



# NATIONAL ASSOCIATION OF EXTREMELY DISABLED WAR VETERANS (Inc.)



Patron

Her Excellency Ms Quentin Bryce AC  
Governor-General of the Commonwealth of Australia

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## SUBMISSION TO SENATE COMMUNITY AFFAIRS REFERENCES COMMITTEE INQUIRY INTO OPTIONS AND SERVICES FOR PEOPLE WITH A DISABILITY AND THEIR CARERS.

This Association comprises affiliated Associations throughout Australia who represent the recipients of the Extreme Disablement Adjustment (EDA) from the Department of Veterans' Affairs (DVA). The majority of our members are World War Two veterans with an average age of 87 years. They are disabled and frail; in most cases their spouses are their carers and likewise, the majority of them are also aged and frail.

The matters that are of greatest concern to our members and their carers are:

- a) The availability and cost of medical and hospital treatment.

Our carers have sacrificed their lives and their careers to look after their veterans and the amount of help they receive is appalling. Some receive a "Carer's Allowance" of \$106.70 per fortnight for caring for their veterans 24 hours a day, seven days a week, this is 32cents an hour to look after their veterans in their own homes which saves the Australian Taxpayer millions of dollars.

Our EDA veterans are looked after well as recipients of the "Gold Card" however, the cost of health care for our carers is a "hit or miss" situation. When our carers are taken to hospital in an emergency, they will receive the necessary treatment, but, if the carer requires what is termed as "elective" treatment then they will be placed on a waiting list.

Following is an example provided by the President of one of our affiliated Associations:

"One of our carers has leg and back problems and will need surgery to help ease the pain, etc. Her husband suffered from a stroke and is unable to walk, she would weigh about 60kg, he at least 3 times heavier. Until he recently got a motorised wheel chair she was forced to push him around in a wheel chair which was a great strain on her. In addition, getting him into and out of bed, dressing him, helping with his ablutions etc, was difficult to say the least.

They do get assistance to shower him during the week; however it has got to the stage where she is not able to put him to bed due to the pain in her back and now has someone come in to do this for her.

In all honesty we feel that if it were not for trying to keep her veteran at home, her state of health would be very much different, hence we feel her problems are war related".

There are many such stories we could tell about how our Carers suffer from illness and injury brought on by caring for their veteran spouses over many years. Most of these Carers are on a pension and cannot afford private health insurance.

These Carers cannot wait on ever lengthening waiting lists to get into public hospitals whilst their condition gets worse. They need to get in and out of hospital again to get back to their veteran, otherwise the Government is going to have a lot more veterans (and their spouses) in Aged Care Facilities which will be of greater cost to the Government than providing support for our Carers now in the form of health benefits – either a health benefit card or subsidised private health insurance.

You may be of the belief that our carers already have all the medical care they need under Medicare. However, we do not believe this is adequate particularly in the case of hospitalisation. Certainly Medicare is adequate for attendance with medical practitioners and medication. But not so regarding hospital care.

The Government has recognised the unique disabilities and illnesses suffered by ex-service men and women and spare no expense to ensure they get the best immediate treatment available to relieve their illness and pain and return them to their homes. Once home, the Carer is relied upon to continue the care necessary to get them back to good health. Because of having to cope for many years with the physical and mental illnesses and suffering of their veteran partners, our Carers health is greatly affected but they are forced to suffer because they cannot get the immediate treatment they need to get them back to health and allow them to continue in their caring roles. Who do they have to help them get over this period of waiting time for adequate hospital treatment?

Even for those who can afford private health insurance the providers of this insurance do not cater well for hospital only cover and are not interested in covering the elderly due to the cost.

Our veterans sacrificed their health so that we would have a safe and free country to live in. Do our Carers also have to sacrifice their health without any help in getting adequate treatment within a reasonable timeframe?

We believe that our veteran carers should be granted subsidised private hospital cover so they can be looked after, treated with dignity and returned to good health in the same manner as the veterans themselves.

#### b) Home Care

Many of our EDA veterans receive Veterans' Home Care through the DVA which is of help. However, DVA provided Home Care ceases once a veteran is placed into a hospital or an Aged Care Facility for a period longer than 6 weeks. Spouses of Veterans are generally the people who benefit most from Home Care and in many cases would be eligible to receive Home Care through the Department of Ageing, Disability & Home Care (DADHC). When the Veterans' Home Care is stopped, the spouse has to apply to DADHC for Home Care and in many cases spouses find this disruptive and stressful. When an EDA recipient dies, the Home Care his/her spouse is receiving once again becomes the responsibility of the DVA, hence the spouse once again has to go through the disruption and stress of changing the Home Care arrangements.

We understand that this is due to the fact that the veteran is the client of the DVA and not the spouse. However, once the veteran passes away, the widow of an EDA automatically becomes a client of the DVA by virtue of the fact that they automatically receive the War Widow(er)s Pension.

We would like to see some cooperation between DVA and DADHC so that the Home Care provided by the DVA to EDA recipients could continue uninterrupted when the veteran is placed into hospital or home care, no matter the length of time? (We note that the same should apply to recipients of the Special Rate and Intermediate Rate from the DVA.)

#### c) Assistance with transport

We would ask the Senate Committee to consider the need for a transport plan for aged Carers while their Veterans are in hospital.

Many of our Carers are experiencing great difficulties visiting their Veterans while they are in a hospital or aged care facility. Particularly if the Carer cannot drive or has difficulty accessing public transport due to their age and frailty and the distance of bus stops or train stations from their homes. This problem is exacerbated when the Veteran is hospitalised in a different suburb or town from their home and many of our EDA veterans live in remote rural areas.

Our carers have been caring for their veterans for many years and wish to visit them as often as they can when the veteran is in hospital. Visits by the carers in most cases are also of great benefit towards the recovery of the veteran. The cost of taxis is prohibitive if the carer wishes to visit the veteran every day – as most do.

We seek help for those in this situation by way of a grant or subsidy or taxi voucher system that could be made available on the recommendation of the veteran's local medical officer.

d) Automatic Granting of the Carer Allowance to Spouses of EDA recipients

By virtue of the fact that to qualify for an EDA a veteran must be “extremely disabled”, and therefore the Carer allowance should automatically be issued to their spouse. We are aware that many of the carers of our EDA veterans find it difficult to complete the complex application forms and are often refused the Allowance when it is obvious to most that they should be entitled to receive this benefit.

This could be easily implemented simply by the Department of Veterans' Affairs issuing a letter to Centrelink confirming that the veteran is an EDA recipient and that their spouse is their carer.

We submit that if the administration and payment of the Carer's Allowance to the Carers of Veterans were to be brought under the control of the Department of Veterans' Affairs to bring this payment in line with the payment of all other allowances to Veterans and their spouses, this request for automatic granting of the Carer Allowance to spouses of EDA recipients would be even easier to administer. (We note that the same should apply to recipients of the Special Rate and Intermediate Rate from the DVA.)

Submitted by  
HL Young  
Hon Secretary