

Eton Humphery  
Committee Secretary  
Community Affairs Committee  
Department of the Senate  
PO Box 6100  
Parliament House  
Canberra,  
ACT, 2600



Norma Gardner

15.07.07

A SUBMISSION – SENATE INQUIRY ON AGED CARE  
FOR: THE STANDING COMMITTEE ON COMMUNITY AFFAIRS

1. The single person's Aged Pension ("spAP") amount needs to be reviewed and the Health System needs to be completely overhauled.

The spAP is currently indexed as 25% of average male earnings and has been since about 1993. I am 70 years of age and left the labour market before the introduction of compulsory superannuation. I worked as a registered nurse and prior to the introduction of compulsory superannuation, the nurses like me had no voluntary superannuation either.

The spAP is not enough and leaves me constantly having to juggle my financial commitments. I often have to phone service providers to schedule payments.

I have Private Health Insurance because I suffer from a variety of chronic health conditions which do not lead to the emergencies which would mean my immediate admission to a Public Hospital Casualty Ward. I suffer from Necrotic Myositis. My specialist Neuro Physician does not see public patients. He only sees private patients. I suffer from High Blood Pressure, High Cholesterol and myral valve difficulties and asthma - all associated with the Necrotic Myositis which effects my auto-immune system. Consequently I see a specialist cardiologist and respiratory specialist. I need to be able to call on these last two specialists in urgent situations. My health does not allow me to sit and wait for hours before I see someone. My General Practitioner has told me he knows nothing about Necrotic Myositis and the related illnesses which it causes in me. My arrangement with my private specialists is that I am able to call

them any time if I get “into difficulties”. The spAP is not enough for someone like me, who needs Private Health Insurance. The Medicare rebate is also not sufficient to meet the costs of these specialists who all charge above the Medicare fee schedule.

Similarly, the Government’s Pharmaceutical Allowance does not meet the needs of someone in my situation who needs a lot of different medications.

2. The service fees on my utilities and phone bills are all higher than the amount of usage I make of these services.
3. After the essentials have been paid for from spAP there is not enough left for any extras. I have to be careful in my choice of clothes.
4. Car insurance and house and contents insurance are also very expensive.
5. I live in a Private retirement complex. I have an independent one bedroom unit. I paid the accommodation bond of \$200,000 after selling my house, \$140,000 of which will become part of my estate. I also pay rent at a rate tied to increases in the CPI.
6. Despite the fact that I do not own my unit in any real sense, and that I have no access to the bond money, Section 196 of the *Social Security (Administration) Act* of 1999 proclaims that I am a home owner, and initially sought to reduce my pension amount. Since 1 July 2007, the threshold of my assets has been raised, meaning that for this month, my pension amount has in fact been slightly increased. My pension became a full spAP, increasing by about \$5 a week on 1 July 2007. Nevertheless, I object to being classified as a home owner, which I am not.
7. Accordingly, the minute, I got a pension increase, the Private retirement complex was increased the amount of my rent based on the CPI. Under Victorian Legislation, the Retirement Complex proprietors have told us that they can charge whatever rent they want, but that they voluntarily limit their rent increases to the CPI.
8. My retirement unit has people who went into accommodation when the retirement complex was run by Vision Australia as a non-profit complex. These people did not have to pay an accommodation bond. These people were not classified by Centrelink as home owners, and despite the change in administration so that the Centre is now privately run, these people have always received the full pension and rent assistance. I have never been eligible for rental assistance, because Centrelink deems me to be a ‘homeowner’. It is the fact that I paid an accommodation bond that I am classified a home owner, but my bond does not in any practical fashion benefit me. I cannot get practical benefit from the accommodation bond which I paid to get a place in the retirement complex.
9. I have made previous representations to the Federal Minister for Aged Care. The Department for Aged Care has referred me variously to (i) Centrelink, (ii) the State Department of Human Services, (iii) the Federal Department of Health, and

(iv) the State Department of Health. Essentially, I have been sent on a merry go round to deal with my issues. I suspect that all the agencies above would prefer that I died rather than really get problems solved. There needs to be an ombudsman to oversee State and Federal aged care issues.

I appreciate your time in reading this submission.

Yours sincerely,

*Norma H. Gardner*  
Norma Gardner