

NZDF Review of the War Pensions Act 1954



ONLINE SURVEY RESULTS

March 2009



Introduction

Background

In 2007 the Government tasked the Law Commission with reviewing the War Pensions Act 1954 with the intent to bring new legislation before Parliament in 2009. This began a comprehensive review of the legislation which included consultation with relevant organisations such as the Returned and Services Association (RSA), and other Commonwealth nations such as Australian, Canada, and the UK.

In July, 2008, the Law Commission published *Toward a New Veterans' Entitlements Scheme: A Discussion Paper on a Review of the War Pensions Act 1954*. The paper set forward possible approaches to a new system of veterans' entitlements and invited any individual or organisation to provide feedback on the document, and the 94 specific questions that were contained within it.

NZDF Consultation

Realising the significance of the opportunity to shape legislation that would affect the future of all NZDF members, CDF directed Personnel Branch to collect the views of currently serving members regarding the issues and questions set forth in the discussion paper.

The War Pensions Review Project Team initiated a consultation process which solicited information from three distinct groups:

- Subject Matter Experts from Legal, Medical, Veterans Affairs and Risk Management
- Command views from the Navy, Army, Air Force and Joint Force Headquarters
- Direct engagement with serving personnel, through focus groups (240 participants) and an online survey (1300 responses)

The NZDF's consolidated response to the Law Commission's discussion paper was submitted to the Ministers of Defence and Veterans' Affairs by CDF on 19 December 2008. On 10 March 2009, the NZDF's response was approved by the Ministers and sent to the Law Commission for official consideration.

This Document

The NZDF invited all current and former Service members, and their family members, to provide their views on the future of veterans' entitlements through an online survey on the NZDF Intranet and Internet sites from 28 October – 16 November 2008. Over 1,300 people participated, 1,029 of which were currently-serving members of New Zealand's Armed Forces.

The following pages provide the statistical data collected from the responses of the 1,029 currently-serving members, with selected comments that represent the diverse range of opinions and recommendations provided. Demographic information has not been included to protect the privacy of respondents.

The views and opinions expressed in this document are that of the individual, and not representative of the official views of the NZDF. The information gathered through the online survey informed NZDF's response to the Law Commission, but did not entirely determine it. Rather, it served as one of many sources that were considered during the consultation process.

Inquiries

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TABLE OF CONTENTS

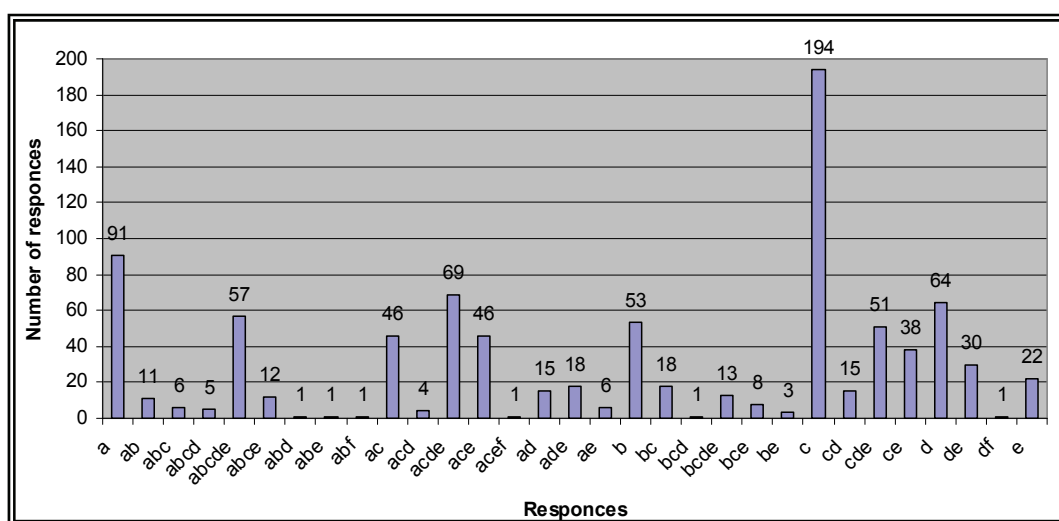
1. What service do you believe should qualify a member of the NZDF for veterans' entitlements?	3
2. Do you think civilians should be entitled to veteran's entitlements if they perform the same service as members of the Armed Forces?	5
3. Which injuries occurring while a person is on eligible service should be covered by a veteran's entitlement scheme?	7
4. What do you think is the best method of compensation payment for eligible veterans—a lump sum or fortnightly pension payments?	9
5. Should the Government provide veterans free or discounted travel around the country?	11
6. Do you think the new veterans' Act should provide rehabilitation?	13
7. What do you think rehabilitation should include?	14
8. Should a veteran be required to undertake rehabilitation before receiving compensation for a disability?	15
9. What needs do you have as a veteran that can be addressed through case management?	17
10. Should there be more assistance for veterans when they are transitioning out of the military?	19
11. What is the best way to support veterans transitioning to civilian employment?	21
12. Considering the health care support that New Zealand provides every citizen through ACC and the health system, is it important that veterans are provided extra medical benefits?	23
13. Have you thought about your ongoing health care needs after leaving the NZDF?	25
14. What specific health concerns do you have, if any?	26
15. Does the government has a responsibility to provide health care for veterans for accepted disabilities?	28
16. Should veterans be provided full medical care, regardless of whether the conditions are related to service?	29
17. When should full medical start?	31
18. What improvements could be made to the current health care of veterans?	33
19. Do you see the three veterans' residential homes as having a role in the provision of health care to veterans in the future?	35
20. If you see the three veterans' residential homes having a role in the provision of health care for veterans in the future, in what way?	36
21. What do you think is the purpose of entitlements for surviving partners?	38
22. Who should be eligible for (surviving spouse) entitlements?	40
23. In the event of a veteran's death, what should their partner and children be entitled to?	41
24. Should there be separate provision for young dependents of deceased veterans?	43
25. Should provisions for young dependents be included in the entitlements for surviving partners?	45
26. Is there a real need to provide for dependents other than partners or children?	47
27. How might assistance be best provided in a practical way for any claim being made after a veteran has died?	49
28. Should there be ongoing research and monitoring of the medical needs and health of veterans?	51
29. If you had the option, would you want to have your service history, medical history, and entitlements on a micro-chipped card that could be read by medical professionals?	53

QUESTION 1

From the options below, chose the type(s) of service you believe should qualify a member of the NZDF for veterans' entitlements:

- a) Anything determined by the Minister of Defence, as long as the decision is made within established criteria and transparent to NZDF personnel
- b) All overseas service
- c) Operational service
- d) Operational service classed as medium to high risk
- e) Anything that is considered a "war or emergency" regardless of location
- f) None of the above

Results



Comments

- When war is declared, not UN mission
- When that service has had long term effects on that person
- When factoring in veterans entitlements, consideration should be given to length of service as a qualification criteria. e.g. 20 years service
- The declaration of Operational Service can pose significant issues and be influenced by political circumstances. By way of example, I was posted to Somalia; this was not declared as operational service. The reason for this as I understand it was that it was politically sensitive at the time and the additional costs in allowances was unpalatable. The reality however was that the Australians who we served along side were designated on operational service. The conditions were such that they were very unpredictable and many an international serviceperson were injured or lost their life. We need to become more mature how we address this matter of declaring what is or what is not operational service. Even benign environments can quickly become hostile for no other reason that that is the nature of the business.
- Servicemen should have a decent pension regardless of overseas operational service. Those on 'operational' service get 'operational allowances', whilst those at home, often working hard in support get nothing. Aircrew do not get recognised for extended and regular overseas duty on a whole variety of operations that do not currently get classed as 'operational'. Military flying is also dangerous but due to the low numbers of aircraft in the NZDF this is not recognised in NZ. Therefore I believe only those personnel that have suffered due to accident or injury on any form of service should qualify for any special entitlements.
- Service which qualifies for the NZ Operational Service Medal
- Pers who have served for over 20 years should be considered veterans.

Comments, cont.

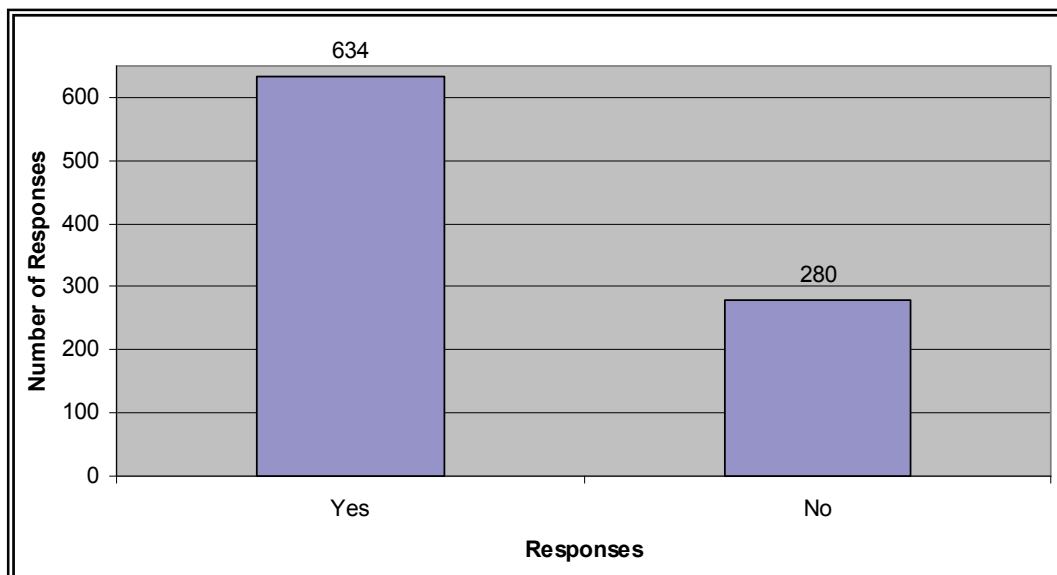
- Pers injured in NZ whilst training for operations
- Operational Service where the person acted as a peacemaker not a peacekeeper
- Operational service min 3 months continuous op's
- Operational service extended to include NZ crisis response which similarly subjects serviceperson to impairment he/she might normally avoid but for orders/duty.
- Operational Deployment as a part of GONZ authorised force be it humanitarian, peacekeeping, disaster relief or war fighting operations
- NZ based IEDD and EOD Ops
- Note some deployments not considered hostile may have long term risk to health through infection or disease. Note some overseas deployments to diplomatic posts or training activities should be excluded from the "All overseas service category."
- Long service' - for a period of 15 years or more.
- I think that we need to recognise those personnel who, for various reasons have not had the opportunity for Operational Service, and have contributed 15 years or more to the NZDF or when combined with previous recognised service with an Allied Country's military. If someone commits to serving 15 years to NZDF that is a significant contribution by any measure and deserves appropriate recognition.
- I am concerned that the discussion document talks about service in Former Yugoslavia with UNPROFOR but not the NATO led IFOR or SFOR that was in a situation close to what the last UNPROFOR contingent experienced. I am concerned that Government will be too prescriptive and not recognise service overseas, with risk, and later in life consequences just simply because of wording in an Act.
- High Risk operations within New Zealand
- From the Start of DLOC Trg, Or when your posted to your Operational paraline, Up until Leave from your deployment finishes, reason for this is that you have been ordered to go on Operations
- even if not strictly 'operational' any UN missions that includes a risk component such as land mine or UXO clearance
- Emergency service, if it is not already classed as operational
- Eg; Tsunami Relief Ops, SAR Ops
- Commonwealth operational service should also count if individual has transferred to NZDF
- Being a member of the NZDF
- Anyone who serves at all
- Any Serviceman or Woman should qualify for a veteran entitlement if they served in the NZDF, irrelevant of whether or not they have deployed. They served their country!
- Any service, whether in NZ or abroad that could cause the member to become killed or wounded as a result of the type of work they are required to do, including both physical and mental injury
- Any service where injury, mental health or disease is attributable to service
- Any service that qualifies for the New Zealand Operational Service Medal
- Any Service in the armed forces or a minimum of 6 years

QUESTION 2

Do you think civilians should be entitled to veteran’s entitlements if they perform the same service as members of the Armed Forces?

- a) Yes
- b) No

Results



Comments

YES

- I answer from the perspective of having been a deployed civilian within the NZDF (TG CRIB) - Afghanistan. Whilst classed as a non-combatant, I was subject to the same conditions and environment undertaking my job - Finance officer. I was the first of now two civilian deployed in this position. There have been eleven military personnel who also have held the same position. As such I believe that the entitlements they received (both during and post-deployment) should be available to accredited civilians deployed on operations.
- If its the same job and the same risk, it stands to reason they should be entitled to the same remuneration
- If they are there for the same reason, they should be entitled. We are all human and our lives are at risk no matter if you are wearing uniform or not.
- Same commitment, same danger, same selfless sacrifice of personal time.
- Their job is normally less hazardous, but it would be too difficult to limit their entitlement.
- Some work that we require to be done operationally can now only be done by civilian contractors.
- We currently have Civil staff serving overseas and putting themselves at the same risk and they should have that service recognised as well provided that they are members in some way aligned with the NZDF
- If they perform the same service and are required to perform the same tasks on an operational deployment they may also be exposed to the same risks and effects of a deployment.
- They are putting themselves at risk the same as a member of the armed forces. Therefore they deserve the recognition.
- If they have done the job why not.
- Not all entitlements. Specific to the deployment, time and location
- as long as the conditions of that operational service match that of the RF member, then why not?
- Some civilians are subjected to the same criteria as outlined above i.e. operational theatre.

Comments, cont.

- I believe the purpose is to compensate an individual serving the Government for the hardships, physical and mental that they are likely to endure, and which have a lasting effect on that person
- Only if govt employed
- Only if ACC would not cover them adequately.
- If they deploy on operations employed by NZDF than yes, because they are still serving their country albeit as a civilian. However if they are employed by an organisation contracted by the NZDF than "NO", because their employer is responsible for them - not NZDF.
- The line is blurring between mil and civ personnel. More often NZDF civ personnel are being deployed into theatres in supporting (non combatant roles) but are still exposed to similar risk levels.
- Because they can be in the same hostile environment, and be working for NZDF. They should then be considered a 'veteran' of that action. What is the difference between a clerk in the Army in a war zone, and a civ working as a clerk in the same location?

NO

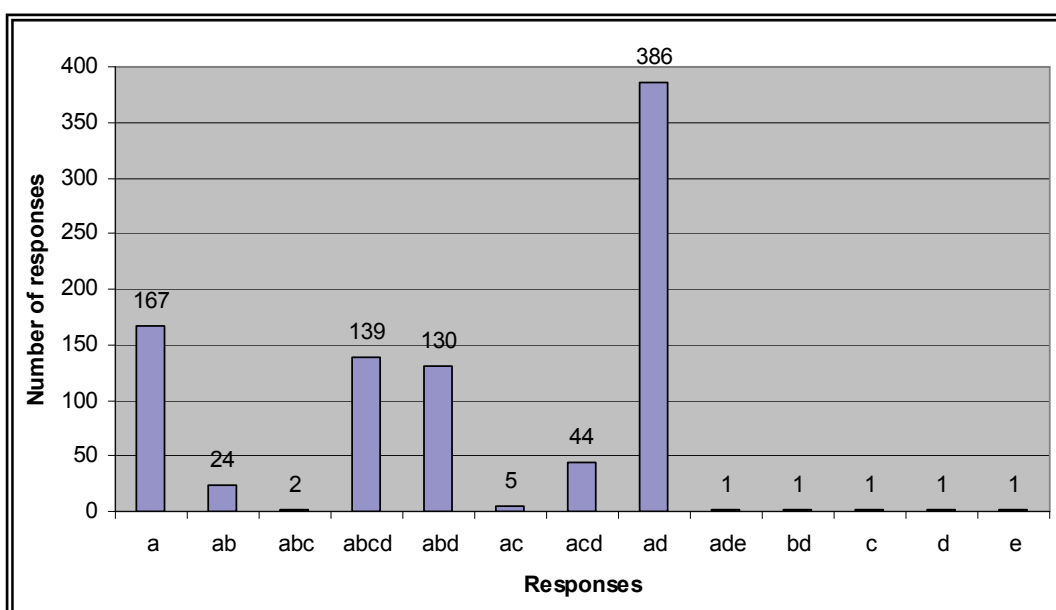
- Military service is a unique and 2nd to none profession that all servicemen are proud of. Our service is proportionately different to a civilian's employment within most operational areas. We are a select few whom have taken up the challenge to serve our country in uniform and with our lives if necessary. We do not do what we do and achieve what we achieve likely whereas a civilian employment contract will differ hugely generally to a serviceman's. Civilians need to be recognised under a separate law and must be kept separate from what a serviceman is entitled to. The profession of arms is only for those that take up the challenge therefore they must be accorded different and specific entitlements that relate to Military service.
- Irrespective of the situation Civilians can opt out. Their employment is a contract for money. Soldiers serve the nation and are committed to an engagement
- When the NZDF deploy to the gulf some civilians are attached to the deployment but they stay in hotels and if they stay in hotels for a certain period then they are entitled to receive a medal. This smacks the "operational Aspect" of NZDF personnel.
- Because they do not perform the same service. Civilians do not conduct the same activity that Service Personnel. They do not perform the dangerous activities that service people do, carry weapons (and be expected to use them), fight the enemy, etc. A military cook or clerk may not day to day go in harms way but they will be expected to, if it is required. Civilians will not be expected to do this.
- Because as servicemen and women, we can be ordered to bear arms against any threat. Civilians have no such obligation if so ordered.
- Civilians choose to be involved. NZDF personnel give up their freedom of choice and serve their country.
- Because they do not wear a uniform and so are not subject to armed forces law, regulations and duties
- Civilians should not be performing the same service as Armed Forces members because they do not receive the appropriate training or preparation for operational service.
- Armed Forces personnel carry have a responsibility and liability for their entire service career quite unique whereas civilian employees do not. I believe a distinction is required to protect that status of a military veteran. How many civilians exercise command at any level on operations or are involved in the planning and conduct of operations? While there is no argument that they are a valuable component, particularly in the more contemporary low level operations and perhaps share a similar risk if attached to military units, they are not compelled to go whereas the service person has a duty
- Military personnel (and their families) are subjected to an element of compulsion. Civilians are subject different pay and conditions; their service is voluntary.
- Because they are not subject to the same demands as military personnel e.g. they are non-combatants (unarmed), not subject to the extra rigors of military discipline, and not required to lead (managing is not leading!)

QUESTION 3

Select which injuries occurring while a person is on eligible service should be covered by a veteran's entitlement scheme.

- a) Injuries directly resulting from service duties
- b) Injuries arising from activities that are not part of service duties
- c) Injuries attributable or aggravated by sporting and/or social activities (possibly including alcohol consumption)
- d) Injuries sustained during travel to and from a qualifying deployment
- e) None of the above

Results



Comments

- Many NZDF personnel suffer from accelerated degradation of joints as a result of extended military service in preparation for and on deployment. This degradation eventually leads to a poorer quality of life than that enjoyed by their age group peers that are not in the military.
- All types of injuries
- All injuries sustained whilst in the employment of the crown
- Alcohol should be excluded.
- Any injury or condition linked to the deployment in any way.
- Any injury or death incurred while on Operational Deployment Injuries resulting from operational service.
- Mental illness while serving should be covered irrespective of duty. (based on the assumption they were assessed as fine when they joined the service)
- Psychological and/or emotional impairment that may not be apparent until long after the operational service.
- Any injury sustained whilst deployed should ensure entitlement
- Any injury sustained whilst representing the single services or the NZDF (e.g. representative sports) or whilst on duty in the NZDF should be covered unless the injury is self-inflicted or caused by carelessness on the part of the serviceperson. Any self-inflicted injury or injury caused by the carelessness of the serviceperson should be assessed on a case by case basis.

Comments, cont.

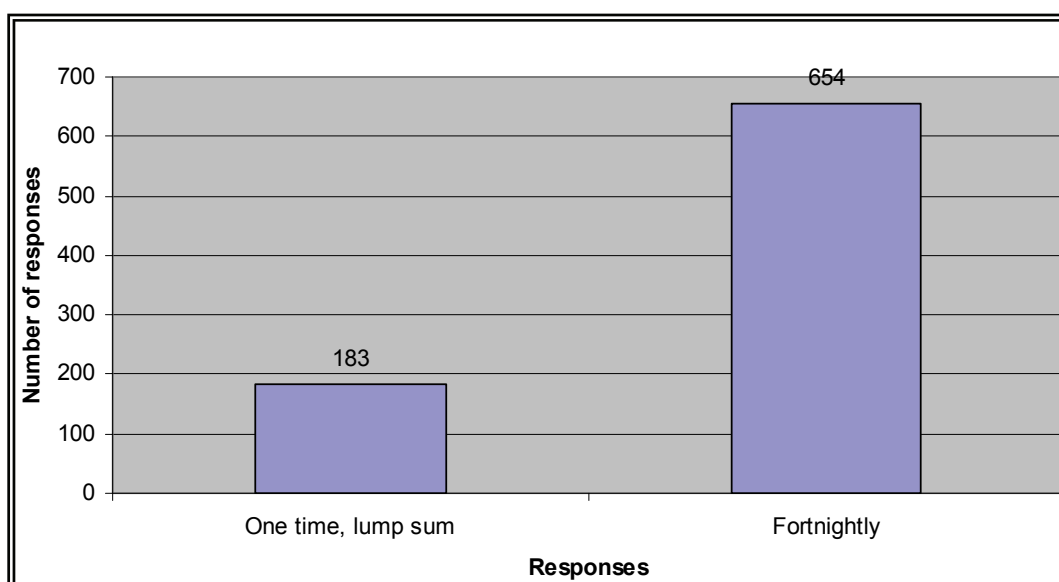
- Anything directly related to service (e.g. agent orange)
- Because even while on operational deployment, personnel are encouraged play sport, keep fit, social activities, it is the culture of the Kiwis here in NZ and overseas, particularly if serving with other services or national defence forces
- chronic illnesses attributable to service in contaminated environments
- Covered for everything anywhere whilst a serving member of NZDF.
- For 'Injuries arising from activities that are not part of service duties', further clarification is needed. For example, if a soldier is injured in a barrack fire or emergency, I believe an entitlement would be valid. If a service-person has a vehicle accident whilst on leave, they should not.
- Injuries arising from activities that are not part of service duties may depend on the circumstances. in some it would be appropriate, in others possibly not.
- injuries attributable to sporting/social activities that are deemed necessary to the deployment for "hearts and minds" with the local populace.
- Injuries resulted from representing the NZDF at sport - not with the emphasis on alcohol consumption... Actual participation causing injury.
- Injuries resulting from operational service.
- Injuries sustained on pre-deployment training for eligible service
- Injuries that occur on operations and are aggravated by normal service including sporting activities.
- Injuries or conditions that arise subsequently as a result of service duties
- It should include sporting injuries, but NOT from alcohol consumption.
- Mental illness triggered by the high stress or traumatic experiences while deployed
- Mental illness while serving should be covered irrespective of duty. (based on the assumption they were assessed as fine when they joined the service)
- Not for any alcohol related reasons.
- Only cover sporting injuries if they were received while representing Base, Single Service or NZDF sanctioned sporting codes.
- Psychological and/or emotional impairment that may not be apparent until long after the operational service.
- Should also include Non Battle Casualties - i.e. disease, etc
- This needs to be managed on a case by case as well as specific categories. It would be unfair if I as a helper on welfare or community activities in my own time suffered an injury for what ever reason and I was not entitled to service benefits. Doing such extramural activities is part of Military service and encouraged. Therefore my point of view in respect to this question is an injury sustained by a serviceman must be covered by veterans entitlements but each case will need to be reviewed and further answers sought in order to make the final decision.

QUESTION 4

What do you think is the best method of compensation payment for eligible veterans—a lump sum or fortnightly pension payments?

- a) Lump sum
- b) Fortnightly payments

Results



Comments

LUMP SUM

- with option for some sort of annuity purchase
- May depend on circumstances however generally favour lump sum payment
- A lump sum with fortnightly payments thereafter. An initial lump sum would assist in making initial arrangements for rehabilitation, retraining for different employment etc.
- I think it should be impairment dependent. Why not a bit of both?
- It should be an option depending on what the person wants
- veterans should be able to choose what they prefer
- although Tax implications may need to be considered
- Eligible veterans should be given this option not restricted to one or the other give them the choice
- Maybe a smaller lump sum then fortnightly instalments.
- Individual choice
- A combination of both

FORTNIGHTLY PAYMENTS

- A lump sum to recognise immediate trauma and impairment, followed by a regular payment to recognise on-going impact/ sacrifice.
- A lump sum to start with - to help with any costs straight away like a wheelchair, seeing eye dog, prosthetic limb etc, then fortnightly payments.
- and free medical bills
- At the choice of the veteran

Comments, cont.

- Best for ongoing costs
- Bit of flex depending on care required etc
- But a choice would be better.
- But with the ability to make claims for expensive items such as wheel chairs or hearing aids
- Combination of lump sum and fortnightly payments
- got to be automatically indexed for inflation
- It depends on the size of the lump sum payment. It should be a choice decided on by the eligible veteran.
- Lump sums for retired pers
- Maybe an option of lump sum with a smaller fortnightly payment
- Offer the choice to the individual
- or a mixture of both
- Perhaps the option of an immediate (reduced) lump sum followed by fortnightly payments
- Should not be taxed as have to pay GST already
- unless there is a need for lump sum.
- with a special provision for a set up grant - ie wheel chair access or house modification to suit the veterans disability

OTHER

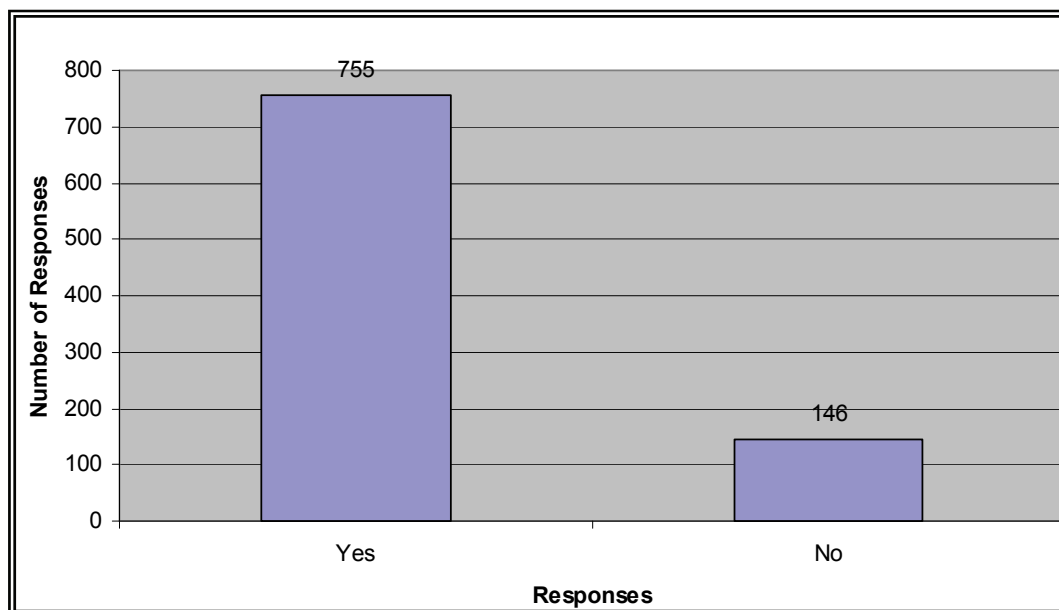
- A combination of both, a lump sum to allow for short term expenses, such as adapting home/vehicles etc to respond to long term physical impairment, and fortnightly payments to meet ongoing costs, and as compensation.
- Both, the lump sum to help the soldier set themselves up for their 'new' life and a pension to ensure that their quality of life can be maintained .
- Both, the lump sum to help the soldier set themselves up for their 'new' life and a pension to ensure that their quality of life can be maintained .
- Both. a lump sum is required to make any immediate lifestyle changes, and a pension to compensate for the loss of earnings towards a retirement plan
- I think there is a requirement for both e.g. permanent impairment with no prognosis for improvement but no further impairment could qualify for a lump sum, an impairment with a prognosis for possible further deterioration could qualify for fortnightly payments until total impairment qualifies for a lump sum.
- Individual choice!
- Partial lump sum with ongoing payments
- Pers should have the option as depending on the type and severity of injury would impact on whether a lump sum would be more useful or an ongoing regular payment.
- Split between both
- This may depend on the veteran's circumstances. A younger veteran might elect fortnightly payments knowing they have a perceived longer life verses someone who is terminally ill.
- Veterans be given the option of either of the above.

Question 5

Do you think the Government should provide veterans free or discounted travel around the country?

- a) Yes
- b) No
- c) Other

Results



Comments

YES

- Discounted travel is a must. Military service is service to the Country and for all servicemen whom have dedicated time to their Country deserve some form of travel benefit. It could be argued that a long serving member of the Military has become part of larger organisations outside of Military service but still connected and this type of involvement does have a cost element to it such as attending meetings around the country. Subsidies would be of huge assistance to veterans.
- A form of recognition
- A way of saying thank you for putting themselves in harms way for this country.
- All serving and past service members
- and overseas travel
- At least of the equivalent provided to Old Age Pensioners
- at the very least, space available on service transport
- Busses, rail etc yes and these should be over and above those offered to senior citizens
- Discounted travel would be good. If they can afford free travel for politicians they should be able to afford this. Don't see politicians risking their lives for a extended period.
- For attendance at specific NZDF occasions or to visit war memorial locations.
- For justified reunions and funerals commemorations etc only
- For medical problems that resulting from operational deployment
- For service or medical reasons

Comments, cont.

- For Veteran parades etc
- Good enough for MP's that serve 3 terms then it should be good enough for defence pers that have served longer and in more difficult situations.
- Good enough for MPs (who for the most part have never put a uniform on) good enough for those who have been prepared to lay down their lives in the countries service
- I think they should at least support and provide discounted air travel and it should be civilian and not the current trend, in some cases, where by the veterans discounted air travel is by RNZAF B757 flights (if it's flying to where the veteran is going to)
- If it is for medical reasons or related to their service.
- if it's good enough for MP's and their families any soldier who has served his/her country on operations should be entitled to some kind of discounted travel warrant even if it's only once or twice per year would help
- If linked to veteran activity
- If you have served YOUR country for a specified period of time, there should be some benefits, the same as Prime Ministers and Politicians have
- It is providing value to the service persons job.
- It's the least the Government can do for those who have done the ultimate service for them.
- No matter how or where our veterans have served, we should be recognising their willingness to put their life on the line for our country. I believe discounts for travel is one way of doing it
- on public owned transport. Rail system in Wellington for instance
- Once a year to provide travel to and from 'events' like ANZAC celebrations, reunions etc...
- Only for bona fide veteran ceremonial representation and/or participation
- There should be a minimum period of service to qualify and managed the same as to the criteria for Members of Parliament when they retire.
- Travel should be discounted. Having been placed in harms way on the Nations behalf, then discounted travel goes to recognition of service.
- Veterans have actively contributed to the security of all New Zealanders, this is a small way in which all citizens can say "thanks".
- Veterans have given all for their country, now the country should give them some form of recognition to their service.
- Veterans have served the interests of all NZers, shaping who we are as a nation today, for what has been a meagre sum in the past. Small subsidies and discounts make you feel valued on a recurring basis.
- This could enable veterans to maintain contact with other veterans & family more easily & possible offset the amount of any payments.

NO

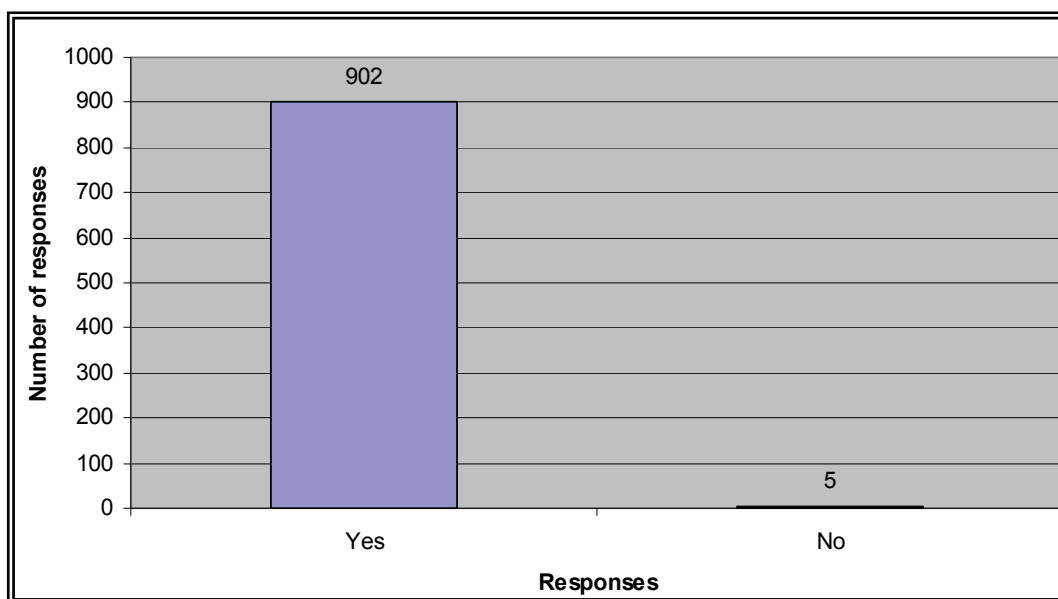
- But it would be nice
- but only in conjunction with events
- Nice idea, but complicated and difficult to justify
- Unless the impairment directly affects the veteran's ability to get to work.
- Unless the national airline is government owned.

Question 6

Do you think the new veterans' Act should provide rehabilitation?

- a) Yes
- b) No
- c) Other

Results



Comments

YES

- Adjust the service person back into society. The overall cost is probably less than having someone 'go off the rails'.
- All injuries or damage (physical or mental) incurred whilst on active service should be 'put right' as best as is possible.
- and counselling for family members
- but generally this should be addressed by the NZDF upon return from Operational service and any potential existing social, physical, mental issues remain the responsibility of the NZDF.
- Depending on requirement
- essential to allow recovery and progression
- If injured, rehabilitation goes to returning to normal health.
- It should be tied in with ACC as any accident is covered by the scheme and its rehabilitation model is sound and proven.

NO

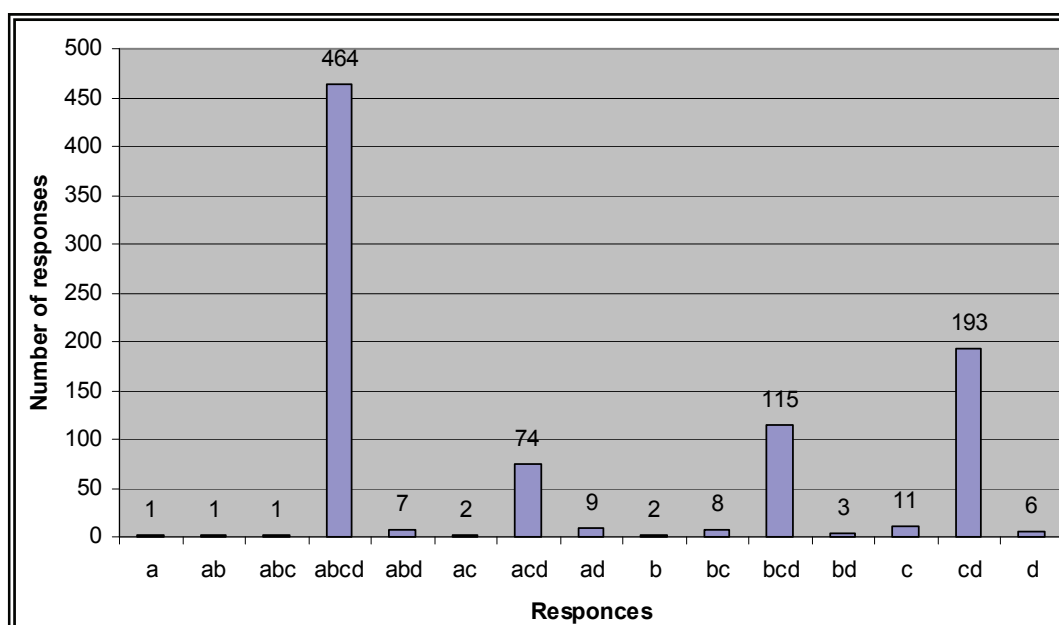
- The military should provide that post operation

Question 7

What do you think rehabilitation should include?

- a) social
- b) educational
- c) physical
- d) mental/emotional
- e) other

Results



Comments

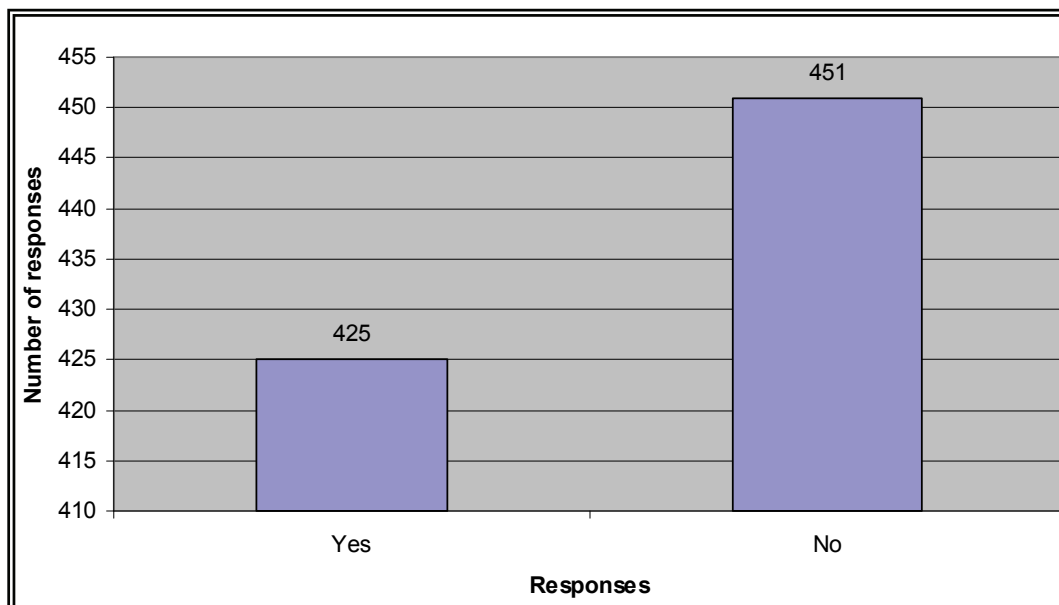
- Anything that is required to get someone back to their original state
- As Necessary
- Damage should be put right as best as is possible and should be considered in a holistic manner.
- Dependent on situational needs
- Depending on the svc/ impact of svc, all above rehab should be avail. Most suitable rehab to be determined by qualified med practitioner, endorsed by NZDF specialists.
- Educational - only if it is related to new skills to assist in employment if they are permanently disabled
- On a case by case basis for what the individual requires with a follow up every year or so
- On an individual basis!
- On going support to reintegrate our veterans back into civilian life when they leave the NZDF
- RSA for Social
- The effects of eligible service could impact across a number of areas. therefore restricting rehabilitation to one area only may jeopardise the recovery of a veteran because of the inability to deal with other issues.
- What ever needs attention
- Whatever is seen as advantageous to the person by relevant specialist board
- Whatever it takes to reintegrate them

Question 8

Should a veteran be required to undertake rehabilitation before receiving compensation for a disability?

- a) Yes
- b) No
- c) Other

Results



Comments

YES

- Although sometimes there can be no rehabilitation and this should be assessed on a case by case basis.
- At Govt expense
- but only if it is believed that rehabilitation would actually be of some benefit to the individual, not done just for the sake of it.
- Compensation should start while being rehabilitated
- Concurrent
- dependant on injury/disability
- during and forming part of compensation
- Evaluation period is necessary to determine extend of disability if not already apparent
- Id rather have a go at making myself better first, than just a fist full of cash and ignore or put up with an injury or illness.
- If they have not already exhausted this option whilst serving
- It should be independent and not the Governments (ACC) assessment
- It should be subsidised or free rehabilitation.
- Not everyone is going to want to do this but I think some form of rehab will greatly improve quality of life for the impaired and/or their family
- Only if physically possible

Comments, cont.

- Rehab and compensation should be complimentary, not exclusive.
- Rehab should be mandatory!
- The veteran should take some responsibility for their return to normal health. That said, where it is clear that rehabilitation will be of little benefit, then flexibility must be allowed to cater for such cases.

NO

- But it could be concurrently actioned which occurs with ACC clients in a very similar vein.
- compensation should be available during rehabilitation
- Compensation should be awarded as soon as possible to reduce stress and suffering. Rehabilitation should be provided as part of the compensation duty of care.
- Compensation should be for the injury sustained, rehabilitation should be separate.
- Compensation with rehabilitation
- However if the veteran refuses / declines rehabilitation and disability gets worse then the original assessed percentage of disability (and level of any monetary compensation should remain at the pre-rehab level)
- I think they should be given a lesser amount in compensation, say 80% of final benefit, whilst undertaking rehabilitation, then that amount would rise after completion to the full benefit.
- If rehab is required for a eligible condition sustained from Operational Service there shouldn't have to be a delay
- If yes, this would have the unintended consequence of making the 'veteran' feel as though they have something to prove, when one would assume that they have already suffered enough.
- If yes, this would have the unintended consequence of making the 'veteran' feel as though they have something to prove, when one would assume that they have already suffered enough.
- Initial counselling prior to compensation payment would be good to ensure that the correct use of the compensation is understood, and best use of that money is considered.
- It may not be necessary
- It should be impairment dependent. It would not be appropriate in some circumstances.
- Money may be required to live whilst receiving rehabilitation.
- Only if rehab can be shown to be beneficial. Undergoing rehab simply for the sake of obtaining compensation is wasting everybody's time.
- Should not be compulsory but must be available.
- The compensation maybe used towards rehabilitation costs as required.
- The veteran should be receiving rehabilitation and compensation not necessarily receive the compensation afterwards.

OTHER

- Depends on the disability
- It will depend on the injury, if the injury can not be rehabbed then they should get compensated.
- Only if it is deemed necessary
- Subject to circumstances of the injury
- Yes but should be eligible as soon as rehabilitation commences

Question 9

What needs do you have as a veteran (or the family member of a veteran) that can be addressed through case management? Please list.

Results

No graph due to the nature of the question.

Comments

- A one stop shop that can facilitate your needs whether it be death, disability or rehabilitation without the frustration of bureaucracy encountered with several agencies.
- A skill base from which a stable income may be generated after service life, ie. Higher education after service. Family counselling where requested from the individual or their family members. Ongoing treatment and therapy where it is required, i.e.. for long term injuries or illnesses as a result of military service.
- Access to Case Mgrs and Increasing awareness of avail services to Vets and Families.
- Access to doctors, medical and dental facilities. Financial advice including mortgage services and long term planning.
- Access to health services, disability management at home and in the work place, financial assistance for medical care, rehabilitation, funeral services
- Access to NGO's to support integration into community.
- All needs should be directed through one POC. If not it become to hard to chase a variety of agencies.
- any case manager should be absolutely conversant with the legislation surrounding veterans affairs, preferably a veteran themselves so they understand what the veteran is going through.
- As an advisor with regards to benefits and other associated support groups.
- As people get older they are less capable of understanding rules and entitlements, and need all the help they can get.
- Clear understanding of entitlements and support agencies. A friend in court, so to speak and a champion when dealing with other agencies. someone who can give an impartial ear to issues and who can provide accurate advice and support.
- Communication between the NZDF, Veterans affairs and the individual/family involved with the claim/s so that it is transparent and they all know on where they stand and what can/is their entitlement
- contacts for support groups, someone to advise what support is available from support groups, financial and financial planning, rehabilitation, mental health support, invalids support etc
- Counselling - family, marriage, personal - as required
- Due to movement around the country, provide assistance with spouses work search. Help arrange housing if purchasing i.e. research areas and provide advice for locations and schooling. Finding medical support for families in new areas for postings. Support Vets in gaining access to medical care for surgical support and other medical support requirements.
- Ensuring that you and your family are aware of what is available and making it easy to utilise.
- Facilitation to Services and/or other organisations and agencies
- follow up advice and help, explanation of available services and payments
- Health care liaison, financial assistance, family facilitation
- Housing, finance, welfare, social services, public services. they should be entitled to all services available to make the transition easy.
- Housing, psychological rehab, medical bills, dental,
- In the event that I have been seriously wounded or killed on operations, family support would be high on my list of priorities e.g. pension requirements, insurance, funeral arrangements
- Information about services that I may be entitled to.

Comments, cont.

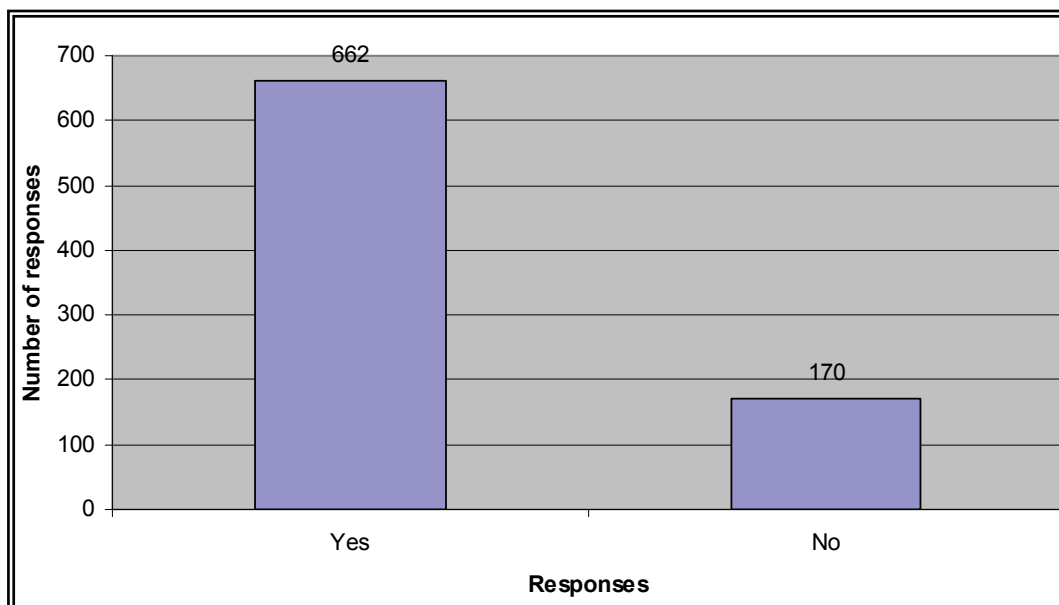
- Information on available care or assistance.
- Information on what the act covers and how/who to go to for advice.
- Job assistance, Financial advise
- Knowledge about entitlements - the opportunity to be able to lead a normal life as possible with the associated benefits from the organisation
- Knowledge of services and organisations available to veterans. Updates on latest medical services.
- Legal matters, counselling, organising suitable jobs or interviews based on qualifications and/or experience of the veterans
- Legal matters, counselling, organising suitable jobs or interviews based on qualifications and/or experience of the veterans
- Medical specialists and facilities, private where needs be. Similarly access to any specialists for needs of rehabilitation.
- Medical, Financial, Tax, Benefits, Assistance.
- Mortgage, Education, Cost of living expenses
- Nil - yet! However in the future medical assistance is probably my biggest concern. Liaison to find the assistance I am able to access and eligible for would be my main consideration
- None at the moment, but I would anticipate in the future (say 30 years time) I would have needs that could be met through assistance by a suitably qualified case manager. I also believe that this should not be left to your ordinary case managers, due to the number of stuff-ups that have occurred in the past.
- Online access to all information and contact details. Be available to provide suitable advice.
- Provide timely and accurate information.
- Providing all resources, the facilities or assets to get to those resources. And most of all show some respect for what they have done and achieved
- Re integration from service to civilian life
- Subsidised health care on release irrespective of income
- To provide me and my family members with one point of contact for the services they may be entitled to.
- Transferring to civilian life.
- Visits, organise travel to and from doctor appointments and other rehabilitation visits, support to family, sorting any problems with veteran payments.
- Have the range of services available offered to the veteran/veteran's family as many
- What veterans needs are required for them to live as normal as possible in their daily lives - this should be ongoing till death.
- Who to contact, how to go about getting the appropriate assistance, make things as stress free as possible

Question 10

Should there be more assistance for veterans when they are transitioning out of military service?

- a) Yes
- b) No
- c) Other

Results



Comments

YES

- Brief on what help is available and how to access it.
- If the veteran feels that he or she requires it.
- Information and registration for veterans database (at least)
- knowledge of what is currently available, and through what mechanisms you can access that assistance
- Provision of advice and guidance for services avail after release
- there is a lot done at present for long-term soldiers, but it is not aimed at the individual who has done a couple of "trips" then "gets out" - we lose these people and have no idea the real reason why and what future support they need.

NO

- I think there is quite a lot of support for any personnel leaving the forces at the moment
- Should be entitled only to that assistance any serving member is entitled to.
- Should stay the same
- The Air Force already runs a pretty good resettlement service.
- They should not receive any more assistance than other non-veterans, unless they have some form of physical or psychological injury as a result of their service.
- Unless there are health issues.

Comments, cont.

OTHER

- A brochure on a veterans rights and available services.
- A POC to Veterans affairs as part of the release process, and what assistance is provided if needed could be made available.
- Dependant on the situation
- Don't know what assistance there is ATT
- For those experiencing lasting affects of deployments yes, as a general rule current assistance is probably adequate
- I'm not sure what else could realistically be provided
- It would be nice to receive a package of the entitlements for the person leaving the service so that later down the track the know what is available.
- needs to managed case by case, most will manage the transition however those that may struggle should have assistance
- Not sure, I am not too sure what is available to veterans
- that would depend on length of service and type of operational service endured
- Uncertain, having not experienced this transition, although this should not necessarily be any different to that for a service member not considered a veteran.

Question 11

What is the best way to support veterans transitioning to civilian employment?

Results

No graph due to the nature of the question.

Comments

- While the current resettlement course and period of resettlement training provides assistance it is dependent on service time and provides no assistance with finding alternative employment. The ability to provide assistance in this area would be appreciated.
- Vocational advice prior to departure and education / assistance for gaining employment; including support during transition.
- Training, flexible work arrangements (attending interviews, vocational coaching etc).
- Transitioning them into their new lives. Supporting every step into their new careers by letting them know what's available to them and also letting them know that they are always welcome back if applicable.
- This should be acknowledged right throughout a service members career - not just when they are leaving as it's too late to put in place e.g.. educational qualifications to help get a good job. A closer profile should be done when pers reach 12 years service, 18 years service, etc.
- The transition is a big step as they are turning their back on a career that has brought them friends, comrades and a strong independence. They need to come to grips with going out in the "free world" and meeting new people and becoming a member of a new "community". They are going from a secular society to a society that will have its ups and downs.
- Tertiary Education and opportunities to work in the civilian sector to receive job experience prior to release from the Service
- Support groups for regular meetings, including coordinated social activities, and introduction into social/sporting networks
- Schemes such as those provided by the GI Bill might be a good start.
- Resettlement training is a good tool that we currently have. It should be expanded to include the social and "cultural " changes of working in a civilian environment and what support agencies are out their - WINZ etc
- Resettlement training and professional assistance in obtaining civilian employment.
- Providing a comprehensive brief on entitlements and support available
- Provide the opportunity for re-settlement training (currently available). The system that is in place is good but it only works for those members who are proactive and take advantage of what is on offer. Those who make no attempt to take advantage and wait for things to be done for them get nothing out of the current system. The individual needs to be motivated to help themselves.
- Possibly establishing a mentoring network of ex service people who have transitioned to the civilian sector so they can provide advice. Maybe a helpline type service that veterans can ring with issues transition from the regimental environment to different environment. More assistance with interviewing techniques, setting up CVs, maybe even an opportunity to spend time at different civilian businesses working for free to gauge what it is like in different organisations (acknowledging that you can get resettlement leave which is normally at one loc, perhaps this could be flexible to be used at more than one employment option)
- Professional external support in seeking employment
- opening up the eligibility to resettlement training, so cores like infantry don't end up being security guards etc. Reduce the service length requirements.
- Make the transition as easy as possible remembering that the military way of life is all they know. Ask what they need and provide the information without giving them information overload. it may be a slow process but at least you are meeting their needs. do follow-ups to ensure the transition and process is successful. move through each process one at a time.
- Making all relevant information readily available along with a person they can contact to assist them in setting

Comments, cont.

things up if required.

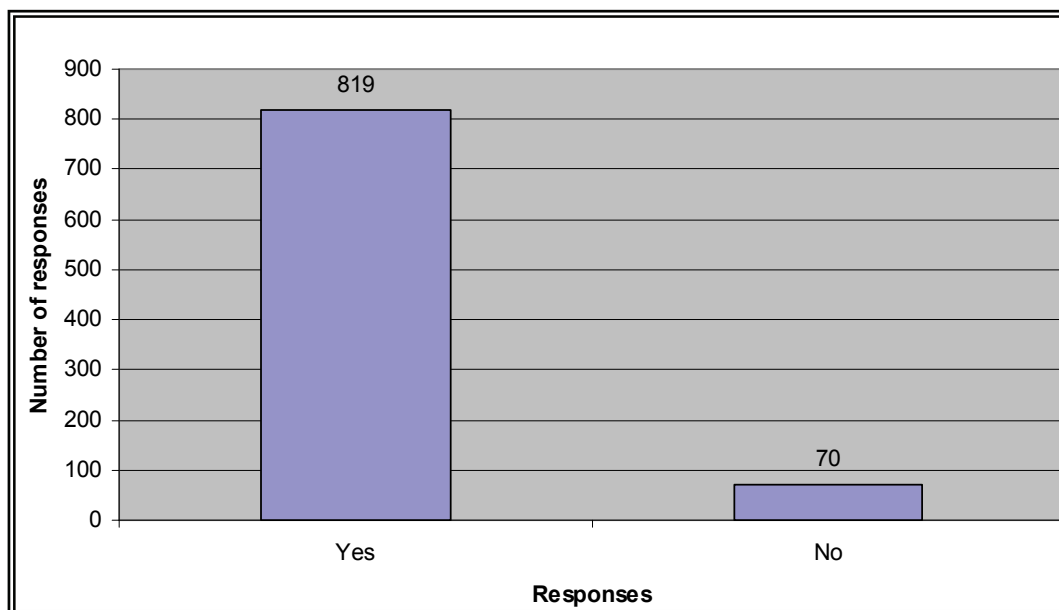
- Involvement of a civilian employment agency that is able to translate military skills to civilian terminology, offer job-seeking advice, advise of veterans support and social welfare support if this is needed. A follow up after a period of civilian employment will ensure that former servicepersons have made a successful transition - and if their transition has been unsuccessful, identifying why and how to fix this may be required.
- improvements to education training and physical rehabilitation. If chosen, pers should be able to choose if they want to continue to have access to army facilities such as gym, physio and medical for a period of time after discharge, e.g. 5 years.
- Help them to find civilian employment if they request it. Some may see this as a retention issue. If someone has had enough, they're going to leave regardless of their future employment situation. New Zealand owes those that serve a better than average opportunity to find work outside of the military where it is sought.
- Help to get NZQA recognition for their skills
- Help with writing a good CV
- From my experience, having worked as a case manager for ACC. The best support that a veteran may be offered is through a reputable employment agency contracted by NZDF to provide and achieve stated employment outcomes for the member. Outcome related payments to the agency is best and is current practice outside of the Military.
- Give advice, training and guidance on how to relate to and act like a civilian. I know of quite a few ex service-men who join back up not because they can't find a good job but because they cannot relate to those around them who do not military attitudes and values
- Forming some sort of recognised certificate, based on courses you have complete while serving, that will assist in obtaining a job.
- free or heavily subsidised education, i.e. University or similar in there choice of job, etc..
- Education for employers about the rights and requirements of veterans, and how employers can access these services for their staff could be useful
- Education to allow the veteran to enter the civilian market fully trained and able to find a job commensurate with his status. Additionally, long term monitoring of health to allow early intervention in any medical/disability issues that may arise subsequent to service, and may require assistance in employment and possible retraining and employment!
- Create a job centre sourcing veterans jobs and promoting veterans skills, knowledge and attitudes to employers
- Conducting workshops / awareness programmes on veteran affairs entitlements, assistance points of contact and registering. Could be incorporated as part of resettlement training
- by providing information and workshops on how to survive in the real world. Including possible contacts for employment. also provide counselling/support to veterans for say 3-6 months after they leave military service to ensure they are coping and if not they know who they can talk to
- Assistance with career counselling and access to career transition support services, e.g. CV writing, legal assistance with work contracts.
- after the excitement of operations it can be difficult to settle down again. assistance with this transition would be good. I am not expert enough to be able to suggest the best way to do this.
- All military personnel should receive transitional type help when leaving the service.
- Allowing the veteran to partake in any work experience/training opportunities before release similar to long service resettlement leave.
- A listening ear and advice on the process/ pitfalls. Knowledge of ALL avail support mechanisms.
- A psychological assessment to ensure there are no lingering mental health issues.
- a recognised course in transition, identifying veterans strengths and areas of work concerned IOF them to head down that path. Also a follow up at 3, 6, 12 month periods to check on there progress.
- promulgation of 'veteran friendly' employers

Question 12

Considering the health care support that New Zealand provides every citizen through ACC and the health system, do you believe it's important that veterans are provided extra medical benefits?

- a) Yes
- b) No
- c) Other

Results



Comments

YES

- ACC cover is not sufficient and appears to be far too slow in addressing the needs of veterans. The public health system is far too slow and forces people to suffer for longer duration than is acceptable.
- ACC stops at 65, if you miss a leg because of an accident in the military, it's not going to grow back when you're a 66-year-old civilian
- Access to private healthcare
- Dependent on injury or disability
- For conditions attributed to active service or likely to be result of through active service yes.
- From the perspective that the government will acknowledge their health may have been affected by the operations they were involved in on their behalf
- If ACC does not meet all the Vets needs
- If injuries were caused during service for the country.
- If problem is due to service
- If the assistance relates to his/her service
- If the medical condition is as a result of the veteran's service then additional benefits should be provided.
- On a case by case basis.
- Only if injuries/disabilities are not covered under existing Acts.

Comments, cont.

- Only if their health problems can be attributed to military service. However, we must be weary that some 'unseen' problems may develop later in life that are not so easy to attribute, such as heart problems etc. These kind of ailments should be covered by extra medical benefits.
- priority for health care attributable to operational service
- priority for health care attributable to operational service
- Specifically if Service related
- The Agent Orange Case is a prime example of not providing any care.
- The public health care system is not foolproof. Veterans should not have to wait months for health care for injuries or damage sustained or caused while they were on active service. There should be a facility whereby they get placed further up the waiting list.
- To cover any acquired illness specific to the theatre of operations that may not be accepted by ACC/ health.
- Until waiting lists for specialist care are improved, this is essential
- Veteran health issues may have been attributed due to personal sacrifice where few others are prepared to tread. There should be an additional recognition of this through Govt assistance.
- veterans should have priority over non- emergency healthcare (emergency healthcare should be kept equal with NZ citizens - and be based on medical priority criteria
- work related, i.e. exposure to chemicals

NO

- We should be like every body else

OTHER

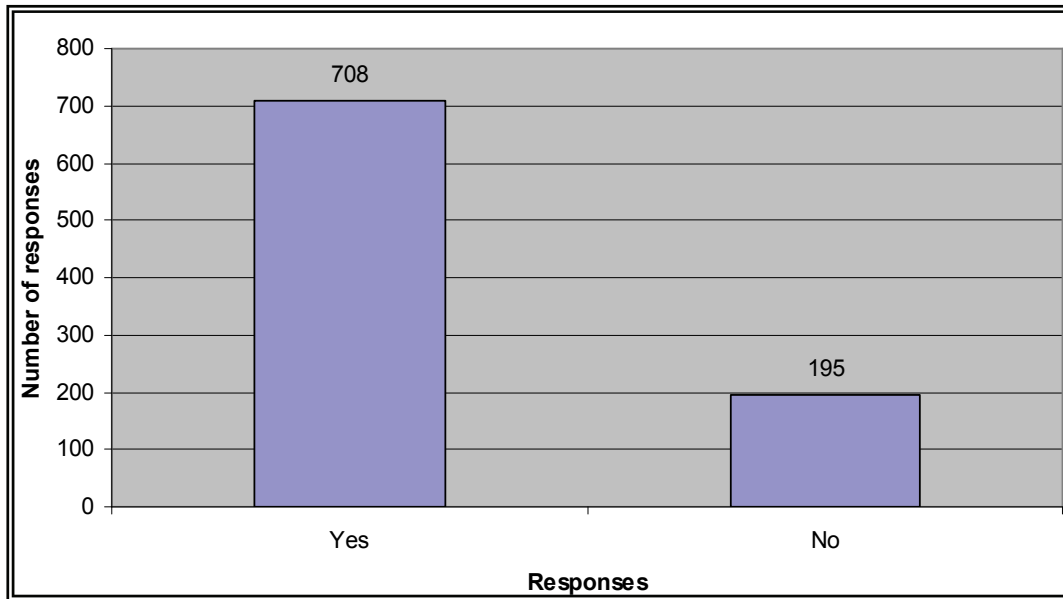
- Only if injuries are related to operational duties
- only if ACC does not cover it
- At least have some priority to operations, treatment as they have after all served their country.
- Only in the case of Service related disability or injury.

Question 13

Have you thought about your (or your family member's) ongoing health care needs after leaving the NZDF?

- a) Yes
- b) No
- c) Other

Results



Comments

SEE NEXT QUESTION

Question 14

What specific health concerns do you have, if any?

Results

No graph due to the nature of the question.

Comments

- Wear and tear on my body due to the physical nature of service life which would prevent me from fully participating in family activities. In particular the wear on my knees, ankles and elbows.
- Waiting lists and cost
- waiting lists, I have private medical insurance for the family
- Unforeseen health issues associated with working in former ships where asbestos was used around pipe work.
- There appears to be a lack of awareness (or avoidance) of the consequences of operational service within the public health system. I am not suggesting anyone gets extra special treatment, just improved affinity to serving our country. Some of the issues experienced by veterans are currently treated as "elective" and need immediate attention. What do NZ Police and Fire do for their staff who have been exposed to traumatic situations and suffer from PTSD or PTSR - for example?
- The Public sector of the health system is significantly understaffed and overworked - it is difficult to receive quality treatment without going through a health insurance company or private medical facility. The costs associated with this are high compared to the public sector and general unachievable for the average soldier. A subsidised private medical cover or a reduced-benefits health cover with a private organisation are a couple of options that would be beneficial to veterans.
- The number of permanent injuries I have concern me as they already hinder my abilities to complete physical activities. I am in constant pain and can only see this getting worse as I get older.
- The NZDF is geared to help out there personnel with regard to families needs, once a member is retired from the NZDF he no longer has this option.
- The high cost of basic medical visits and the long waiting lists for free medical care in a system that is over-stretched and overpriced.
- The follow on effect of exposure to harmful substances or environmental factors which have been a direct result of operational service.
- The cost associated with day to day needs as we get older. A system whereby we have a veteran medical insurance available upon leaving the military, at a discounted rate, or even paid out of the benefit before it is paid, would be beneficial.
- The Army has a considerable impact on a soldiers body. Once I leave the service what happens if my body breaks down even further? I ma not covered by NZDF any more and the public system is limited
- The chemicals used to kill mosquitoes, "fogging" of tents while people are sleeping in them, respiratory problems, CBRN Nerve Agent Pre-treatment Set (NAPS), medication that we are REQUIRED to take on operations, concern for the veterans of the Vietnam Conflict, in regards to Agent Orange.
- The affect that operations may have had on mine, my wives (both served on operations) and any unknown side affects this may have had on the health of our children and their descendants
- That you can get injured protecting your country and get shunted into the ACC round about and denial system - should be treated as a honoured guest not another burden
- That's it ok to recruit soldiers at 18 thrash them for 20 years and turn them out broken and expect them to suffer for the next 40 years with injuries sustained in the service
- Potential health issues down track that haven't been identified. I am sure at the time of the Vietnam war Agent Orange was seen as 'safe',....I wonder what we have been exposed to now that will turn out to have been a risk to our health in 30 years time.
- Operational service qualifying for veteran status should result in additional and/or priority post service health

Comments, cont.

care and social support (amongst other benefits)

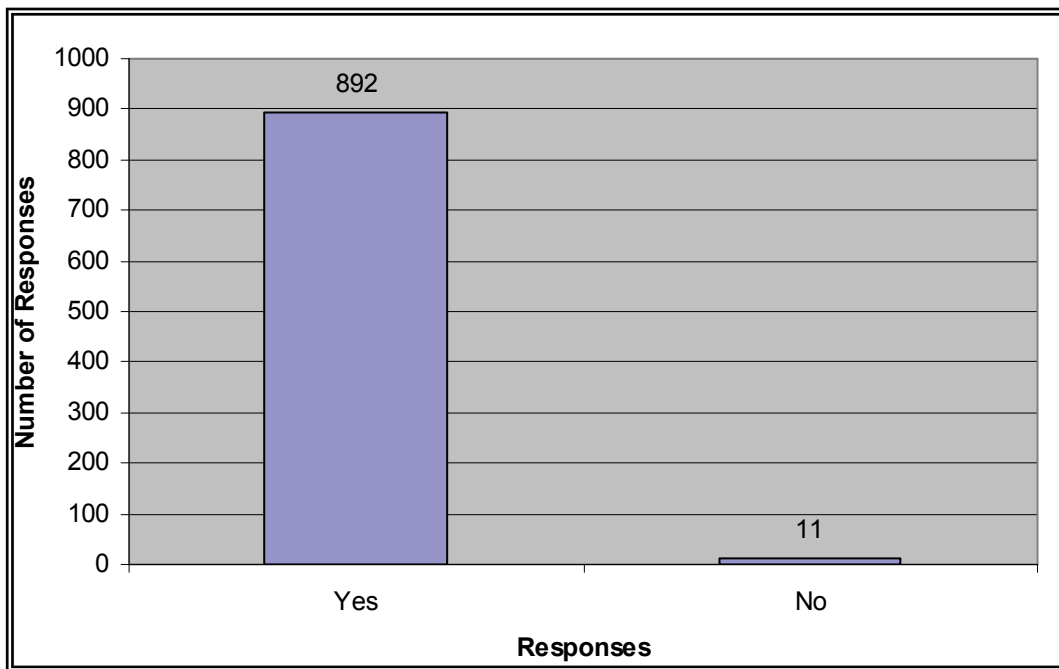
- My Dad who is a WW2, 3 Div veteran refused to trouble Veterans affairs for a knee op and then waited 2 years on the public health. His comment to me was that he did not see combat and others were more worthy than him. My concern is that all veterans should be signed up on end of service so they do not have to make this sort of decision.
- Medical conditions arising during long service, though treated during that service, create high medical and medical insurance costs following the service. There currently is no provision for this
- Medical care for any family members over six is expensive. Whilst I am not a "heavy" medical user I find the expense of simple medical care off-putting.
- Injuries likely to arise later in life as a result of Service life, whether exposure to risk during overseas tours, or premature wear rate on limbs due to higher than normal fitness requirements compared to civilian peers
- Injuries sustained during military service are likely to be recurring; how will this impact on my health and healthcare for the next 30-40 years, and what support will be available in addition to ACC.
- Issues with spraying, fogging and medications taken will on deployments
- If any injuries I incur during my time in the NZDF prevent me from earning enough money to spt my family, I would feel like I have let my family down and that the NZDF/govt and the NZ people have not provided me with the support to protect my family and care for them in the future after I have given them 20 odd years and numerous deployments.
- I think that the NZDF and the government should provide ongoing support for health issues for veterans. Veterans have served their country and were/are willing to lay their lives on the line for queen and country. If politicians can get well looked after long after they leave parliament, then there should be no excuse why the same can't be adhered to for veterans!!!
- I have many lingering effects from malaria, dengue fever and other ailments gained from deployments and training over many years and they are hitting me now. some assistance with health post service should be a given
- I have a long return of service so my immediate concerns are not for the future after service life. My concern about ACC is that it is exactly what the name suggests "Accident Compensation", what happens when someone becomes sick as a result of an illness they obtained on deployment? This is where it is important that Vet's have extra medical benefits provided. NZ deploy to areas with many life altering diseases and varying types of aerosols that are known to be hazardous to the health of a person; my understanding is that ACC is not correctly aligned to provide care for people affected in these ways.
- I don't consider that I should be entitled to anything over and above other New Zealanders unless my health issues can be attributed to military service. Other NZers such as farmers and trades-people have physical jobs and are not entitled to additional benefits. It is important that a robust criteria is developed so that only benefits that can be attributed to military service are funded.
- Hearing, delayed impact of stress of being deployed and impact on partners and families. Need something that acknowledges the significant anxiety and challenges they had to face as dependants of a deployed service member. NZDF does not currently have good support mechanisms for families.
- Generation affect
- Genetic damage due to parent exposure to toxins - own health and health of offspring. Health of Veteran father.
- Conditions that manifest themselves at a later stage and can be attributed to exposure /injuries etc received while a serving member of the NZDF e.g., Agent Orange, Nuclear Testing, Malaria, Hep A, B, C, Post Dramatic Stress Disorder etc
- Access to health services. Family members suffer stress as a result of concern for deployed service members. They 'serve' equally although differently. some form of recognition for them should be extended through improved access and support.
- Growing older with the ongoing injuries from service in the army. What sort of price or impact this will have on me both financially and mentally.
- Prolonged exposure to the sun, (skin cancer).

Question 15

Do you think the government has a responsibility to provide health care for veterans for accepted disabilities?

- a) Yes
- b) No
- c) Other

Results



Comments

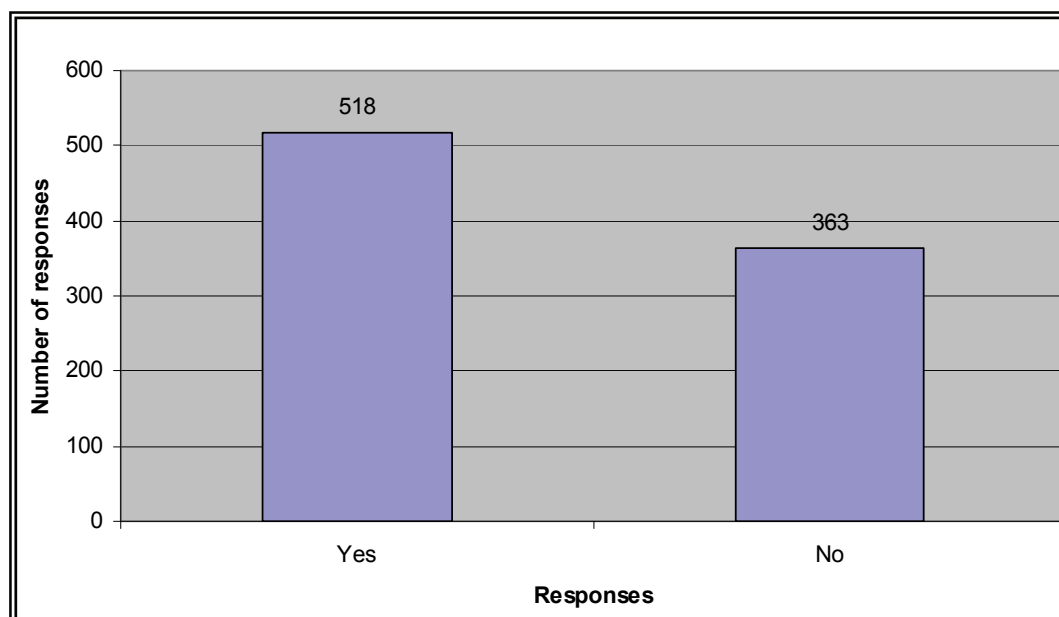
- Absolutely, they were working directly for the government when they sustained their injuries. Why should ex-MP's get preferential treatment when those that impose the governments directives no not.
- If related to operations. Could be difficult to monitor.
- Not just accepted disabilities, but all injuries sustained whilst on operations or general duties.
- Not just veterans but their families if they have been placed in harm's way i.e. anything that they would not have been exposed to in NZ

Question 16

Do you think veterans should be provided full medical care, regardless of whether the conditions are related to service?

- a) Yes
- b) No
- c) Other

Results



Comments

YES

- All New Zealanders should have access to full medical care.
- but only for service related conditions
- Depending on a qualifying period, i.e. 3 op tours or 20+ yrs svc.
- Except for self alcohol/drug related injuries.
- For qualifying group and criteria selected at 21-23, above.
- full medical care should be provided if the condition is attributed to military service. Otherwise the individual should be provided medical care IAW normal civilian entitlements.
- If the veteran is disabled than - yes. If the veteran is not disabled than he should receive heavily subsidised (full) medical care.
- If they have served a minimum period of time, say 20yrs
- It would be impossible to apportion which were attributable, so all should be covered
- Maybe to a percentage - not necessarily 100% - but possibly 50/50
- not for self inflicting conditions i.e. alcoholism
- Not necessarily free of charge but significantly reduced rates and only for those pers who have completed 20yrs service or those who have been forced to take release from the service dur to the injuries that have sustained.
- Often an injury or condition may not be attributable to a specific incident, but ongoing employment conditions such as stress, physical training, training exercises etc have a cumulative effect on health and wellbeing.

Comments, cont.

- Old digs need more help
- On release due to the, what I consider more than normal stresses placed on serving individuals not only in the operational service provided but also in the training to get an individual ready for any service.
- Service related' would need to be either clearly defined, and inclusive of a wide range of provisions. For example, if I have knee problems when I am 50, it is likely that my military service may be responsible. Likewise, unseen conditions such as a heart condition may be the result of military service.
- So long as the injury came about while employed by the services
- Some conditions take a while to manifest themselves and like in the case of agent orange, many of those exposed died before anyone took responsibility.
- The Government is often very slow linking a vets condition to their service, e.g. OP Grapple nuclear tests and agent orange.
- They have put their lives on the line
- Veterans have physically put their bodies and health on the line and suffered as a consequence.
- While currently serving and if the illness injury causes the individual to be released from the service.

NO

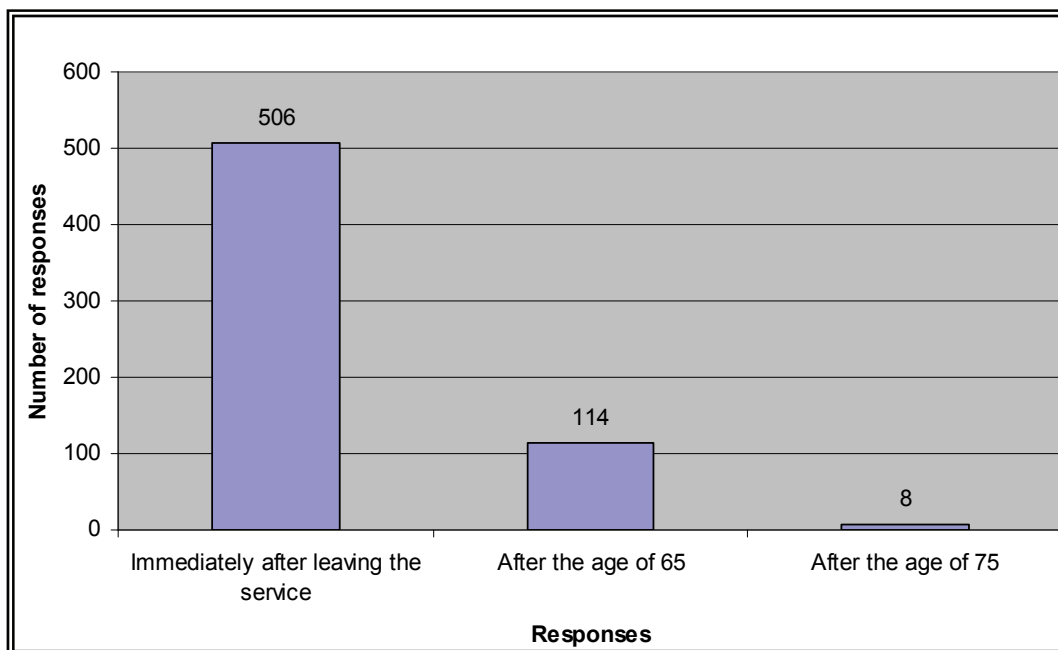
- care needs to be taken that free care is not provided for self inflicted injuries; e.g. in the USA it has come to light that there are veterans conducting legalised fraud by claiming disability pensions for venereal diseases caught in Vietnam
- If the condition is not service related, the normal health care system should provide for it, like for any other NZer
- It is hard to justify this, but it would be a huge incentive/icing on the cake if this was provided.
- It MUST be related to service.
- May it could depend on how long you served in NZDF.
- Need to be service related
- Only if the need for care is directly related to military service, duty or injury
- Only service related, whether developed in the service or after as a result of service
- Perhaps discounted medical insurance is a better option.
- Perhaps not full medical care for non-service related issues, but I'm sure some assistance would be gratefully received.
- Perhaps some form of subsidised care?
- qualify full medical care; I support a + approach where they have access as right of their service but not necessary top of every list
- Same care as other NZ citizens if condition not linked to service.
- Should be service related.
- Sporting related injuries are an individuals responsibility provided it was not received during an NZDF "Directed" activity (directed - not sponsored). Medical complications relating to the abuse of drugs or alcohol is not the Governments responsibility, however all efforts should be made to rehabilitate the service person and correct the underlying cause.
- The conditions need to be either NZDF Service or Operational Service related.
- We should pay for normal medical care like any other citizen

Question 17

When should full medical start?

- a) Immediately after leaving service
- b) After the age of 65
- c) After the age of 75
- d) Other

Results



Comments

IMMEDIATELY AFTER LEAVING SERVICE

- After twenty years service
- Again for pers who have completed 20yrs continuous service or those who have been medically released as a result of injuries that have bee sustained as a result of their service.
- Apply an age limit to above 55.
- Dependant on the nature of the injury. If severe enough, medical care should be ongoing
- If directly relates to the operations.
- If required then earlier
- if they have served a minimum time, say 20yrs
- needs to be a minimum period of service to qualify.
- Notwithstanding my basic position on provision of 'full medical care' above, benefit might also be graduated over time, or greater length of service e.g.
- Situational dependent but generally it must be available when it is required
- Sixty-five is too late. Also good healthcare prior could secure better health in old age and less stress on the economy....proactive not reactive
- When it becomes apparent
- When the condition is identified and may be a cause for leaving the service

Comments, cont.

AFTER THE AGE OF 65

- case by case if req'd earlier, on recommendation from Medical Officer
- depending on if the medical condition, and how it occurred
- depending on injuries sustained on operation
- Many NZDF do not reach 75
- Or immediately after leaving if the service member has served their full engagement
- or with accepted injury defined at release medical board.

OTHER

- After a certain length of time of service, such as 10 or 15 years, unless an injury or damage can be directly attributed.
- After leaving after at least 15 Yrs service or having completed recognised period of Op svc
- After the age of 50
- As required
- at 55
- at age 55 yrs
- depends on circumstances, 65 as a min, possible on leaving if good reason.
- Depends on the individual need but if there has been a pay out there should be a stand down period first.
- Depends what the medical care required is
- Either after a qualifying period (i.e. 3 op tours or 20+ yrs svc), onset of "issues" that can be attributed to svc or 65.
- It should start when the manifestations start, at whatever age that is for the individual.
- Only if the need for care is directly related to military service, duty or injury
- When the health issues start to affect ability of the ex-service person to earn, or their quality of life.
- When they need it, they may find an injury related to service is affecting their way of life five years after leaving the army. Are you going to tell them to wait till their 65?!

Question 18

What improvements could be made to the current health care of veterans?

Results

No graph due to the nature of the question.

Comments

- Veterans Affairs, NZDF and to some extent the Government need to be made more accountable for their lack of humility towards our veterans. They were the people who in some way committed them to an operational deployment and they need to be made accountable for this. For so many times we have all heard about how veterans are not treated well for their commitment, sacrifice to a conflict/war whilst employed in the NZDF. (Vietnam War veterans is a prime case of neglect by their "decision makers")
- Treat them with more dignity for a start. Ensure they do get the correct priority. It seems that sometimes they are just left on the pile so to speak as many "vets" are in their older years and the current system does not rate them as very important.
- There needs to be a link between JFNZ and VANZ so that personnel attached to a mission are advised for follow-up should there be emerging health issues. This must remain medical in confidence as has the potential to affect a members ability to take out insurance etc
- The Vietnam experience showed the state's unwillingness to accept they put soldiers in harm's way. The state needs to accept that this will happen no matter where service personnel are sent as it is their job. Before each deployment, the government needs to commit to caring for those service personnel on completion of the mission if they meet with any health issues resulting from the mission.'
- Some form of identification that identifies them as veterans and which is proof of veteran status. Access to entitlements should be easier to obtain through less bureaucracy and the provision of entitlements should be compulsory for providers.
- Serving pers should have problems fixed at the earliest opportunity (irrespective of ACC or not) by the BEST med practitioner available to ensure the best chance of being returning to fitness in the shortest time.
- Should be provided by the State totally free of charge, without limitation, if attributable to their service.
- Regular free medical examinations by an NZDF approved MD commencing as soon as the individual leaves the service.
- Research & monitoring - significant funding and support. Lenient view of agreed conditions i.e. give the benefit of the doubt since it is nearly
- On release, there is a real 'file and forget' mentality to veterans. Conditions may not be apparent, or be noticed during service, especially with currently-serving veterans. Even simple procedures like post-deployment medical tests are being missed, which may significantly impact on the health of a veteran. Given the number of Reserve Forces deploying, or forecast to deploy, a robust follow-up procedure must be developed to cater for those who undertake short operational service.
- On going screening of veterans
- More transparent process, streamline the approval process, more qualifying criteria, reduce the bureaucracy. The cover should also include conditions/illnesses/impairments passed on to children as a result of exposure to degenerative substances e.g. Agent Orange, Nuclear Fallout etc
- More proactive approach to monitor exposure to dangerous conditions, undertake follow through monitoring and health care etc. Example, service people were exposed to asbestos in East Timor - action needs to be taken for the remainder of their life to ensure their health is not adversely affected, and if it is, that suitable health care and compensation is provided
- More investment in veterans homes, rehabilitation centres give more information to serving soldiers to get injuries sustained on operations documented, because if it isn't documented-YOUR NOT GUNA GET NOTHING. People will hide injuries sustained on operations to go on another or sporting trips-not realising that they could be stuffing up their future
- More communication to serving NZDF members on eligibility requirement

Comments, cont.

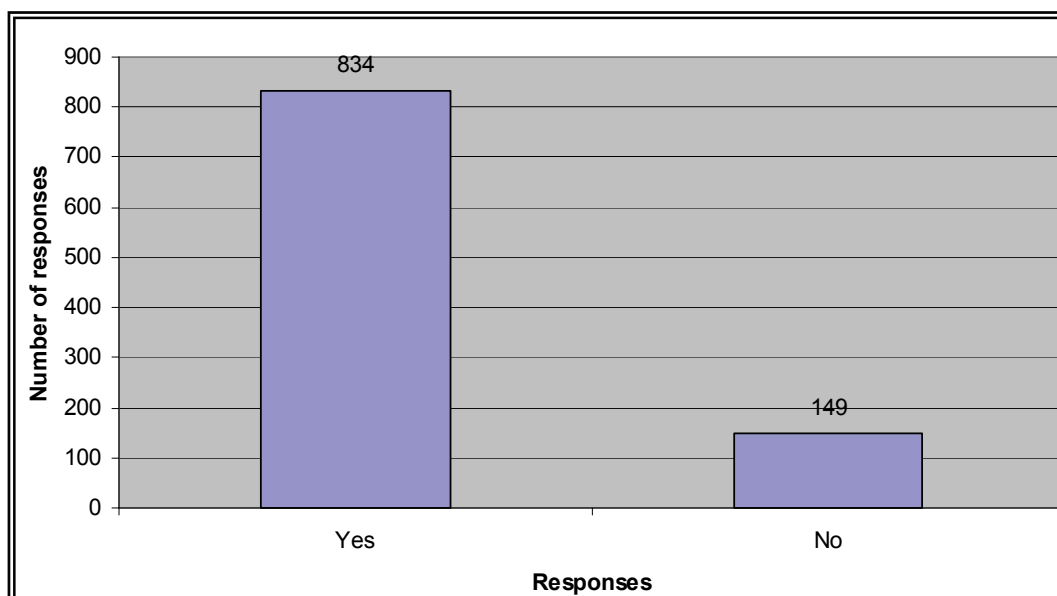
- More information about entitlements and opportunities
- More consideration could be given to veterans and their families who gave their own time voluntarily to go to foreign countries and enforce the NZ governments foreign policies while the remainder of the nation slept peacefully.
- May the Govt should look at providing sheltered housing for older Veterans, not just those with health issues. These would be alongside the homes already provided.
- Medical cover should cater for the transitional period so that personnel leaving the military have time to determine the medical cover they think they will need and are not disadvantaged by medical conditions that developed when their medical care was fully funded by the military.
- Make it less of a battle. Have information readily available. Put it out there before they have to start hunting for it. Communication is the key and keeping them informed helps them feel more valued also.
- Improve the awareness of veteran's needs within the public health system and fund corrective action immediately through a veteran's health provision in the Govt/Defence budget. Equally, all soldiers should have medical issues dealt with promptly - not fobbed off to the public health waiting list. If this means the Govt/Defence needs to establish and fund an equivalent to private health insurance then that would be a good move.
- If a service person serves 20 years or more, then they and their family should have enduring access to free medical care - similar to that received by retired service personnel such as US - i.e. a recognition of long and dedicated service.
- Greater emphasis on mental wellbeing and methods of identifying and coping with mental illnesses such as depression and anxiety.
- Greater recognition by the Government and responsibility accepted for injuries sustained in the service of veterans and the appropriate support and health care provided for these personnel.
- General comment; Remove the opportunity or requirement for Government of the day to interpret entitlements. The rules determining entitlement should be clearly enshrined in an Armed Forces Covenant that recognises appropriate service (whether popular or not in hindsight). The recognition and treatment of Viet Nam Veterans by successive Government has been shameful and must not be allowed to be repeated. The potential for 'unpopular' operational outcomes will likely increase. Liaison with the UK Defence Force on similar arrangements and how well or badly they are currently served may provide a useful reference for what works and what does not. More money must be set aside for Veterans Affairs - The simple fact is if we can not afford this we can not afford their service.
- Full health care should be provided upon exit from the service for the remainder of their life. This should include partial health care for veterans families, particularly if the veteran has deployed on operations and the families have psychological problems as a result of this. There should be a qualifying period to obtain full post-service health care to prevent people joining for a year to get it - minimum of 10 years service and better to be 15.
- Firstly that they are recognised for their loyal service to the country through acknowledgement (letter, email, phone call or public address).
- Better records of where they served and what conditions they were exposed to e.g.. asbestos. An electronic medical card issued on retiring from service which downloads all of their medical records and can be viewed by their local GP. Specialist care provided at priority - e.g.. vascular surgery for free for infantry soldiers who have sustained various veins from being on their feet carrying heavy loads for long periods. High priority on waiting lists for surgery, or access to private surgery under specific amounts (e.g.. \$10K).
- Any injuries sustained whilst on operations or on general duties should be cared for a rehabilitation conducted even if the person has left the service. Veterans homes should continue and be improved. A good idea is also a veterans card, similar to that of a community card which provides discounts on all healthcare and medicines regardless.
- Acknowledgement by Government of the risks associated with being a serviceman. And respect by all NZ for those who put their lives on the line for NZ interests. Providing Medical coverage that specifically meets the needs of veterans will demonstrate the above.
- A more widespread campaign to alert veterans of what is available. VANZ is more active now but some catch up should be provided for veterans who are unaware of what is available.

Question 19

Do you see the three veterans' residential homes as having a role in the provision of health care to veterans in the future?

- a) Yes
- b) No
- c) Other

Results



Comments

YES

- a possibility - would have to be handled well
- It would depend on the proximity of the veteran to the residential home
- Not sure if these will assist all pers or meet family requirements
- The current lull in veterans is just that current, history shows us all too soon they will be full again.

NO

- Better integrated into the community
- Comment
- too restrictive in terms of location and facilities - they cant cater for all requirements in all locations

OTHER

- Both yes and know. Location becomes a problem when there are only three veterens homes spread throughout NZ.
- didnt know about the homes
- No, as long as equivalent care is provided by alternative sources, there is no special need to centralise veteran care specifically.
- the care doesn't need to be segregated to just veterans
- Wasn't aware they even existed
- Yes and if need be build more

Question 20

If you see the three veterans' residential homes having a role in the provision of health care for veterans in the future, in what way?

Results

No graph due to the nature of the question.

Comments

- They would be able to tailor the specific needs of the veterans by being able to provide the right physical and emotional support
- They do a great job at present, but I'm ambivalent about the future role. We should define and fund the level of care required, and then find the best model to provide that care. Integration with other facilities (given additional funding) may have considerable benefits, including geographic choice.
- they are in an environment where everyone shares a common bond and are sympathetic to each others needs. It is unlikely this will occur in any other health service facility
- These homes fill a void in the current medical and support infrastructure where specific care can be targeted to the traumatic physical and mental results of operational service.
- These homes provide an understanding atmosphere for former service personnel. This does not preclude the fact that other homes are providing good care for former service personnel. These homes specialise in the care and personnel can easily have incidents of their service understood and addressed.
- There is an expectation that the staff have received training in the psyche of veterans (whether uniformed or civ) who have been exposed to traumatic environments and do not reduce the patient to just a number as is the case throughout the majority of current residential homes in NZ that are just commercial businesses.
- There are always those who are going to have no family to help support them, they need somewhere to be cared for.
- There are some intangible benefits of having the camaraderie of people who have a similar background and experiences co-located. A community of interest if you like that understands what it means to be a veteran.
- They provide a place where likeminded people who have served can be together. The worst part about being a veteran is the loneliness that can be caused by people not understanding.
- The knowledge for all veterans that there is a specific facility to meet their needs and that they will not be turned out to the general public sector where the specifics of military service are not fully understood or appreciated.
- The numbers will start increasing as time goes on and the NZDF becomes engaged for longer periods of time with less lethal effect in theatres. Mental health will continue to be a key area of concern
- Residential care for our older citizens who have served and share a common knowledge, ethos and language.
- Overseas deployments still have severe emotional and physical trauma conditions e.g. Iraq, Afghanistan, East Timor, these still result in same effects seen after WW1 and WW2, so veterans ALWAYS need support and rehabilitation and medical care provided after serving their country
- NZDF's operational commitments are not showing signs of reducing. This will result in increasing numbers of serving veterans who stand to far exceed the current availability of care facilities when they leave their service. They may act as another centre of care for these former personnel to travel to, and for providing case management.
- Its a means to revisit where we have all been and the roles we played. We are part of one big family and its hard to let go.
- Its a service that I believe we should not allow to lapse. I believe that there are veterans in the community that are yet to surface from later conflicts, and these facilities will be important to them. I do believe however that we will see a significant drop in facility-dependent veterans over time as the NZ focus for deployed operations is more for peacekeeping rather than conventional war.
- It is beneficial in my view for veterans to have the opportunity to spend their last years in an environment on comradeship and common interest, rather than isolation.

Comments, cont.

- Incapacitated veterans may need additional assistance not available from family members. The use of these Homes may provide a 'one stop shop' for veterans providing health care at no or very reduced cost.
- If veterans reside in these homes, then they should ideally be the first/initial port of call for those veterans with health problems and provide the link between the home and the health professionals.
- I think they are good idea, both my grandparents lived in RSA facilities. But unfortunately the RSA's are struggling with membership and the care was not enough for my grandfather and he was unable to stay there and look after himself.
- Having an understanding of what injuries, illnesses befalls veterans and also being a familiar place for those that have spent most of their lives in the military. It would be even better if more facilities were set up in most cities and major towns. Much like a private hospital..
- For those without family support the veteran's homes are important. However it may be better to provide equivalent support in local residential homes /retirement villages so that vets can stay in the same communities as their families - if they so choose.
- For short term recovering veterans as a halfway house to a full return to society. For long term disabilities as a residential care facility.
- Firstly they will require more resources as if we do get into serious combat operations over seas with the improvement in health care whilst on operations we will see more casualties surviving so we will need more facilities and support services. Just look at what has happened in the US, UK and Canada. We need to seriously look at our services and ensure we provide the best care available and maintain this in the future.
- Especially for those whose lives have revolved entirely around the military, as a social obligation where they have been unable to put down roots in a community other than a base or military establishment.
- Current serving and recently retired from the service personnel experience the same problems / issues to that of the WW1 veterans. Whist the job today (arguably) may not be as physical as back then, the pressure put NZDF Members experience on operational duties could be considered just as great.
- Could be utilised for provided priority care for vets that require non emergency surgery that would otherwise be added to an already bulging public health system waiting list. example getting that hip or knee reconstruction that's worn out from all the pack marching etc.
- continued support to veterans, recognising those pers willingness to step-up for their country.
- By catering for those that are less able and require more attention. Understanding that the number is likely to decrease however, it would require a test and adjust period before a further analysis is made on whether to keep it or phase it out.
- As veterans from other operational tours age there will be a requirement to care for them in facilities that uphold the values of the defence force. It should be a high level of care and be provided where able my military medical personnel like it is in other countries. At present the RSA provides all support where able to those in public or other care facilities. Current veteran facilities should have rehab wings set up for soldiers recovering from illness or injury that are going to return to serve. These could be fleshed out with military medical personnel thus also allowing medical personnel to extend their experience particularly focussing on a clinical role
- As the older veterans pass on, there will be, an indeed is, a need to cater for younger veterans. NZDF is employed in hostile areas and the threat of serious injury to an NZDF person is higher now than ever. These homes should start to gear up to cater for younger victims of IED's etc, and the injuries, such as loss of limbs that these devices can cause.
- As long as there is a military there will be veterans. These people deserve to be given a helping hand when required after giving to their country. The country should play a part in paying the back.
- A significant number of younger veterans have sustained injuries and illnesses due to military service. However, on departure from the military it is a time consuming and arduous task to get cover from ACC. I think these homes could provide a service to young veterans for health care across the spectrum. If not related to military service (difficult to prove) then maybe they pay a reduced fee to use this service?
- A centre of excellence for the care of veterans, a focal point for such care and associated funding
- A veteran is a veteran, some have feared worse than others. The care facilities need to be available for new vets. The service needs to be timely and have clout to allow for preferential specialist follow up.

Question 21

What do you think is the purpose of entitlements for surviving partners?

Results

No graph due to the nature of the question.

Comments

- As a form of compensation for the loss of their partner. This could be dependant on the person failing to establish another permanent relationship. If another permanent relationship is established the compensation need should be re-visited.
- Assist in maintaining the standard of life enjoyed while the spouse served
- assist the partners in recognition of the sacrifices they made whilst the serviceman was offshore.
- Assistance with funeral costs, and financial assistance to recognise the role that surviving spouse has played in supporting the veteran
- By being partners they have been exposed to the same injuries/problems as the veteran and so may have had problems of their own that are attributable to the veteran's history.
- Compensate the family for the loss of the service person and ensure the family is not placed in financial hardship due to the loss.
- Compensation for loss of what would traditionally have been the 'breadwinner', and recognition of the part that a spouse plays in a successful military career
- Enable surviving partners access to support and services that they would have normally been entitled too should their Serving partner have survived
- Financial recompense for the loss of the partner to assist with ongoing financial payments - i.e. housing/ childcare the funding which would alternately been remunerated had the service person not died
- I believe it is up to the service person to sort out their own finances going forward and make provision for there families and wives.
- If the Veteran's cause of death can be directly attributed to their time in service, the spouse should be entitled to the full, or a portion, of his veterans pension
- it is a throwback from when one partner only worked, today every case would need to be reviewed on a case by case basis
- It provides tangible support to those who lose partners as the result of circumstances which are unique to Defence Forces, and whose contribution and role in supporting a deploying member should not be ignored.
- Loss of their own freedom whilst committed to carrying for their spouse, helps with time taken to get the wheelchair into the car daily, where compensate children whose parents/veterans can't get to school sports activities, additional specialist clothing, extra heating bill to keep low activity veteran warm at home, pay to get the lawns mowed and the windows cleaned at home, special foods or drinking/eating utensils. This entitlement will show spouses that their veteran's service was important and that they did sacrifice their whole life, not just their time during active service.
- Maintain a similar quality of life as that experienced while the veteran was alive and well, i.e. the level prior to the ill events causing problems to the service person. To provide other services for the ongoing well being of the family...social, mental, educational etc.
- Need something that acknowledges the significant anxiety and challenges they had to face as dependants of a deployed service member. The NZDF does not support its service members and families as well as it could and as such families have suffered as a consequence. Additionally partners and families sometimes have to live with a changed person, or someone trying to readjust to the realities of being back in NZ. This sometimes involves considerable hardship for effected families.
- One off lump sum payment to the partner. No financial assistance after that event.
- Partly to compensate them for the loss of their partner, to say thank you for supporting your partner while they served their country, to help the surviving partner to move on without too much economic hardship.

Comments, cont.

- Partners and families provide considerable emotional, physical and financial support to NZDF personnel during and after service. They may experience great emotional hardship, either through day-to-day stresses or during deployment. Recognising this support is possible by ensuring any entitlement goes to the surviving family.
- Partners have often had to sacrifice career progression opportunities while the service partner is deployed, thereby lessening their opportunity to earn enough to be self sufficient. A benefit would assist them cover the wage gap
- Partners of Veterans are the unsung heroes of the NZDF - They have served at home raising families and providing support to their spouses serving overseas- They deserve to have some of the support the Veterans are entitled to.
- Provide the financial support that would otherwise have been provided by a spouse or partner.
- Provides some small benefit for the loss of family time due to the requirements of the service, especially long separations at what is normally critical times in a families development, and for the additional cost of supporting immediate family in their later
- Provision of loss of income of partner, mental and emotional grief, potential own loss of income due grief etc
- Recognises a veteran's sacrifice is in fact a family sacrifice
- Recognising the service and sacrifice of their spouse, and replacing the lost income so that the family does not go into hardship or become impoverished.
- Responsibility for our own. Immediate family also serve with us
- Sufficient support for family, given that the costs of service are not borne by the Serviceperson alone, and because families make many sacrifices through a service career (moving every 1-2 yrs which makes it difficult to establish stable home with the same benefits of job/career, friends etc as civilian counterparts).
- Surviving partners in most cases have supported the serviceman in their Military service and have helped to ensure continued loyal and happy service. Partners are a critical element in our Military and if we do not recognise their efforts and show that they are valued then this can have a effect on a Serviceman's Military longevity and dedication to service to the Country. Therefore, the purpose as I see it is to recognise our partners and their support to the serviceman's career and service to the country.
- Those partners who have suffered along with the soldier need to be acknowledged of the spt that they have given and the time and effort and sometimes sacrifices that the might have made in order to help them out. If that means that they receive their partners continued war pension, then so be it, however up to a nominal age..... say 80 - 85ish??
- To allow them to be able to be compensated for loss of earnings as a result of losing their partner
- To assist families to continue with their lives without hardship - roof over their heads, food on the table, comfortable and clothed
- To assist in day to day living in appreciation of their own sacrifices i.e. raising children by themselves. This also allows service members to know that if something happens to them then their family is provided for
- To compensate them for the financial strain placed on them following the death (loss of income) directly or indirectly caused by military service.
- To contribute towards the fact that the nation acknowledges the debt it owes to the deceased partner, the contribution that the surviving partner made, and the loss the surviving partner suffered that was wholly or partly a result of serving the country.
- To ensure that the family is able to maintain the same level of financial wellbeing that would have been provided if the serviceperson had survived
- To ensure the family is looked after because of their sacrifice during the working years of the veteran. Our command is always commenting on, and thanking the families "left behind" when serving personnel go away on deployment, acknowledging that the partner left behind is required to maintain the family and household - allowing the 'veteran' to concentrate on their deployment.
- To help surviving partner live without the direct financial and emotional support from the deceased veteran. Such "help" should be reviewed if the surviving partner's circumstances change i.e. he or she remarries or re-establishes recognised relationship.

Question 22

Who should be eligible for (surviving spouse) entitlements?

Results

No graph due to the nature of the question.

Comments

- A partner defined as married, de facto or civil union
- A surviving partner as defined above if co-habiting with the Veteran prior to their death except where the Veteran has been residing in a care facility in which case cohabitation should be waived.
- All partners in a recognised relationship
- All partners. in some cases the responsibility should also continue down through the children until whatever the problem has disappeared from the family line e.g. ALL those impacted on by veteran being exposed to Agent Orange defoliation spray during the Vietnam War and in the Pacific during the Atomic Bomb tests
- All persons recognised iaw the Property Relationships Act 1976
- All Service dependants.
- All surviving legal partners. If there is none then the service persons bona fide next of kin, who-ever that is should receive the benefits, if it can be proved that the service person was dependant on them for help or vice-versa.
- All surviving partners, on a sliding scale which is measured against how much they earn. So the person who is working and doesn't really require more money gets less than some one who becomes a solo mother for example.
- All surviving partners.
- Any family member (blood relative or not) who is financially disadvantaged by the death of the service person in question.
- Any living immediate partner of the deceased service person (no 'ex' partners). In the absence of an immediate partner, any children under the age of 18 years of the deceased member should receive (in a trust if required) an equally divided share of the entitlement.
- the surviving partner. The veteran should be able to nominate this 'partner' so that in the event they are separated, he / she can nominate their children to receive their entitlement.
- close family members of the deceased person
- Dependants of the serviceperson. Spouse and /or children. Immediate family.
- Family members of veterans that are single to should be entitled to the same benefits
- I don't feel that spouses or family should be eligible for benefits after the death of veteran
- Immediate family, spouse and children.
- Immediate family (spouse / recognised partner and children). There may be instances where parents and close relatives would be greatly effected by the service persons death, so this should be considered on a case by case basis
- Immediate family or in certain cases the main care giver off the veteran
- Married partners or de facto partners who have been living together and otherwise would still be living together. If a partnership has broken up there should be no ongoing compensation unless a child is involved who is under the age of 16 yrs.
- Next of kin as nominated by the serviceman. This may include any family member who would expect to have benefited from a portion of the serviceman's earnings from the time of that serviceman's death or loss of earning potential.
- Partners, not children.
- Spouse, parents, anyone named by the serviceman on a percentage basis

Question 23

In the event of a veteran's death, what should their partner and children be entitled to?

Results

No graph due to the nature of the question.

Comments

- Whilst the veteran is serving the service should provide whatever assistance deemed necessary (does not have to be financial could be catering, accommodation, transport, etc) to enable the surviving partner and children to address the situation they are faced with. Should the veteran be no longer serving this could be assessed on a case by case basis due to disabilities, time out of service, etc.
- To be treated with dignity and respect. Where the vet has made reasonable attempts to provide for others in the case of death, any doubt with respect to entitlements should be in favour of the surviving partner and children. Any condition caused by or aggravated by service, as it affects a partner or children should be provided by the taxpayer at no cost to the individual
- They should be informed about the information in person from the NZDF, and immediate support should be there for them should they need it in the form of people to talk to such as a church leader, cultural member etc From there they should be given fanatical support equal to the income of both parents as it is not likely that the other parent left will be up to working. After this the NZDF should pay them some form of compensation. It should be checked that there will be no assets lost due to the inability to pay them back on a single salary. If this is the case then the NZDF should help to pay them till such time as they have been paid off. Finally they should be checked up on for the next 10 years intermittently to check that there is nothing more the NZDF can do to facilitate the ease of there loss.
- The same benefits the veteran was in receipt of.
- The same as the general populace plus an additional benefit recognising the military service.
- The continuation of the veteran's entitlement until the partner either gets into another "recognised" relationship or dies &/or all the veteran's children turn 16 years of age.
- Support that is not impersonal or systemic. Support needs to be considered and sensible of the needs of partners and dependants.
- Support to enable them to live to the same standard as they were before the death of the veteran
- Some sort of aid from the Government in recognition for their loss. Hard to say what exactly, as I don't have any reference to what has been done in the past or overseas. But it seems fair to give something in the way of an allowance which would otherwise have been paid to the veteran should they have survived the operation or war.
- maintenance of service housing benefits for a decent period of time to rebuild and recover fm the fatality; life insurance; support for counselling etc, assistance with moving on with life
- Means tested Financial support on a reducing basis, indexed to earnings at time of death.
- Maintenance of a reasonable standard of living and release from any debt incurred by the Veteran's health care. It might also be argued that had the Veteran been free of disability they would have been able to provide for the needs of the partner and family more fully and therefore a stipend is warranted. Children whose own health is unaffected by the Veterans disability and living in the family home benefit from the pension paid to the partner, so no additional pension is warranted. If however, the Veteran's partner dies and the child or children are still living in the family home it may be that some pension should continue to be paid until an arbitrary age (say 21)
- Lump sum payment for loss of the veteran (if on active duty or service related illness), and veteran pension.
- Lump sum payment that the vet would have received. Nil medical/dental/travel etc.
- Life insurance payout as is the case now, case management of the remaining family members with addition financial advise, counselling services etc.
- Information, support and access to a case manager

Comments, cont.

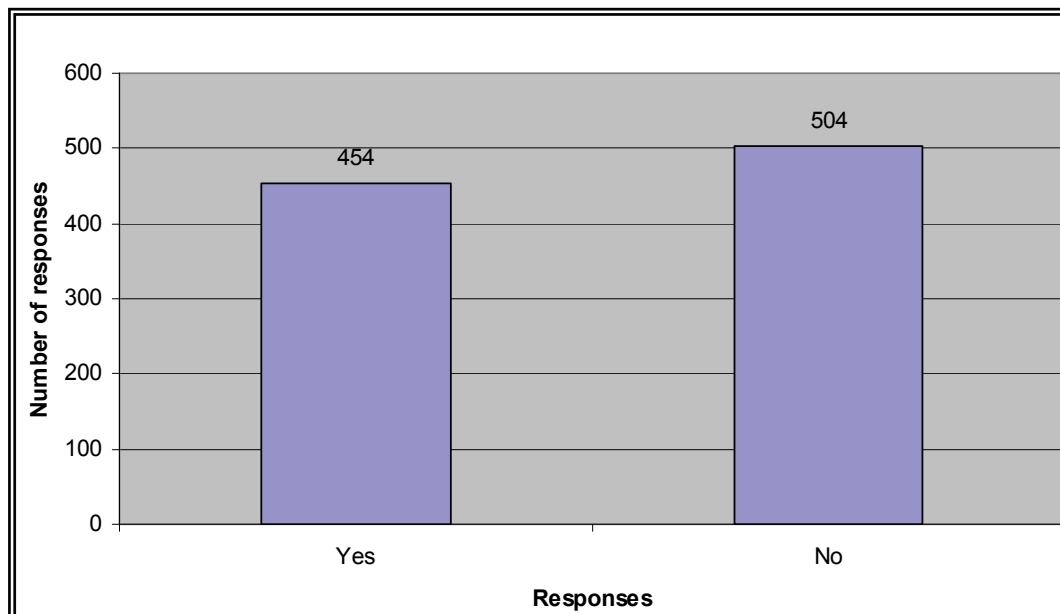
- In the event of death in a service related incident, partners must be entitled to an income sufficient for them to live comfortably and provide for their immediate family. Children should be entitled to education, including tertiary of their choosing, where the death occurs while children are under the age of 20. Adult children acting as the sole carer for a veteran for a significant period leading up to their death should receive a benefit in respect to their lost income during the care of said veteran and a short time after the death to allow time for them to recover and regain employment.
- If the death is during a deployment, full cost of living so the family could continue living as normal for the most part. If the death occurs after the veteran has left the NZDF, entitlements would not be the sole responsibility of the NZDF. Pers who become civilians should get their own life insurance to cover what would be required for surviving family members.
- Funeral requirements, some sort of pension for a specific amount of time to help through the grieving process, so that they can grieve and not have to worry about their financial needs. Possibly 5 - 10 yrs.
- Funeral expenses, Stress assistance (6-12 mo), financial assistance (life insurance) and ongoing access to support and services that they would have normally been entitled too should their Serving partner have survived (the latter my not be free and my incur costs).
- Funeral costs up to a dollar figure (around \$10,000), payment of the soldiers salary (in fortnightly payments) for the following two years and the opportunity to train the partner of the soldier to assist them with providing for their family. Also any emotional/mental rehabilitation that may be necessary.
- Full health care, qualification for working for families or equivalent should be mandatory.
- Full income equivalent to expected earnings at least for remaining of their terms of employment engagement.
- Financial, emotional, medical advice/support as required
- Financial, medical and counselling support. Access to good quality education. Recognition as a surviving partner of a veteran.
- Financial support of full-pay war pension for life (of spouse), lump sum of full superannuation pot regardless of time in the scheme (full vested or un-vested elements). Psychological help, funeral help etc
- Financial relief. If applicable, pay off the mortgage (within reason) and provide the surviving partner with child-care if they have to go back to work to support the family
- Enough resources to ensure they are adequately housed and have enough income to ensure a basically comfortable life.
- Counselling, psychiatric care, advice and financial support for dependant children until they complete their education - including tertiary education - and financial support for the surviving partner until they reach state retirement age. Also appropriate practical and/or financial support for other dependant relatives (e.g. elderly parents).
- Compensation for the loss of income from possibly the sole income provider in the family. Some form of tertiary educational support for dependant children would be a great benefit as well.
- At least 80% of veterans allowance.
- At least Income equivalent to what the veteran was receiving
- Anything determined by the Minister of Defence, as long as the decision is made within established criteria and transparent to NZDF personnel
- Any civilian insurance should be covered - even if the insurance company won't pay due to the circumstances of the death. If I as a \$500000 insurance to cover mortgage etc. and am killed on operations the NZDF should cover my insurance
- Any compensation for 'their' veteran's disability should extend to the surviving partner and children. In addition, if a surviving partner or children develop symptoms directly related to the veteran (e.g. Agent Orange, depleted uranium exposure), this should be included. The surviving partner should also receive any travel assistance the veteran received.
- any counselling required, assistance with maintaining their house if receiving assistance while their partner was alive. or if the partner was able to maintain the house before the passed on then limited assistance for the partner.

Question 24

Should there be separate provision for young dependents of deceased veterans?

- a) Yes
- b) No
- c) Other

Results



Comments

YES

- A benefit till they turn 21
- Children are our nation's future leaders - protect and nurture them. Education and understanding should be progressive and relevant to assist young minds to appreciate their new life so they grow up not hating the country/Defence Force etc.
- Children need to be provided for separately to ensure that they get their fair share up until they become adults. No child of a dead servicemen should be in a situation where their education fund has been frittered away inappropriately by a surviving parent.
- Counselling support
- each dependant should be entitled to some assistance
- Especially if the service person's partner chooses not to support them.
- If being raised by divorced partner.
- If not living with surviving partner, e.g. from a previous relationship.
- If the young dependents are orphaned and entitlements need to be held in trust or managed on behalf.
- If there is no surviving partner
- If there is no surviving partner, some form of contributions to a trust for future education/training at a tertiary level?
- In the event of the surviving parent also dying.

Comments, cont.

- in the form of scholarships and the like
- Only if the parent is solo
- Only if they are the sole survivor without another guardian
- Only where there are contentions over spousal entitlements due to previous marriages / relationships. Benefits for children should not be seen as an add-on to benefits to a spouse.
- Provision of tertiary education and living expense fees, these are required to be funded by parents until the student reaches the age of 26.
- this will allow for instances where children may reside with other family members rather than the veteran's partner.
- Under the age of 16yrs
- Until education completed and they are supporting themselves.
- Until such time as they become self-sufficient (18yrs) regardless of the relationship state, or not, of the surviving partner.
- where serviceperson does not have a partner due separation/death
- Yes if there is no surviving partner.
- Yes, but only if the relationship with partner is dissolved.

NO

- Dependant on circumstances of surviving parent
- Depends on relationship with surviving partner - if still dependent on them or if estranged - different cases to consider.
- should fall into the estate of the deceased to be distributed as directed in a will or administration act
- Unless the surviving spouse passes away before the children have reached and appropriate age (18 or 20)
- Unless there can be a direct linkage identified to any problems that the dependent may have.

OTHER

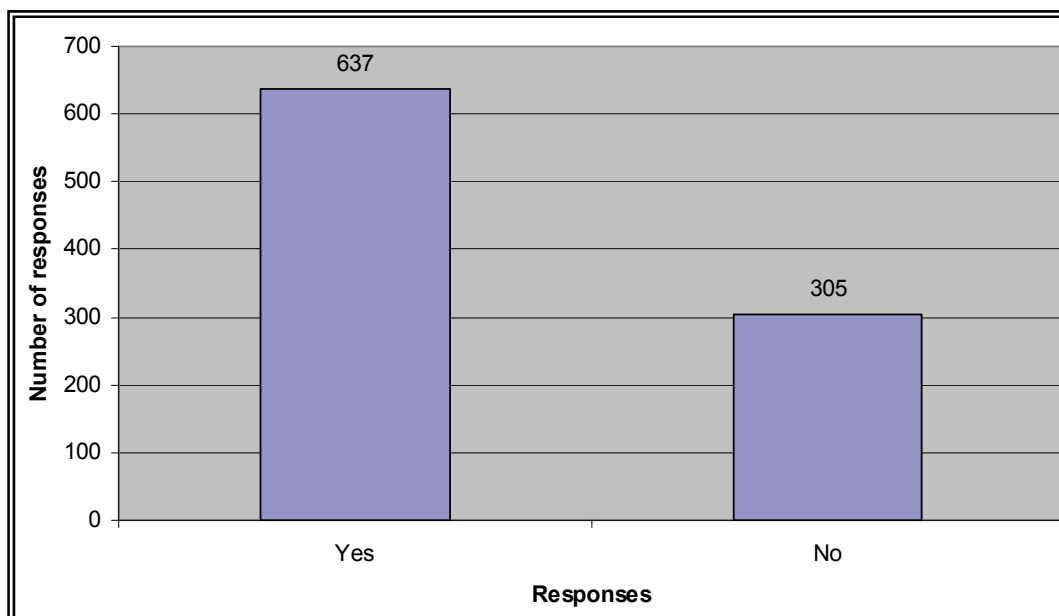
- Depends if they have illnesses related to the soldier's deployment.
- Direct dependants, certainly
- Each situation needs to be looked at on its own merits but yes initially I would like to see some form of assistance if there is young dependants involved be this by future of accommodation or education can be via family/NZDF agreement.
- It could be considered, but where do you draw the line in defining dependents.
- It depends on the dependents age and then who is going to manage it - dysfunctional families do exist.
- Only if the partner was not in a relationship anymore with the veteran.
- Only if there is no partner to provide for them
- Only if they have inherited some disability from the veteran
- only in cases of no other parent or when the parents are separated
- perhaps for a set period of time (i.e. until they leave school)
- Perhaps, grand children feature in Vets lives.

Question 25

Or, should provisions for young dependents be included in the entitlements for surviving partners?

- a) Yes
- b) No
- c) Other

Results



Comments

YES

- although this would create issue with those dependants of military pers who are not related to "current surviving partners" eg different parent
- As above, if young dependants have another guardian (partner of deceased for example) then they should not have a separate entitlement.
- Definitely
- Dependant on circumstances of surviving parent
- Depends on the circumstances also. What happens if the remaining partner dies leaving behind dependents?
- However consideration may need to be given to those families where the veteran outlives their partner and is the sole carer for young children. In this case there should be provision for the children to receive some support.
- if there is a partner that meets the criteria but we should be careful about assuming this is the case
- Included in Spouse but continuing until adulthood in the case of death of the spouse.
- On the condition that there are two separate payments and not just melded into one to avoid any possible confusion in the future should the surviving spouse pass away.
- Only if dependents are living with surviving partner.
- only if surviving partners are the bona fide care-givers
- only if the surviving spouse has legal custody of the dependants (otherwise any benefit should go to the

Comments, cont.

guardians / caregivers of the dependant children)

- Unless there is no surviving partner
- Until education completed and they are supporting themselves.
- Where the surviving partner adequately meets the parental/care giving needs of the young dependent direct entitlement for the dependent may not be necessary
- Yes if the surviving partner is the primary caregiver for the child and they are living together.

NO

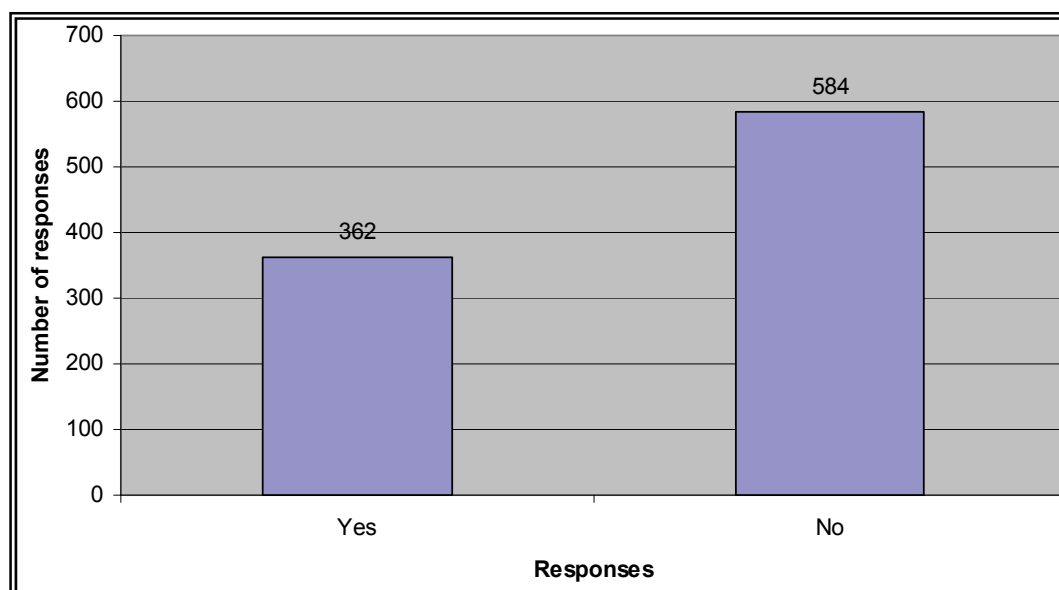
- because veteran may only be survived by young dependents
- depends, partners and young dependants may not be related.
- I feel it would send the right message to provide assurance that any entitlement for dependents is afforded assurance that it will be used for its intended purpose..
- If no surviving partner then yes for dependants younger than school leaving age.
- Not if full salary is provided
- Should remain accessible by child only
- They may be estranged.
- The package could include reference to provision for young dependents, but not as part of in order to ensure the protection of the entitlement/goods/services due those young people.
- They may not live together

Question 26

Is there a real need to provide for dependents other than partners or children, such as elderly parents or orphaned family members?

- a) Yes
- b) No
- c) Other

Results



Comments

- Where dependency is established/demonstrated prior qualifying service (in the case of known dependants e.g. invalided parent who is reliant on veteran), or in the case of unknown dependents (e.g. child) or yet to be born dependant, a need does exist to provide, whether it be by virtue of direct assistance or indirect e.g. subsidies, or free provisions.
- This would be determined on a case-by-case basis, but it is possible that the deceased veteran may have financial, family, social or other responsibilities and obligations to meet that are curtailed due to premature death or disablement.
- There may be situations where elderly parents are living at the same home and being cared for prior to any change in status. These situations should be recognised and supported.
- The veteran has given their life in the service of the nation - the nation in return must take their place in some way to continue supporting the family that remains and would otherwise have been supported by the deceased.
- The soldier's entire livelihood needs to be considered. For example if there's a soldier who is single but has been caring for his elderly parents, if there is no provision his/her parents will then be reliant on the state to care for them. This would be unfair as for that particular soldier his parents are a very significant part of his life and there should be a provision to include them somehow.
- The emotional trauma experienced if parents or children are faced with a veteran's death may be considerable. Extending the entitlement to surviving family further reinforces the service that veteran has done for their country.
- Recognition of support that the service member has given to other family members especially such as the arrangements common within Maori and Pacifica families.

Comments, cont.

- Only if they were totally dependant on the serviceperson
- Only if those others are the primary NOK
- NZDF should cover the financial burden accepted by the serving member prior to their death until such time as it could be reasonably expected that this would not be provided by the serviceperson (eg on retirement from the military)
- If you are a solo father or mother and your family have looked after your children whilst you have been away serving shouldn't they be looked after ? I see an opportunity for this to be done on a case by case basis.
- If there are extended whanau that a serviceman is caring for then these cases need to be acknowledged. It would be unfair and unjust if my Father whom I look after is not included in my entitlements should I die.
- If the veteran has nominated these people as dependents and chosen to provide for them, the service should treat them in the same way it did prior to veteran's death. i.e. same rights as any other dependent, immediate family or otherwise.
- If the partner and children entitlement is N/A then the NOK should be entitled
- If the deceased person is the main provider or guardian of a family member and the sudden removal of income would cause undue (and unfair) hardship then these people should be provided for.
- Emotionally, the parents are just as hard hit as any partner would be. They would also normally receive a lot of support in their future years from their dependants, but this would not come if their child is no longer around
- Elderly parents are covered by existing packages. In the event that children are orphaned by the loss of both parents on operational service additional support should be available to these children under a veterans scheme
- Culturally many servicemen may have been expected to divide their income across a wider range of dependents. This should be accounted for as individually appropriate.
- Case by case where it is proven that such people were reliant upon the Veteran for all or part of their care at the time of the veteran's death.
- Because this recognises the emotional and physical sacrifice that the extended family makes when a family member serves in an operational environment through support during the veteran's absence.
- Any beneficiary named by service person
- If the partner and children entitlement is not applicable
- A dependent is a 'dependent'. Losing someone that was providing for your well being as a result of their service should be recognised.
- An individual may have responsibility for people other than their own children, e.g. children of other family members they care for but have not legally adopted, elderly parents dependant on them, etc.
- Any dependant should be provided for, that is why they are called dependants. We should not discriminate between dependants based on, age or lack of genetic commonality, if they have already been recognised by the service as dependants.
- Because it may be a child that has been whangai'd or an elderly relation (e.g. parent) that is fully supported by the veteran (because of medical reasons etc)

Question 27

How might assistance be best provided in a practical way for any claim being made after a veteran has died?

Results

No graph due to the nature of the question.

Comments

- 0800 number with brochure on the process to the entitlements
- A case worker is provided to the remaining family. To provide personal contact who will help the family through the process and provide assistance and advice when required
- A competent, reactive, supportive "Help Desk".
- a free service without excess red tape and bureaucrats
- A joint uniformed / veterans affairs approach. Otherwise the NZDF will be considered as washing its hands of the issue.
- A lawyer appointed to the family in each case to ensure that they get their full entitlement. In this way the family is sure to get all of their entitlement and there will be no recourse against the NZDF that the family have been wronged.
- A personal and professional mentoring welfare system should be adopted as available. Each situation is unique and requires its own specific resolution.
- A single Claim Case Manager should liaise in the interests of the service, and the individual.
- All NZ veterans must be identified and contacted via mail with information about their entitlements and contact information for assistance. A letter must be posted to NOK upon the death of a veteran with contact information enclosed.
- Assign a Case Manager. Make the entitlement process more streamlined and reduce the bureaucracy.
- Automatic contact to the partner/family by Veterans Affairs or equivalent to manage the process on behalf of the partner/family. case managers must be used rather than "the faceless system".
- Base contact facilitates
- By ensuring that partners are made fully aware of all benefits and entitlements they may be due. At present I feel this is still brushed over and no real detail is passed on the either servicepersons or their families. Along with a liaison Per (Case worker) to assist.
- By someone from Veteran's Affairs being assigned as a support person to the family and keeping to close touch to provide/facilitate assistance as required. There should also be a uniformed member of the veteran's own service making regular contact as well.
- By use of an neutral advocate that will ensure that the family is able to claim their entitlements
- Case managers, the establishment of a club/society for dependants, the ability to make direct contact with veterans affairs
- Case officers visit/call regularly after initial loss, then reduce overtime. Reduce waiting times, clear invoices quickly, grievances are handled quickly, with compassion and erring towards the widow/er
- Conduct an assessment of need against basic psych, physical and mental / emotional characteristics and customise a package of care based around those needs.
- Continuing membership of the extended military "family" and continued voluntary support
- Counselling, Social worker visit, Padre visit. Funeral assistance (money). Free accommodation for travelling members to attend funeral.
- Don't ask people to fill in forms. Send someone to speak with them to find out what is needed and that individual can complete the necessary paperwork. There cannot be any one size fits all - each case needs to be dealt with on its own merits.

Comments, cont.

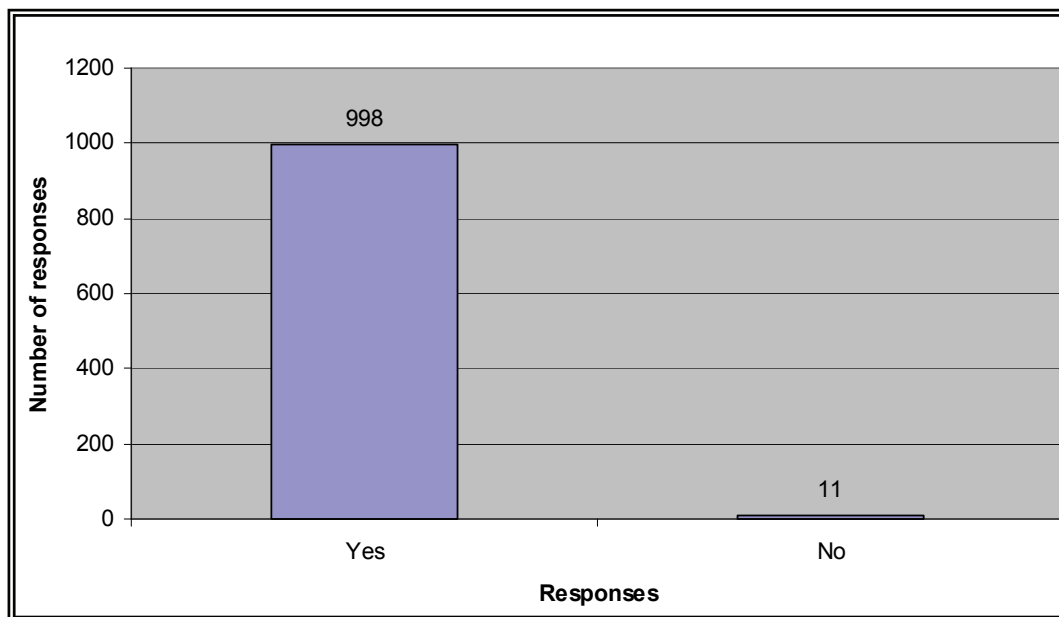
- Easy access to veterans affairs office which should be located in all the main cities of NZ. They could also be co-located with recruiting offices and local area offices. Newsletters sent to all veterans on a monthly basis to keep Vets informed of entitlements and changes as well as other news. i.e. similar to RSA news.
- Having a booklet that explains what is available, having an organisation/person who is an expert in this area to provide advice to the family etc. Having a web site with information on it and openly providing information on what is available for support.
- Immediate financial support; ongoing counselling, budgetary advice and case support until the family no longer wishes it.
- Members of the Armed Forces who have died, being killed or who are disabled as a consequence of their service to their country are owed a debt by their country. A whole of nation approach to caring for their well being or that of their surviving partners and dependants is called for - comprehensive and willing gratitude!
- Need an advocate for the families to act as the middle-man to deal with all the paper-work, applications etc. Hard enough on the families as it is.
- Online claim system. Each claim managed by a case manager. One organisation (separate from organisation concerned) covering all public service agencies to ensure equality and independence. (e.g. a division of Veterans Affairs with specialised branches for each government service).
- Prompt, sympathetic and helpful advice as to the "Way ahead" perhaps an 0800 number type of service. Family members are often unaware of the actual service their deceased family member has completed - or the level of assistance that is available to them.
- Simple application that demonstrates connection to the veteran and therefore entitlement
- somebody visiting the family from veterans affairs ASAP - assisting and advising as required - in many cases the family may not wish for any assistance - but pride often stops veterans families investigating benefits or assistance that is available.
- Support, information, education.
- The agency needs to be proactive in providing support and making it as easier as possible for the deceased partner/children
- The deceased's partner should be contacted by phone or in person to discuss what is available to him/her and to facilitate the claim. A claim manager should be set up for each claim, with each claim manager managing a number of claims or claims within a geographical area.
- The grieving family should not have to make inquiry to any govt. agency or department in order to receive information on any entitlements they may be able to receive. A case manager should be assigned in the event of a veterans death, to provide the family with all the details etc they need, and facilitate the process of applying for assistance in a timely and sensitive manner.
- The provision of a Veterans Liaison Officer at each major camp or base to provide coordination
- Via a truly committed case manager who has the ability to coordinate analysis and interface with all agencies working to support families in need of emotional and practical support.
- When notification of death arrives, the family should be offered assistance and be made aware of their entitlements. It shouldn't be left up to them to apply for anything themselves without support, because this undermines the efforts of the deceased veteran by making family have to prove they are entitled to make a claim.
- There should be a 'one stop shop' telephone number, that once contact is made, a dedicated Officer or SNCO, not a civilian, sees through the whole family claim from beginning to end. This ensures dignity and respect is maintained throughout a difficult period.
- Provision of a card that identifies the partner/spouse/child as a family member of a service person.
- Proactive assistance. The surviving partner will most probably have no idea what they may be entitled to, or even that they are entitled.
- Have one person assigned to the family for the claims process, when families have to deal with more than one person or company they start to feel that they are being a burden or the system is trying to cheat them out of any settlement.
- Face to face, web-site and phone

Question 28

Should there be ongoing research and monitoring into the medical needs and health of veterans?

- a) Yes
- b) No
- c) Other

Results



Comments

YES

- Absolutely. Even just offering the group to the universities for research would be beneficial
- But it can probably be done very cost effectively by working closely with allied forces who have been to the same theatres as NZDF. Esp the ADF.
- But privacy should be respected, if desired.
- E.g. some areas we have deployed to have found to have been contaminated with asbestos. Routine monitoring of such personnel may reduce medical problems through early detection.
- Research & monitoring should be complementary & additional to measures, not instead of.
- The Agent oranges of the present/future e.g. asbestos
- This could potentially address many aspects of risks/exposure to 'stuff' which may be unique to NZDF employment, or deployment
- This is a vital component of the support required by veterans. Often recognition, if it comes at all, is too late to help many of those affected. A research means is essential for ensuring early recognition of problems.

NO

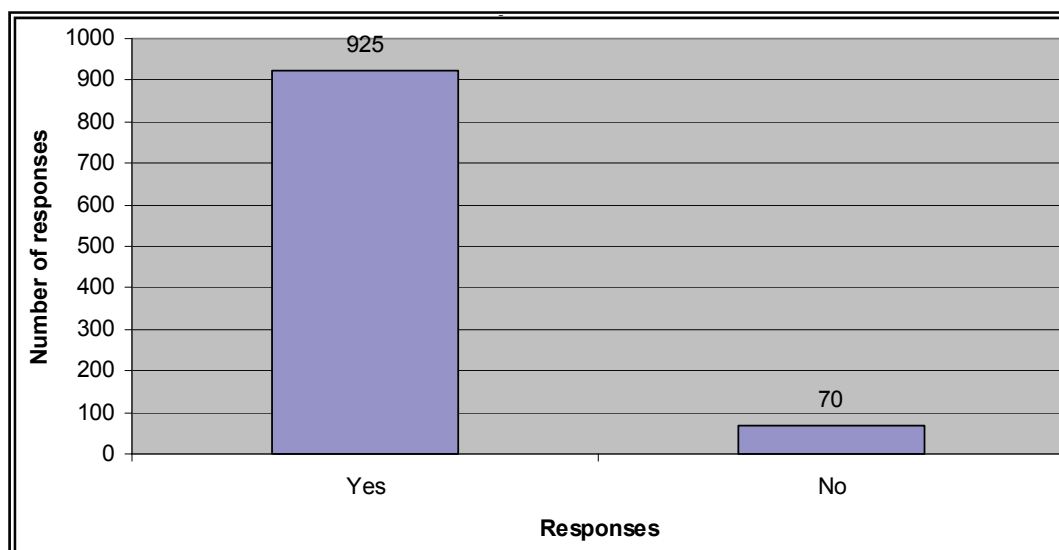
- Other than the standard medicals we receive there is no need for the Govt to try and dig into people's health. Once someone falls ill they just go and get treated.
- Waste of tax money.

Question 29

If you had the option, would you want to have your service history, medical history, and entitlements on a micro-chipped card that could be read by medical professionals?

- a) Yes
- b) No
- c) Other

Results



Comments

YES

- A very secure card!
- and include all medical history (service and non-service)
- As we have seen through the years, there is a lot of potential for medical issues to develop years after exposure. Using such a system might allow trends to be detected far earlier than otherwise, and possibly lessen effects.
- But also have the paperwork readily available if the card fails.
- But only if it was very secure.
- Certain service records should not be made available for civilian people.
- Good idea in general not just for veterans - but again cost! - cash may be better spent elsewhere
- How about doing this bit for all Servicemen and women
- Needs to be both individual and NZDF responsibilities towards the retention of medical/Service records using various modern technologies.
- otherwise on leaving this information is difficult to obtain. There would need to be good security measures in place.
- Overall it would save a lot on bureaucracy i.e. keep paper work down and would enable details to be maintained regularly
- Provided satisfactory security measures were in place.
- Provided the requirements of the Privacy Act are met, and those organisations not subject to a professional -

Comments, cont.

patient confidentiality agreement are excluded or separated.

- Providing that in these days of identity theft, effective precautions are taken to safe-guard against such events.
- Some information only. This would need to be carefully determined as to what is really required.
- This is a brilliant idea.
- Why can't we have a similar card within the NZDF now
- why not build it into the community services card? veterans with dementia/Alzheimer's are going to have trouble maintaining numerous cards.
- You need to take the RSA reps out of the system dealing with medical matters

NO

- Due to the sensitivity of some operations
- I do not think that smart cards are secure enough yet to prevent identity theft if it was stolen. Very least it could be read and that is a lot of personal information for someone else to have who is not entitled to it.
- It is your personal responsibility to declare this to your medical practitioner, as a wholeness approach to subsequent care. One through-life file.
- It would be good to have, however what is the cost if you loose it. You will have a lot of information that someone could use.
- Once again, this doesn't seem necessary. Instead I see it being used to justify a lack of health care provision by the Govt saying that there is no medical history relating to your service on your chip therefore you get nothing. More money needs to be spent analysing all the compounds we are still working with day-to-day to try and prevent major health problems for our personnel in the future!
- Seems to be some risk to personal privacy. I believe NZ has a national medical database - surely that could be used for NZ residents. Perhaps providing the card as an option for those living overseas?
- the option need to be made by the service person when alive as there are often issues they may not want forward to there families when they pass on as it may cause problems for those remaining.
- Vet card for discounts
- want to know more about the rationale behind this suggestion. but monitoring of veterans is a yes the how requires more analysis and consideration

OTHER

- A tricky question as we enter the realms of individual privacy. whilst the Serviceman's records can be an open book within the particular Service. There would have to be very strict guidelines to the access and use of Records and Family information.
- centralised medical database as cards can be lost, taken etc.
- If I was then going to be looked after and health care provided, of course.
- The chip should only have a number. That number corresponds to data stored somewhere secure (i.e. southern cross record). Putting data on the card itself is NOT a secure approach.
- Why a card - don't give people another piece of bureaucratic plastic to deal with. Establish the necessary central or linked database.
- Would prefer not to in the long run (smacks of the whole 'Number of the Beast' thing)...but if it was necessary for full and complete support of veterans, then yes.