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## **Standing Committee on Veterans Affairs**

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**EVIDENCE**

**Thursday, October 6, 2016**

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**Chair**

**Mr. Neil Ellis**



## Standing Committee on Veterans Affairs

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• (1530)

[English]

**The Chair (Mr. Neil Ellis (Bay of Quinte, Lib.)):** Good afternoon, everybody. I'd like to call the meeting to order. Pursuant to Standing Order 108(2), and motion adopted on February 25, the committee resumes its study of service delivery to veterans. The last hour will be committed to committee business.

Today we have the first round of witnesses. We have from National Defence and Canadian Forces Ombudsman, Robyn Hynes, director general of operations; and Gary Walbourne, ombudsman.

We'll start with the opening statement of up to 10 minutes, and we'll turn the floor over to our witnesses.

Thanks for coming.

**Mr. Gary Walbourne (National Defence and Canadian Forces Ombudsman):** Thank you, Mr. Chair, and good afternoon to all.

It's my understanding that this committee has taken great interest in the two recent reports I have released, "Determining Service Attribution for Medically Releasing Members" and "Simplifying the Service Delivery Model for Medically Releasing Members". Both reports contain recommendations to the Minister of National Defence, and I have been invited here to speak to them today.

Our military personnel from across the country have voiced their concerns over a number of critical issues related to their service from recruitment through to retirement, but none more frequently than those pertaining to the subject of transition between military and civilian life.

Every year, over 50% of the complaints that come to my office have to deal with this very issue. Whether they are releasing from the Canadian Armed Forces for medical reasons or non-medical reasons, what they face is a complex system that I believe needs to be fundamentally changed. Tack on the additional administrative burden of applying for benefits and services at Veterans Affairs Canada, and I think we have reached a tipping point for our members.

From our engagements with the men and women in uniform across the country on issues surrounding medical release from the Armed Forces, my office has produced a number of reports containing evidence-based recommendations aimed at solving these issues. Our reports are a call to action.

I believe that the government has a tremendous opportunity to fix the system that too often allows vulnerable people to slip through the cracks. We have provided plenty of evidence supporting the need for

real change in key areas. We do not need to commission more studies. We need decisions.

Some of the decisions that need to be made may not be popular and some may not be as politically palatable as we would like, but they are the right ones for the men and women who serve or have served this country.

I can assure you that many of the tragic circumstances that occur in your constituencies and that often reach national public attention can be avoided.

I'd like to summarize for you today what I have recommended to help protect the members of the Canadian Armed Forces from undue hardship. There is a fundamental disconnect between the Canadian Armed Forces and Veterans Affairs Canada wherein a member must navigate departure from one before entrance into the other. Most of this has to do with the determination of attribution of service and the current service delivery model.

On May 18, I delivered a report to the Minister of National Defence in which I recommended that the Canadian Armed Forces determine whether an illness or injury was caused or aggravated by a military service and that the determination be presumed by Veteran Affairs Canada to be sufficient evidence in support of an application for service or benefits. I made this report public on September 13 and copies have been provided to the committee.

In conducting their adjudications under the new Veterans Charter, Veterans Affairs Canada as the administrator considers mostly documentary evidence generated by the Canadian Armed Forces. The evidence consists largely of the member's medical records and possibly other career-related records. This begs the question of why a protracted bureaucratic process is required for VAC to review records prepared by the Canadian Armed Forces when it is possible for the Canadian Armed Forces to determine whether a medically releasing member's condition is related to or aggravated by military service.

Given that the Canadian Armed Forces has control of the member's career and has responsibility for the member's medical health throughout their career, such a determination can and should be presumed to be evidence in support of a member's application for VAC benefits.

I believe that my recommendation of having the Canadian Armed Forces determine service attribution in conjunction with the change to the service delivery model would reduce wait times by 50% or more on the current 16-week service delivery standard. This standard does not include the time it takes to get medical records from the Canadian Armed Forces or if the member has to submit any other pertinent documents.

You may think that the development of a new service delivery model would require intensive study that would take months or even years to complete. On August 12, I submitted a report to the Minister of National Defence containing a potential new service delivery model. I made the report public last week. Again, copies have been provided for the committee.

My report recommends that the Canadian Armed Forces retain medically releasing members until all benefits and services, including Veteran Affairs, have been finalized and put in place prior to releases; that one point of contact be established—if you will, a concierge service—for all medically releasing members to assist in their transition; and that the Canadian Armed Forces develop a tool that is capable of providing members with information so that they can understand their potential benefit suite prior to release.

These are three strong, evidence-based, member-centric recommendations, ladies and gentlemen, that I believe are game-changers.

My three recommendations do not require new legislation, nor do they require the implementation of my recommendations surrounding attribution of service. I know that they are closely aligned, and anything we will do further would be enhanced by the Canadian Armed Forces' determination of attribution to service.

● (1535)

As we all know from their mandate letters made public, the Prime Minister has asked the ministers of Veterans Affairs and National Defence to reduce complexity, overhaul service delivery, and strengthen the partnership between the two. Both ministers and the chief of the defence staff have publicly acknowledged that the system needs fixing. The time is no longer to study, but to fix.

On Monday, it was reported that Veterans Affairs Canada has a backlog of 11,500 applications for benefits and services. I strongly believe implementing my recommendations to have the Canadian Armed Forces determine attribution of service and to restructure its service delivery model to ensure that no member is released before all benefits from the CAF and VAC are in place would greatly reduce the complexity leading to those delays.

As you may know, I spent nearly four years as deputy veterans ombudsman. I can tell you there has always been a backlog at Veterans Affairs Canada, and the size varies over the year. It still numbers in the thousands. Even when operating cuts were made to the department, the numbers did not change in any significant way.

Ladies and gentlemen, that indicates to me that this is a process issue, not a people issue. I am not recommending patchwork. I am recommending a fundamental shift in the way business is done. The Canadian Armed Forces and Veterans Affairs are currently exploring options to close the seam. By having the Canadian Armed Forces implement my recommendations to take care of the members at the

front end, Veterans Affairs will have a simplified environment in which to do its important work.

Ladies and gentlemen, I firmly believe we are at an opportune moment for the members of the Canadian Armed Forces and veterans in this country. There is a large contingent of veterans groups in Ottawa this week participating in the Veterans Affairs stakeholder summit, which wrapped up today. I attended as an observer. I had a chance to catch up with many of the leaders in the veteran community, and I can tell you both reports were received very positively. Many of them wished that my recommendations had been implemented when they were releasing, and their hope now is that they will be implemented for those releasing in the future.

The common theme from my engagements with these groups this week has been a need to fundamentally change the current service delivery on both the Canadian Armed Forces and Veterans Affairs sides, and I couldn't agree more. I believe my recommendations offer the government a path forward. Our people should be our top priority, our true no-fail issue and, as they say, it's go time.

Thank you, Mr. Chair. I stand ready for questions.

● (1540)

**The Chair:** Thank you.

We'll start out with six minutes. Ms. Wagantall.

**Mrs. Cathay Wagantall (Yorkton—Melville, CPC):** Your first recommendation indicates that members shouldn't be released until all benefits from all sources, including Veterans Affairs, have been finalized and put into place.

By the way, I think this is a very encouraging report.

We've heard in the committee a little bit about the challenge, that a lot of times a veteran's needs develop over time. How does that fit into the idea of everything being in place before they're released?

**Mr. Gary Walbourne:** There are two things, if I may. First of all, there will always be those who late manifest, especially with operational stress injuries. There will always be a need for Veterans Affairs Canada and the adjudication process they have. People can show up with an operational stress injury six months, six years, 10 years beyond the fact. Even physical maladies that can be attributed to military service can manifest themselves later in life. But I'm saying the bulk of what we're doing now, currently, if we start the process today, those who are medically releasing and we know they're going to be medically releasing and we know what the malady is, we can do the determination of attribution of service and that file will move very quickly and smoothly through Veterans Affairs Canada, allowing them additional time to deal with the more complex.

At the stakeholder summit this week, I heard some very encouraging talk from both the chief of the defence staff and the deputy chief of military personnel command. The two things I heard were there is now a thought process along the lines of not releasing members until everything is in place for them, and this morning I heard the deputy chief of military personnel command say they are going to introduce a concierge service. I'm extremely optimistic about what I'm hearing. I do believe there is merit in what we're talking about, and I think the command has also seen the merit and is starting to look toward that.

**Mrs. Cathay Wagantall:** That's excellent.

Clearly then, if we're saying all of this should be in place prior to release, will this extend the amount of time members remain on the payroll with the Armed Forces, do you think?

**Mr. Gary Walbourne:** It's possible in some cases there would be an extension. If we look at some of the issues we know that have been in the media of late, such as the delay in getting a pension, that's a processing issue. I think if anyone from the department were here, they would tell you that the pension cell the people were put in, they were taken out, they were put in, they were taken out...we have a backlog.

I know the chief of the defence staff is attacking that now, but we need to get that backlog cleaned up and have a process in place that generates that pension allotment much quicker. Sometimes cost drives performance. I think if we start to see overruns on the salary and wage envelope, someone will bring attention to bear. Maybe there's a small cost up front, until we get the systems in place, but I do believe the process will be more efficient and effective going forward.

**Mrs. Cathay Wagantall:** Thank you.

In lines 132 to 134 of your opening remarks, it says that no member is released before all benefits from the CAF and VAC are in place, so both VAC and CAF would have to agree that "now is the time."

I'm trying to envision it. Would both sides sign off and say, "Okay, we both agree that everything is in place," and go forward from there? Is it the Canadian Armed Forces that would decide, "Okay, we're ready", and pass the member on to VAC, or is there an interaction and an agreement between the two that a soldier is ready to do that transition?

**Mr. Gary Walbourne:** It would have to be an agreement between the two. Veterans Affairs Canada would have to be ready to receive and the Canadian Armed Forces would have to ensure that everything was in place from their perspective to release the member.

Each case is going to be unique. That's why we've recommended a concierge service. For every malady, though it may be similar, the manifestation to the person is completely different. Their needs may be different. We could have a similar malady but our needs may be different. That's why I'm saying the concierge service is a personalized service that takes each one of these medically released members through to the end and not a projected end.

**Mrs. Cathay Wagantall:** There's also the issue of family. We've heard a lot about the challenge of the spouse going through this

process and also the need for the family to have care. At this point what I'm seeing, I believe, is there to deal with the veteran.

**Mr. Gary Walbourne:** To deal with the releasing member.

**Mrs. Cathay Wagantall:** The releasing member, sorry, yes.

• (1545)

**Mr. Gary Walbourne:** At the stakeholder summit that I spent two days at, there was a lot of talk about how to get families involved. I have seen some very encouraging things over the last couple of days about how to get families involved and how to give them access so that they are considered to be part of it.

When we talk about releasing a member, it's not only the member who can physically walk out the door or be led out the door, there's also a family extension that needs to be considered. Something as simple as, "Do I have an income?" is very important to a family. Those things would have to be considered. The families' needs need to be considered in what we're doing, going forward.

**Mrs. Cathay Wagantall:** Am I hearing "prior to the release"?

**Mr. Gary Walbourne:** Yes.

**Mrs. Cathay Wagantall:** Okay, thank you. I appreciate it.

**The Chair:** Mr. Fraser.

**Mr. Colin Fraser (West Nova, Lib.):** Thank you very much for being here and for your presentation.

On the concierge service, I just want to hear a little more about what that means and what it actually looks like on the ground for releasing members. I believe you're absolutely right. It would be beneficial to have one person, one point of contact, to deal with the releasing member and to ensure that they always know who is helping them out on a certain issue. Could you explain what you mean by a concierge service?

**Mr. Gary Walbourne:** It's basically exactly that, sir. I think that first and foremost, there would be one person the releasing member could go to if they had any questions about whatever service or benefit they were applying for, to help them with that application process, and to make sure that they were ready to move forward. But it's more than that. The concierge is not just going to do that up front and then go away from the person. They would continue to be connected with that person until he or she finds himself or herself where he or she needs to be. That's the service that would be offered.

The chief of the defence staff yesterday in his speech, although he never gave us any exact details, was very encouraging when he started talking about there should be a concierge face, one person for the member to talk to. Everything else would be done behind the door. The member wouldn't see it. It would be painless, seamless to the member. Any direction that the member needs would be handled by the concierge. That's not verbatim what the chief of the defence staff said, but it's similar to what he said. I think he has the right concept.

**Mr. Colin Fraser:** I presume that you would want it to be easy to contact that concierge person directly, perhaps through email, perhaps through a direct line to the individual who would be helping the releasing member.

**Mr. Gary Walbourne:** Most definitely. I not only want to see the member have one place to reach out to, but I also want that concierge to be reaching out to the member over time: "If I haven't heard from you in a week.... Let's just touch base to see where you are. Did you get to your appointments? Have you made your rendezvous, or wherever you're supposed to be?" It's a bit more than just helping them with the application and then it's over. It about making sure that they get to their destination.

**Mr. Colin Fraser:** Do you have an idea of how many releasing members one concierge would be helping at a time? What are your thoughts on that?

**Mr. Gary Walbourne:** We put in the report that there should be no more than a 25:1 ratio. The concierge is the face that the person sees. He's not the person who delivers all the services, but he knows who to reach out to. We're saying 25:1 should be the maximum ratio.

**Mr. Colin Fraser:** Okay.

With regard to all the benefits and services in place before the person is released, one of the things we've heard often is that a releasing member has to tell their story over and over. I agree with you on the concierge idea. It would help alleviate that problem, but do you agree that having all of these things in place—the benefits, the services—before they're released would alleviate that problem, too?

**Mr. Gary Walbourne:** Most definitely. It's probably the ugly thing to talk about, but one of the pillars we have to give these releasing members is a financial security pillar, one that they can stand on and one so that they can go to their families and say, "I got this. We're going to be okay." I do believe, yes, it would help all of those things.

**Mr. Colin Fraser:** Okay. What's the timeline that you're thinking of in terms of having all the benefits and services in place? How long would you think that would take?

**Mr. Gary Walbourne:** I'm an operator. I come from the private sector. I spent 25 years delivering service in logistics and those types of things. I think we can do it fairly quickly.

One of the things we have to be very cognizant of is that by holding members we can't start costing millions and millions of dollars waiting for process delay. I think if we put in a proper system, where attribution of service is determined, right off the top eight weeks goes away. We don't have to adjudicate whether you're in the club or out. We know you're in as the CAF has told us. That's gone immediately.

Then for the pension piece, I think the chief of the defence staff has a good plan of attack on that. We're going to get that caught up. In talking this morning, we were saying 30 days max before a pension cheque is in the mail.

It's all in there. I think it can be done very quickly. It's not reinventing the wheel. I just think it's a fundamental change in how we do things.

•(1550)

**Mr. Colin Fraser:** We're all talking about medically released members from the forces, but as you identified, it's overly complex as well for non-medical releases. Do you think we should try this out

first on medical releases, see how things go, tweak it, and then maybe this would be a model for all releasing forces members?

**Mr. Gary Walbourne:** There goes my next systemic review.

Exactly. I think even the chief of the defence staff has alluded to that. We need to get this in place for those who are our most vulnerable right now, to help those groups. But I do believe we can see extension across the forces on what type of service this could be, helping people get to second careers, or whatever it is that they have planned. Yes, I do believe it could be expanded.

**Mr. Colin Fraser:** Do you see working with outside partner organizations as well to ensure that they get services, not just with the ones that are directly in the VAC umbrella of services, but third parties, for example?

**Mr. Gary Walbourne:** I think everyone has to be involved. When we start talking about transitioning out, anything that's going to touch on that member as he's transitioning needs to be part of the conversation and involved.

**Mr. Colin Fraser:** Okay, and proactively recommend and suggest perhaps third party help?

**Mr. Gary Walbourne:** Exactly.

**Mr. Colin Fraser:** Thank you. Those are my questions.

**The Chair:** Ms. Mathyssen.

**Ms. Irene Mathyssen (London—Fanshawe, NDP):** Thank you very much, Mr. Walbourne and Ms. Hynes, for being here.

I'm very grateful for your work. I want to say thank you for your reports. They were met with great enthusiasm by members of this committee. I'm very pleased that you've returned here.

You've said that the time for studies is over. We know that you've done a great deal of work in terms of your reports, and that the veterans ombudsman has also completed a number of reports. All these reports are in the hands of the Minister of National Defence and the Minister of Veterans Affairs. You said you were encouraged by what you heard at this week's meetings, but I wonder, did these ministers or their staff indicate at all when this will actually happen? You've been very clear that there's no reason to keep studying or waiting or waffling. Do you have any sense that they will act decisively and soon?

**Mr. Gary Walbourne:** I can't speak on behalf of Veterans Affairs, but from what I've heard from the chief of the defence staff and others, I think we can move fairly quickly. But no one has given me a timeline of when this could happen. There are policy reviews that have to be done and structures that have to be thought about and created, if necessary. So it could be a while, but I do believe we've started.

**Ms. Irene Mathyssen:** Do you think that the will is there?

**Mr. Gary Walbourne:** The will is definitely there.

**Ms. Irene Mathyssen:** That's very encouraging.

In your report you mention that the concept of a seamless transition for Canadian Forces members has been around since 2003, and this is 2016, so a very long time.

Can you comment on what progress has been made in that 13-year interval and what have been the stumbling blocks? What's taken so long?

**Mr. Gary Walbourne:** I think we're here not from design but just because of circumstance. Each time there's a new theatre of operation, or whatever the military may be doing, we come in and we lay another program in place that brings its own level of bureaucracy. We were dealing with a service delivery model that was created, I think someone suggested, in 1967. All we've done to that is we've digitalized most of it. But we've bolted pieces onto it, over many years, and the system has become very complex.

I don't think it's intentional that we got here; I think it's time and space that's put us here, but I do believe there's a real desire to change it now.

**Ms. Irene Mathysen:** It's like a morass or a web that's catching people up.

One of the things that has always baffled me is this notion that someone in the Canadian Forces could have medical records and access to a doctor who was very familiar with the situation and could attribute the injuries to service, yet once they're out of the forces and into Veterans Affairs, there has to be this reassessment.

Has VAC ever provided a rationale in regard to why they did this?

**Mr. Gary Walbourne:** I'm sorry I can't answer that. It would maybe be a good question for the veterans ombudsman.

**Ms. Irene Mathysen:** All right, I'll do that.

You have three very solid recommendations in this paper. Should we include these in our report at the end of our hearings in this committee?

• (1555)

**Mr. Gary Walbourne:** As an ombudsman, I'm an evidence-based organization. I have my wishes and desires, but they're secondary to what I find when I go through the evidence. Those recommendations are based on strong evidence that we've received. That evidence is collected from people who are handling these cases, who are living through these cases.

I mentioned 2003, because in my research in trying to find out where the words "seamless transition" came from, the first reference was in a 2003 report.

I'm a firm believer that the recommendations are the right ones. If I had any sway, I would recommend and suggest that they should be in your report.

**Ms. Irene Mathysen:** Well, evidence is evidence, and since you've done such an exemplary job of finding and looking at that evidence, I think it behooves us to make sure they're included.

On page 5 of your report, you had a statement that has to do with difficult decisions that may be avoided. Here it is: "Some of the decisions...may not be popular...or politically palatable, but they are the right ones for men and women who have served this country." I was curious about that. Why not popular? Why not palatable?

**Mr. Gary Walbourne:** Philosophically, I think sometimes we become entrenched in what we know. We become very stubborn sometimes when it comes to change. We have a system that has moved us forward, not at the pace we like, or not as efficiently as we like, but sometimes hanging on to those things is safer than moving into the new.

I think I feel some of that in the environment when I go around and talk to various people and look at the various structures that have been set. That's where that comment comes from.

I do believe we're going to have to knock some rust off the system. Just because we've always done it this way doesn't mean we need to keep doing it this way.

**The Chair:** Thank you

Mr. Eyolfson.

**Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.):** Again, this is encouraging, in that it sounds like something that doesn't involve a lot of energy and resources. They sound like very straightforward recommendations.

One of the things that was talked about earlier was that if someone is being medically released, they should have everything set up before they go. Now, are you receiving any push-back from the Department of National Defence? For those who are advocates of universality of service, if someone is injured and cannot serve in many capacities, has there been any push-back to your plan in saying that these people have to be retired from the service because they're no longer universal for service?

**Mr. Gary Walbourne:** There's been absolutely no push-back.

As I said, I'm extremely optimistic today. With the conversations I've heard from the chief of the defence staff and the chief of military personnel command, I don't think there's any resistance.

I do believe, as I said, that there's a real desire inside the department to get this right. I think the chief of the defence staff is going to go after it.

**Mr. Doug Eyolfson:** That's great. That is very good to hear.

We've had a lot of meetings where we hear a lot of things that are disheartening. It's nice to be hearing some potential good news here.

In regard to getting things set up, one of the challenges which a lot of members have talked about is that when you're in the Department of National Defence, you have a physician. Once you're in VAC, you're looked after through the provincial health care system for your health care needs and you have to find a doctor.

I'm an emergency physician, and I see patients come to my department for all of their medical care because, after a year of trying, they can't find a family doctor. Would your recommendations have a plan so that perhaps between National Defence and VAC, it could have someone set up with a regular family doctor for their care under VAC before they're released?

•(1600)

**Mr. Gary Walbourne:** Well, I do know that if members are hurt while in service and if they're transitioning out, it is the responsibility of the Canadian Armed Forces and Veterans Affairs Canada to ensure that the medical care will continue after release. Now how they do that, through the contracts they may have in place if they can't find a family doctor.... But there is a regulation in place, now, that this care must continue. So when I say not to release a member until everything is in place, well, that would be one of the things that would have to be in place. But that is standard operating procedure today. They don't release the member until they have the medical follow-on in place for the member.

**Mr. Doug Eyolfson:** Good. Okay.

Part of the medical care is medical records. We've heard a lot of testimony that it takes a long time to get medical records. Would these recommendations assume there would be a robust system that medical records would also be transferred over and in the possession of the receiving medical care practitioner before the member is released?

**Mr. Gary Walbourne:** In my process, once we've adjudicated that the member was hurt in service, the medical file can follow along. It doesn't have to be as rapid, because what the person needs to do is to determine what that malady's impact is on quality of life for the members, and determine where they would fall on the level of disability or service benefit.

Moving the records has always been an issue, and it continues to be an issue. I think the minister said earlier that they've taken it from 71 days down to 19 days. That's excellent performance over the last 18 months or so, but there's still some work to do.

The biggest part is getting the adjudication piece. Was it caused or aggravated by your service? It takes the longest amount of time. That's why the full file has to be completed and sent over. In my world, the only thing we send over is confirmation that the member was hurt in service, and this malady that she or he is releasing for is insurable under the programs and services that are in place.

**Mr. Doug Eyolfson:** All right.

This is good. I guess this is a fortunate difficulty in that the questions are being answered in a straightforward manner. I was assuming the answers were going to take longer, but you're being very straightforward, which is actually helpful.

As part of the transition process, all the veterans have talked about the importance of their families in that. Bringing families into the loop as to what the process is while under the Department of National Defence and setting up, would this be part of this process as well?

**Mr. Gary Walbourne:** I think for it to be a holistic approach to helping the member transition, the families have to be involved. The military says that the family is strength behind the uniform. I'm a firm believer in that. To transition a member out and not have the family involved to understand what's next and what life looks like in the future, I think would be a hole in the service. My hope is that the concierge service will not only take the member, but that also any questions, comments, or concerns from the family could also be addressed through the same portal.

**Mr. Doug Eyolfson:** Thank you. Your assistance here and this report are extremely helpful. I congratulate you on your good work.

**The Chair:** Go ahead, Mr. Bratina.

**Mr. Bob Bratina (Hamilton East—Stoney Creek, Lib.):** I want to get to the matter of the backlog. Is the number of releasing members fairly predictable, or does it vary a lot from year to year?

**Mr. Gary Walbourne:** It's fairly predictable. I think the number that was given to committee by another party was that there's an 8% attrition rate. Of that, I think about anywhere from 1,500 to 1,600 are medically released, and that's been a pretty constant number over the last number of years. Of those 1,500—I'll use that number—about 600 are attributable to service. The number has been fairly consistent over a number of years. There hasn't been a great spike or change in it.

**Mr. Bob Bratina:** If there's a reasonable predictability, we should have the resources in place, knowing that these numbers are going to be coming out.

On the backlog, is there a variety of cases—and I'm thinking on the notion of a concierge. For instance, if you're in the lineup for security at the airport and you're not getting through in time for your flight, somebody asks, "Is anybody on the six o'clock flight?" Would there be a way of eliciting simpler problems that may not require all of the assistance? In a "take a number" situation, you just have to wait your turn. I'm not suggesting that others with more complicated issues would have to wait longer, but perhaps another scenario could be created along the concierge line that could expedite simpler cases versus obviously more complicated ones.

Does that resonate at all?

•(1605)

**Mr. Gary Walbourne:** That's where the efficiency and effectiveness would come from this program. Once you've gone through a repeated pattern a few times, you should be able to pick up the commonalities.

With the commonalities, then, let's attack that commonality. What is causing that malady? That's for the Canadian Armed Forces to go back and review, but what do we need to do now to make the process easier going into Veterans Affairs Canada?

I know they do it for tinnitus now. They have a process that helps get those programs through very quickly. I think all that's required is an audiogram.

They can do that, but I think we're going to have to show patterns and where things are happening. I do believe Veterans Affairs Canada could react very quickly to a streamlined service for that particular line.

**Mr. Bob Bratina:** With regard to a concierge, we have veterans scattered all over the country. Could there be a virtual concierge service, or would certain particular centres across the country be where that service would be available?

**Mr. Gary Walbourne:** I think you'd have to have a physical presence in the larger centres where we're having the most retirements, people leaving the Canadian Armed Forces.



As an example, this week on our web page we've released a live chat. We can chat with members as they are going through filling out a form or if they have a question. The technology is available to expand. We don't have to have a physical footprint everywhere, but I do believe at the larger centres we need to build that centre of expertise, understand what's happening, have somewhere that they can collect and collate data. I think we have to have that, but I do believe we could deliver a lot of these services virtually. There are approximately 670,000 veterans in this country, so we're going to need more than just physical brick and mortar to be able to deal with their needs.

**Mr. Bob Bratina:** One of the possible investments could be the apparatus in various remote locations to allow for the interaction to take place.

**Mr. Gary Walbourne:** Technology gives us a host of possibilities.

**Mr. Bob Bratina:** How do you get input from veterans? Obviously, you do. Are you in regular contact with veterans, and how do they get in touch with you?

**Mr. Gary Walbourne:** I need to get on the record and make it very clear that there is a veterans ombudsman.

**Mr. Bob Bratina:** Not veterans. I'm confusing the two.

**Mr. Gary Walbourne:** I think a lot of people are doing that. That's okay.

**Mr. Bob Bratina:** I'm sorry, I know what you do.

Go ahead.

**Mr. Gary Walbourne:** I'll answer the first question. In three and half years as deputy ombudsman with Veterans Affairs, I built a lot of good relationships, a lot of people who've become almost colleagues, who helped me with advice and guidance. So I do keep those lines open.

The Canadian Armed Forces members can get through to us in a multitude of ways. We have a web presence. We have the live chat which I just talked about. We have phones. You have to remember that when a member comes to us, we're an office of last resort for serving members. The member has to use the mechanisms that are in place. Whether it's a grievance process or an appeal to the chain of command, that has to happen before the member gets to me.

Once a member gets to me, that member has pretty well exhausted all the things that are in place. This year we'll handle approximately 12,000 inbound phone calls. It's sad to say that we'll open over 2,000 cases this year, which is a 25% increase over last year. Our service is readily available for all serving members.

**Mr. Bob Bratina:** What's your satisfaction ratio in the work that you do?

**Mr. Gary Walbourne:** Personally, I probably would beat myself up the most. Robyn can confirm this number, but I think 95% of all investigations that come to us get turned around in favour of the member or we get the member on the right path. I think that's a pretty good track record.

From our systemic perspective, I think the three recommendations we've made are going to be accepted by the department in one form or another. I'm not saying that my recommendations are exactly to

the word, but I think any version of that is going to help ease the process.

**Mr. Bob Bratina:** Thank you.

**The Chair:** Mr. Kitchen.

**Mr. Robert Kitchen (Souris—Moose Mountain, CPC):** Thank you both for coming back to visit us and thank you for your reports. After I read them I said to myself, were they sitting in all our committee meetings? A lot of the information we've heard here.

Your report is very good, and I appreciate it and your comments on medically releasing members, not releasing them until such time as all the benefits are in place and all the processes are there.

Throughout this committee we've heard from a number of organizations that have presented to us on the services they've been providing for veterans and for our releasing soldiers. A lot of these services are volunteer. Not to negate your proposal of having a concierge service, because I think that's a great idea, but the thought that pops into my head right now is, if all of a sudden you're creating what we would like to see being done, what about all these volunteer organizations that are out there providing a lot of these services, that are helping veterans go through the steps that they need to go through, the endless paperwork with someone actually sitting there with them to do that paperwork, or dealing with getting the services that they need and are entitled to? Can you comment on where you see that role might be for those organizations, and how they might perhaps roll into part of what you're doing?

•(1610)

**Mr. Gary Walbourne:** When I talk about a concierge service, I think there are certain obligations we have under legislation, under policy, and under regulation. When I talk about the concierge service, it's because we need to get the releasing member what they're entitled to.

What the third parties do—my hat is off to all of them—is good work, but it's a very diverse group of people. They're offering different services and different benefits. I do believe that the Office of the Veterans Ombudsman has compiled a list of all third party providers in the country. I guess the question would have to go to him. What's their plan for that list to show what services are offered, and how are you going to have access to them? I believe the third parties play a critical role in what we do. It's value added, in my opinion, for the releasing member, and I'm sure for the veterans, once they find themselves associated with one of those organizations.

I believe there's a role for them. I do worry a little about how many there are, how much they're doing, and where they're involved, and sometimes they may be stepping into where the government should be doing something. Those are my concerns, but I do not have enough visibility. I would suggest that Guy Parent, who has done a study on third parties, may be able to provide you with some of those answers.

**Mr. Robert Kitchen:** Thank you.

Your third recommendation talked about a tool to be there. I'm not a computer guy, but there are a lot of people who are. There are a lot of veterans who aren't. The younger generation is much more attuned to that, and so they find that those issues are much easier for them.

Can you describe that tool for us and what you see it doing? We've talked about providing the information on the benefits that soldiers should be getting from the day they enlist and having some program that's following them through as they go to the very end.

I'm assuming that the tool would probably be part of that. It would have some of that information on that. I'm assuming we're talking that this would be a secure tool that only the soldier could access continuously to know where they are as they progress through the command.

**Mr. Gary Walbourne:** There are two things here.

First of all, Veterans Affairs Canada has My VAC Account. They do track the application process, where it is in the stream, and so forth. That's not what I'm talking about. What I'm talking about is when a Canadian Armed Forces member is releasing, there are many things at the end of a career, pension being one, and last posting being a another. All those things should be common knowledge to everybody. There is no one-base IT platform where someone could go to look up departmental orders or compensation and benefit indexes. I think we need to bring that information together because it is part of the full package that the member needs to understand is in the realm of the possible prior to release. That's what I'm talking about.

Sometimes you can walk into an orderly room in Vancouver and ask a question, and ask the same question in St John's, Newfoundland, and you're going to get two different answers. That's no one's fault. It's just because, again, orders change, and they never get shared, or whatever that might be.

I think that's the type of platform I'm talking about. To carry that further, at that point in time, there could be a very easy transition or connection with My VAC Account, or once the member has all the information while serving, they transfer over to Veterans Affairs Canada. My VAC Account is there, which is a fairly robust tool that's getting better all the time. That's the tool I'm talking about.

**Mr. Robert Kitchen:** That's what I'm trying to lead into, amalgamating your tool with VAC's tool so that it's a smooth transition right there. We've talked about having a number that the soldier gets from the moment they enlist following them right through to the end so they don't end up changing numbers, because that is confusing. Do you see a potential there? Is there a way that it might be something to start, if it hasn't been started?

• (1615)

**Mr. Gary Walbourne:** I do believe that's where we need to end up. I think you've nailed it. I'm not an IT guy. My VCR is still flashing 12:00. I do believe that what technology allows us now is to build a platform that we can use as an education tool and a benefit tool while the member is serving. The connection to My VAC Account, I think, would be the next logical step.

There was talk this morning about a veteran's ID card. One of the questions that came up was what number would be used. Someone

suggested that we use the service number the member gets and carry it through.

There are other people thinking along the same lines. I believe that tool that we have would be for the serving member, and then the liaison to VAC or the third parties, I think, would be all in the realm of the possible.

**Mr. Robert Kitchen:** Thank you.

**The Chair:** Mr. Rioux, please.

I believe you might split the time with Ms. Lockhart.

[*Translation*]

**Mr. Jean Rioux (Saint-Jean, Lib.):** Thank you, Mr. Chair.

I'd like to thank the witnesses for being here today.

First of all, Mr. Walbourne, I want to congratulate you on your report. It is very reasonable and, most of all, what it contains can be realized quickly. I have a question for you about that.

When you said that the Armed Forces already keep medical reports for members who leave the military for health reasons, there is one question that crossed my mind. Wouldn't there be a conflict of interest there? To reduce costs, is it possible that the recommendations in the military's reports aren't necessarily favourable to the veterans?

[*English*]

**Mr. Gary Walbourne:** Thank you for the question. It's a difficult one.

We talked earlier about resources and what would be required. I do believe that the surgeon general's shop may need some additional resources to help with this, but we need to go back to the beginning. When an accident or an injury takes place, the Canadian Armed Forces fills out a document called the "CF 98". On that document, you tell where and when the soldier got hurt. If the soldier was on service at the time, that's enough, in my opinion.

I don't see a conflict of interest. These medical officers are professionals. They're honourable. We ask them to do the worst, at times, and the best for this country, so I don't think we're talking about conflict of interest. I do believe there is a concern—there would be empathy, I understand that—but I think professional codes of conduct and service would override.

We can't continue to build systems for the exceptions. The general rule is that an honest group of people is trying to do an honest job. Are there some maligners in the system? Yes. You can find them anywhere in society. But I think we have at times built the system for the exception and not the rule.

[*Translation*]

**Mr. Jean Rioux:** Thank you. Your answer is most reassuring.

I will turn things over to my colleague.

[English]

**The Chair:** Ms. Lockhart.

**Mrs. Alaina Lockhart (Fundy Royal, Lib.):** I think we can all agree that your report encompasses a lot of what we heard. There's one thing I want to ask you about, though.

We heard from several veterans that they find it difficult, because of PTSD or other conditions, to return to base, or that as soon as they were on PCat or went to JPSU, they felt it was all downhill from there. How do you see us coming around to a positive transition in those cases?

**Mr. Gary Walbourne:** Thank you for the question. It's a great one.

I think this goes directly to the concierge service. There are a few things we need to remember. Though a member may be suffering a malady, they are still individuals. They should be allowed to self-actualize some of what their future looks like. If a member can't return to a base because it triggers a certain malady, then we'll meet them off base. I think I heard the chief of the defence staff say that it's people first, from here out, so if a member needs to be accommodated in a different way....

That's why I'm saying that the concierge service is a personalized service. Not everybody gets "box A". We go to the needs of the releasing member. What do they need? I hear of cases all the time where they don't want to go back to the base. They don't want to be around their comrades. We should allow them that luxury because of the malady they have, and accommodate them where they need to be met.

That's my opinion on the concierge service.

**Mrs. Alaina Lockhart:** I appreciate that. I think it's something we have to consider in the approach forward.

One of my other colleagues asked you about medical service, about lining it up and having a doctor before being released, which is also a service we haven't heard consistently from the veterans we've seen. In fact we had a veteran in earlier this week who talked about a two-year wait from the time they released until the time they were able to get a family doctor.

I don't know where the disconnect is there either, but there appears to be one.

• (1620)

**Mr. Gary Walbourne:** Was that to get a family doctor?

**Mrs. Alaina Lockhart:** Yes.

**Mr. Gary Walbourne:** I'd say he was probably right.

What I'm saying is that the malady for which he's releasing, that continuing care, has to be in place, whether it's through Calian or wherever they're contracting these medical professionals from. The malady and the maintenance of that has to be in place prior to release, and probably not through a family doctor.

**Mrs. Alaina Lockhart:** Thank you for that clarification as well.

I think I'm good. You're very efficient in your answers. Usually we run out of time.

**The Vice-Chair (Mr. Robert Kitchen):** Thank you, Ms. Lockhart.

We'll now go to five minutes, beginning with Mr. Clarke.

**Mr. Alupa Clarke (Beauport—Limoilou, CPC):** Thank you, Mr. Vice-Chair.

Mr. Walbourne and Ms. Hynes, it's very good to see you here.

I would like to start with the joint personnel support unit. This is directly in your branch, as the ombudsman of DND.

Am I wrong or right that there are two end results possible with JPSU? You either rehabilitate through the services or you get out of the army. My understanding is that we keep it as an unknown end, for the most part. It's not clear from the beginning. But should there be a diagnosis right at the beginning that this member will most probably never come back and thus we should engage right away in filling in the forms and getting ready for the release? That way, as soon as the two years end, the benefits would start coming in and the services would start right away.

I might be wrong, but it seems to me like there's an unknown waiting time.

**Mr. Gary Walbourne:** Once the medical malady is discovered and has been reported, the member will go to TCat they call it, which is a temporary category. At that point medical attention is brought to bear, rehabilitation, physiotherapy, whatever that may be, and the person may almost be ready. He'll then get an extension to another TCat probably and stay there until he returns to work.

You are right that probably after a temporary category when the member has gone permanent, and once they go permanent category, or PCat as they call it, that's the point when we know the member is leaving the service. That's where I think the concierge needs to get involved, and we have some time before the member leaves. Unless the member is really in a rush to get out, it's usually six months.

I'm saying that's where the concierge engages and starts to build that relationship and starts to explain the potential avenues for the releasing member.

**Mr. Alupa Clarke:** Okay. Did you ever hear any comments on the VAC and the DND staff? Do they work closely together? How is the relationship? Do you have anything to say about that in the JPSU?

**Mr. Gary Walbourne:** I know there is a VAC presence in the JPSU. I know they engage at various times, depending on the member and the malady. I think it's a good thing to have that type of presentation on the ground to be able to respond to questions.

I think they work extremely well together. They try to find ways to make things move as quickly as possible. I don't believe there's any problem with the working relationship between the two at the JPSU.

**Mr. Alupa Clarke:** Do you think the JPSU should not be on the base? As Madam Lockhart said, it was a problem for many in the military to go to the base.

**Mr. Gary Walbourne:** There is a problem for some military members to return to base, but I think we have to go back to the general rule. Those assigned to the JPSU for most intents and purposes are on base. Let's say it's the 80/20 rule.

I believe that other piece, that 20%, also needs a soft place to fall. That means we have to have a JPSU and by extension an avenue for those who don't want to return to base.

You can't take someone who's suffering that type of a malady and put them in an environment that compounds it. I firmly believe the Canadian Armed Forces chain of command is very aware of this, and they are as adaptable as they can be.

**Mr. Alupa Clarke:** What's the percentage of army recruits in a year who will eventually be medically released? Do you have any numbers on that?

• (1625)

**Mr. Gary Walbourne:** No. I could do the math if I had a couple of minutes and a calculator, but proportionately if I bring in 1,000 and currently I have a force strength of about 55,000 to 60,000 and I'm losing 8% on attrition and then about 2% of those are medical releases, so say 28 out of the thousand.

**Mr. Alupa Clarke:** I'm not sure if it's part of your mandate, but do you believe we should invest more in service delivery or in benefits? The \$3.7-billion retroactive for disability awards could have been used for service delivery, processing or enhancing that service delivery window. What's your opinion?

**Mr. Gary Walbourne:** We need to ensure that a releasing member has quality of life. I'm not going to say what I think that looks like, but I believe it includes access to all financial services to which they are entitled. It means having a secure medical path forward. It means their families are fully informed and aware of what's happening, but I wouldn't put a dollar value on it.

**Mr. Alupa Clarke:** I've read your brief many times, and you talked to me about it a little, but I still have a hard time understanding why the medical corps has an ethical problem with putting on paper that the injuries are related to the service.

**Mr. Gary Walbourne:** I really can't answer that question. If we go back and look at how the process is supposed to work once the injury or illness takes place, and we fill out the proper forms.... Let's just step outside the Canadian Armed Forces for a second. Let's look at any workers compensation board across the country.

When there's an accident at work, the employer is responsible for filling out the paperwork and saying where and when that person got hurt. When the person goes to the workers compensation board, yes, he or she will be medically examined and will be questioned—where and how did this happen—but that's about the extent of it.

I'm saying I don't know what the ethical problem is. I don't know where the chafe point is. But if I'm filling out the CF 98, and making sure it's sent to the proper destinations, and all things are done, and I'm telling you the soldier fell off the back of the truck while he was on duty and it's attributable to service, maybe it's far above my pay grade, but I don't understand where there would be an ethical dilemma.

Now, I do know there are serving members who can draw benefits from Veterans Affairs Canada, and I think I made it very clear in my

report and my memo that I am not talking about those who are still serving drawing benefits. I could probably see where there is a chafe point there. A member is drawing a benefit from Veterans Affairs Canada. The CAF may not know—I can see that. But for those medically releasing, we know if you don't meet U of S, universality of service, you're going. Once U of S has been determined, where's the ethical issue?

That's my opinion.

**The Chair:** Thank you.

Ms. Mathysen, you have three minutes.

**Ms. Irene Mathysen:** I have two quick questions. You made mention of the ID card. There has been a lot of discussion about whether it's a good idea or not, privacy issues, etc., but have those concerns been addressed? Do you have a sense that something like this is going to go forward?

**Mr. Gary Walbourne:** From what I heard this morning in the conversation, the veterans in the room were asked questions about what they would like to see on the card, how the card could be used, and what it would look like. There was talk about enabling it with chip technology, that it could be expandable.

I think, again, if you ask the veterans ombudsman, they did a report one time about the veterans ID card that included many of the attributes we're talking about today, about the privacy issues. We all have bank cards, and Visa, and billions of dollars are transferred that way every day, so I think we can get our heads around that pretty quickly.

**Ms. Irene Mathysen:** I have a money question. I always worry as soon as a sum of money becomes an issue. There's reticence. There's a pullback.

In your report after your recommendations you say the cost to implement your recommendations would be a minuscule amount relative to the government's budget for the department. You placed it at \$22.27 billion.

I wonder about the time frame, and how you see that money being spent. Is it \$22.27 billion over a long period of time? Where does that figure come from? That is my question.

• (1630)

**Mr. Gary Walbourne:** That number is just a total of the two budgets of the Canadian Armed Forces and Veterans Affairs Canada. I'm talking about an expenditure of \$4.7 million a year, I think, to bring these concierges in. I do believe it will have to be a ramped-up cost. I don't think we would hire all of them the first year. I think it would be a ramped-up cost over a period of time.

Again, once you get good at what you're doing, there's also a tale that comes down the other end. I think the efficiencies and the effectiveness you will pick up in the system by having that type of service is going to far outweigh what other additional costs we're currently facing with the problems we're having.

**Ms. Irene Mathysen:** So this would be money very well spent.

**Mr. Gary Walbourne:** In my opinion, yes.

**Ms. Irene Mathysen:** Thank you.

I think my time is probably up.

**The Chair:** That wraps up our round of questioning. As in the past, we'll give you a couple of minutes to wrap up, Mr. Walbourne, if you wish. From there we'll recess for five minutes, and then go into committee business.

**Mr. Gary Walbourne:** The only thing I'd like to say in closing is, first of all, thank you for the opportunity to be here today. I know the department is doing a defence policy review, and I've said before it's sucking a lot of the oxygen out of the room.

I am cautiously optimistic. I'm hearing the right things, that a lot of these things are being considered and should find their way into that document.

I really hope they do, but if they don't make it into the defence policy review, I think these are fundamental changes we can make today, at minimal cost, that are going to have a tremendous impact on our serving members.

Thank you, ladies and gentlemen.

**The Chair:** On behalf of all the committee, thank you for taking time out of your day today to come and testify, and thank you for all you do to help our men and women who serve.

We'll adjourn for five minutes, and we'll come back in camera.

*[Proceedings continue in camera]*

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