



Vigil Australia

22 Jun 2025

Submission

To: Senate Foreign Affairs, Defence and Trade Legislation Committee

Subject: Review of Schedule 9, Veterans' Entitlements, Treatment and Support (Simplification and Harmonisation) Act 2025

I. Executive Summary (BLUF)

Vigil Australia submits this evidence-based review to ensure that the Defence and Veterans' Services Commission (DVSC) delivers what the Royal Commission, Parliament, and the veteran community demand: not just another layer of oversight, but genuine, system-wide reform and transparency.

We call for Schedule 9 to be amended so that the DVSC is:

- Statutorily independent, answerable to Parliament, not to portfolio ministers;
- Mandated to deliver annual, public national mapping of where veterans and families are (and are not) recognised, resourced, or counted across every agency and program;
- Required to maintain a public timeline and accountability tracker for all major reforms, Royal Commission recommendations, and sector milestones;
- Obligated to uphold and report on Australia's historic social contract with veterans and their families—beginning with Billy Hughes' 1917 promise;
- Required to benchmark Australia's system, annually and transparently, against international best practice and contemporary research (including the 2025 RAND report on veteran suicide and reform).

Until these core functions are statutory, "independent oversight" will be a slogan, not a solution.

II. Introduction: Vigil Australia and the Need for System Leadership

Vigil Australia is a self-funded, no-fee-for-service, social impact organisation, created by a veteran with direct lived experience of service, injury, and system failure. Our work is not theoretical—we have:

- Conducted Australia's first independent blast overpressure survey (N=187), identifying TBI risks previously ignored by institutions;
- Facilitated collaboration with global leaders in brain health and suicide prevention (RAND, TBI Center of Excellence, National Intrepid Center of Excellence, Marcus Institute of Brain Health, Home Base, NATO);
- Mapped sectoral and government gaps when no agency or department would take responsibility;
- Directly engaged with researchers, policymakers, and lived-experience leaders in Australia, the US, the UK, and Canada.

Our advocacy has achieved change: after sector pressure, the MRFF Traumatic Brain Injury Mission was finally amended in 2025 to include veterans as a priority population, years after it should have been automatic. Yet, even now, AIHW has disbanded its Veterans Advisory Group, and no agency is

accountable for whole-of-system veteran mapping or outcome tracking. Vigil's work has filled this gap voluntarily and without government support.

III. Establishment of a Commonwealth Veteran & Family Outcomes Coordinator to Support and Enhance DVSC Effectiveness

The Defence and Veterans' Services Commission (DVSC) provides critical statutory oversight and reporting on veteran wellbeing and suicide prevention. However, as currently constituted, the DVSC lacks the comprehensive statutory authority and whole-of-government mandate required to drive system-wide integration, break down silos, and enforce accountability across Defence, DVA, Health, Social Services, Disability, Aged Care, AIHW, MRFF, ABS, and state and territory agencies.

While senior officials such as Tony Sheehan (Deputy Secretary, Veterans' Affairs) and Michael Manthorpe (Interim Head of the DVSC) play vital leadership roles within their respective departments and the Commission, these positions:

- Are constrained within departmental or commission boundaries;
- Report primarily to portfolio ministers rather than directly to the Prime Minister and Parliament;
- Lack the cross-portfolio statutory authority and political clout to coordinate whole-of-government reforms;
- Cannot compel or align multiple agencies and jurisdictions on veteran and family priorities.

Vigil Australia recommends establishing a Commonwealth Veteran & Family Outcomes Coordinator within the Department of the Prime Minister and Cabinet (PM&C) to address these limitations, modelled on the statutory Commonwealth Counter-Terrorism Coordinator role created in 2015. This senior statutory position would:

- Serve as the principal adviser to the Prime Minister and Cabinet on veteran and family wellbeing, ensuring issues are prioritised at the highest levels of government;
- Provide clear, authoritative whole-of-government leadership and coordination, driving integration across all relevant portfolios and jurisdictions;
- Oversee and support the DVSC's statutory functions, including national mapping, accountability tracking, benchmarking, and public reporting, ensuring these outputs translate into real-world reforms and resource allocations;
- Co-chair a Commonwealth–State/Territory Veteran & Family Outcomes Committee to foster coordinated federal and state efforts;
- Report directly and regularly to Parliament and the Australian public, ensuring political visibility and accountability beyond ministerial discretion.

Without a dedicated, empowered system leader embedded in PM&C, the DVSC risks becoming an isolated statutory body with limited influence—a “paper tiger” unable to compel meaningful reform in a fragmented system.

Just as Australia demonstrated national resolve by establishing the Counter-Terrorism Coordinator to lead a complex, cross-agency response to a critical security threat, the nation must now show equivalent commitment to its veterans and their families by creating a clear, authoritative leadership role to coordinate and drive system-wide reform and accountability.

IV. Analysis of Schedule 9 and System Gaps

1. Structural Independence:

As drafted, Schedule 9 embeds the DVSC within departmental structures and leaves it answerable to ministers who control its inquiries and reporting. True independence requires a standalone legislative authority and direct accountability to Parliament.

2. System Mapping and Data Linkage:

There is no statutory requirement for DVSC to annually and publicly map where veterans and families are (and are not) recognised, resourced, or studied across government, nor to link cross-portfolio datasets (Defence, DVA, Health, Disability, Aged Care, Social Services, AIHW, MRFF, ABS, etc.). This enables “responsibility-diffusion” and invisibility.

3. Accountability Tracking:

No requirement exists for a continuously updated, public timeline of Royal Commission recommendations, government commitments, and actual implementation status, enabling “announce and forget” cycles.

4. Social Contract and Historical Reference:

The Commission is not required to report on or preserve the nation’s founding promise to veterans: Billy Hughes’ 1917 declaration (“When you come back we will look after you”) and the Repatriation Act legacy. This weakens legitimacy and system memory.

5. International Benchmarking:

Schedule 9 does not require DVSC to benchmark Australia’s progress against global leaders—whether the US (NICoE, Marcus Institute, Home Base, RAND/TBI CoE), UK, Canada, or sector innovation in data-driven suicide prevention, lived experience, and emerging therapies.

6. Family and Lived Experience Inclusion:

The current drafting does not mandate that DVSC track or report on family well-being or embed innovation and lived-experience leadership as a permanent, resourced feature.

V. The Social Contract and the Policy Gap

Australia’s commitment to its veterans is not discretionary but a binding, historic obligation. As Prime Minister Billy Hughes declared in 1917:

“When you come back we will look after you.”

The Repatriation Act and a century of policy evolution were built to fulfil that promise. They evolved through two world wars, Korea and Vietnam, and modern conflicts in East Timor, Afghanistan, and Iraq. Each “wave” of veterans brought new challenges and complex needs, yet the obligation to serve those who served remained constant.

As detailed by Professor Philip Payton in the Centenary History of the Repatriation Commission:

“The work is never finished. Each era brings new challenges—whether from conventional wounds, post-war illness, or, in the modern era, blast overpressure, mTBI, and complex transition and mental health needs.”

Yet today:

- Indigenous Australians are rightly classified as a priority population in every primary strategy; *veterans and families are not*.
- The MRFF Traumatic Brain Injury Mission failed to include veterans until 2025, despite advocacy and lived experience.

- AIHW and other statutory agencies have failed to develop or sustain cross-agency mapping, linkage, or veteran outcome tracking.
- The Department of Social Services, Health, Aged Care, Disability, and research agencies are not obligated to prioritise veterans, families, or their unique risks—until they are forced by public pressure or media exposure.

This is not simply an “oversight,” but a design flaw perpetuating invisible injuries, poor prevention, and lost trust.

VI. Evidence and Examples: Where Australia Is Failing and What Vigil Is Doing

Failure to Map, Link, and Benchmark:

- Australia cannot produce a single, up-to-date public map of where veterans/families are included or omitted in health, disability, suicide prevention, or research priorities. The recent AIHW Veterans Advisory Group disbandment is a case in point.
- MRFF's \$100M commitment to motor neurone disease (MND) stands in stark contrast to less than \$600,000 for military TBI research, most of it to a discredited project. Meanwhile, BOP/mTBI injuries affecting up to 200,000 current and former servicemembers remain largely untracked.
- Vigil's voluntary international benchmarking has exposed the scale of Australian underperformance in veteran brain health, suicide prevention, and system integration.

What Global Best Practice Looks Like:

- The US National Intrepid Center of Excellence, Marcus Institute, and Home Base provide family-inclusive, multi-disciplinary, data-driven care pathways that bridge Defence, Health, and community.
- The US and UK publish annual, cross-agency dashboards; use lived experience panels; and run ongoing pilots for new therapies, including psychedelics and digital interventions.
- The 2025 RAND report (“Veteran Suicide: Current Challenges and Directions for Prevention”) makes clear: without system-wide mapping, cross-agency linkage, risk stratification, and tailored interventions, the same populations remain at highest risk and the system continues to fail those who need it most.

Governance and Ethical Concerns in Veteran Research Projects

Vigil Australia has observed significant governance, transparency, and ethical shortcomings in key veteran research projects within the Australian sector. These include:

- Lack of genuine collaboration and integration of lived experience expertise;
- Unclear leadership and accountability structures leading to confusion and exclusion of critical stakeholders;
- Overreliance on unpaid external expertise to fill gaps in technical guidance and community engagement;
- Failure to adequately respond to constructive feedback and to maintain transparency in project management;
- Missed opportunities for leveraging international partnerships and expertise;
- Material reputational risks to veteran-related research institutions caused by these governance failures.

These observations have been formally documented and escalated to senior leadership within relevant veteran support organisations and government agencies. The persistence of such issues

underscores the urgent need for statutory enforcement of research governance, ethical standards, transparency, and veteran inclusion requirements in all publicly funded veteran research initiatives.

VII. Recommendations

Vigil Australia calls for the following to be made core, statutory requirements of the DVSC:

1. National Mapping Table

DVSC must annually develop and publicly publish a comprehensive mapping table showing where veterans and families are (and are not) recognised, prioritised, or resourced—across all relevant portfolios (Defence, DVA, Health, Aged Care, Disability, DSS, PM&C, AIHW, MRFF, ABS, service providers).

2. National Timeline and Accountability Tracker

DVSC must maintain and publish a continuously updated public timeline of Royal Commission recommendations, government reforms, and their implementation status so that the “announce and forget” culture ends. Parliament and the public can hold agencies to account.

3. Uphold and Reference the Social Contract

DVSC must formally acknowledge and report Australia’s historic obligation to veterans and their families, from the 1917 Hughes promise to the present. This provides legitimacy, sector memory, and public accountability.

4. Ongoing International Best Practice Benchmarking

DVSC must be mandated to benchmark Australia’s system annually against global exemplars (e.g., NCoE, Marcus, Home Base, RAND, TBI CoE, UK/Canada) and transparently report on lessons, progress, and required adaptation.

5. Statutory Independence and Parliamentary Accountability

DVSC must be established by standalone legislation, with the Commissioner appointed by the Governor-General and answerable to Parliament, not a portfolio minister.

6. Whole-of-System, Priority Population Mandate

By law, veterans and families must be prioritised in all Commonwealth and state strategies, funding, research, and service design.

7. National Brain Health and Family Inclusion Strategy

As mandated by cross-portfolio, DVSC must coordinate and report on national brain health (including BOP/mTBI) and family well-being.

8. Innovation and Lived Experience Leadership

DVSC must embed a permanent, resourced innovation and lived experience panel to pilot, assess, and champion continuous improvement and sector engagement.

9. Audit and Correct System Gaps

DVSC must be empowered to review, escalate, and recommend corrections where agencies (e.g., MRFF, AIHW, DSS, Health, Aged Care) fail to include or deliver for veterans and families.

VIII. Commitment to Collaboration, Transparency, and Continuous Improvement

Vigil Australia stands ready to support the DVSC, government, and all sector partners in mapping, benchmarking, and continuous improvement. We have no financial interest in any program, technology, or government contract. Vigil is fully self-funded, and all findings, data, and tools are offered freely for transparency and genuine system change.

To accelerate sector progress, all data, mapping tools, and benchmarking templates developed by Vigil are available upon request.

We acknowledge that no single organisation can capture the full diversity of veteran and family experience. We welcome critique, new data, and broader sector input to ensure reforms meet the needs of all who have served.

We urge the Committee to require ongoing public consultation as part of DVSC's statutory mapping, accountability, and benchmarking duties, to ensure transparency, trust, and continuous improvement. Where lived experience or case studies are referenced, identifying details are removed to protect privacy and dignity.

IX. Conclusion and Personal Reflection

Australia's promise to its veterans and families is historic and solemn. Delivering on it requires more than departmental leadership or statutory oversight alone—it demands a system-wide, politically visible, and empowered leadership role coupled with robust statutory accountability.

While Tony Sheehan and Michael Manthorpe provide critical leadership within their portfolios and the DVSC, their roles alone cannot overcome the fragmentation and siloing endemic to the veteran support ecosystem.

It is essential to establish a Commonwealth Veteran & Family Outcomes Coordinator within PM&C who is statutorily empowered and reports directly to the Prime Minister and Parliament.

This Coordinator would:

- Lead cross-portfolio reform and integration;
- Ensure the DVSC's mapping, accountability, and benchmarking functions drive real-world outcomes;
- Chair intergovernmental coordination forums; and
- Provide the political authority needed to elevate veteran and family well-being as a national priority.

Together, this dual leadership model—DVSC statutory oversight paired with PM&C-based whole-of-government coordination—offers the best chance to end the “announce and forget” cycle and deliver meaningful reform.

Example: In June 2025, the Department of the Prime Minister and Cabinet provided written advice stating that Vigil Australia had been invited to participate in an external advisory panel on veteran matters—a claim confirmed with DVA and Defence, and referenced by the Prime Minister's Office. No such invitation or engagement occurred. This official misstatement, left uncorrected in the public record, illustrates the urgent need for statutory system mapping, transparent reporting, and a public engagement register.

Furthermore, significant governance and ethical shortcomings observed in key veteran research projects highlight a systemic failure within the research community. Without statutory enforcement of transparency, accountability, and meaningful veteran inclusion, research risks becoming fragmented, inefficient, and disconnected from the needs of those it aims to serve. This reinforces the urgent need for strong, coordinated leadership from the DVSC and the proposed Commonwealth Veteran & Family Outcomes Coordinator to oversee research integrity and ensure alignment with lived experience and policy reform.

The cost of failing to enact these reforms is measured in lost lives, fractured families, and diminished trust. Australia's veterans deserve better: an accountable, integrated, and transparent system that honours the century-old social contract first articulated by Prime Minister Billy Hughes in 1917:

“When you come back we will look after you.”

I urge the Committee and Parliament to strengthen Schedule 9 accordingly, ensuring that both the DVSC and the Commonwealth Veteran & Family Outcomes Coordinator roles are fully empowered to serve Australia's veterans and families now and into the future.

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