Update from Tara Hatzismalis, Deputy Commissioner Qld, DVA at SED Council Meeting Thursday 3 July 2025

1. **Royal Commission into Defence and Veteran Suicide**

At the end of 2024, the government provided a response to the final report of the Royal Commission, which included 122 recommendations. The government agreed to an overwhelming number of those recommendations and one of the fortunate things with the government returning after the last election is that we don't have to seek the same endorsement from a new government. Implementation of the recommendations has begun. We have Defence leading on the majority of the recommendations.

DVA have a number of other recommendations on which they have started work. Some of them require Defence and DVA to work together which serves two different purposes:

- Defence is concerned with recruitment and retention; and
- DVA looks after veterans and their families, post service.

There has been lots of regular meetings and most have been positive.

One of the foundational recommendations was for the establishment of a Defence and Veteran Services Commission, which is to provide independent oversight and drive reform to improve suicide prevention and wellbeing outcomes for serving and ex-serving ADF members. Essentially this is to keep the agencies honest and accountable for delivering on the recommendations. Mr Michael Manthorpe PSM has been appointed as the Interim Head of that Commission and it sits under the Prime Minister and Cabinet. It's independent of the agencies that are responsible for delivering on the recommendations. We also had the Vets Act establish this Commission in legislation, through amendments to the Defence Act 1903, so we have the legal authority. Also under Michael, we have established a Task Force and sourced Subject Matter Experts from across government to provide advice on the implementation of the government's response and DVA is fully committed to implementing the response in partnership with Defence, Prime Minister, Cabinet and other Federal agencies. So as someone who's personally responsible for implementing a couple of those recommendations, things are progressing well. I guess I'm fortunate in that I have responsibility for managing claims for liability compensation, incapacity payments and special rate disability. It is very important work and it is well and truly underway.

Parliament passed the Veterans Entitlements, Treatment and Support Act, which we call the Vets Act. On 1 July 2026, DVA will move all of their claims, services and supports under this particular Act which is the MRCA. Any new claims post 1 July 2026 that the Department receives will be considered under the MRCA, as opposed to the Veterans Entitlement Act (VEA) or the Defence Rehabilitation Conversation Act (DRCA). That is a substantial but much needed piece of work. They have had many recommendations which say that we need to streamline our legislation and make it easier for people so we have finally got it through. For a Department that is over 100 years old, that's not an easy switch. The team who got the legislation through was magnificent. It was difficult work, very technical and demanded lots of writing legislative instruments, but now the real work starts in how we position our Department, but also how do we position veterans and their families to transition to that change in the least disruptive way possible.

Two things that I'm leaning in on are how do we train Advocates to become familiar with the Act and the entitlements under that; and any system changes which might require you to do things differently within the Department. It also means that I'm responsible for leading the training of our existing DVA staff and any new staff as well. We do have a little bit of time but it's a significant change. More information on the Vets Act can be found on the DVA website under the Legislative Reform section. This includes a range of case studies where you can explore what examples might look like and where there might be differences in what people can access based on when they choose to claim.

2. **Update on the Task Force on a Wellbeing Agency and Establishment of a Peak Body**

We've appointed one of our Deputy Secretaries to lead the Task Force to deliver on Royal Commission recommendations 87 and 89, which focuses on the co-design of a new agency on wellbeing and the national peak body for the veteran community. They have gone around the country engaging with anyone who is interested, eg. a serving member, veteran, family member, ex service organisations, advocates, as well as providers (GP clinics, physios, etc). DVA have been asking people what would a wellbeing agency look like. They have been to nearly

every state and territory capital, as well as Townsville and a regional location and are writing up the report. Now they are developing options for government to consider and investigate budget processes to get it established.

We are also trying to establish a national peak body for ESOs and DVA is more than happy to present our findings to your organisation or your Members on that. The findings have informed the development of potential operating models, governance structures and accountability frameworks and we're keen to share these with you. Information is on our website.

We've almost finalised the establishment of an Institute of Veteran Advocates which will provide leadership and support to veterans' advocates, setting competency and training standards, accrediting and registering services and establishing a code of conduct. The Institute is now working in partnership with the Advocate Training and Development Program (ATDP). I understand that the Institute has been registered with ACNC and ASIC, etc. so that it's a legitimate body. It is chaired by Mike Vonberg and one of our Deputy Secretaries also sits on the Board, along with a member from Defence. This is another recommendation from multiple inquiries so I'm pleased that we are bringing that to fruition.

People ask me, what does this mean for our fee, for service or commercial representatives and we're working through that and what that would look like. We think at this stage we do want to open it up to everyone to register to be a part of that Institute. They are developing a website where you can research paid and volunteer advocates, etc. DVA are going to hold people accountable for their standards of service delivery, the support that they're offering and also code of conduct. Where we're seeing unfortunate behaviour that's not acting in a veteran's best interest, if they are registered with the Institute, we will take appropriate action.

3. **Recent Changes to Claims' Lodgement with the Department**

At the end of March, DVA introduced changes to help improve claims processing (faster, fairer processing and better health outcomes for our veterans). The reason why we introduced these changes was because we saw some unreasonable claiming practises from 'fee for service' and commercial providers representing veterans. What we were seeing were claims being lodged with the Department with incomplete claim forms, no medical diagnosis and no proof of identity. When we received the claim, there was nothing we could do with it, which is not good for the veteran and it's not good for us because our staff are busy. So, the first action when the claims come in, we will screen them and if any of those three things are missing, then we will write to the representative and the veteran and say we've registered your claim, but we can't give your claim to someone to look at until you provide XYZ (whatever the specific information is that's missing). We're very clear at articulating this is what we need from you before we can progress the claim. So that's one aspect of it.

The second aspect is we were receiving a significant number of these claims by email, so not on a claim form, which meant we would have to spend a lot of time and effort trying to source that information and then manually enter all of that into our claim system. We are really pushing for all claims to be lodged on MyService or through MyOrg because that means all of that data is inputted by the veteran or the representative, as opposed to ourselves. I can tell you that the 'fee for service' representatives were not happy with that and became very vocal, which is a good thing, because it meant that the change has had the desired effect. We copped a bit of noise and a bit of hurt, but we're trying to change that behaviour.

The third aspect of this initiative is, and this is a tough one, during the initial screening of the claim, if we identify potentially complex veterans or complex medical conditions, or a significant number of medical conditions in that claim, we will refer the veteran to an independent medical examination. The reason for that is because firstly, we don't want our veterans to have to go to multiple medical providers to get multiple reports, explaining their story and circumstances multiple times over. We have got providers who are charging significant amounts of money for reports that are well outside what you would consider to be reasonable. Some providers are refusing to provide us those reports if we don't agree to pay their price. This is not good for the veteran and I'm not going to put up with that rubbish. What we're seeing now in some instances is some of these representatives are getting the Veteran's defence medical documents and scraping any potential stated injury or illness and putting it into a claim.

DVA are getting claims with over 100 medical conditions with no evidence or diagnosis. So there's some nefarious activity going on out there, but it's not illegal. So right now we're doing everything that we can to try and get through the claims process as quickly as possible and get good outcomes for veterans, while disrupting some of this behaviour.

DVA have staff out on defence bases for serving personnel. Quite often they are located near the medical unit or at all the transition seminars. We have an arrangement with Defence, where we identify people coming up for a discharge and try to engage with those veterans. We explain to them that they don't need to necessarily have an advocate, as they can lodge their claims through MyService and we'll help them do that before they discharge. If we think that the serving member has a complex situation, then we will refer them to an ESO volunteer advocate. We also have a communication on our website which says you don't have to pay for an advocate and there's a list of ESOs with whom you might want to engage. Defence are on board with that message, but ultimately, we can't stop an individual from engaging with people like this and, similarly, we can't stop a veteran from engaging a lawyer to help them represent their claims.

4. **MyService Improvements**

DVA now have claim statuses available in MyService for all new travel claims. If veterans under MRCA and DRCA are lodging travel claims with the Department, they can see the status of those in MyService. In most cases you're no longer required to provide meal receipts when travelling or staying overnight. You can now also generate certain official letters in MyService for tax and concession purposes. These documents depend on your eligibility and entitlements and could include statements of payment, income and assets, letters for concession or a Medicare levy exemption certificate. In good news, but definitely outside of my wheelhouse, is pensions increase from 1 July. Also, veterans can earn more and the value of their assets can be higher before their pension payments are affected. Pensioners don't need to do anything to receive the increase as DVA will apply it automatically.

5. **Prime Minister's Veteran Employment Awards Nominations**

These are currently open and close on 25 July. RSL Qld was the winner in 2020 (Excellence for Supporting Spouse Employment) and again in 2023 (Excellence in Supporting Veteran and/or Partner Employment). They were also finalists in 2021. These awards are a priority for a number of our Prime Ministers now because I think this is our 8th year that we've been running these awards and it highlights the collective impact of the veteran employment community. This year we'll have new categories, including: 'Champion of Veteran Employment', 'Best Regional Employment Initiative' and 'Best Veteran Employment Commitment initiative'.

6. **Korean Veterans Day**

On 27 July each year we commemorate Korean Veterans Day and this is our 75th year since Australia entered the Korean War. There was a service last week that Jenny Gregory had the good fortune of being able to attend. We had hundreds of Korean War veterans, families and descendants gathered for a commemorative service at the Australian National Korean War Memorial in Canberra.

Questions:

SED Wellbeing Officer: Tara, you mentioned that DVA staff have started to do some training on the new legislation.

Tara: Essentially the legislation is the MRCA so I have a heavy contingent of staff who are very proficient in MRCA and so they are not going to need training. For staff who specialise in the DRCA and the VEA, yes, absolutely, once we finalise any outstanding claims under those two pieces of work, we will then train them so that the shift is easy.

SED Wellbeing Officer: I guess our concern is for our volunteer advocates in the District. 1 July 2026 is not that far off. Is there any mention of when training will start for the volunteer advocates?

Tara: We're working with the ATDP who currently facilitate the compensation and welfare advocacy training, Level 1 to 4, and we're asking them to start updating all of their training content so that it reflects the changes. All the information will be publicly available as well so that it's accessible, not just for volunteer advocates, but also for veterans and families as well. We will be putting the same information out to everyone because there's not going to be any difference whether you're a staff member or a veteran or an advocate. I am trying to work with the Institute and ATDP to say, in addition to your regular series of training that you've been fairly consistent with for the last few years, I want to see extra training dates and I want to see them available predominantly online rather than in person so that it can be accessible by more people and not requiring people to travel from rural and regional areas to have access to that information.

Greater Springfield's Delegate: you mentioned the Royal Commission's recommendations 87 and 89. 88 is to develop a national funding agreement on veterans wellbeing, so I have two part questions for you. The first one is, are you aware that government has put down that 'it is noted as a recommendation'? Is the government taking action on recommendation 88A which is to do with homeless veterans?

Tara: The reason why the government didn't agree is because we have no idea what the cost is going to be. Through the consultation we've had an opportunity to ask people what does a wellbeing agency look like for you, as everyone has a different idea, but if it means that we partner with state and territory Governments to deliver things, or if we have to partner with other government agencies, for example, Department of Health, we have no idea how to quantify what that cost is. The government pragmatically said yes 'noted' and then asked us what we thought the cost would be. That's why we're developing high cost, mid-range and low-cost options for government and then it is up to them to decide what they can afford.

Greater Springfield's Delegate: Questions on the paid advocates. I would prelude what I'm about to say is that my view is that DVA is probably the world's best veteran affairs programme, from a government perspective, in the world by a long shot. Most other countries don't have anything that we have so people could say that it's imperfect, but it's better than the rest of the world. I've noticed that the veteran community speaks in a certain language. My background is in producing TV ads for political parties. When it comes to the narrative for a political ad, it's political speak, which tends to be the opposite of what veterans try to speak. When I see DVA communicate the narrative, sometimes it feels like you're trying to live in two worlds. Do you see a future where DVA could be able to speak far more frankly and directly to the veterans? Referring to the point that you said how you brought up the paid advocate issue. We'd all agree that someone putting in a hundred medical claims without evidence of any details is abuse of the process. If you were to have communicated that at the time, the veteran community would have jumped on it. We didn't hear that and I was on the ground dealing with that and there was a lot of confusion. Do you see a future where DVA can get into a space of being far more direct with the narrative language that veterans will understand?

Tara: That is a fantastic question. Do I see us getting there? Yes, I do. Our attempts in this space have been hit and miss. I'll give you some examples. I've identified a number of paid advocacy groups who are beyond reasonable and I've written to them directly and called out their behaviour. We'll continue to take appropriate steps on that (this is me as a government employee writing government speak directly to the business X and saying, we see you doing this and I'm gonna ask you to stop it). I've received varying degrees of responses to that, and that's OK. The second thing that we've done is we try and post particular things that you don't need a paid advocate for on Facebook, Twitter, LinkedIn, etc. The earlier claims improvements that I talked about have been put out there and we did get some positive responses. We also got some really untidy responses, as you would expect on social media. I'm also seeing, and I heard this today, as I don't generally watch a lot of TV, that someone last night was sitting in front of the telly and within the space of 30 minutes there was 4 commercials for a particular 'fee for service' veteran group, so they have a lot of money behind them, courtesy of DVA. Some of the claims that are being made by these groups is incredible and I don't know what I could say to the community in response to these. For example, we guarantee you 100% success rates, so some groups like 'no win, no fee' say we'll get you 100% of all of your conditions accepted and then they take a cut. You've also got people making claims that we will get you a gold card on your first claim. I don't know how to correct that in the veteran community.

Greater Springfield's Delegate: I think it's difficult for your position. On MyService, can you get previous years and taxation statements? Can you go backwards more than the current financial last year?

Tara: I don't know. That's a great question.

Greater Springfield's Delegate: A lot of homeless veterans haven't sorted their life out for a long time and haven't done tax for five years. If all those statements have been mailed to the wrong address, can they grab as many years as they possibly can?

Stewart Rae: Going back to the training with the current ATDP, there's a heavy focus towards DRCA and especially VEA. With MRCA being the predominant course, is it possible to update the information provided, making GARPM the primary focus for the current people studying?

Tara: The short answer is yes. The bureaucratic answer is not right now and I'll tell you why. So, because this is an accredited course run by a registered training organisation, the course content has to be approved by the Australian Skills and Quality Authority (ASQA), so all of our content has to go through them to be approved so that you can be given a recognised qualification. So ATDP are working through that but it will take a little bit of time. For those who are studying and training right now, the answer is no.

Hugh: I've enjoyed what you've said so far. Can I ask, is there a way of looking at the percentage of claims that are lodged from four sources: salaried ESO Advocates, salaried non-ESO Advocates, volunteers and claimants without representation? It would be interesting if we could find out what the percentages of successes are as I have a concern that one shouldn't assume that a salaried Advocate is a good Advocate. I'm concerned about professional development, particularly with salaried Advocates. There used to be a time where the RSL and DVA worked well to enhance both professional understandings. I don't think that occurs today as much perhaps as it did in the past.

Tara: So we've done the data on some of those points. When I mentioned that I feel like our systems are 100 years old, I can look at claims and see if they were registered by a representative and whether that representative is in a larger cohort or if they're acting on their own. For example, I can see whether I've got an RSL Qld or RSL Sub Branch Advocate representing on a claim, but I can't tell you from that data who is ATDP accredited or not. I can see where individual veterans are lodging claims on their own and I can see 'fee for service' providers. If we use RSL as an example, because it's not a Federated model, I can't tell you whether they are a paid RSL Advocate or not. I can tell you that in terms of a claim representation, we're looking at about 50:50, so 50% of our claims are lodged by individual veterans and about 50% are lodged by people using a representative. There is a better success rate as people are getting better outcomes. The answer is no because we're getting better at processing claims. The acceptance rates for claims is increasing. We are saying yes to more claims under the DRCA or the MRCA for liability and that's trending upwards over time, which is positive. And we're also saying yes to more MRCA permanent impairment claims. And again, when we slice the data that's independent of whether the veterans are acting on their own or whether they're using a representative.

District President: The initial outcome may not be the acid test of how good the outcome was.

President, Springwood Tri Services: We have two questions for you. We received correspondence the other day from a lady who claims to be a DVA community social worker and works with a not-for-profit provider, New Care Services. Do you know anything about them?

Tara: No. I would suggest that you do not engage or perhaps communicate to your Members that you know this information is circulating and it is probably best to check with DVA to verify the validity of those types of statements.

President, Springwood Tri Services: The other question is one of our Members put a claim in the other day and current wait times given last Thursday by DVA were as follows:

- Initial liability (claim determination) 18 to 24 months.
- Permanent impairment assessments (lump sum compensation) 7 to 9 months.

What's the reason for the massive blowout in wait times?

Tara: I'm going to answer this question in two parts. The first one is I don't want to talk about individual claims in a group setting like this. However, if the veteran has circumstances that meet our prioritisation criteria, then I welcome a conversation about that and we will do our best to bring the claim forward, but we do have very clear criteria on that. The second point is, for the last 12 months, we've been publishing monthly our claim processing time frames under the VEA, MRCA and DRCA and have been very clear and transparent about that.

We're are not shying away from the fact that it's taking a while to process claims. The government gave us funding 2 years ago for an additional 500 staff. That funding was for two years and with those staff, we were able to reduce our unallocated claims under liability and have those claims allocated to a staff member so that we could start interacting with those veterans and their representatives. Since then, the number of new claims being registered is continuing to increase. Second point to that is we are now determining more claims than we ever have so output is higher, but the new claims coming in are outstripping what we can put out. Part of that goes to some of these fixed servicing commercial providers because they're trying to maximise their profit and that's where we're getting claims for hundreds of medical conditions. As an advocate, a veteran rocks up and they say, here's my medical file. I want to claim for 69 medical conditions. How long do you think it's going to take you to get through that? I'm sorry that some people will have to wait for their claims to be determined. I can't bring on more staff right now so we are working through the claims as quickly as we can.

Greenbank's Delegate: At State Congress, the DVA representative stated that long wait times are due to the complexity of a lot of the cases.

Tara: Unfortunately, people who decided to wait 30 years before they lodged a claim with the Department for the first time, may not have a positive experience because we can't decide it quickly.

District President: We do have a good relationship with Tara. She has always been open. If you have a specific case, through Julia, we'll try to connect you with Tara or her team, to see if we can advance or state the issue with the individual claim; keeping in mind that it should be somewhat exceptional.

Senior Vice President: We've heard a lot tonight about the 'fee for service' guys. They seem to be the fly in the ointment, causing a lot of troubles for the sector. Is there any move by DVA or the federal government to pass any legislation to protect veterans' entitlements? For example, if I go to my physiotherapist and I receive physio treatment under my gold card, my physio gets paid $60, my partner goes to the same service, she pays $100 minus whatever it is. Obviously, there's a cap and they can't charge a fee. We've spoken about this before as it's a common issue.

Why isn't there federal legislation to protect the permanent impairment from being scalped by these people? Is that something DVA's doing? Realistically the system currently enables them to take advantage of it. Can we fix it to prevent people from abusing the system?

District President: Within health, there's the PSRC and I would have thought that DVA should be setting up their own review committee to ensure there's not egregious costs, loss of cost, charges involved, not only in that sort of case, but in the case of advocacy because there are issues there. There's also ASIC which is not doing the right thing. There are agencies already, but I think there should be an internal agency within DVA that's looking at this because it is growing.

Tara: Regarding medical providers, they are doing some significant compliance work at the moment and where we see price gouging or overcharging, we're engaging with the relevant authorities like ARPRA and in some instances we will engage with AFP and do proper investigations. We issue a series of notices and in some cases it will actually lead to prosecution. There is work happening in that particular space. hey are looking at updating and then clarifying what we will pay for particular medical services. For example, we will pay for a medical impairment report for compensation purposes and the fee schedule that we have in place right now is no longer fit for purpose. They are working to improve that. In terms of protecting a person's permanent impairment payment which came up in the Royal Commission, there were no recommendations addressing that and that's because that's very hard. We can't not pay someone a lump sum of $50,000 and stop them from putting it into a pokie machine. There's no legislation against that. One of the things that I'm working really hard on, under the new legislation taking effect from 1 July 2026, is a requirement for veterans to get qualified financial advice before they receive permanent impairment lump sum payments over a particular amount. We do that for some particular things at the moment, but it's not mandatory across the board. For now, I think that's the best that I can bring to the table, but it's not fixing the problem.

Senior Vice President: It's about stopping the 10% off the top. I'll take $45,000 out of your $450,000 and move on. They shouldn't be able to touch that as it should be protected under federal law.

Tara: it's the same as engaging a lawyer to represent you in court. They're going to charge if you're successful.

Greenbank's President: In health, these professionals have their own doctors that they just go to and smash people through and know exactly what to write for DVA. Personal doctors don't want to touch a veteran's VEA claim. They only really want DRCA and MRCA because that's a lump sum payout. We are always told not to Doctor Farm. There's got to be some way that DVA could look at the Doctor Farm that's coming out of some of these private practised where the same doctor is writing almost identical words because that's how they get a gold card.

Tara: Where it's a medical provider, if we're seeing practises that are going against the law then we're doing what we can in that space. If a treating general practitioner or specialist, can't or won't see a veteran, we will organise an independent medical examination for the veteran so that they can get a diagnosis, get treatment etc.

District President: We've got to get smarter too within the RSL.

City New Farm's Delegate: mine's part comment, part question. Australia has an unfortunate long tradition of sacrifice being commodified for financial gain after major conflicts. I suppose my question about 'fee for service' providers is are there general characteristics that could be used to red flag veterans towards these more unscrupulous organisations? You said that they're promising gold cards on the first claim. Are there any other kind of major red flags that you're seeing emerge from these organisations? Could DVA publish a fact sheet to educate veterans before they engage a medical provider?

Tara: The thing is it's not illegal and if we do publish 'be aware' fact sheets, we could face litigation for defamation. We found ourselves in a couple of interesting situations in that space, there are things to look out for.

District President: Can I say that one of the things that DVA could look at, similar to Department of Health, is their practice costs. You could require that every provider submit their costs and DVA publish them so it's not critical, it's just factual.

Tara: So under the establishment of the Institute for Veterans Advocacy, for those 'fee for service' advocates who do want to register as part of that agency, we're trying to build into it that if you want be part of this, you have to publish your fees.

Senior Vice President: Once the Institute is established, could there be a ruling that if an organisation doesn't register with it, DVA just doesn't deal with it?

Tara: No, you can't do that.

Senior Vice President: If you need to meet those standards to be part of that group, then it's almost like being qualified. So shouldn't those claims to be prioritised be accepted?

Tara: So what if I decide that I want my mom to be my representative, but she might have no idea what she's doing.

Senior Vice President: Then she shouldn't do it.

Tara: Lots of people have a family member or a friend who they choose to represent them in their interactions with DVA.

Senior Vice President: I'll play Devil's advocate here and say isn't that part of the problem?

Tara: Why can't a person choose who is best placed to represent them?

Tara: If you're an advocate and you're doing a family member's claims, that's a hard no. That's a conflict. If I've just come out of the Navy and I can't deal with DVA, but I say, mum, can you get what I'm entitled to and I sign the form.

Senior Vice President: like most professions, a solicitor needs to pass the bar, a doctor needs to pass medical school. Advocates, if they are going to advocate on someone's behalf, shouldn't you have that tick in a box? Shouldn't that be mandatory? Then, if you were meeting those standards, then they would be held accountable by that governing body that you've discussed.

Tara: That's where we're trying to get to with that.

Senior Vice President: A bit of tough love, “Sorry, dad. You can't do it for me. I'm gonna have to get someone who's qualified to do it because I don't want it screwed up. It's harsh, but maybe it's the future to cut out some of these Individuals.

Delegate: Advocates go through registered training organisations (RTOs) to become advocates. Are the RTOs registered with anybody?

Tara: Generally speaking, to complete the training you need to be associated with an Ex-service organisation so you can go through your competencies, have your mentors and get sign off.

Delegate: That's what I thought. They're qualified but they're not registered anywhere. As a registered training organisation and an advocate they have to, each year, prove their qualifications each year. Why don't we have a registration? We got a registration for police officers, doctors, lawyers, etc. They're ripping off people.

Tara: We do have a list of ATDP accredited advocates, but we hold that internally.

Greater Springfield’s Delegate: You mentioned before about the Open Arms programme. I've seen that link. I was doing wellbeing five days a week, running around at the hospitals and dealing with veterans and suicide. I thought it be great for me to go and do it. I couldn't do it as a Wellbeing Officer for the RSL as I didn’t meet the criteria. I had to be either a professional mental health person with a degree practising as a job or a family member to get involved in the programme. So when you look at that list, it didn't encourage me to apply. It certainly doesn't encourage the RSL Qld Wellbeing Officers to get involved. If that could be opened up, that would be positive.

Tara: I think that's really good feedback. Thank you and I'm happy to take that back to Open Arms to investigate whether they can expand the scope of this or whether there is another programme that's similar and appropriate.

Greater Springfield’s Delegate: I think at the end of the day, you're doing a great programme. People that could sing that song would be the people dealing with the veterans saying, hey, I learnt this technique and thanks for helping me out to the RSL. Well DVA run a programme where I have learnt how to deal with family members dealing with suicidal, people who have suicide ideation and that just helps feed that back in. Whereas I think the mental health professionals you go to think that they already know that’s around and that their members helped to support them. So if you can have mental health professionals, I would have thought the Wellbeing team would be your frontline.

Tara: I think that's a great suggestion. Thank you.

District Presidnet: If there are any other questions, please email them down to either Julia or Judy and we'll make sure they get to Tara.

Logan Village’s Delegate: If a person who holds a gold card but they're not TPI, VEA or intermediate noted on that card and dies without an autopsy due to age, how can the widow prove that they died of an accepted condition so the widow can get the gold card?

Tara: Two things. If there's no autopsy, then we will take what we can find if there's a coroner's report. Alternatively, we would seek medical evidence from the veteran’s treating general practitioner or specialist, that the medical condition that has been accepted by DVA was the cause of the individuals passing. It can be the death certificate.

Sunnybank’s Delegate: I remember when I was doing advocacy, we used to sometimes have the opportunity to go and speak to the Doctor who wrote the death certificate and sometimes they would redo it for you to be clear so that it would meet the criteria.

District President: I know that there's probably plenty of further questions around. As I said, if you can just send them in to Julia or Judy, then we'll make sure they get to Tara and I'm sure that the Department to the Queensland area will come back to you quickly. Could I just say that at the Congress, it was absolutely uplifting that the Departmental Secretary, the first time I've ever heard it, said there was a problem with DVA rebate rates for medical services. Because it's something that we've been talking about for quite a few years, it's obviously finally got to the Secretary. The easiest way to fix it is to have your own rebate rate.

Tara's always ready to give her time to come out here, talk to you, listen to your questions and give you responses or find you a response. Could you join me in thanking her.

District President thanked Tara for her presentation and for her time.