



Australian Government
Department of Veterans' Affairs
OFFICE OF THE SECRETARY

Dr Kathleen Dermody
Committee Secretary
Senate Standing Committees on Foreign Affairs, Defence and Trade
PO Box 6100
Parliament House
Canberra ACT 2600



Dear Dr Dermody

I am writing in relation to the recent Senate Estimates hearing for the Department of Veterans' Affairs. After reviewing the Hansard of the hearing, I thought it appropriate to clarify one point concerning the costings of the extension of the Gold Card to participants in the British Nuclear Test (BNT) Program.

The clarification relates to whether indigenous Australians were included in the draft costings outlined at the hearing. The draft costings were prepared on the basis of the definition of a British Nuclear Test participant, as defined in the Veterans' Entitlements Act 1986 (VEA) and the Australian Participants in British Nuclear Tests (Treatment) Act 2006 (APBNTA).

These definitions relate to individuals in a prescribed area during a time related to the nuclear testing periods. The definition in the VEA only includes members of the Australian Defence Force. The definition in the APBNTA includes members of the Australian Defence Force, employees of the Commonwealth or persons contracted to the Commonwealth to provide construction, maintenance or support services relating to the conduct of the tests within the test area. This second group is the one referred to in my evidence as 'all BNT' participants. I want to make it clear that neither of the definitions include indigenous Australians other than those employed within these categories. It is this point, I think, that may have caused some confusion.

Evidence that was presented to the Royal Commission into British Nuclear Tests in Australia showed that it was almost impossible to accurately determine the affected Indigenous population.

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Even the advisers to the Aboriginal groups represented during the Royal Commission concluded that the total number of Aboriginal people who may have been exposed to potentially hazardous levels of radiation was indeterminable and "probably less than 100".

Should consideration be given to including other groups in the Gold Card costing this can be done by increasing the population numbers. The costing is devised by using the average Gold Card cost per person for medical treatment. This is arrived at through projections and includes an offset for costs already expected under the Medicare arrangements. The average Gold Card cost for 2011-12 is estimated close to \$18,000, rising to over \$21,000 in 2015-2016.

I have copied this letter to both Senator Ludlam and Senator Xenophon.

Yours sincerely



Ian Campbell
Secretary

2 November 2011