

15 more veterans dead every year, on top of the 150 already dying. That is what the \$5,000 DVA allied health cap costs.

The Federal Government's proposed \$5,000 annual cap on Department of Veterans' Affairs funded allied health services will foreseeably cause approximately 15 additional veteran deaths by suicide every year, on top of the approximately 150 ex-serving Australian Defence Force members who die by suicide annually already. That is the modelled human cost of a measure the Government has budgeted to save \$748 million over three years. The cap is scheduled to commence 1 July 2027. On Monday 17 August 2026, the official House of Representatives e-petition opposing the cap (EN10124) was presented on the floor of the chamber by Elizabeth Watson-Brown MP, Greens Member for Ryan — the Brisbane electorate that includes Gallipoli Barracks. As at the date of this advisory, the presentation has received no media coverage, despite sustained coverage of other parties' and MPs' positions on the cap over recent months. Principal Petitioner Rebecca Roach is available now to speak to her own lived experience as a Class A invalid veteran, and to why this cap is dangerous.

CAMPAIGN STATUS AND UPCOMING NEWS MOMENT

- Certification completed (June 2026): The House of Representatives Standing Committee on Petitions has formally certified the petition. The four-week official signature window is now open. The petition is live and signable at <https://www.aph.gov.au/e-petitions/petition/EN10124>. Signatures collected through that URL count toward the Minister for Veterans' Affairs' obligation to provide a written response.
- Chamber presentation (COMPLETED Monday 17 August 2026): Elizabeth Watson-Brown MP (Greens, Ryan) presented the petition on the floor of the House of Representatives chamber and spoke to it. Her Ryan electorate includes Gallipoli Barracks, home to one of the largest concentrations of Australian Army personnel and veteran families in Queensland.
- Media coverage since presentation: NONE. As at 20 August 2026, no outlet has covered this story, despite the chamber presentation and despite sustained media coverage of other parties' and MPs' positions on the cap over recent months. Principal Petitioner Rebecca Roach is available immediately for interview on her own lived experience as a Class A invalid veteran and why this cap is dangerous.

PARLIAMENTARY STATUS

- A House of Representatives e-petition opposing the cap, lodged by Principal Petitioner Rebecca Roach (ex-RAAF Corporal, Military Medic, Class A invalid veteran, Tarragindi-based), has been certified by the Standing Committee on Petitions and assigned formal petition number EN10124. The petition is live and signable at <https://www.aph.gov.au/e-petitions/petition/EN10124>. The four-week official signature window is open.
- Elizabeth Watson-Brown MP, Australian Greens Member for the Federal seat of Ryan (the Brisbane electorate that includes Gallipoli Barracks, one of the largest army bases in Queensland), presented and spoke to the petition on the floor of the House of Representatives chamber on Monday 17 August 2026. Ms Watson-Brown is available for media contact via her office.
- A parallel Senate paper petition is in preparation.
- A substantive submission has been lodged with the Defence and Veterans' Service Commission (the statutory body the Government established in September 2025 to oversee implementation of the Royal Commission into Defence and Veteran Suicide), asking the Commission to include the cap within its statutory inquiries.
- The cap has been raised on Hansard four times in the House of Representatives by Coalition MPs (Phillip Thompson OAM MP, David Batt MP, Mary Aldred MP) and once at Senate Estimates by Senator Jacqui Lambie, who disclosed personally exhausting \$5,000 in approximately ten weeks managing chronic back pain.
- DVA Secretary Alison Frame confirmed in Senate Estimates on 2 June 2026 that consultation on the design of the "demonstrated clinical need" exemption mechanism will not begin until August 2026. The exemption mechanism is not yet defined in legislation, regulation, or any DVA guideline.

- 23 June 2026, Michael McCormack MP (Nationals, Riverina), House. Described the cap as “cruel cuts to the allied health cap” delivering “\$748 million of savings to the Treasurer’s bottom line,” and said: “When our veterans...need us to have their backs, we desert them in this way.”
- 30 June 2026, Rebekha Sharkie MP (Centre Alliance, Mayo), House. Raised the cap’s impact directly with the Minister for Veterans’ Affairs.
- 30 June and 2 July 2026, Matt Keogh MP, Minister for Veterans’ Affairs (Labor, Burt), House. Defended the cap on the record: median veteran allied health spend is “\$1,900,” “around nine in 10 won’t be going over that allocation,” and any exception “would make the entire system a nullity, which is not what we want to do.”

POLITICAL AND ESO ENGAGEMENT

- A cross-party Queensland state-level joint statement on the cap’s foreseeable cost-shifting impact to Queensland Health, Queensland Ambulance Service, and Queensland-funded veteran services has been signed by five Queensland Members of the Legislative Assembly across four parties: two LNP Members, one Greens Member, one Katter’s Australian Party Member, and one Independent. The statement asks the Commonwealth Government to reverse its decision to impose the cap, or, in the alternative, to defer commencement until specified preconditions are met. Further Queensland state Members are being approached and additional signatures are expected in the coming days.
- The Principal Petitioner has had amicable preliminary discussions with The Hon Mark Bailey MP (Queensland Shadow Minister for Health, Mental Health and Ambulance Services) and is due to meet with the Hon Julie-Anne Campbell MP (federal Member for Moreton) in the coming weeks.
- Soldier On is engaging the Department of Veterans’ Affairs, the Government and the Opposition on the cap at CEO level. Mr Paul Brown (Soldier On CEO) has confirmed Soldier On’s active engagement in writing.
- The Yeronga-Dutton Park RSL Sub-Branch is taking the cap to the RSL Queensland Annual General Meeting this weekend.
- Two veteran-focused mental health providers have committed to support the campaign on clinical grounds: The Nicholas Clinic (veteran-owned), and David Broadbent of DG Broadbent & Associates and ADF Psychology (a BUPA-ADF specialist service provider). Mr Broadbent has authored a clinical white paper opposing the cap and is providing ongoing materials and statements to the campaign.
- Personalised correspondence has gone to over 25 federal MPs and senators across all parties, including the Minister for Veterans’ Affairs, Shadow Minister for Veterans’ Affairs, Shadow Minister for Health and Aged Care, Greens leadership and portfolio holders, and the cross-bench.
- Change.org petition (5,000 signatures on the official House e-petition as at 19 July 2026; parallel Change.org petition additional; parallel public-reach tool, signatures referenceable by the presenting Member but not part of the official House count): <https://c.org/9Xbjm9h5Yf>
- Template MP letter for veterans and supporters: bit.ly/vet5000cap

CORE POLICY QUESTION

The Government has stated that veterans whose care exceeds the \$5,000 cap will receive additional DVA-funded allied health “where there is a demonstrated clinical need”. That mechanism is not yet defined. Foreseeable operational consequences for veterans include additional general practitioner appointments, additional clinical paperwork, undefined DVA decision wait times, and interruption to essential allied health care during the assessment period.

FORESEEABLE MORTALITY IMPACT

The Australian Institute of Health and Welfare confirms that **approximately 150 ex-serving Australian Defence Force members die by suicide every year** (three-year average, ex-serving male rate 26.4 per 100,000 per year, ex-serving female rate 10.0 per 100,000 per year). AIHW data also confirms that **86% of ex-serving ADF members who die by suicide had accessed health services in the year before their death**.

Conservative modelling based on Royal Commission findings, published international literature on interruption of mental health treatment, and DVA client population data suggests the \$5,000 cap will directly cause an estimated **15**

additional veteran deaths by suicide every year, in addition to the current approximately 150 per year baseline. Over a decade of cap operation, that is approximately **150 additional veteran deaths that would not otherwise have occurred.**

Methodology (deliberately conservative). Approximately 30,000 Veteran Card holders currently exceed \$5,000 per year in DVA-funded allied health. These are veterans with complex, multi-condition service-connected injuries who combine psychology, physiotherapy, occupational therapy and exercise physiology to remain functional. The baseline suicide rate for this high-complexity veteran cohort is approximately 100 per 100,000 per year (approximately 4x the general veteran rate). Peer-reviewed literature on interruption of active mental health treatment (Kessler et al.; Simon et al.; Phoenix Australia veteran-specific research) shows a 2 to 4 fold increase in suicide risk during interruption windows. Applying a conservative 50% risk increase (well below the 2 to 4 fold the literature supports) to 30,000 affected veterans gives 15 additional deaths per year.

The Royal Commission into Defence and Veteran Suicide Final Report (September 2024, 122 recommendations) specifically identified barriers to timely, continuous and clinically appropriate care as drivers of poor outcomes in the veteran cohort, including suicide. The Government has accepted or accepted in principle 104 of the 122 recommendations. **The \$5,000 cap creates the exact class of barrier to care the Royal Commission warned against, for the exact cohort of veterans the Commission identified as most at risk. The additional deaths this cap will foreseeably cause are not an unforeseen consequence. They are a warned-about consequence, and the Government proceeded anyway.**

THE PRINCIPAL PETITIONER'S OWN CASE

Rebecca Roach discharged from the Royal Australian Air Force in August 2025. Twelve months on, she still has no determination on her Permanent Impairment compensation, has not been assigned impairment points, and does not hold a Gold Card. She is a mother, and a Class A invalid veteran who relies on DVA-funded allied health, including physiotherapy and psychology, to function day to day. She is telling this story publicly because the same Department that has taken a year and counting to process her own claim is the Department that will decide, case by case, who gets an exemption to the \$5,000 cap, and how fast.

QUOTES FROM REBECCA ROACH, PRINCIPAL PETITIONER

On the undefined exemption mechanism

"The Government keeps saying veterans whose care exceeds the cap will get more 'where there is a demonstrated clinical need'. What they have not said is what 'demonstrated' means, who decides, how long the decision takes, what forms my GP has to fill out, or what I am supposed to do for treatment while DVA makes up its mind. The cap commences 1 July 2027. The consultation on how the exemption will work does not even begin until August. The Government is selling veterans a safety net it has not designed."

On the trust question

"I am a former Royal Australian Air Force medic. I have clinical training most veterans do not have. I have spent years learning the DVA system. And I still cannot reliably access the Acute Support Package, the package the Department designed specifically for veterans in crisis. The portal lacks transparency, the instructions are limited, and reimbursement routinely takes more than a month. If the Department cannot make the crisis pathway work for someone with my advantages, what reason do we have to trust they will design a fair exemption pathway for the average Soldier, Sailor or Aviator?"

On the Veterans' Covenant

"I served because I wanted to care for the people the country sent into harm's way. Twelve years later, I am being asked to accept a \$5,000 cap on the care I need to function from week to week, on the promise of a safety net that has not been designed. The Parliament made a promise to veterans in 2019. The Government is renegotiating that promise through a Budget line. I am asking the Parliament to honour what it promised."

On the \$748 million savings

"The Government has said this cap will save \$748 million over three years, and \$340 million every year after that. So who misses out for that saving to happen? Which veterans do not get their psychology? Which do not get their physiotherapy? Which do not get their occupational therapy? How many of us have to die for that number to be achieved? And how hard do they have to make it to access care before it is just too hard, and we stop trying?"

On her own case

"I am the Principal Petitioner on this petition, and I still do not have my own Permanent Impairment compensation sorted, twelve months after I discharged. No impairment points. No Gold Card. I am a mother. I rely on allied health care to function. If the Department cannot process my own claim in a year, how is it going to run a fair, same-week exemption decision for thirty thousand veterans, every year, forever?"

STATEMENT FROM ELIZABETH WATSON-BROWN MP (AHEAD OF PRESENTATION)

Elizabeth Watson-Brown MP, Australian Greens Spokesperson for Transport, Infrastructure and Sustainable Cities and Assistant Portfolio holder for Veterans' Affairs, provided the following comment ahead of Monday's chamber presentation. She has since presented Petition EN10124 on the floor of the House of Representatives and spoken to it, on Monday 17 August 2026.

"It is appalling that the government would announce a \$5,000 annual cap on allied health services for veterans with no meaningful detail. I know how essential allied health services are, and that for many a \$5,000 cap won't even last half the year. This cap was announced before any consultation with the veterans community or published specifics about how the discretionary expansion of the cap will work. DVA is already in a backlog, adding more red tape will cause delays and is needlessly cruel to those that have given so much. The Department have a lot of explaining to do. I will be tabling Petition EN10124 in the House calling for a rejection of the cap."

— Elizabeth Watson-Brown MP, Greens Member for Ryan

HANSARD: TABLING SPEECH, HOUSE OF REPRESENTATIVES, MONDAY 17 AUGUST 2026

"I table Petition EN10124: "Reject the \$5,000 DVA allied health cap, and uphold the Veterans' Covenant". The petition has been considered by the Standing Committee on Petitions and found to be in order.

Over 5,000 people signed this Petition. These are Veterans, family members of Veterans, widows, dependents and people in our community who understand the true cost of serving.

They've signed this petition, because they know what these allied health caps really mean. More bureaucratic process, potentially longer wait times and more frustration with a DVA system that is overloaded and unprepared for these changes.

Veterans rely on allied health services like physiotherapy, psychology, and occupational therapy, to live a decent life despite service-caused injuries. I have heard from a large number of Veterans, from my electorate, about how essential Allied Health is for their wellbeing.

I've also heard how frustrated they are with the unwieldy and difficult current system, where every claim feels like another battle. Based on current fees, \$5,000 falls well short of the essential clinical needs of many veterans. For some, \$5,000 won't last more than a few months.

This cap ignores the 2019 Veterans' Covenant where Parliament undertook to support all veterans as respected and valued members of the community. It also ignores the Royal Commission into Defence and Veteran Suicide, which identified financial and administrative barriers to care as major drivers of harm.

Veterans in my electorate and across Australia are extremely concerned about the cap, and rightly so. I've heard that for many, under these changes they will be worse off than before the Royal Commission into Defence and Veteran Suicide.

Frankly, from my discussions with Veterans it is clear that there is no trust in the DVA, and no trust that the government has their best interests in mind. A pretty fair assessment if you look at the way DVA operates and the findings of the Royal Commission.

Announcing a cap, without consulting veterans first, or publishing specifics of how discretionary expansions work, does little to rebuild that trust.

These are people who have given so much, at great personal cost. They deserve better than these careless cost saving measures by the government.

That's why I am so proud to support this petition. It was started by Rebecca, a local veteran and former Air Force Medic. Rebecca is a staunch advocate for her community, and for a better, fairer world.

This petition asks the House to reject the cap, or at minimum, exempt Gold Card holders and legislate a detailed, clinical-need override, and defer the measure until these protections are in place."

— Ms Watson-Brown MP, Hansard, House of Representatives, Monday 17 August 2026

Video: Ms Watson-Brown presenting and speaking to the petition in the House of Representatives chamber is available to view at https://youtu.be/_eTGemoMc6Y

EARLY ENGAGEMENT

Journalists who make contact with the Principal Petitioner now will be first to this story. The petition was presented and spoken to in the House of Representatives on Monday 17 August 2026, and — as at the date of this advisory — has received no media coverage. A full briefing pack is available on request, including the chamber presentation context, the Member's statement, and the campaign material held for this moment.

AVAILABLE FOR INTERVIEW

Rebecca Roach, Principal Petitioner. Available on or off the record, in person in Brisbane, by phone nationally, or by recorded grab, to speak to her own lived experience as a Class A invalid veteran and why the \$5,000 cap is dangerous. The three quotes above can also be used as attributed quotes without an interview if preferred.

Contact: Rebecca Roach | Mobile 0422 426 315 | rebeccalorraine82@gmail.com | Principal Petitioner, House of Representatives e-petition EN10124 on the \$5,000 DVA allied health cap | Ex-serving member, Royal Australian Air Force, Corporal, Military Medic