outcomes for individual mental health and wellbeing.

It supersedes the veteran mental health strategy of 2001, which was oriented towards a peacetime Defence Force with a primary focus on Vietnam veterans and their mental health care. The new strategy is designed to align with the ADF mental health strategy *Capability through Mental Fitness*, which was released in October 2011, and to reflect the significant changes that continue to occur in mental health care more broadly.
Access to mental health support and advice online

To ensure that activities and support services are available for all to access, the Department is now using a range of new and traditional technologies to reach those who require mental health support and advice. Over the past 12 months, a number of online applications have been launched to provide help to veterans and their families, as well as service providers, who require information and advice regarding mental health conditions, including PTSD.

The At Ease Mental Health Portal was redeveloped and expanded to include discrete sections to provide tailored advice, tools, information and downloadable resources to veterans, current serving members, families, carers and mental health treatment providers. The portal is the main DVA mental health website and contains links to all other DVA mental health programs and resources.

DVA is active in ensuring that health practitioners are able to respond to the mental health needs of our different clients. In this space, two online training programs were developed and released in the past 12 months – Understanding the Military Experience and vetAWARE: Assist Wisely and Refer Effectively. The first program will help providers understand Australia’s involvement in wars and peace operations and better understand the impact of military experience on the mental health of veterans and ex-service personnel. The second will help nurses to better understand the common mental health challenges faced by veterans and war widows, identify symptoms and refer appropriately.

A smartphone application aimed at helping current and former serving members identify and manage mental health issues was released in February 2013. PTSD Coach Australia is based on a successful US application and was adapted for Australian veterans by the Australian Centre for Posttraumatic Mental Health. It is designed to assist sufferers of PTSD in managing their symptoms in conjunction with formal treatment. The application provides users with education about PTSD, information about self-assessment and professional care, and tools to manage the stresses of daily life with PTSD.

A second smartphone application, ON TRACK with the Right Mix, was released in March, to help people manage their alcohol consumption and learn about the health impacts of alcohol on their wellbeing and lifestyle. The application allows users to keep track of the number and types of drinks that they consume and the amount of money that it is costing. It is designed to assist a new generation of veterans in developing more responsible drinking habits.

The Department also produced and released a number of short online videos, developed to bring more awareness to mental health issues. Available through the DVAAus channel on YouTube, each video focuses on a specific mental health condition or issue, such as PTSD, anxiety or depression. The videos feature a mixture of dramatised scenes and interviews with current and former serving members, who talk openly about their experiences with mental illness.

In-home telemonitoring for veterans trial

In June, DVA’s in-home telemonitoring for veterans trial began in Armidale, NSW. Through use of telemonitoring equipment, veterans and war widow/ers with chronic conditions and complex care needs are able to have their health monitored by health professionals from their home.

Veterans in the trial have an individual health care plan developed for them in consultation with their GP and a practice nurse coordinator. They have telemonitoring equipment installed in their home and are trained to use it. The equipment measures vital signs and securely transmits the data to the GP’s practice. All information is provided via a secure format and the safety and privacy of personal data is protected. The data is monitored by a practice nurse coordinator and the veteran’s GP, allowing for early detection of irregularities and prompt intervention. Participating veterans also have access to video consultations with their GP and practice nurse coordinator or can continue to meet with their health professional face to face.
The potential benefits to those veterans and war widow/ers participating in the trial include technology-enhanced management of their chronic conditions, less time spent travelling to appointments, and reduced unplanned hospitalisations. Positive results have already been achieved with the first participants. The trial will continue until June 2015 with up to 300 veterans and war widow/ers being recruited.

**Commemorative activities**

During the year, the service and sacrifice of men and women who served Australia and its allies in wars, conflicts and peace operations continued to be acknowledged and commemorated.

The Department again organised Anzac Day services at Gallipoli, Villers-Bretonneux and Isurava. We also supported the delivery of services at Hellfire Pass in Thailand and Bomana War Cemetery in Papua New Guinea.

In August 2012, the contribution of Australian forces in Timor during the Second World War was remembered with a ceremony at the Dare-Fatanuba memorial in Dili. The Minister led a commemorative mission for seven Australian veterans of the Timor campaign. As well as attending the service, the veterans had the opportunity to meet their modern-day counterparts stationed at Sparrow Force Headquarters in Dili.

Also in August, a mission of six veterans travelled to Papua New Guinea to mark the 70th anniversary of the Battle of Milne Bay. These men were among those who inflicted the first defeat of the Japanese on land during the Second World War.

In October, 18 Australian Second World War veterans departed for Egypt as part of a mission to mark the 70th anniversary of the Battle of El Alamein and the North Africa campaigns. Led by the Minister, the group participated in commemorative activities, including an Australian service at the 9th Division Memorial to honour lost mates, and services at the Commonwealth War Graves Commission El Alamein War Cemetery alongside Allied counterparts.

In November, eight veterans of the Second World War Kokoda and Beachheads campaigns (1942-43) travelled to Papua New Guinea for a commemorative mission to mark the 70th anniversary of the campaigns. The group attended the Popondetta Memorial to pay tribute to their fallen comrades and joined a special ceremony to present 12 Papua New Guineans with special Fuzzy Wuzzy Angel Commemorative Medallions. The medallions are a symbol of Australia’s appreciation for the civilians who helped Australian soldiers during the war.

In May, eight Australian veterans of the Battle of the Atlantic travelled to the United Kingdom to attend commemorations to mark the 70th anniversary of what was the longest military campaign of the Second World War. The Battle of the Atlantic, which spanned 1939 to Victory in Europe in 1945, was pivotal to the success of the Allied campaign against Nazi Germany. Australians were involved in many facets of the battle as members of the Royal Navy, Royal Australian Navy, Royal Air Force and Royal Australian Air Force and the Merchant Navies of several allied nations.

**Anzac Centenary**

On 21 April 2013, the Government released the Anzac Centenary Advisory Board’s report and the Government’s response, which can be accessed via the Anzac Centenary website. The Board made 25 recommendations within the report, based on the central themes of Education and Research; Commemoration; and Arts and Culture. The Government accepted all of the Board’s recommendations – 22 in full and three in principle – and provided $25 million towards the Anzac Centenary program. This was in addition to the $83.5 million over seven years allocated to the Anzac Centenary program in 2012.
Funding will support initiatives such as an Anzac Centenary travelling exhibition; an Albany Convoy commemorative event; the protection and preservation of and the education campaign for the submarine AE2; development and screening of 10 hours of documentary programming related to the Anzac Centenary by ABC television and Screen Australia; the digitisation of a sample of the First World War repatriation records of those who survived both Gallipoli and the Western Front; a history grants scheme provided to encourage academic and non-academic research into Australian involvement in the First World War; and the development of publicly accessible material from the 2000 interviews of the _Australians at War_ film archive.

An Anzac Centenary Public Fund has also been established. This fund will hold tax-deductible donations from the corporate sector and members of the public, and will provide additional funding for significant Anzac Centenary initiatives.

In May, the Government announced the ballot arrangements for Australians planning to attend Anzac Day commemorations in Gallipoli on 25 April 2015. As was been noted by the Minister, the ballot arrangements represent a fair and transparent approach to the allocation of attendance passes within the parameters of a safe and secure capacity for the site.

Some of the places available to Australians will be reserved for special representatives, including widows of First World War veterans; direct descendants of veterans of the Gallipoli campaign; the veteran community; and secondary school students and their chaperones. The New Zealand Government is conducting its own ballot with similar arrangements.

The Department is currently working on arrangements for the ballot and is expecting to open registrations in November 2013.

**The year ahead**

The coming year will be another busy one for the Department as the official commencement of the Anzac Centenary Program draws ever closer and the Department works to implement the suite of policies and programs designed to enhance access to mental health services and support funded from the 2013-14 Budget.

During this time we will continue to adapt our services and programs to meet the needs of all clients by improving our service delivery capabilities and ensuring that there is increased choice for clients in regard to how they communicate with the Department. Our On Base Advisory Service, New Service Models and Choice and Maintainability in Veterans’ Services program will continue to be refined and enhanced.

Our staff will also continue our usual business practices to ensure that services are provided smoothly and that our clients continue to receive the highest standards of care and support.

We will continue to acknowledge and commemorate the service of Australians by remembering significant anniversaries, with a number to be acknowledged through overseas commemorative missions. We will also continue to conduct or support Anzac Day services at a number of locations including Turkey, France, Malaysia, Thailand and Papua New Guinea.

Our relationship with Defence will continue to be strengthened, particularly in support of current serving members planning to transition out of the forces and current serving members requiring access to DVA services. This will be supported by the Memorandum of Understanding (MoU) signed between Defence and DVA in February 2013. The MoU pledges closer cooperation between the two departments in order to provide improved support services for current and former ADF members. It sets out the key principles which will govern the cooperative delivery of care and support and establishes effective governance arrangements designed to ensure that the support arrangements remain effective.
Acknowledgements

In addition to the retirement of Ian Campbell, during the past 12 months the Department also farewelled a number of our long-serving senior staff members.

In August 2012, we farewelled Peta Stevenson, Assistant Secretary Income Support and Grants. Peta joined DVA in 1979 and since that time worked in a range of areas in our Canberra, Sydney, Brisbane and Hobart offices. Peta was promoted to an SES Band 1 in December 2004 and served in various roles since. As the National Manager, Research, Grants and Consultation Coordination, Peta played a significant role in establishing the National Consultation Secretariat.

In April 2013, Sean Farrelly, First Assistant Secretary, Rehabilitation and Support Division, advised that he would retire. Sean had been an outstanding contributor to DVA since he joined the Department in the Melbourne office in 1983. He moved to Canberra in 1993 and held a number of significant senior executive roles over the last decade, including Chief Financial Officer, Branch Head MCRA Operations, Branch Head Rehabilitation and Compensation Policy, Branch Head Organisational Development and his final position leading the Rehabilitation and Support Division.

In June 2013, Malcolm Uhe, Deputy Commissioner Northern Territory, advised me of his intention to retire. Malcolm had been an outstanding contributor to DVA since he joined the Department as a Clerk Class 1 in the Victorian State Office in 1971. Malcolm was promoted to a Senior Officer Grade B in 1993 and was instrumental in establishing the Veterans’ Access Network throughout Victoria. He then worked in a number of senior positions across the Department, including in the role of Deputy Commissioner Northern Territory from January 2007.

I wish Ian, Peta, Sean and Malcolm the best of luck in their retirement.

During the year, we welcomed Dave Chalmers to the role of First Assistant Secretary Client and Commemorations. Dave takes over this position from Liz Cosson, who moved on to a position with the Department of Immigration and Citizenship.

I would also like to acknowledge a significant milestone reached by a staff member this year, being 50 years of service in the Department. Kevin Chapman, in our ACT office, has dedicated his career to the service of the veteran community and I congratulate him on reaching this milestone.

On behalf of the Commissions and everyone in DVA, I extend a warm welcome to all our new starters and best wishes to those who have retired or moved on to other departments.

On a final note, I would like to pass on my sincerest thanks to all DVA staff for their hard work and dedication over the past year and for welcoming me to my new position within the Department. I look forward to the coming 12 months.

Simon Lewis
Secretary, Department of Veterans’ Affairs
President, Repatriation Commission
Chair, Military Rehabilitation and Compensation Commission
Women steering DVA’s way

With approximately 14 per cent of the Australian Defence Force (ADF) being female, female veterans are making up an increasing proportion of DVA clients. In 2012, an average of 345 females served on overseas operations at any given time, with their roles including logistics, health, communications, transport, signals, engineering and intelligence. The start of 2013 saw the ADF open all employment categories to servicewomen and a new Army recruitment campaign to increase the number of women serving over the next 12 months.

More than 11 000 veterans with one or more accepted conditions under any Act administered by DVA are female. In the last few years the Department has significantly improved services for contemporary veterans, including female veterans. DVA and Defence have also recognised that female veterans have unique requirements and so have established an ADF Service Women Steering Committee to inform both departments of the specific needs of women.

The committee is co-chaired by Gayle Anderson, Assistant Secretary Service Development and Defence Relations Branch (DVA) and MAJGEN Gerard Fogarty AO, Head of People Capability, Defence. Membership includes female current and former serving members (both regular and reserve) who have deployed on operations to Somalia, Timor Leste, Iraq and Afghanistan.

The committee is considering a broad range of information, including research by Dr Samantha Crompvoets of the Australian National University which was funded through DVA’s Applied Research Program. The study, completed in 2012, was commissioned to look at the needs of the growing number of female veterans. The report from this study into the health and wellbeing of female Vietnam and contemporary veterans is available on the DVA website.

The ADF Service Women Steering Committee has met three times between May 2013 and 30 June 2013 and will continue to meet regularly until August 2013, after which the Committee will report to the Repatriation and Military Rehabilitation and Compensation Commissions with recommendations to further guide service design.
The Portfolio

The Veterans’ Affairs portfolio provides programs of care, compensation and commemoration for the veteran and defence force communities and their families. The portfolio is administered by the Minister for Veterans’ Affairs and has four key entities.

Department of Veterans’ Affairs

DVA is the primary service delivery agency responsible for developing and implementing programs that assist the veteran and defence force communities. DVA also provides administrative support and staff for the Repatriation Commission and the Military Rehabilitation and Compensation Commission (MRCC). The Department also administers other legislation, including the **Defence Service Homes Act 1918** and the **War Graves Act 1980**. The full list of legislation DVA administers can be found at [www.dva.gov.au/aboutDVA/Pages/legislation.aspx](http://www.dva.gov.au/aboutDVA/Pages/legislation.aspx).

Repatriation Commission

The Repatriation Commission is the policy body responsible for the administration of the **Veterans’ Entitlements Act 1986** (VEA) and its range of compensation and income support pensions, allowances and other health care services. The functions and powers of the Repatriation Commission are set out in sections 180 and 181 of the VEA. The three-member Repatriation Commission comprises statutory officers based in the Department.

Military Rehabilitation and Compensation Commission

The MRCC is the policy body responsible for the administration of the **Military Rehabilitation and Compensation Act 2004** (MRCA) and the **Safety, Rehabilitation and Compensation Act 1988** (as it relates to current and future Australian Defence Force members and their families). The programs provided under these Acts include permanent impairment payments, incapacity payments, health care and rehabilitation. The MRCC comprises the three members of the Repatriation Commission and three additional members: one nominated by the Minister for Employment and Workplace Relations and two nominated by the Minister for Defence.

Australian War Memorial

The Memorial is a discrete agency within the portfolio that maintains and develops the national memorial to Australians who have died in wars or warlike operations. It also develops, maintains and exhibits a national collection of historical material, and conducts and fosters research into Australian military history.

The War Memorial reports on its activities in its own annual report tabled separately. Its website address is [www.awm.gov.au](http://www.awm.gov.au).
Other entities

There are a number of other entities in the portfolio.

Repatriation Medical Authority
The RMA develops instruments called Statements of Principles (SOPs), which set out the sound medical–scientific evidence linking a particular condition or death to service. SOPs are binding on decision-makers or review bodies determining liability for compensation under the VEA or MRCA.

The RMA reports on its activities in its own annual report tabled separately. The report and the SOPs are available on the RMA’s website at www.rma.gov.au.

Specialist Medical Review Council
The SMRC is responsible for reviewing SOPs and directing the RMA about changes to the SOPs. Its website address is www.smrc.gov.au.

Veterans’ Review Board
The VRB is an independent tribunal that reviews certain decisions made under the VEA and MRCA. The VRB reports on its activities in its own annual report tabled separately. Its website address is www.vrb.gov.au.

Office of Australian War Graves
The Office of Australian War Graves (OAWG):
- acts as the agent of the Commonwealth War Graves Commission (CWGC) in the Australian region
- commemorates Australian war dead for conflicts other than the world wars
- commemorates veterans who die post-war of causes related to conflict
- establishes and maintains official Australian memorials overseas.

OAWG activities are reported at Program 3.1 of the DVA Annual Report. Its website is part of the DVA domain at www.dva.gov.au/commems_oawg/OAWG.

Defence Service Homes Insurance Scheme
The DSHIS offers cost-effective home building insurance and, in partnership with QBE Australia, provides a range of other insurance to eligible members of the veteran and Australian Defence Force communities.

DSHIS activities are reported at Program 1.4 of the DVA Annual Report. Its website address is www.dsh.gov.au.
Outcome and program structure

Figure 2: DVA’s outcome and program structure as at 2012-13

Department of Veterans’ Affairs

Outcome 1: Compensation and Support
Maintain and enhance the financial wellbeing and self-sufficiency for eligible persons and their dependants through access to income support, compensation and other support services, including advice and information about entitlements

Programs
1.1 Veterans’ Income Support and Allowances
1.2 Veterans’ Disability Support
1.3 Assistance to Defence Widow/ers and Dependants
1.4 Assistance and Other Compensation for Veterans and Dependants
1.5 Veterans’ Children Education Scheme
1.6 Military Rehabilitation and Compensation Acts Payments – Income Support and Compensation
1.7 Adjustment to the Military Rehabilitation and Compensation Acts Liability Provision – Income Support and Compensation

Outcome 2: Health
Maintain and enhance the physical wellbeing and quality of life of eligible persons and their dependants through health and other care services that promote early intervention, prevention and treatment, including advice and information about health service entitlements

Programs
2.1 General Medical Consultations and Services
2.2 Veterans’ Hospital Services
2.3 Veterans’ Pharmaceutical Benefits
2.4 Veterans’ Community Care and Support
2.5 Veterans’ Counselling and Other Health Services
2.6 Military Rehabilitation and Compensation Acts – Health and Other Care Services
2.7 Adjustment to the Military Rehabilitation and Compensation Acts Liability Provision – Health and Other Care Services

Outcome 3: Commemorations
Acknowledgement and commemoration of those who served Australia and its allies in wars, conflicts and peace operations through promoting recognition of service and sacrifice, preservation of Australia’s wartime heritage, and official commemorations

Programs
3.1 War Graves and Commemorations
3.2 Gallipoli-related Activities
The relationship between DVA and the Commissions

The two Commissions are vested with broad powers to enable them to carry out their functions and duties. They also have specific powers to enter into contracts, deal with real or personal property, undertake building works and engage persons to perform services. As the Commissions have no staff of their own, DVA staff are provided by the Secretary of the Department in order for the Commissions to achieve their roles.

The granting of pensions, allowances and other benefits is an activity carried out by DVA and overseen directly by the Commissions. The Commissions are involved in the determination of policy; the identification of anomalies; consideration of whether matters should be appealed; advice to the Minister and Parliament; liaison with the veteran community; and cooperation with Defence.

Under the VEA, the portfolio Secretary (i.e. the Secretary of DVA) may be appointed as the President of the Repatriation Commission. The convention has been to always appoint the Secretary of the Department to this statutory role, to ensure alignment of the functions and objectives of the Commissions and the Department. By virtue of the appointment as the President of the Repatriation Commission, the Secretary is also the Chair of the Military Rehabilitation and Compensation Commission (MRCC).

The Secretary remains accountable under the Public Service Act 1999 and the sanctions specified in that Act are applicable in that capacity. While statutory office holders such as the President of the Repatriation Commission are bound to act in accordance with the Public Service Act, accountabilities and ultimately sanctions applicable to the role of President or Chair are not the responsibility of the Australian Public Service Commissioner but are specified in the relevant Acts.

The Deputy President of the Repatriation Commission has a dual role. Firstly, as a full-time member of the Repatriation Commission, the Deputy President participates in and contributes to all Commission meetings. By virtue of being the Deputy President of the Repatriation Commission, the Deputy President is also a member of the MRCC. Secondly, the Deputy President assists the Secretary in the management of the Department, performing an equivalent role to that of a Deputy Secretary.

The Commissioner is appointed by the Governor-General (on advice from the Minister for Veterans’ Affairs) from a list of names provided by the ex-service community. The role has special responsibility for representing the views of that community in Commission considerations. The Commissioner is also appointed as a member of the MRCC. The Commissioner is a member of the executive management team of DVA and has a key role in the management of grants, commemorative events and the Applied Research Program.

The relationship between DVA and Defence

A new Memorandum of Understanding (MOU) between DVA and the Department of Defence was signed on 5 February 2013. The new MOU builds on previous agreements between Defence and DVA but, for the first time, incorporates formal recognition that the responsibility for the delivery of care and support is shared across both departments.

The MOU ensures that the key principles that govern the cooperative delivery of care and support arrangements are best practice, remain effective and adapt to individuals’ changing needs. The MOU introduces the concept of the ‘support continuum’ – the structure of systems that extends across both Defence and DVA to deliver the seamless care and support Australian Defence Force (ADF) families deserve.

The respective roles of both departments in the provision of care and support at all stages of a member’s career are clearly identified in the MOU. Defence has the lead in caring for and supporting serving members. DVA has the lead in caring for and supporting widow/ers, dependants and wounded,
Overview

The relationship between DVA and Defence in injured or ill ex-service members. DVA is also responsible for providing compensation and other support to eligible serving and former members.

Defence and DVA are jointly implementing the Support for Wounded, Injured or Ill Program (SWIIP) to develop a whole-of-life framework for the care of wounded, injured or ill ADF members. In 2010, Defence conducted a four-month review of the system of support, including Defence and DVA’s approaches to caring for wounded, injured or ill personnel. This review was called the Support for Injured or Ill Project – Review of Current Practices. The report is available at www.defence.gov.au/publications/siipreviewcurrentpractices.pdf.

As a result, 31 opportunities for process improvement were identified across both departments. SWIIP is the implementation of these recommendations, of which 26 have been closed. A key initiative under SWIIP is the On Base Advisory Service (OBAS).

OBAS has now been operational since 1 October 2011. The overall response to OBAS from the ADF continues to be very positive and demand for services continues to increase. On Base Advisers are connecting with ADF members early, providing information and assistance on the services and benefits provided through DVA, and ensuring potential clients can be confident of an efficient, effective and quality service when contacting DVA.

A joint project is currently underway to investigate strategic options to address the remaining SWIIP recommendations and to further enhance the work already achieved under SWIIP. DVA and Defence are working closely together on a range of initiatives to allow a proactive response for ADF members who may require DVA services. For example, where a member is involved in a serious incident, subject to consent being in place, information is now being provided to DVA at the time of the incident to enable early contact and support.

The Defence Links Steering Committee (DLSC) is the key governance mechanism that ensures a strong relationship between Defence and DVA. The DLSC is co-chaired by the Deputy President of the Repatriation Commission (DVA) and the Deputy Secretary Defence People (Defence) and meets quarterly.

The MOU established a high level committee – the Defence DVA Executive Committee (DDEC) – to provide oversight of the DLSC. Membership comprises the Secretary of DVA; Secretary of the Department of Defence; and the Chief of the Defence Force. The DDEC was first convened in 2013 and will meet annually. Issues to be considered by the DDEC will include the operation of the Memorandum of Understanding between Defence and DVA, information and data exchange, and support for seriously wounded, injured or ill members.

The Interdepartmental Committee for Streamlining Administration of Transitioning and Former ADF Members continues to address administrative issues for current ADF members and ex-serving members and their families dealing with multiple government agencies. The Committee has representation from the following departments and agencies: Australian Taxation Office; ComSuper; Defence; Education, Employment and Workplace Relations; Families, Housing, Community Services and Indigenous Affairs; Human Services; and DVA. A subsidiary interdepartmental working group addresses issues at the operational level.

Snapshot of the veteran community

At 30 June 2013, DVA supported more than 300 000 clients, some through treatment cards (Gold and White Cards) and some through other benefits and services. VEA clients and treatment-card-holding MRCA clients made up the vast majority – 313 880 in total.

While VEA beneficiaries have a relatively stable relationship with the Department, MRCA and SRCA beneficiaries have a more episodic relationship, in that they may apply and be assessed for a lump sum...
payment, be reimbursed for medical costs, come in and out of income replacement and so on. Therefore MRCA and SRCA beneficiaries are counted where they have received a benefit or service in the last two years – 18 557 in total. MRCA treatment cardholders are included in both figures above.

Detailed statistics about the veteran population are published on the DVA website each quarter at www.dva.gov.au/statistics.htm.

Table 1 shows the trend in benefit recipient numbers across a range of benefits between 2008-09 and 2012-13.

Table 1: Summary of benefit recipient numbers by type of benefit 2008-09 to 2012-13

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>At 30 June 2009</th>
<th>At 30 June 2010</th>
<th>At 30 June 2011</th>
<th>At 30 June 2012</th>
<th>At 30 June 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment population</td>
<td>269 248</td>
<td>257 566</td>
<td>245 605</td>
<td>233 800</td>
<td>223 181</td>
</tr>
<tr>
<td>Gold Card</td>
<td>218 858</td>
<td>207 945</td>
<td>196 619</td>
<td>185 031</td>
<td>174 168</td>
</tr>
<tr>
<td>White Card</td>
<td>50 390</td>
<td>49 621</td>
<td>48 986</td>
<td>48 769</td>
<td>49 013</td>
</tr>
<tr>
<td>VEA pension &amp; allowances</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service pension includes</td>
<td>191 025</td>
<td>179 242</td>
<td>167 368</td>
<td>156 056</td>
<td>145 697</td>
</tr>
<tr>
<td>veterans</td>
<td>102 053</td>
<td>95 363</td>
<td>88 652</td>
<td>82 229</td>
<td>76 523</td>
</tr>
<tr>
<td>partners</td>
<td>88 972</td>
<td>83 879</td>
<td>78 716</td>
<td>73 827</td>
<td>69 174</td>
</tr>
<tr>
<td>Income support supplement</td>
<td>80 521</td>
<td>77 584</td>
<td>73 970</td>
<td>69 989</td>
<td>65 730</td>
</tr>
<tr>
<td>SSA age pension</td>
<td>5572</td>
<td>5167</td>
<td>4779</td>
<td>4412</td>
<td>4121</td>
</tr>
<tr>
<td>Commonwealth Seniors Health Card</td>
<td>8390</td>
<td>7269</td>
<td>7014</td>
<td>6428</td>
<td>6069</td>
</tr>
<tr>
<td>Disability pension</td>
<td>128 146</td>
<td>122 355</td>
<td>116 498</td>
<td>110 644</td>
<td>105 705</td>
</tr>
<tr>
<td>War widow/ers pension</td>
<td>104 760</td>
<td>101 090</td>
<td>96 761</td>
<td>91 925</td>
<td>86 865</td>
</tr>
<tr>
<td>POW Recognition 1</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>816</td>
<td>642</td>
</tr>
<tr>
<td>Orphan’s pension</td>
<td>201</td>
<td>190</td>
<td>187</td>
<td>179</td>
<td>171</td>
</tr>
<tr>
<td>Attendant allowance</td>
<td>861</td>
<td>777</td>
<td>710</td>
<td>614</td>
<td>528</td>
</tr>
<tr>
<td>Rent assistance</td>
<td>22 923</td>
<td>21 520</td>
<td>20 091</td>
<td>18 801</td>
<td>17 639</td>
</tr>
<tr>
<td>Remote area allowance</td>
<td>1044</td>
<td>985</td>
<td>951</td>
<td>902</td>
<td>860</td>
</tr>
<tr>
<td>Decoration allowance</td>
<td>596</td>
<td>538</td>
<td>585</td>
<td>536</td>
<td>472</td>
</tr>
<tr>
<td>Recreation transport allowance</td>
<td>2575</td>
<td>2277</td>
<td>2008</td>
<td>1745</td>
<td>1502</td>
</tr>
<tr>
<td>Vehicle Assistance Scheme</td>
<td>80</td>
<td>61</td>
<td>64</td>
<td>58</td>
<td>59</td>
</tr>
<tr>
<td>Funeral benefit</td>
<td>8570</td>
<td>7857</td>
<td>7623</td>
<td>7230</td>
<td>6561</td>
</tr>
<tr>
<td>Veterans’ Children Education Scheme</td>
<td>3615</td>
<td>3336</td>
<td>3084</td>
<td>2746</td>
<td>2652</td>
</tr>
<tr>
<td>Clothing allowance</td>
<td>861</td>
<td>771</td>
<td>709</td>
<td>630</td>
<td>567</td>
</tr>
<tr>
<td>MRCA and SRCA clients 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permanent impairment</td>
<td>2608</td>
<td>2552</td>
<td>2669</td>
<td>2856</td>
<td>3268</td>
</tr>
<tr>
<td>Incapacity payments</td>
<td>4162</td>
<td>4303</td>
<td>4663</td>
<td>4873</td>
<td>5343</td>
</tr>
<tr>
<td>Health services</td>
<td>8127</td>
<td>8818</td>
<td>9334</td>
<td>10 087</td>
<td>10 728</td>
</tr>
<tr>
<td>Other</td>
<td>4851</td>
<td>4460</td>
<td>4860</td>
<td>5837</td>
<td>6556</td>
</tr>
<tr>
<td>Defence Service Homes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homes insured</td>
<td>79 514</td>
<td>76 320</td>
<td>73 940</td>
<td>71 071</td>
<td>68 491</td>
</tr>
<tr>
<td>Housing loan subsidies</td>
<td>25 748</td>
<td>22 913</td>
<td>20 329</td>
<td>17 700</td>
<td>15 227</td>
</tr>
</tbody>
</table>

1 POW Recognition Supplement is a payment that provides special recognition of surviving former Australian prisoners of war, both veteran and civilian. The payment commenced in September 2011.

2 Clients who have received a benefit in the previous two years.
Table 2 shows recent changes in the veteran populations based on eligibility under the different Acts.

### Table 2: Number of veterans with accepted disability by Act 2010-11 to 2012-13

<table>
<thead>
<tr>
<th></th>
<th>At 30 June 2011</th>
<th>At 30 June 2012</th>
<th>At 30 June 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>VEA</td>
<td>120 677</td>
<td>114 745</td>
<td>111 778</td>
</tr>
<tr>
<td>SRCA</td>
<td>48 285</td>
<td>48 875</td>
<td>49 436</td>
</tr>
<tr>
<td>MRCA</td>
<td>9100</td>
<td>11 255</td>
<td>13 547</td>
</tr>
</tbody>
</table>

### VEA beneficiaries

Commensurate with the decline in the number of surviving veterans, the number of VEA beneficiaries is expected to almost halve over the next decade, dropping by 26.2 per cent to an estimated 231,500 by 30 June 2018, and by 42.8 per cent to an estimated 179,400 by 30 June 2023. Table 3 shows the estimated number of surviving veterans, by conflict, over the past five years.

### Table 3: Estimated number of surviving veterans 2008-09 to 2012-13

<table>
<thead>
<tr>
<th></th>
<th>At 30 June 2009</th>
<th>At 30 June 2010</th>
<th>At 30 June 2011</th>
<th>At 30 June 2012</th>
<th>At 30 June 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second World War¹</td>
<td>107 600</td>
<td>93 800</td>
<td>81 100</td>
<td>69 200</td>
<td>58 200</td>
</tr>
<tr>
<td>Korean War, Malayan Emergency and FESR²</td>
<td>16 000</td>
<td>15 400</td>
<td>14 800</td>
<td>14 200</td>
<td>13 600</td>
</tr>
<tr>
<td>Vietnam War³</td>
<td>48 800</td>
<td>48 200</td>
<td>47 500</td>
<td>46 800</td>
<td>46 000</td>
</tr>
<tr>
<td>Other pre-1972 conflicts</td>
<td>7700</td>
<td>7400</td>
<td>7000</td>
<td>6700</td>
<td>6400</td>
</tr>
<tr>
<td>Cambodia, Gulf War, Namibia, Somalia &amp; Yugoslavia⁴</td>
<td>5400</td>
<td>5400</td>
<td>5300</td>
<td>5300</td>
<td>5300</td>
</tr>
<tr>
<td>Rwanda</td>
<td>600</td>
<td>600</td>
<td>600</td>
<td>600</td>
<td>600</td>
</tr>
<tr>
<td>Post-1999 conflicts⁵</td>
<td>46 500</td>
<td>50 300</td>
<td>54 200</td>
<td>58 100</td>
<td>61 900</td>
</tr>
<tr>
<td>Peaceetime Defence Force⁶</td>
<td>157 500</td>
<td>156 500</td>
<td>154 300</td>
<td>153 000</td>
<td>153 000</td>
</tr>
<tr>
<td>British Commonwealth and Allied</td>
<td>36 600</td>
<td>34 000</td>
<td>31 500</td>
<td>29 000</td>
<td>26 700</td>
</tr>
<tr>
<td>Total⁷</td>
<td>425 800</td>
<td>410 700</td>
<td>396 700</td>
<td>383 500</td>
<td>371 000</td>
</tr>
</tbody>
</table>

1 Based on nominal roll data.
2 FESR = Far East Strategic Reserve. Where the veteran has service in more than one conflict, they are recorded by most recent conflict.
3 Based on nominal roll data.
4 Previously labelled post-1972 conflicts.
5 Includes East Timor, Solomon Islands, Afghanistan, Iraq & Bougainville.
6 Based on ADF data; those with three or more years of service post-1972.
7 Total includes those potentially eligible for a service pension and/or disability pension. Components will not add exactly to total due to rounding and overlaps. Figures have been revised since the last annual report due to revision of mortality rates; hence, figures previously published for 2009, 2010 and 2011 will differ.

At 30 June 2013, VEA veterans numbered 151,240, which is 48 per cent of total VEA beneficiaries. VEA war widow/ers numbered 86,865, which is 28 per cent of total beneficiaries. The remaining 24 per cent comprised other dependants, mostly service pension partners, widows with children and orphans. This profile of total VEA beneficiaries is expected to remain fairly stable over the next three years.

Table 4 shows beneficiaries by age group and state at 30 June 2013. This includes persons receiving pensions or allowances or who hold a Gold, White or Orange Card or a Commonwealth Seniors Health Card.
Table 4: Beneficiaries by age group and state at 30 June 2013

<table>
<thead>
<tr>
<th>Age</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>SA</th>
<th>WA</th>
<th>Tas</th>
<th>Other</th>
<th>Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 55</td>
<td>7571</td>
<td>4079</td>
<td>9591</td>
<td>2052</td>
<td>2972</td>
<td>806</td>
<td>256</td>
<td>27327</td>
</tr>
<tr>
<td>55–59</td>
<td>3700</td>
<td>1924</td>
<td>4041</td>
<td>1120</td>
<td>1317</td>
<td>434</td>
<td>96</td>
<td>12632</td>
</tr>
<tr>
<td>60–64</td>
<td>8949</td>
<td>5447</td>
<td>9140</td>
<td>2977</td>
<td>3081</td>
<td>990</td>
<td>184</td>
<td>30768</td>
</tr>
<tr>
<td>65–69</td>
<td>12367</td>
<td>7629</td>
<td>12138</td>
<td>3747</td>
<td>4322</td>
<td>1324</td>
<td>252</td>
<td>41779</td>
</tr>
<tr>
<td>70–74</td>
<td>6174</td>
<td>3163</td>
<td>6147</td>
<td>1477</td>
<td>2324</td>
<td>599</td>
<td>132</td>
<td>20016</td>
</tr>
<tr>
<td>75–79</td>
<td>6749</td>
<td>3525</td>
<td>5284</td>
<td>1468</td>
<td>2264</td>
<td>634</td>
<td>133</td>
<td>20057</td>
</tr>
<tr>
<td>80–84</td>
<td>12432</td>
<td>7819</td>
<td>7535</td>
<td>2970</td>
<td>3306</td>
<td>1173</td>
<td>177</td>
<td>35412</td>
</tr>
<tr>
<td>85–89</td>
<td>25751</td>
<td>17860</td>
<td>13668</td>
<td>6775</td>
<td>6334</td>
<td>2237</td>
<td>315</td>
<td>72940</td>
</tr>
<tr>
<td>90 or over</td>
<td>18640</td>
<td>13092</td>
<td>10135</td>
<td>4898</td>
<td>4424</td>
<td>1493</td>
<td>267</td>
<td>52949</td>
</tr>
<tr>
<td>Total</td>
<td>102333</td>
<td>64538</td>
<td>77679</td>
<td>27484</td>
<td>30344</td>
<td>9690</td>
<td>1812</td>
<td>313880</td>
</tr>
</tbody>
</table>

1 NSW and SA include ACT and NT residents respectively.
2 Includes persons residing overseas and at unknown addresses.

MRCA and SRCA beneficiaries

Table 5 shows the number of MRCA and SRCA beneficiaries who have received a benefit in the past two years.

Table 5: MRCA and SRCA beneficiaries who received benefits in the two years to June 2013

<table>
<thead>
<tr>
<th>Age</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>SA</th>
<th>WA</th>
<th>Tas</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 20</td>
<td>51</td>
<td>22</td>
<td>61</td>
<td>8</td>
<td>14</td>
<td>0</td>
<td>1</td>
<td>157</td>
</tr>
<tr>
<td>20–24</td>
<td>275</td>
<td>129</td>
<td>298</td>
<td>72</td>
<td>58</td>
<td>18</td>
<td>1</td>
<td>851</td>
</tr>
<tr>
<td>25–29</td>
<td>527</td>
<td>246</td>
<td>682</td>
<td>167</td>
<td>180</td>
<td>40</td>
<td>5</td>
<td>1847</td>
</tr>
<tr>
<td>30–34</td>
<td>659</td>
<td>314</td>
<td>792</td>
<td>199</td>
<td>294</td>
<td>61</td>
<td>12</td>
<td>2331</td>
</tr>
<tr>
<td>35–39</td>
<td>665</td>
<td>301</td>
<td>883</td>
<td>202</td>
<td>218</td>
<td>49</td>
<td>14</td>
<td>2332</td>
</tr>
<tr>
<td>40–44</td>
<td>668</td>
<td>353</td>
<td>951</td>
<td>237</td>
<td>313</td>
<td>69</td>
<td>15</td>
<td>2606</td>
</tr>
<tr>
<td>45–49</td>
<td>518</td>
<td>261</td>
<td>642</td>
<td>194</td>
<td>205</td>
<td>52</td>
<td>14</td>
<td>1886</td>
</tr>
<tr>
<td>50–54</td>
<td>413</td>
<td>216</td>
<td>507</td>
<td>200</td>
<td>147</td>
<td>47</td>
<td>9</td>
<td>1539</td>
</tr>
<tr>
<td>55–59</td>
<td>292</td>
<td>173</td>
<td>420</td>
<td>139</td>
<td>120</td>
<td>35</td>
<td>11</td>
<td>1190</td>
</tr>
<tr>
<td>60–64</td>
<td>420</td>
<td>201</td>
<td>446</td>
<td>133</td>
<td>151</td>
<td>43</td>
<td>6</td>
<td>1400</td>
</tr>
<tr>
<td>65 or over</td>
<td>796</td>
<td>398</td>
<td>644</td>
<td>179</td>
<td>309</td>
<td>86</td>
<td>6</td>
<td>2418</td>
</tr>
<tr>
<td>Total</td>
<td>5284</td>
<td>2614</td>
<td>6326</td>
<td>1730</td>
<td>2009</td>
<td>500</td>
<td>94</td>
<td>18557</td>
</tr>
</tbody>
</table>

1 NSW and SA include ACT and NT residents respectively.
2 Includes persons residing overseas and at unknown addresses.
A member of the Second AIF considers his options before entering the Civil Rehabilitation Centre in Melbourne, March 1946.

(AWM 126088)