



National Association  
of Federal Retirees

Association nationale  
des retraités fédéraux

# **Veterans Disability Backlog**

A Brief by the National Association of Federal Retirees to the House of  
Commons Standing Committee on Veterans Affairs

*November 23, 2020*

## **ABOUT US**

The National Association of Federal Retirees is the largest national advocacy organization representing active and retired members of the federal public service, Canadian Armed Forces, Royal Canadian Mounted Police and retired federally appointed judges, as well as their partners and survivors.

With 176,000 members including over 60,000 veterans and their families, the Association has advocated for improvements to the financial security, health and well-being of our members and all Canadians for more than 50 years.

In 2017, the Association held a series of twelve town halls and digital surveys across the country, reaching out to our more than 60,000 veteran members and their families, and to the broader veterans community. We heard from hundreds of veterans on what worked and what was challenging during their transitions out of military and into civilian life, and published substantial reports on this feedback. This was followed by a series of summit meetings with veterans and experts in services and advocacy for serving members and veterans. We continue to learn from and represent our veteran members.

Additionally, the National Association of Federal Retirees is proud to support a new initiative called the Women Veterans Research and Engagement Network (WREN). Founded in 2019, WREN is co-chaired by Federal Retirees, Canada Research Chair and professor Dr. Maya Eichler PhD (Mount Saint Vincent University), and female veteran health advocate Dr. Karen Breeck, CD, MHSc, MD, in October 2019. WREN membership is comprised of advocates of female veterans, including veterans, academics, research experts, and various non-governmental organizations, and leverages the collective experience and expertise of its membership to amplify the voices of military women.

## **WHAT VETERANS HAVE SAID**

Veterans have reported that the Veterans Affairs Canada (VAC) application and appeals processes are difficult, and noted unmet communication needs and challenges in obtaining clear information. Difficulties also centred on assessments and reassessments. Some veterans and families have reported low levels of trust in and respect by the department.

Transition to civilian life can be especially challenging for those who are dealing with illness, injury or trauma, and this transition is unfortunately often further complicated by the absence of any systemic approach to ensure transitioning veterans have continuous access to primary medical care. The COVID-19 pandemic has further negatively impacted veterans' ability to access the hands-on medical assessments and reviews required to support VAC claims, which may have downstream consequences on workload and backlog.

Currently, veterans caught in the backlog are expected to shoulder the financial burdens associated with service-related illnesses or injuries, or to wait to access needed resources, until such time as their claim is approved. That is a significant risk for individuals who do not know if or when their claim will be approved. This also assumes veterans have another source of income while waiting on approval, at a time when they may be most vulnerable.

While VAC has reported claims have been approved within ten weeks, some claims have been outstanding for years. Currently, service standards when applying for disability benefits are targeted at 80% within 16 weeks. In 2018-19, only 37% of applicants fell within that target. These unreasonable wait times for disability benefit processing by Veteran Affairs Canada results in a lack of veteran confidence in a system they must rely on, and for some, retraumatizes or compounds existing illness and injury, including moral or institutional injury.

As described by a witness in the Senate subcommittee on Veterans Affairs in their 2014 report on transition, “when you join the military, you go through a cultural indoctrination to become a soldier, sailor, airman or airwoman [...] You are in a military community. You are looked after. It is unique. When you are released ... you [no longer] have that military community looking after you.”<sup>1</sup> Veterans and families must fend for themselves and have reported feeling a sense of abandonment by the system they committed to serve/

In 2017, the Office of the Veteran’s Ombudsman released the report “Transitioning Successfully: A Qualitative Study”, and the feedback shared by participants in the Veteran’s Ombudsman’s report were consistent with findings by Federal Retirees’ during outreach to veterans in 2017.<sup>2</sup> The Veteran’s Ombudsman’s study found that the biggest stressors during transition were maintaining financial security, health issues and maintaining a family life. The backlog at Veterans Affairs Canada exacerbates these issues and must be dealt with urgently and systemically.

## MOVING TOWARD SOLUTIONS

A system focused on rebuilding trust with veterans is critical.

The infusion of \$192 million to hire temporary employees to reduce the backlog is welcome and necessary, and the department should be commended for continuing to address the backlog through the challenges of 2020.

However, we must recognize that systemic issues contribute to backlogs. Already this investment will prove insufficient to eliminate the backlog in 12 months. To date, there is little evidence the department has a comprehensive plan to address underlying systemic issues and ensure the system works equitably and to a high standard for all veterans.

Some have argued for the need for automatic approvals. Automatic approvals of common problems could help alleviate some of the backlog and the department is already simplifying processes for common problems such as hearing issues, certain musculoskeletal conditions and post-traumatic stress disorder. This is a welcome step.

Other veterans organizations, such as the National Council of Veterans Associations in Canada have also adopted the position that fast-tracking or automatic entitlement deserves immediate attention. The Minister’s mandate letter includes a direction to implement a system of automatic approvals for the most common disability applications. However, it is essential to plan for the impact and consequences this could have (including an increase in caseload numbers for frontline staff, such as intake, veterans service agents and case managers). Hiring would need to be done at several levels with prospective and flexible planning to deal with additional workload that may evolve.

While fast-tracking and automatic approvals has the potential to help the backlog of common claims, certain service-related conditions that are not well recognized must also be addressed, such as sex- and gender-based conditions which are attributable to service.

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<sup>1</sup> Senate Subcommittee on Veterans Affairs. (2014). *The Transition to Civilian Life of Veterans*. Ottawa: Government of Canada.

<sup>2</sup> Federal Retirees. (2018, April). *What We Learned from Veterans and their Families*. Retrieved from Federal Retirees: <https://www.federalretirees.ca/en/advocacy/veterans-outreach-initiative/what-we-learned-from-veterans-and-their-families/access-the-full-report>

Other consideration should be given to VAC's planning as relevant class action settlements are finalized and claims related to those issues begin to flow into the department, potentially increasing claims volumes (for example, the LGBT Purge and the CAF-DND Sexual Misconduct Class Action settlements).

A possible option that could help mitigate concerns expressed by VAC, while also delivering on this important aspect of the Veterans Affairs minister's mandate and responding to the needs of stakeholders, would be a pilot project either based on specific injuries or illnesses, or possibly a regionally-focused pilot project. This would be an opportunity to study the effectiveness of this type of approach, creating a real-world test case that would enable a review of results, including on service delivery and veteran satisfaction, as well as inform resourcing and funding for the wide-scale use of automatic approvals. Some risks and liabilities that concern the department could be moderated with a phased approach and partial entitlement, which could mean a partial monthly allowance and speedier access to treatment benefits, followed by a complete final assessment and benefit adjustment, which may include a lump sum award.

### **ACTION FOR THE VETERANS MOST IMPACTED BY THE BACKLOG**

Specific identifiable sub-groups of veterans are known to be disproportionately impacted by the backlog. Specifically, we would like to highlight the experiences of francophones and women.

In the Office of the Veterans Ombudsman report, "Timely and Transparent Decisions" from 2018, anglophone applicants waited, on average, 24 weeks for a decision while francophones waited an average of 45 weeks. That is a 21-week difference, or almost twice as long, with applications most often delayed during the adjudication stage.

Veterans Affairs Canada recently shared that twenty-eight percent of decision-making staff now are French-speaking and that the department has implemented a focused approach to triaging and processing francophone veterans' claims. The department has also said that it anticipates success in addressing the backlog of francophone claims by the end of 2021 – a goal for which the department should be commended, but also held accountable to assure progress and sustained, lasting results.

Women today comprise over 16% of the military, and there is a goal to have 25% serving by 2026. Women veterans suffer injuries and illnesses and resultant medical releases at higher rates than male veterans, making women the fastest growing segment of Veteran Affairs Canada's clients – a trend that is likely to continue.

Wait times are one of many issues that disproportionately affects women veterans. Women veterans were also identified in the Veterans Ombudsman's 2018 report as waiting longer to have their claims adjudicated. 42% of female clients waited over 40 weeks for a decision, while only 26% of male clients waited that long. We are aware of cases that were left pending for female veterans for more than 104 weeks or two years. Less is known about the experience of RCMP women veterans in claims processing, wait times and backlog with Veterans Affairs; investigation is needed to determine the backlog's impact on this group of veterans.

To this day civilian health research and medical care systems struggle to address male-normative assumptions and biases<sup>3</sup>, and that is also true for military and veteran health care in Canada. This is further complicated by military medicine biases and the fact that operational military roles were held exclusively by men until one generation ago. Since the Canadian Armed Forces was compelled by the 1989 Canadian Human Rights Tribunal to allow women into all operational roles (except submarine

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<sup>3</sup> Hamberg, K. (2008). Gender bias in medicine. *Women's Health*.

service)<sup>4</sup>, no provisions have been made by the federal government for reviews or dedicated financial supports to ensure evidence-based gender integration, so that women signing on the dotted line for service would be set up for success, and recognized and supported as veterans.

Women in the military are being hurt, injured, and medically released from military service at higher rates than men<sup>5</sup>, and there are significant differences between the medical releases of men and women.<sup>6</sup> It takes longer for the federal government to adjudicate claims from military and veteran women<sup>7</sup>, and women face challenges at the Veterans Review and Appeal Board related to gendered misconceptions about the nature of sexual assault and trauma. According to the Veterans Ombudsman in 2020, military women are less likely to self-identify as veterans, which means they may not seek the benefits, services and supports to which they are entitled.

It is therefore surprising that the Committee did not include a sex and gender lens in its study on the backlog.

VAC must work to understand why delays are happening in processing women veteran claims, and a targeted plan to fix those issues must be developed on an urgent basis. The sex-and gender-specific issues and needs of women veterans must be equitably addressed within the department and by the federal government. Specific, measurable goals and accountability are essential in rebuilding trust in the system.

Systemic biases and research gaps also need to be closed. GBA+ is a mandatory imperative that must be mainstreamed into everything VAC does. This should be prioritized and properly resourced. VAC has committed to this in its GBA+ Strategy, particularly to “promote and/or require GBA+” across the department and in VAC-funded research. Federal Retirees recognizes VAC’s progress and commitment to GBA+. At the same time, we are compelled to say veterans need the department to apply GBA+ to the decisions that are made on a more urgent basis.

Without consistent use of GBA+ there will likely continue to be consequences that result in inequitable outcomes for the men and women who served Canada. For example, emergency shelter data shows that veterans are twice as likely to be homeless than the average Canadian in Canada’s largest cities.<sup>8</sup> However, this does not tell the full story for women veterans, many of whom avoid emergency shelters for a variety of reasons (risk of sexual trauma or discrimination, safety concerns, or having children accompanying them). As a result, many of these women go uncounted and their specific needs are ignored. Research from the United States suggests the roots of women veteran homelessness differ from those for men (from military trauma and abuse to postmilitary mental illness and medical issues)<sup>9</sup>, yet little research exists for Canadian women veterans.

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<sup>4</sup> MacLean, R.C. (2017). *Equal but unfair: the failure of gender integration in the Canadian Armed Forces*. Toronto: Canadian Forces College.

<sup>5</sup> MacLean, M. B. (2018). *Veterans in Canada released since 1998: a sex-disaggregated profile*. Charlottetown: Veterans Affairs Canada.

<sup>6</sup> Serré, L. (2019). *A comparative analysis of medically released men and women from the Canadian Armed Forces*. Journal of Military, Veteran and Family Health.

<sup>7</sup> Veterans Ombudsman. (2018). *Meeting Expectations: Timely and Transparent Decisions for Canada's Ill and Injured Veterans*. Government of Canada.

<sup>8</sup> Latimer, E., McGregor, J., Méthot, C., & Smith, A. (2015). *I Count MTL 2015: Count and Survey of Montreal's Homeless Population* on March 24, 2015. Montreal: Douglas Mental Health University Institute.

<sup>9</sup> Hamilton, A. B., Washington, D. L., & Zuchowski, J. L. (2013). *Gendered social roots of homelessness among women veterans*. Annals of Anthropological Practice.

## THE IMPORTANCE OF RESEARCH

It is now time for Canada to act to ensure equitable lifetime outcomes for serving military and veteran women across the seven domains of well-being,<sup>10</sup> as defined by the Government of Canada. The first step in this journey is to require all federally funded defence and veteran related health and wellness research to follow GBA+ and Sex and Gender Equity in Research (SAGER) guidelines. By doing this, Canada will be acting to ensure the use of sex- and gender-informed data and research in developing evidence-based policies and practices in defence and security – the foundation needed to achieve equitable lifetime outcomes for serving military members and veterans.

Research and evidence play important roles in identifying systemic issues and can help identify better policies and processes. Closing the gaps in research will help VAC ensure it has the information it needs to serve its veteran clients and to resource the department effectively.

Veterans Affairs Canada's a Research Directorate leverages strong data sources, provides graduate research opportunities, and helps researchers and academics to navigate available data. We are seeing more veteran-centric research in Canada, catching Canada up from a gap that followed its leadership in veteran research in the mid-twentieth century. The department and its funding of the Canadian Institute of Military and Veteran Health Research (CIMVHR) is essential. Specific, measurable goals for this should be established and reported on.

Collaboration with the Canadian Armed Forces and DND is also important, in order to understand the impacts of service on sub-groups of veterans, including women. An integrated approach will help ensure Canada uses of sex- and gender-informed data and research in developing evidence-based policies and practices in defence and security – the foundation needed to achieve equitable lifetime outcomes for all serving military members and veterans.

There must also be a willingness to accept research from comparable countries, such as Five Eyes Partners and Commonwealth nations. We know that data sets on Canadian populations can be small – but comparisons are possible in some circumstances, and could be used in limited ways to inform policies and programs, and problematic areas that require urgent intervention such as women veterans' experiences with backlogged claims.

Research and insight focus need to be placed on RCMP veterans' experiences with VAC's service delivery. Too little is understood on this group.

Finally, knowledge translation and communication – from academic to veteran stakeholders themselves – are essential pieces in raising awareness, moving collectively toward the same goal (equitable outcomes), and in supporting accountability and trust. This is also a key element to alleviating the challenges encountered by veterans after release, particularly in ensuring their civilian medical practitioners have access to research and guidance in order to best support their veteran patients.

## CONCLUDING REMARKS

This government has demonstrated its commitment to veteran wellbeing. Good progress is being made by the newly stood-up Canadian Armed Forces Transition Group and their outreach for seamless transition where possible to Veterans Affairs Canada, for individuals who are newly releasing from service. However, there is much work to be done.

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<sup>10</sup> Government of Canada. (2019, 11 06). *Well-being Framework*. Retrieved from My Transition Guide: Transitioning from Military to Civilian Life: <https://www.canada.ca/en/department-national-defence/corporate/reports-publications/transition-guide/well-being-framework.html>

The relevant 2019 ministerial mandate letters indicated a continued focus on addressing common concerns and challenges of the veterans community, particularly in continuing work to ensure a seamless, supported and successful transition and release from service, and in achieving more timely results for veterans and their caregivers. This must include applications for disability benefits. Adjustments and simplifications of this process that affect critically ill and injured veterans and their caregivers are pressing and should be addressed by this government promptly, as should measures to ensure serving military and veteran women and francophones achieve equitable outcomes during and after their service to Canada. Sex- and gender-informed policies are a keystone of nearly all 2019 ministerial mandate letters, making this issue critically important to how this government will measure its success.

As the Veteran Ombudsman said: “It is unfair to make Veterans and their families wait unreasonably for compensation to which they are entitled, especially when a favourable decision can also provide access to needed health care benefits.”

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