



**VIETNAM VETERANS  
ASSOCIATION OF AUSTRALIA**

**SUBMISSION TO THE REVIEW COMMITTEE OF THE  
VETERANS' ENTITLEMENT ACT**

**Part 4  
GOLD CARD FOR TPI's SPOUSE OR PARTNER**

18 April 2002

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# PARTNER’S GOLD CARD – VVAA SUBMISSION

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# PARTNER'S GOLD CARD – VVAA SUBMISSION

## Introduction

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### Definition

The Veterans' Entitlement Act Section 85.04 defines the term "Gold Card" as an identification provided to a person who is eligible under the Act for treatment, subject to these principles, for all injuries or diseases.

Treatment according to the Act is defined as:

- Restoring a person to, or maintaining a person in, physical or mental health;
- Alleviating a person's suffering; or,
- Ensuring a person's social well being.

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### The anomaly

The treatment of those that are Totally and Permanently Incapacitated (TPI) under Section 24 of the Veterans Entitlements Act (VEA) 1986 addresses only one half of the necessary treatment regime because the spouse/partner is not eligible for treatment of illness or injuries that occur as a result of caring for the veteran.

While the spouse/partner remains untreated, the TPI's health and social well-being are not completely resolved according to the Act. The total treatment program for any TPI should also include the treatment of illness or injuries incurred by the spouse / partner whilst caring for the veteran. This treatment of the spouse/partner is especially critical where illness or injuries prevent the proper care of the veteran.

While the veteran is receiving the very best of health care that the Government can provide, the partner receives only the care that is provided through the public health care system. This is both anomalous and socially unjust. It may well create tension and resentment within the household.

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## Discussion

<b>Constant caring impacts on the health and well-being of the carer</b>	<p>A range of complications and difficulties are imposed on the spouse / partner caring for a TPI and consequently a range on health and social issues arise, which in effect are injuries caused by the process of caring for the veteran. The longer care is required, the greater the impact of the injuries or illness on the spouse/partner and; therefore, the greater the reduction in the quality of care provided to the TPI.</p> <p>Common spouse/partner health concerns include anxiety, depression, phobias, blood pressure, sleep problems, fatigue, heart problems and substance abuse. These can be attributed to the round the clock care of the TPI.</p>
<b>Recognition on the death of the veteran</b>	<p>This situation is recognized on the death of a TPI as the widow is provided with a gold card for medical treatment. The VVAA rationale is that the gold card should be provided <u>prior</u> to the death of the TPI for the same reasons.</p>
<b>Offsetting of costs against full-time care and the public health system</b>	<p>The cost of health care for spouse/partner would most likely be far less than providing full time care for the TPI, in the event the spouse / partner is unable to maintain the appropriate care level. In any event, the cost of health care for the partner must be offset against the existing impost on the public health system.</p>
<b>Specific issues</b>	<p>Some specific issues that cause concern to those families of those who are Totally and Permanently Incapacitated are:</p> <ul style="list-style-type: none"><li>• Spouse/partner finds it necessary to leave the work force to care for the veteran and consequently the family has a reduced income not fully recovered through the service pension. Not only does this impose an additional financial burden on the family but it also causes the spouse/partner to be removed from the broader social community previously provided through work and leisure activities.</li><li>• Common medical problems arising because of the 24-hour care given to the TPI begin to impact on the functioning of the family.</li><li>• Family dysfunction arising from guilt, if the spouse / partner is unable to continue to provide an appropriate level of care because of their own health injuries incurred over many years of caring.</li></ul>

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## Discussion, Continued

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### Specific issues, continued

- Generally, the TPI family is financially unable to obtain private health cover or pay for specialist treatment for the spouse / partner who is providing the care for the veteran. This leads to an inequitable situation where the veteran receives the highest level of medial treatment available in Australia, whilst the spouse/partner becomes a public patient with the lowest level of treatment.
  - In some cases, the carer is unable to obtain even the basic treatment required because it is not available to a public patient. This causes a domestic dysfunction, giving rise to guilt on one hand and resentment on the other. This situation is not conducive to providing the level of treatment that is defined in the Act or the treatment outcomes that may reasonably be expected.
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## **PARTNER'S GOLD CARD – VVAA SUBMISSION**

### **Recommendation**

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**4. The VVAA recommends that the Veterans Entitlements Review committee propose that government amend the treatment principles within the Act to include the spouse/partner of those in receipt of the Special Rate of Pension and enable the extension of Gold Card entitlement to the spouse/partner.**

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