Introduction

I am currently employed as a delegate in the Department of Veterans Affairs' (DVA). I have worked at DVA since 2020. I process claims for initial liability and permanent impairment compensation. I have acted as a senior delegate in the past also. I believe my perspective is valid and that my position provides a unique insight into the occurrences which delegates experience in relation to veteran's advocacy services.

I will address each term of reference individually and by reference letter.

a. I do not believe it is appropriate for commercial, for-profit entities (regardless of their originating location) to advocate for veterans while charging them a commission or fee.

Veterans may be eligible for compensation due to permanent medical impairment, and this government funded entitlement was never designed to be appropriated in this manner. In specific legislated instances, there are claims for which financial or legal advice may, or must, be obtained. The department will reimburse or pay the invoice for this as a separate payment. This indicates to me that there was never a consideration that veterans should spend their own entitlement on advocacy services. There is no existing legislation that pertains to this issue.

Further, the operating model of the for-profit organisations is generally that of a percentage commission fee structure. Some of these organisations charge 20%. For a veteran receiving $500,000.00 compensation, that is a fee of $100,000.00. Some charge approximately 10% which sounds more reasonable, but once again, on receipt of $500,000.00, that is a fee of $50,000.00.

There are regularly job advertisements online for advocate roles from various for-profit organisations that offer salaries of between $100,000.00 and $150,000.00. Where does the funding for the wages come from - veteran's pockets.

Veterans are often influenced by fancy websites with statements such as "we get gold cards" and "we get you maximum compensation". Advocates are not decision makers. Nor has the evidence been collected yet for the delegate's impairment assessment. Nor has liability been decided in many cases to determine if the condition/s is service related.

It is not only a question of legality, but a question of ethics.

c. For-profit advocates promise of the world to a veteran, who is likely to be vulnerable and may have complex medical needs, while leaving out important fine print. The issue of whether there is informed consent from veterans is one that requires further legal examination. I have spoken to many veterans who did not have any idea of how much it would cost them to retain the advocacy services, nor any idea of how much it would cost them to cancel the advocacy services.

There are a multitude of advocacy services. There are well trained and experienced advocates in both the not-for-profit and for-profit organisations. However, there is a high

proportion of employees of for-profit organisations who seem to know nothing more than what you can read on the DVA website or how to forward an email.

The following are example instances of bad veteran experiences with advocates that I have experienced personally as the delegate or have seen colleagues experience;

1) The veteran was cc'd on an email as per usual from the delegate. The advocate replied to the delegate with the veteran in copy. The veteran was disgusted with how rudely and disrespectfully the advocate treated the delegate, that they wished to have no further involvement with the advocate. However, they had a signed contract.
2) The veteran's claim is ready to be progressed and a DVA staff member contacts the advocate but receives no contact back within two weeks. The veteran contacts the delegate directly to discuss how to progress the claim. When the veteran realises what is involved – they realise they can do this themselves. The veteran queries how they can get out of a contract they signed because it doesn't appear the advocate is helping or needed.

Where is the governing code of conduct or professional membership? Who can the veteran submit a complaint to? On what grounds can these contracts be terminated? Many of our veterans have complex mental health issues and co-morbidities – once again, is there informed consent?

I suggest;

- A professional governing body that registers membership which shows what level of training has been confirmed to have been undertaken;
- A register which is searchable;
- Registration for organisations but also a requirement for registration as individuals – if there is no requirement for individuals to register, then the for-profit organisations will register their organisation/one person and nothing is achieved;
- A complaint process.

e. Many of the for-profit advocacy bodies have relationships with specific medical providers. On the one hand, it seems innocuous, and even helpful, to think that they refer to a medical practitioner who is familiar with the process and DVA paperwork. However, when seeking a medical report, DVA wants a report from a treating practitioner. This will result in the most accurate medical report. It is not about trying to reduce entitlement but maximise the chance that this doctor knows how bad the veteran's impairment really is. Treating doctor means a doctor who has seen the veteran, treats their relevant conditions and has a familiar knowledge of the veteran's health – someone who has seen their good, bad and average days. What DVA has been receiving, is a medical report from a medical practitioner who has likely never set foot in the same room as the veteran. This is often a doctor who lives interstate or completes an assessment for a veteran who lives overseas. DVA seems powerless, or the powers that be seem hesitant, to respond accordingly that certain assessments are clearly not appropriate. A delegate may try to rebut, but ultimately, we seem to be at the behest of the advocate and their preferred medical practitioner. This scenario of distant doctors, who churn

out large volumes of reports for tens of thousands of dollars each, raises questions about the accuracy of the medical assessments. I have also heard rumours of for-profit advocates having shares in/being an owner of medical centres that advertise as being veteran specific services. It should be a requirement of advocates to declare all financial interests in the veteran related claims space on the professional register.

Summary

There are several legal and ethical issues relating to the matter of advocacy services.

Firstly, there is no legislative basis for the for-profit model. It is occurring due to lack of legislation and regulation.

Secondly, consent is unlikely to be informed, based on my current observations.

Thirdly, training, a code of conduct, and professional discipline arrangements for advocates is required to regulate the industry.

Fourthly, the referral practices between particular advocates and particular medical centres/practitioners should be investigated. Some of the advocates are lining their pockets twice.

Our veterans and their families have sacrificed in the service of their nation. Veterans deserve to keep all of their compensation from DVA. The government must do better. Veterans deserve better.