

Senate Foreign Affairs, Defence and Trade Legislation Committee

Answers to questions on notice from Department of Veterans' Affairs

Budget estimates 2003–2003; June 2003

Question 1

Outcome 1 (Compensation)

Topic: Understatement of income and assets

Hansard page 461

Senator Mark Bishop asked:

How many cases of understating income and assets were referred to the DPP last year? What was the total sum recovered last year for understatement of income and assets.

Answer:

There were sixteen cases referred to the DPP for understating income and/or assets in 2002/03.

By Friday 27 June 2003, a total of \$1,653,432.86 was recovered from 4,359 clients in the 2002–2003 financial year for understating their income, their assets or both their income and assets.

Question 17

Outcome 1 (Compensation)

Topic: quoting the provisions of the VEA.

Senator Mark Bishop asked:

Could I have confirmation, quoting the provisions of the VEA, that service pensioners have no obligation to inform DVA of changes in asset values on a regular basis.

Answer:

Section 54 of the *Veterans' Entitlements Act 1986* (VEA) gives the Department power to require pensioners to disclose information relevant to determining the rate of pension payable. Under that provision, the Secretary notifies service pensioners of their obligation to advise of any specified event or change of circumstance which might impact on the level of their pension. The frequency with which an individual pensioner is required to notify of changes in the value of their assets depends on that person's particular circumstances.

Pensioners paid under the assets test

Assets tested pensioners are not required to provide the Department with information about changes in the value of their assets. The Department initiates regular revaluations of real estate and businesses and of the value of shares and managed investments for those pensioners.

Senate Foreign Affairs, Defence and Trade Legislation Committee

Answers to questions on notice from Department of Veterans' Affairs

Budget estimates 2003–2003; June 2003

Assets tested pensioners are required to notify the Department of the acquisition or disposal of assessable assets. Failure to notify of such a change may result in an overpayment under section 205 of the Act.

Pensioners paid under the income test

The majority of pensioners are not assets tested. These pensioners are required to inform the Department if the value of their assets exceeds the amount at which those assets would reduce their pension. This is known as the prescribed asset limit. The Department calculates this limit and the pensioner is advised whenever that limit varies.

The pensioner is not required to have assets formally revalued, and is not required to advise DVA of changes in asset value on a regular basis. Pensioners who feel that their assets may be approaching, or exceeding, their prescribed asset limit are advised to let DVA know. This would trigger a review requiring the pensioner to provide an estimate of asset values. Where necessary, the Department may arrange for formal valuation of assets such as real estate.

Formal Valuation of Assets

Whenever a formal valuation of an asset is required, this is arranged by the Department and conducted at departmental expense. This reflects the then Government announcement in 1984, that professional valuation of assets such as real estate, farms or businesses will be arranged by the Department at no cost to the pensioner.

Question 2

Outcome 2 (Health)

Topic: Specialists

Hansard page 464

Senator Mark Bishop asked:

In the additional estimates, in the answer to question on notice 1043, the estimates of expenditure for specialists actually fell short by \$2.6 million. Why was that? Was it due to the fact that those 268 specialists had withdrawn from using the gold card scheme?

Answer:

There was an overall decline in usage in specialists consultations which is independent of specialists withdrawing services. At the same time, there was an increase in usage in procedures which was reflected in the additional \$21.4m for Services by Medical Practitioners (which includes procedures by Local Medical Officers and medical specialists and does not include consultations) shown in the table in the Department's answer in question 5 (Question No. 1043). This reflects a change in veterans' service needs not in the number of specialists treating veterans.

Senate Foreign Affairs, Defence and Trade Legislation Committee

Answers to questions on notice from Department of Veterans' Affairs

Budget estimates 2003–2003; June 2003

Question 3

Outcome 2 (Health)

Topic: Veterans' Home Care

Hansard page 467

Senator Mark Bishop asked:

Can you take on notice the original number of veterans transferring from HACC, how many veterans were added in the first year and how many are now receiving services?

Answer:

Most veterans who transferred from the HACC program to VHC did so within the first year of the program commencing in January 2001 and by 31 December 2001, there were 13,254 transitionals. During 2002, an additional 4,794 veterans transferred, bringing the two year total to 18,048. During 2002/2003, 15,062 veterans who had transferred from the HACC program received one or more service through VHC.

Question 4

Outcome 2 (Health)

Topic: Veterans' Home Care

Hansard page 467

Senator Mark Bishop asked:

Could the committee be provided with a copy of the home care evaluation done by Access Economics?

Answer:

The Department engaged Access Economics in late 2002 to undertake sophisticated econometric modelling of its data on veterans to determine changes in health care usage for both VHC and non-VHC veterans. The Department then used this analysis to assist it in determining the savings to health program outlays arising from the introduction of the VHC program.

A copy of the Access Economics report and Departmental analysis was provided to the Committee.

Attachments: Report: *Veterans; home care programme: stage two—analysis of impact on other programmes of the Department of Veterans' Affairs* (89 page document) is not available in this volume. It is available from the Committee's website: www.aph.gov.au/senate_fadt/; and, Report: The Department's analysis: 'Veterans' home care program—DVA analysis of savings achieved' (2 page document) begins on the following page.

Veterans' Home Care Program DVA Analysis of savings achieved

	2000–01	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07
Original estimates of savings	- 18.924	- 95.236	- 77.530	- 78.777	- 78.777	- 78.777	- 78.777
Actual savings achieved to date	15.65	-33.65	-71.33	-71.33	-71.33	-71.33	-71.33

Methodology used to monitor savings to be achieved:

The methodology measures savings to DVA health programme outlays in respect of veterans aged 70 plus in the following areas:

- general practitioners;
- specialists;
- private and public hospitals; and
- other health care including allied health, diagnostic imaging, pathology and procedures.

Given the difference in the demographics between VHC and non-VHC individuals, the methodology does not simply compare spending outcomes for the two groups (for example, VHC individuals are on average 'sicker' and more frail, and may therefore have higher health care spending irrespective of whether the VHC programme existed or not). Rather, the methodology measures the changes in spending between VHC and non-VHC individuals. DVA has based the methodology on that which was developed as part of the Access Economics analysis.

Achievement of savings:

A key limitation in achieving the savings originally estimated for 2000–01 and 2001–02 has been the lower than expected initial uptake of clients into the programme and the longer than expected lead time required for clients to stay in the programme before savings to health outlays start to take effect. Although the VHC programme commenced operation on 1 January 2001, the first significant intake of clients did not begin until March 2001.

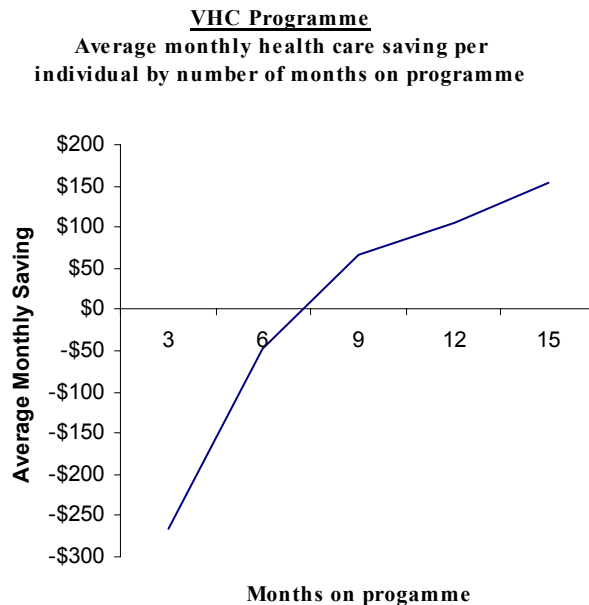
Analysis of the data indicates that there are overall savings to the Government from the VHC programme, and that these savings are growing over time. However, the analysis also indicates that there are initial increases in health care expenditure for VHC recipients during the first 3 to 6 months on the programme, that these increases are in the area of *preventative health care spending*, and that they *lead to savings in*

Senate Foreign Affairs, Defence and Trade Legislation Committee

Answers to questions on notice from Department of Veterans' Affairs

Budget estimates 2003–2003; June 2003

the longer term. In fact, the longer an individual has been on the programme, the greater the savings. This is illustrated in the following graph:



NOTE: Positive figures indicate savings, negative figures indicate costs

Source: DVA analysis of health care expenditure based on the Access Economics study

Given that VHC commenced in the middle of 2000–01, the average time an individual spent on the programme in 2000–01 was only 3 months, with no individual exceeding 6 months duration. As the analysis shows that VHC results in initial increases in health care spending in the first 3 to 6 months, the programme was not able to achieve savings in 2000–01, instead resulting in a cost of \$15.65 million. This cost may be overstated as the analysis does not fully remove increased expenditure associated with post acute health care spending on certain new VHC recipients (who are, on average, 'sicker' than other veterans) which would have occurred irrespective of their participation in VHC.

By 2001–02 VHC client numbers exceeded 56,000, with an average time on the programme of 9 months—sufficient time to achieve savings in health care spending of \$33.65 million. The average length on the programme exceeded 12 months by 2002–03, resulting in savings of \$71.33 million. This figure may be understated, as it based on an average VHC programme length of 12 months, when in fact the average time on the programme is exceeding this level (the average length reached 13.4 months in 2002–03 and is still growing).

These savings will continue at a level of at least \$71.33 million for 2003–04 and beyond, given that the overwhelming majority of VHC recipients are staying on the programme for 12 months or more.

Senate Foreign Affairs, Defence and Trade Legislation Committee

Answers to questions on notice from Department of Veterans' Affairs

Budget estimates 2003–2003; June 2003

Question 5

Outcome 2 (Health)

Topic: Veterans' Home Care

Hansard page 467, 469

Senator Mark Bishop asked:

Can you update the number of complaints that you have received relating to cut backs?

Answer:

In March 2003 you asked, "how many enquiries has the DVA had concerning cutbacks to hours of service provided under Homecare". The Department responded that "since July 2002 up to and including 28 February the Minister has received 113 letters concerning levels of service under the Veterans' Home Care program".

For the period 1 March 2003 up to and including 30 June 2003 the Minister received approximately 110 letters concerning cut backs to levels of service under the Veterans' Home Care program. Of these letters, a proportion includes veterans, war widows or widowers writing to the Minister or other parliamentarians about the same issue on multiple occasions. Figures for June indicate that the number of complaints received related to changes in service levels has significantly reduced by about 65 per cent on the average monthly number for this calendar year.

Question 6

Outcome 2 (Health)

Topic: Veterans' Vocational Rehabilitation Scheme (VVRS)

Hansard page 469

Senator Mark Bishop asked:

Could we be provided with a copy of the working party report provided to the Clarke Committee?

Answer:

A copy of the report was provided to the Committee.

Attachments: Report: *Veterans' vocational rehabilitation scheme (VVRS) discussion paper*, with attachments A—C (29 page document). Attachments D—F are contained in a 21 page '.tif' document. *These documents are not available in this volume. See the Committee's website: www.aph.gov.au/senate_fadt.]*

Senate Foreign Affairs, Defence and Trade Legislation Committee

Answers to questions on notice from Department of Veterans' Affairs

Budget estimates 2003–2003; June 2003

Question 9

Outcome 2 (Health)

Topic: Ambulance Services

Hansard page 489

Senator Mark Bishop asked:

Who currently pays when veterans access ambulances in Queensland? Who pays the ambulance cover? What about in other states?

Answer:

QUEENSLAND

DVA has a contract with Queensland Ambulance Service (QAS) to provide ambulance transport to the eligible veteran community. The contract ceased on 30 June 2003.

Under the contract all eligible veterans are covered for ambulance travel. Queensland Ambulance Service provides free ambulance cover to holders of Pensioner Concession Cards (PCC) and the Department of Veterans' Affairs pays only for Gold/White Card holders who are not PCC holders. This cost is currently \$300,000 per year.

The Department is currently negotiating a new agreement with QAS.

OTHER STATES

NSW: The Department bears the cost of ambulance transport for Gold Card and entitled White Card holders that do not hold a PCC.

VIC, WA & TAS: The Department pays for all Gold and White Card holders regardless of PCC status.

SA: The Department pays for Gold and White Card Holders. However, the Department will only pay for transport for the accepted disability of White Card Holders. PCC status has no impact. The South Australia State Office encourages veterans to have a South Australian Ambulance subscription.

There are separate rates for PCC holders and the general population when it comes to ambulance subscriptions. In the general population category, a family subscription is \$81.50 per year and a single is \$40.75. For PCC holders the fees are \$60.50 and \$30.25 respectively.

Senate Foreign Affairs, Defence and Trade Legislation Committee

Answers to questions on notice from Department of Veterans' Affairs

Budget estimates 2003–2003; June 2003

Question 11

Outcome 2 (Health)

Topic: Hydrotherapy—Daw Park hospital, Adelaide.

Hansard page 491

Senator Mark Bishop asked:

I received a letter of complaint from users of the hydrotherapy pool at Daw Park hospital in Adelaide. It now requires a co-payment from veterans for a facility which was once free of charge. Do you have any advice on that issue?

Answer:

This information is inaccurate. If a veteran is eligible under legislative guidelines for hydrotherapy treatment, they may still use the hydrotherapy pool at the Repatriation General Hospital Daw Park (RGH DP) at full Commonwealth expense.

The Minister has recently received correspondence from a veteran who was previously eligible to receive hydrotherapy treatment at RGH DP at Commonwealth expense, but who is now required to pay pool entry and travel costs in order to continue using the hydrotherapy pool. The Department's policy about the provision of hydrotherapy treatment has been explained to the veteran several times.

Currently, the Commission is only able to accept financial responsibility for supervised and unsupervised hydrotherapy when the treating physiotherapist has prescribed a specific course of treatment for a specified clinical need. However, under the *Veterans' Entitlements Act 1986* (VEA), the Commission is unable to accept financial responsibility for the costs associated with water exercises, water aerobics or recreational swimming. The Commission recognises hydrotherapy as a form of physiotherapy treatment which is intended to act as a rehabilitative treatment type, as opposed to an ongoing maintenance tool. Veterans improving their fitness levels does not constitute a clinical necessity for hydrotherapy treatment.

Accordingly, when the treating physiotherapist determines that there is no longer a clinical necessity for the provision of hydrotherapy treatment, veterans wishing to continue using the hydrotherapy pool at RGH DP, as with any pool nationwide, must pay for the entry and travel costs themselves.

Senate Foreign Affairs, Defence and Trade Legislation Committee

Answers to questions on notice from Department of Veterans' Affairs

Budget estimates 2003–2003; June 2003

Question 12

Outcome 2 (Health)

Topic: Transport—Tasmania

Hansard page 491

Senator Mark Bishop asked:

I am starting to get complaints again, this time from Tasmania, about transport. Veterans in remote areas are required to keep large sums of cash on them to pay taxi fares prior to reimbursement. I think the problem was eventually solved in Brisbane after repeated approaches up there. What is the situation down in Tasmania? Is that a matter for the local state manager?

Answer:

The primary focus of the Repatriation Transport Scheme is to allow veterans to make their own transport arrangements through the use of either private vehicles or public transport and to claim reimbursement of their expenses from the Department. Where a treating health provider certifies that a veteran's medical condition prevents the use of these methods of transport, other options such as taxis may be available.

The Department may also provide a Booked Car with Driver (BCWD) service, however this service is restricted to travel to the specific locations. Furthermore, where a taxi is required for travel to other health provider locations, a veteran must make their own arrangements and seek reimbursement of the taxi fares from the Department, regardless of where the veteran resides. This is a long standing national policy.

However, previously the Tasmanian State Office has allowed BCWD services to be provided for travel to and from all medical appointments for veterans with a referral from their Local Medical Officer (LMO), stating that their medical condition prevents them from using other forms of transport.

In October 2002, the Tasmanian Office began correctly restricting the BCWD Services to the BCWD specific locations in line with the national policy, but only after the veteran's current LMO transport referral expired. These specific locations are:

- former Repatriation General Hospitals (any service);
- public hospitals and approved private hospitals (admissions only);
- providers of prosthetics, surgical footwear and orthotics;
- Office of Hearing Services accredited providers; and
- specialised treatment not readily available in the community.

Each veteran affected by the change received a letter explaining the Department's policy.

Senate Foreign Affairs, Defence and Trade Legislation Committee

Answers to questions on notice from Department of Veterans' Affairs

Budget estimates 2003–2003; June 2003

However, in exceptional circumstances where the required travel distance and as a result the cost, is considered by the Tasmanian State Office to be considerable, the Department will arrange and pay for the taxi fares at no expense to the veteran. This will occur regardless of the treatment location.

Question 13

Outcome 2 (Health)

Topic: Hearing services

Hansard page 491 and 492

Senator Mark Bishop asked:

With respect to hearing services, I have had a number of representations from the members for the seats of Charlton, Brisbane and Banks concerning the fate of Better Hearing Australia, who it seems are no longer accepted as providers of hearing services to veterans. Is that correct?

Can you take on notice what the background to that is, why that particular organisation has been de-listed, whether there was any complaint about the services it had provided, and the nature of those complaints, and what would prevent Better Hearing from being restored to the provider list?

Answer:

Better Hearing Australia has not been delisted. It has never been a recognised treatment provider.

The service provided by BHA is one of education rather than treatment. The fee in question is an annual "membership" fee, which entitles the client to attend lip reading classes and to receive some maintenance on their hearing aid. Lip reading classes are not treatment of the hearing condition.

The Department has paid this fee in the past through the Rehabilitation Appliance Program schedule, under the miscellaneous item.

Recent legal advice is that membership of BHA does not fit within the current criteria for treatment as described in the Treatment Principles, which were issued under Section 90 of the *Veterans' Entitlements Act 1986*. Consequently, the Department is no longer able to assist veterans with the cost of membership.

Senate Foreign Affairs, Defence and Trade Legislation Committee

Answers to questions on notice from Department of Veterans' Affairs

Budget estimates 2003–2003; June 2003

Question 14

Outcome 2 (Health)

Topic: Oxygen

Hansard page 493

Senator Mark Bishop asked:

Could you take on notice to report on (a) what the previous situation was, (b) what the current guidelines are, (c) what the changes are and (d) what the current practice is in terms of the provision of oxygen and the payment of services in residential care so that I can advise my colleagues?

Answer:

(a) From discussions which took place between Senator Bishop and officers from the Department of Veterans' Affairs (DVA) as outlined in the Budget estimates transcript of Thursday 5 June 2003 FAD&T, page 493, it may have been inadvertently construed that there was a "previous" formal set of guidelines for the payment and provision of 'ongoing oxygen treatment' to veterans and war widow(ers) residing in Residential Aged Care Services (RACS). In effect, the current guidelines and legislation have been in place since 1997 with the introduction of the *Aged Care Act 1997*.

(b) At present, the *Aged Care Act 1997* (the Act), requires an Approved Provider of a residential aged care service to meet the requirements of the Act and the Principles made under the Act. This includes meeting the requirements of the Quality of Care Principles, Schedule 1, Specified Care and Services. The requirements of an approved provider in regard to short-term, episodic or emergency oxygen treatment and equipment is indicated under Specified Care & Services Part 3, Item 3.12 for residents receiving high care.

High care residents who are assessed by an appropriate health professional as requiring short term oxygen treatment should be provided with this at no additional cost to the resident.

An 'oxygen supplement' is also available from the Department of Health and Ageing for residents (whether high or low care) who have an **ongoing** medical need for oxygen. In order to receive the supplement the Approved Provider must apply to the Department of Health and Ageing.

The legislative base for funding eligible oxygen treatments is the Act, Section 44–13 "The Oxygen Supplement". The Act sets out the eligibility criteria, how the supplement can be applied for and who determines the amount of funding available for this supplement. Veterans and war widows(ers) resident in RACS are covered by the Act in relation to their care, including oxygen.

Senate Foreign Affairs, Defence and Trade Legislation Committee

Answers to questions on notice from Department of Veterans' Affairs

Budget estimates 2003–2003; June 2003

From 1 July 2003, the cost of any oxygen supplement for entitled veterans and war widow(ers) will be charged to DVA under an arrangement between the two departments.

Question 19

Outcome 2 (Health)

Topic: Prosthetic Limbs

Senator Mark Bishop asked:

What are the rules in states other than NSW for the supply of spare prosthetic limbs?

Answer:

- Departmental Guidelines allow for the provision of artificial limbs to meet the clinical need of the veteran. Artificial limbs that meet these guidelines are provided at no cost to the veteran.
- Under Departmental Guidelines, in a three-year period, eligible veterans are entitled to two standard artificial limbs for each amputation, and are entitled to spare limbs based on clinical need.
- In QLD, SA/NT, WA and TAS special consideration is given to geographically isolated veterans, specific occupations, a limited number of medical conditions or special needs. Note, the rules and supply of spare prosthetic limbs for ACT is governed by NSW.
- In VIC veterans are assessed on a case by case basis and spare prosthetic limbs are only provided where a medical assessment considers it to be necessary.

Question 20

Outcome 1 (Health)

Topic: Ramsay's Health Care.

Senator Mark Bishop asked:

Did the funding for Ramsay's Health Care required for the new deal on the extension of private hospital services in Perth, receive ministerial or broader Government approval—or was the decision to commit such funds within the powers of the Repatriation Commission to expend special appropriations.

Answer:

Under the *Veterans' Entitlement Act 1986*, the Repatriation Commission is empowered to enter into arrangements for the care and welfare of veterans in hospitals and other institutions. The Commission varied the current arrangement,

Senate Foreign Affairs, Defence and Trade Legislation Committee

Answers to questions on notice from Department of Veterans' Affairs

Budget estimates 2003–2003; June 2003

including funding to Ramsay Health Care under that arrangement, after consultation with the Minister.

Question 7

Outcome 3 (Commemorations)

Topic: Commemorative mission associated with the dedication of the London Memorial.

Hansard page 470

Senator Mark Bishop asked:

Could you give us the detailed break-up of that money: travel costs, entertainment, hospitality, ADF attendance, gifts and to whom—all those sorts of details when they are available.

Answer:

There has been no expenditure to date on the commemorative mission associated with the dedication of the Australian Memorial in London. Detailed costings will be provided when flight and accommodation bookings are made. These two components of the mission plan are estimated to be the largest cost items.

Question 8

Outcome 3 (OAWG)

Topic: Australian War Memorial in London

Hansard page 473, 474

Senator Mark Bishop asked:

Can you break up the cost of design, shipping, construction, assemble and maintenance. How much will you need to supplement the existing budget by?

Answer:

The table below details the expenditure on the Australian War Memorial under construction in London. At this stage, it is anticipated that the final cost will be about \$8.980m.

This total cost includes costs associated with the earlier design that was cancelled in June 2002.

Senate Foreign Affairs, Defence and Trade Legislation Committee

Answers to questions on notice from Department of Veterans' Affairs

Budget estimates 2003–2003; June 2003

Project costing schedule:

Project phase	AUD\$	COMMENTS
Design Works	\$1.618m	Includes travel, administrative costs and earlier design works
Shipping	\$0.155m	Includes freight costs for stone and water hydraulics
Construction	\$4.740m	Construction costs for both Australia and the UK
Assembly	\$2.081m	Inclusive of granite processing and stone fixing
Other	\$0.386m	Includes expenditure relating to items not readily identified in the categories described above, including maintenance.
TOTAL	\$8.980m	

Question 15

Outcome 3 (OAWG)

Topic: Security work for Anzac Day in Gallipoli

Hansard page 495

Senator Mark Bishop asked:

Which Australian government agencies were involved in that process?

Answer:

The only Australian security agency involved in discussions in Turkey prior to Anzac Day 2003 was the Protective Security Co-ordination Centre. Other representation included a Department of Foreign Affairs and Trade officer and a Defence liaison officer who was appointed for the primary purpose of organising the ADF contingent in support of the Anzac Day Services.

Senate Foreign Affairs, Defence and Trade Legislation Committee

Answers to questions on notice from Department of Veterans' Affairs

Budget estimates 2003–2003; June 2003

Question 18

Outcome 3 (OAWG)

Topic: Expenditure on the London War Memorial.

Senator Mark Bishop asked:

- (a) What other expenditure on the London war memorial has been made from funds other than that specially provided, and for what purpose? What more funds from these other funds is likely to be needed?
- (b) What is the cost of air freighting the stone to London and what weight and volume does the stone comprise?
- (c) What contingency plans are in place for the eventuality that the memorial is not completed by 11 November?
- (d) Will the additional \$2.5 million shortfall be sought in Additional estimates?

Answer:

- (a) Expenditure on the London Memorial from funds outside those specially provided has occurred in two areas. One, there is no inclusion of any of the salaries of the Director, Office of Australian War Graves and the Contracts Advisory Unit of the Department. Two, legal costs associated with the termination of earlier contracts and ongoing negotiations are funded separately within the Department. Additional expenditure will be limited to meeting legal costs as they occur, but the amount can not be estimated at this stage.
- (b) The cost of airfreighting stone to London depends on the dates of delivery, as the cost of airfreight can vary from day to day. However, it is estimated that the cost is in the order of \$120,000 (excluding insurance). The current plan is to consign 35 tonnes of stone. The volume will be of the order of 13 cubic metres, depending on packaging.
- (c) Current indications are that memorial will be completed by 11 November 2003.
- (d) Yes.

Senate Foreign Affairs, Defence and Trade Legislation Committee

Answers to questions on notice from Department of Veterans' Affairs

Budget estimates 2003–2003; June 2003

Question 21

Outcome 3 (OAWG)

Topic: Gallipoli Services in 2003.

Senator Mark Bishop asked:

What was the cost to the Office of Australian War Graves of the Gallipoli services in 2003?

Answer:

\$112,091. This amount includes expenditure relating to site preparations, publications, sound and lighting, cleaning, staff travel and accommodation for the Anzac Day services in 2003.

Question 22

Outcome 3 (OAWG)

Topic: War graves in Iraq.

Senator Mark Bishop asked:

Could I have an update on the progress of the restoration of war graves in Iraq, and of the recent reported damage done to the cemetery at Kut?

Answer:

With the cessation of hostilities, it is now possible to work towards the restoration of the Commonwealth War Graves Commission (CWGC) cemeteries. Coalition forces have been active on the Commonwealth War Graves Commission's behalf in Kut, Amara and Basra, clearing the areas of rubbish and broken stonework. However, the Kut War Cemetery was subjected to vandalism subsequent to the rededication attended by British Generals and Anglican Bishops after US marines cleared the site. No Australians are buried at this cemetery.

The newly built watchman's house in Baghdad North Gate Cemetery and the shipment of replacement headstones sent prior to hostilities are undamaged.

The Commission's Director General visited Iraq in early June and visits by other CWGC officials are planned. Cemetery sites will be checked and arrangements made to restore them. The restoration programme could take five years to complete. Horticultural renovation will depend on the availability of water, which is required for the local people in the first instance.

Senate Foreign Affairs, Defence and Trade Legislation Committee

Answers to questions on notice from Department of Veterans' Affairs

Budget estimates 2003–2003; June 2003

Question 23

Outcome 3 (OAWG)

Topic: War graves leases in Adelaide.

Senator Mark Bishop asked:

Could I have an update on the status of war graves leases in Adelaide?

Answer:

In all cases where a lease payment is required for our war-dead, the Office of Australian War Graves effects that payment.

The South Australian Government's Select Committee on the Cemetery Provisions of the *Local Government Act 1934* has not finalised its report.

The Office of Australian War Graves provided a submission in January 2003. On 12 June 2003, representatives of the Office of Australian War Graves provided evidence to the Select Committee.

Question 24

Outcome 3 (Commemoration /OAWG)

Topic: King's Park Perth.

Senator Mark Bishop asked:

What funding assistance has been sought for the restoration of the cenotaph in King's Park Perth?

Answer:

The Minister for Veterans' Affairs received a copy of the report commissioned by the Returned & Services League of Australia (RSL), Western Australian Branch, concerning structural problems and possible solutions at the State War Memorial on 24 October 2002. There was no request for funding.

The RSL sought advice from the Department of Veterans' Affairs, among others, on 7 February 2003 on funding towards a further preliminary study by the consultants who prepared the earlier report. The cost of the study was estimated at \$15,385. The Premier of WA, the Hon Dr G I Gallop, announced at the WA RSL State Congress, on Saturday 12 July 2003, that the WA State Government would fund the study.

Senate Foreign Affairs, Defence and Trade Legislation Committee

Answers to questions on notice from Department of Veterans' Affairs

Budget estimates 2003–2003; June 2003

The Department has advised the RSL that the Minister would consider funding under the Commemorations programme upon receipt of a full refurbishment proposal and associated costings by the State Government.

The Department is in on-going discussions with the interested parties; however, no proposal or request for funding for restoration has been received.

Question 10

Outcome 4 (Service Delivery)

Topic: Position of a Community Support Officer—Lake Macquarie.

Hansard page 490

Senator Mark Bishop asked:

Can you take on notice (a) when it first became vacant, (b) why it has remained unfilled, (c) when was it advertised, (d) when the interview process is going to occur, (e) when it is planned to place a person in there and (f) the hours that are involved in the part-time position.

Answer:

(a) The position became vacant on 9 May 2002.

(b) Interviews were held on 12 September 2002, but none of the applicants were suitable, and it was agreed with Centrelink that the position should be advertised again in 2003. Advertising of the position is expected in July 2003.

Steps were taken to ensure that no loss of service occurred to the veteran community, and the work was covered from the Newcastle VAN office without detriment to the overall service provided to veterans in the area.

(c) It was advertised in July 2002 in the local press, Commonwealth Gazette, Centrelink web site and by internal e-mail in Centrelink.

(d) The position is to be advertised in early July 2003, and the interview process is currently planned to occur in late July.

(e) If a suitable person is found it is expected that the position will be filled in August/September 2003.

(f) The position was originally advertised for 15 hours per week, which is commensurate with the other CSS contracted officer at Coffs Harbour. The hours in the new advertisement will be increased to a maximum of 22 hours to encourage more applicants to apply.

Senate Foreign Affairs, Defence and Trade Legislation Committee

Answers to questions on notice from Department of Veterans' Affairs

Budget estimates 2003–2003; June 2003

Question 16

Outcome 4 (Service Delivery)

Topic: Improper access to Internet

Hansard page 497

Senator Mark Bishop asked:

What was the total number of hits on inappropriate Internet sites by DVA staff reported during the recent investigation conducted by the Deputy President?

Answer:

The total number of hits on inappropriate internet sites that were covered by the recent internet investigation was 15,786 hits.

It should be noted that the number of hits is not a good measure of access to the internet. A 'hit' is a single action on the Web server as it appears in the proxy log file. A visitor downloading a single file is logged as a single hit, while a visitor requesting a Web page that includes two images registers as three hits on the server—one hit is the request for the page and two additional hits are requests for the downloaded images. Thus, the volume of hits is an indicator of Web server traffic, it is not an accurate reflection of how many web pages are being accessed.

Most often a web page is a composite of multiple documents and images. This means that access to a web page generally records many hits. For instance, DVA's home page (www.dva.gov.au) has of the order of 60 hits consisting of one document and many images.