

Veterans' Support Act 2014 and Statement of Principles

This page gives the background of our legislation and decision-making tools and how our new systems work to the benefit of our veterans.

Background

Before the Veterans' Support Act 2014, we used the War Pensions Act 1954

The War Pensions Act 1954 outlined the services to be provided to veterans, and the payment of pensions for injury as the result of military service. Unfortunately, some of its key provisions were unclear, and this caused difficulties for both administrators and veterans.

Its lack of clarity would often mean that a decision-maker would use a large amount of discretion in the decision-making process, which often led to inconsistent decisions across claims.

It also focussed on physical injuries incurred during war (mostly informed by the World Wars), and it didn't accommodate the types of psychological and environmental conditions that service personnel experienced in recent conflicts.

Read the War Pensions Act 1954 on [legislation.govt.nz](https://www.legislation.govt.nz/act/public/1954/0054/latest/DLM284375.html)
(<https://www.legislation.govt.nz/act/public/1954/0054/latest/DLM284375.html>)



The development of the Veterans' Support Act 2014 (VSA)

In 2008, the Law Commission released a paper with suggestions for reform. They invited submissions from veterans and current military personnel. Their report, '*A New Support Scheme for Veterans: A Report on the Review of the War Pensions Act 1954*', was tabled in the House in June 2010.

 Read '*A New Support Scheme for Veterans: A Report on the Review of the War Pensions Act 1954*'
(<https://www.lawcom.govt.nz/sites/default/files/projectAvailableFormats/NZLC%20R115.pdf>)



It proposed replacing the War Pensions Act 1954 with new legislation, and, in particular, it recommended significant changes to the decision-making processes that were being used.

"The large subjective element in decision-making means that it is difficult to achieve consistency. Two decision-makers from different backgrounds with different opinions and experiences are likely to apply evidential provisions differently. Moreover, it is usually impossible to measure whether decision-makers are exercising the correct standard or not. The fact that this, like any decision-making, is subjective and unchallengeable, except by review or appeal, appears to cause much of the discontent among veterans regarding these decisions."

The legislation was replaced with the Veterans' Support Act 2014.

Read the Veterans' Support Act 2014 on [legislation.govt.nz](https://www.legislation.govt.nz/act/public/2014/0056/latest/whole.html)
(<https://www.legislation.govt.nz/act/public/2014/0056/latest/whole.html>)



In addition, the Law Commission recommended the adoption of Statement of Principles to allow the decision-maker to assess whether a condition is attributable to service.

They weren't alone in advocating for the introduction of Statement of Principles. Prominent veteran advocate, Archbishop Whakahuhi Vercoe also asked the Government to adopt the Australian Statement of Principles, which he believed to be fairer to all veterans.

Statement of Principles

Statements of Principles (SOPs) provide definitions of a disease or injury and specify what factors must exist for the condition to be causally connected to a veteran's service. They are legal instruments, based on medical scientific evidence. They guide decision-makers on the relationships between medical conditions and service.

SOPs are made in Australia, but they include the New Zealand context

The SOPs that are used in New Zealand are made under Australian legislation. They are developed in Australia by the Repatriation Medical Authority (RMA).

Statements of Principles on the Repatriation Medical Authority website (<http://www.rma.gov.au/sops>) 

They examine the best available medical and scientific evidence from around the world and summarise their findings into the SOPs. The SOPs are regularly reviewed and updated.

However, because the SOPs are developed in Australia, the Veterans' Support Act specifies a process for ensuring that they are appropriate for the New Zealand situation before they are accepted for use here.

That process includes a New Zealand representative attending meetings of the RMA when they consider introducing or reviewing a SOP.

It then requires Veterans' Affairs to review the SOPs and prepare a report on their assessment to the independent body, the Veterans' Health Advisory Panel (VHAP).


More information on the Veterans' Health Advisory Panel (<https://www.veteransaffairs.mil.nz/about-veterans-affairs/our-partners-and-the-veteran-sector/boards-and-panels/veterans-health-advisory-panel/>)

The VHAP considers each SOP, and the Veterans' Affairs report, and then writes to the Minister, with their recommendations on whether or not it should be applied in New Zealand.

Unless the SOP is minor (in which case the Minister may approve it themselves), the Minister is required to put a recommendation to Cabinet as to whether or not the SOP should apply. If Cabinet agrees, a regulation is made, the Governor-General gives assent, and the SOP comes into effect.

Statement of Principles were introduced when the Veterans' Support Act 2014 was passed

Their adoption in New Zealand is governed by sections 22 to 24 of the Veterans' Support Act 2014.

Section 22 to 24 of the Veterans' Support Act 2014 on the New Zealand legislation website (<https://www.legislation.govt.nz/act/public/2014/0056/latest/whole.html#DLM5971507>) 

As a legislative framework, the SOPs:

- are comprehensive
- are regularly updated to reflect new medical information
- give clarity and consistency to the decision-maker when compared with the War Pensions Act.

Statements of Principles work in favour of veterans

In 1997, an independent report investigated the outcomes of SOP decisions in the Department of Veterans' Affairs (DVA Australia). The report suggested that in the majority of claims using the SOPs, between 90–95% of accepted claims had no actual link to the veteran's service. In some cases, this could be as high as 99.8% (*Pearce & Holman 1997, pp. 95–96*).

A recent Australian Government Productivity Commission report into the Australian veteran system reviewed the Repatriation Medical Authority (RMA) and the SOPs. They confirmed that these generous thresholds remained acceptable to both DVA, and the veteran population. (*'A Better Way to Support Veterans' No.93, 27 June 2019*)

The SOP system very strongly favours the veteran. The SOPs are designed to be as accepting of veterans' claims as is reasonably possible while remaining based on the current science. Both Pearce & Holman and the Productivity Commission Report indicated that the SOPs were largely operating as they were intended, with benevolent thresholds built into the SOP factors.

For a veteran, this means that proving that a condition is caused by their service under the SOP system is much easier than under the previous system.

Graph of applications approved compared with applications declined

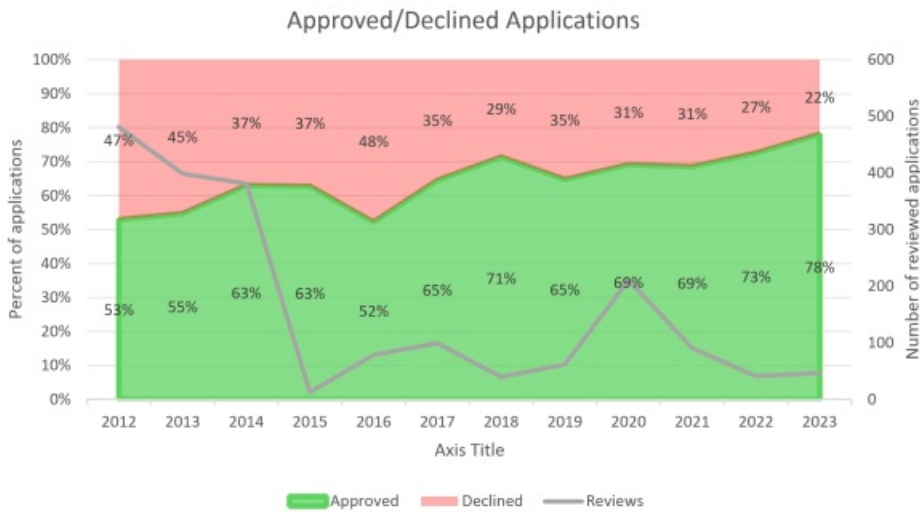


Table data of applications approved compared with applications declined

Year	Declined	Approved	Reviewed
2012	47%	53%	481
2013	45%	55%	399
2014	37%	63%	381
2015	37%	63%	13
2016	48%	52%	79
2017	35%	65%	99
2018	29%	71%	40
2019	35%	65%	62
2020	31%	69%	211
2021	31%	69%	91
2022	27%	73%	41

Statement of Principles factors link conditions to service

The SOPs contain a list of factors that, on the basis of sound medical-scientific evidence, link the condition to service. The factor may cause the condition or aggravate it. If there is no SOP, decisions may be made on whether a hypothesis is reasonable i.e. more than a possibility, consistent with known facts, and **not inconsistent** with provided or known scientific facts.
