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# Standing Committee on Veterans Affairs

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**NUMBER 026**

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Chair: Mr. Emmanuel Dubourg





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Monday, November 21, 2022

• (1105)

[*Translation*]

**The Chair (Mr. Emmanuel Dubourg (Bourassa, Lib.)):** I call the meeting to order.

Welcome to meeting number 26 of the Standing Committee on Veterans Affairs.

[*English*]

Pursuant to Standing Order 108(2) and the motion adopted on Monday, October 3, 2022, the committee is resuming its study on the impact of the new rehabilitation contract awarded by the Department of Veterans Affairs on the role of the case manager and quality of service delivery.

[*Translation*]

Today's meeting is taking place in a hybrid format, pursuant to the House order of Thursday, June 23, 2022.

To ensure an orderly meeting, I would like to outline a few rules for witnesses and members to follow.

If you are on the video conference, please click on the microphone icon to unmute yourself. When you are not speaking, your mike should be on mute. Interpretation services are available for this meeting. You have the choice of either floor, English or French.

As a reminder, all comments by members and witnesses should be addressed through the chair.

Pursuant to our routine motion regarding connectivity tests, I want to let the committee know that the witness went through the necessary testing before the meeting.

[*English*]

I would like to welcome our witnesses.

We have Ms. Angela Aultman, case manager and president, local union 90002, Union of Veterans' Affairs Employees; Amanda Logan, case manager and president, local union 60006, Union of Veterans' Affairs Employees; and Whitney McSheffery, case manager, Union of Veterans' Affairs Employees.

Yes, Mr. Richards.

**Mr. Blake Richards (Banff—Airdrie, CPC):** I have a point of order.

I'll just say this briefly because I don't want to take time away from our witnesses. I think it's very important we hear from them. I wanted to make a quick comment as a point of order this morning.

We had received an amended notice for this meeting indicating committee business time in the last 15 minutes, during the time when we do have veterans. I guess it's been changed now and there's only one veteran, but we did have veterans scheduled.

It's concerning to me that any time we have witnesses scheduled and particularly when it's veterans.... They're given a very short period of time. To schedule that kind of committee business situation and cut into their time should only be done where it's absolutely necessary.

I would ask that you, as chair, commit to having a conversation with, at minimum, the vice-chairs of the committee and, ideally, the members of the steering committee in the future before making such a decision, to determine whether that is, in fact, a reasonable incursion on witness time.

I'll ask if you could commit to having those conversations in the future, prior to cutting into witness time.

**The Chair:** Thank you, Mr. Richards.

I understand your concern. As you know, it's extremely important for us, and I think for all members of the committee, to work for and listen to veterans.

At the same time, I have to tell you that you have elected a chair and we also have a clerk working with us. We are doing everything we can to have the committee functioning correctly.

Sometimes it's happened, as in this situation.... Right now we have one hour with three witnesses, and we were supposed to have two witnesses for the second hour. The clerk deals with those witnesses every day. One of them said at the last minute that she was sick and couldn't be present. Even this morning, the clerk got in contact with her again and she said that she was not available.

With the other one, there was a lot of discussion, and we are pleased that in the end he said that he was going to buy a headset and would be able to participate.

I saw that we had one hour with one veteran—one witness. Also, this is our last meeting on that study, so we have to give instructions to the analysts to do the report. It has to be in camera.

[*Translation*]

We also have the budgetary allocations.

[English]

The agenda is extremely tight. That's why the chair, in discussion with the clerk, came to that conclusion. Even during the weekend we discussed that. You have to be confident in the chair with the schedule.

**Mr. Churence Rogers (Bonavista—Burin—Trinity, Lib.):** On a point of order, Mr. Chair, we do have a vote scheduled for one o'clock. We need 15 minutes to get back to our offices or to Parliament in order to do that. On what we see scheduled here, obviously, we need to finish 15 minutes early, before one o'clock, to vote.

• (1110)

**The Chair:** Yes, Mr. Rogers. I think we can deal with that in the second hour, because the vote is around one o'clock. We need to have a unanimous decision on that, on what we're going to do about the vote.

We're ready to go. Are there any other interventions?

**Mr. Blake Richards:** Quickly, as a follow-up, Mr. Chair, I appreciate.... I've been in your position. I've chaired committees in the past myself. I understand what you're dealing with and what the moving parts are, and I know that decisions have to be made. I am indicating to you that I think what would be helpful as chair in situations like that is to have a communication with at minimum the vice-chairs, and ideally the members of the steering committee at least, just so we're aware of what is going on. Perhaps there can be alternative ways of dealing with things so that we don't cut into witness time.

It would be my estimation in this situation, for example, that we do have an in camera meeting to deal with a report on the 28th, which is a week from today, and we could have probably added those items to that agenda. That would have been a suggestion to deal with it.

I'm just saying that in the future I would ask that you commit to having a conversation with your colleagues prior to making decisions like that. That's all I'm asking.

**The Chair:** Okay. That's great. I understand that.

As you can see, the clerk has already taken action on that this morning and has sent an email to you explaining why we're going to have only one witness for the second hour.

[Translation]

Mr. Desilets, did you have something to add?

**Mr. Luc Desilets (Rivière-des-Mille-Îles, BQ):** I fully agree with the member. We should do everything in our power not to cut our witness time.

If I'm not mistaken, we were first told that the schedule would be changed and then told that one of the witnesses would not be appearing. That was the sequence of events, wasn't it? I just wanted to confirm that. We should make the most of the valuable time—

**The Chair:** I understand perfectly. It's true that members were told about the change in schedule first, but further to the back-and-forth emails and discussions that took place, the clerk and I felt we needed to inform all of you at the same time if there wasn't time to discuss it with the vice-chairs. That's what the clerk did when she

sent everyone the email explaining what happened. Rest assured that, going forward, we'll do a better job of communicating with you to ensure the committee runs smoothly.

Now, honourable members and ladies and gentlemen, let's proceed.

Ms. McScheffery, you'll be going first.

[English]

The floor is yours for five minutes. Go ahead, please, Ms. McScheffery.

**Ms. Whitney McScheffery (Case Manager, Union of Veterans' Affairs Employees, As an Individual):** Thank you. I'll be starting.

Mr. Chair and committee, thank you for inviting me here today to speak about this important issue impacting our Canadian veterans.

I began my career at Veterans Affairs Canada six and a half years ago with the belief that I would be able to positively contribute to and enhance the livelihoods and well-being of our Canadian veterans and their families. This position was a perfect fit, considering my education as a social worker. As well, I was the daughter of a veteran, experiencing my father being deployed and the struggles we faced as a family upon his retirement. Four years later, my older brother would deploy to Afghanistan, again in 2012, and most recently to Latvia. I am also the spouse of a U.S. Army veteran of the 101st Airborne, who deployed to the early invasions of Afghanistan and Iraq, and was injured in his last tour. I have personally witnessed how war changes our loved ones.

I am all too familiar with and extremely proud to be part of the lives of military families and military culture, but for many civilians, there exists an ignorance as to what the reality is truly like in re-establishing in civilian life after these experiences. Veterans' physical and mental health issues are often complex and multi-layered. Operational stress injuries, moral injury, chronic pain and psychosocial issues are just the tip of the iceberg.

My great concern with this rehabilitation contract is that privatizing these services will only serve to further isolate our veterans from their government and their community—and from the public service employees who have their best interests at heart, rather than a bottom line, a policy or a profit. Our veterans already face difficulties trying to relate to others who do not understand their experiences and the residual impacts those experiences have on their social integration, emotional support, self-esteem, identity, sense of coherence and trust. This contract will undoubtedly exacerbate these psychosocial challenges.

I cannot explain to you the helplessness I feel when my veterans ask me what this contract means for them and their re-establishment. I am unable to provide them with reassurance or comfort when I myself am faced with so many unknowns about what my work will look like and how much control I will have in ensuring that they get what they need. I cannot ensure that they won't have to build trust with yet another stranger, expose their vulnerabilities and retell the darkness they are living in.

I fear that for a long time the department's expectation of case managers has been to simply placate and manage veterans' anger and frustration. As a social worker as well as a public servant, I have the responsibility and an ethical obligation to respect the dignity and worth of the person, uphold integrity, and advocate for the importance of human relationships and social justice. The uncertainty of this contract prevents me from espousing these values and ethics, to the point that this year I chose not to keep my social work registration. I felt I was unable to uphold these values and ethics within my workplace.

I'm left with the feeling that the department is using this contract to further distance themselves from veterans and their families, and that it serves to abdicate their responsibility to uphold their very mission, mandate and values by minimizing the relationship with their case managers. Since March 2020, I have been unable to see my clients face to face. My office remains closed to the public. The department has ceased our ability to perform home visits with veterans and their families, which was a critical tool in building rapport and trust. Building rapport with clients by phone or virtual call is nearly impossible. These decisions do not honour the sacrifices of these dedicated heroes, and they certainly do not foster the trust, care, compassion or respect that they deserve.

During my first month on the job, I was given 45 files, which steadily climbed to 62. When we expressed our grave concerns, not only for our own mental health but for the quality of the service to the veterans, management's only reply was that the work would always be there. Within a year, I began experiencing severe burnout and anxiety, to the point where I was waking at night with panic and with nightmares of my clients dying of suicide because I couldn't keep up.

Many times we were working not with a sole veteran but also with their spouse and children. We were managing families. This is a grave responsibility when you feel as though you're drowning. Life as a case manager is incredibly challenging, but it's also one of the most rewarding experiences I have had the honour of doing. The ratio of 30:1, let alone 25:1, has never been a reality for us. We have been told that this is an unrealistic expectation.

Being silenced, gaslit and invalidated by the department has been one of the most demoralizing experiences of my life, but I vehemently refuse to give up advocating for better service for our veterans and our heroes. That is why I am here today.

Thank you.

• (1115)

**The Chair:** Thank you so much for your statement.

Now I would like to invite Ms. Amanda Logan to speak for five minutes or less.

Go ahead, please.

**Ms. Amanda Logan (Case Manager and President, Local Union 60006, Union of Veterans' Affairs Employees, As an Individual):** Mr. Chair and committee members, my name is Amanda Logan and I'm a local president in New Brunswick. I've been a case manager for almost five years.

I was taught from a young age that it is important to be able to speak and interact with others, to get to know people, learn about them and understand them. My strength is my ability to connect with others. When I meet with a veteran, I genuinely enjoy getting to know them and taking the time to listen and ask questions. I am interested, and I want to help.

When people talk about their passions, I think this is mine. This is why I became a case manager. This trusting relationship or working alliance allows veterans to share their trauma, the challenges they deal with each day, their fears. This trust allows them to feel comfortable to voice what they need. Can you imagine being in that position, being vulnerable in this way? It is not an easy thing to do to share this information with a stranger, and it is even more challenging during a global pandemic when we are unable to see veterans in person.

This relationship is the foundation that a veteran's case plan is built on.

Right now we are under tremendous pressure to meet deadlines for the transition of case management services to the third party contractor. We are doing this at the same time as we are trying to help veterans and their families. Since June, we have asked questions about the implementation of the new contract, only to be told that this information is forthcoming—a time that has not yet come.

There has been no meaningful consultation with case managers. We've been instructed to adhere to the changes and to do it quickly. We have not been properly trained on this new rehabilitation contract. We have only been provided with an informational 52-step process and new acronyms.

It is very challenging to know what to share with our veterans to prepare them for these changes when we do not know ourselves. Our worth as case managers is no longer measured by our ability to connect with veterans and assess and develop their case plans with care, compassion and respect. Our worth today is measured by data, stats, ribbons, complexity levels and concluded files.

We often talk about high caseloads. The promise of managing 25 cases never happens. Let me be clear. This has a direct impact on our ability to meet our mission of providing exemplary client-centered services. With upwards of 40 files, our process becomes diluted. We are more susceptible to making mistakes. This has consequences for our health and well-being. Quite frankly, it keeps us up at night. We worry whether something has been missed and what kind of impact that could have on our veterans and their families.

I often hear from our veterans that they are coming to us after struggling on their own for so long. In the past, we have had the autonomy to develop that individualized plan. This allows us to put measures in place to ensure that our veterans feel safe so they can begin to heal. Case managers work at the veterans' pace, meeting them where they are, bridging the gap between our expectations and where they are coming from. We do this because they have been injured serving our country and their lives have been completely changed because of it.

I am afraid that in the future, this piece will be lost. I am afraid that veterans will be forced to adhere to rehabilitation plans that are guided by specific and hard timelines, and that their rehabilitation plan will be prescribed by a contract that was awarded through a tendering process, not developed from the veteran's physical and mental health needs. I am afraid that if they are not able to participate in the streamlined process, they will face cancellation of the program and file closure, a financially and emotionally devastating measure.

As case managers, we are worried about how all of this will affect our veterans. I am afraid that this new contract will reduce the role of a group of workers who are an experienced, well-trained group of professionals who want to serve our veterans and their families. We have knowledge, integrity and commitment to service. We take pride in our role as public servants. We can make effective decisions and are accountable for our work to our employer and, most importantly, to our veterans and their families. Just imagine how well we could do this work if we had appropriate resources and permanent funding in place.

As a final note, I want you to know that I love my job. I'm honored to work with veterans and their families. I'm thankful for the organization and my colleagues. This is why I'm here today sharing my concerns on behalf of my union and my fellow case managers.

Thank you.

• (1120)

[*Translation*]

**The Chair:** Thank you very much for that, Ms. Logan.

We will now hear from Angela Aultman for five minutes.

[*English*]

**Ms. Angela Aultman (Case Manager and President, Local Union 90002, Union of Veterans' Affairs Employees, As an Individual):** Thank you very much, Mr. Chair.

Thank you for the opportunity to speak today in support of my colleagues and my veterans.

I've been a case manager just shy of six years. Prior to coming to VAC, I was in a case management role with another federal government department. A key factor in my decision to change departments was the opportunity to make a real impact in the lives of our esteemed veterans, as well as their promised commitment of a 25:1 caseload. A lower caseload was appealing, as I believed it would allow me to effectively invest my time and resources, and that I could develop strong and trusting alliances with the veterans I serve. This is something that can make all the difference in whether intervention is successful.

Within my first six months with VAC, my caseload was up to 48. It is currently sitting at 40. This means that it's harder to be as effective as I'd like to be and to give my veterans the time and attention they deserve. As a result, I'm skeptical of the reassurances that the new contract will not mean the loss of case management positions.

Case manager retention has been a problem with the department since before my time. At one point in 2018, I was one of two case managers in my office for a period of three months, as case managers left due to burnout. I have continued since this time to see good case managers doubt their skills and abilities and leave the department, noting that this is not what they signed up for—not because of how they interact with veterans, but because of the heavy administrative burden within the role and the prioritization of documentation over quality client contact.

Measures put in to provide support are temporary, and it's hard to balance our commitment to the work and service to our veterans. Term employees know that their position is not guaranteed and could be terminated at pretty much any time. That's a disservice to all case managers and to our veterans.

Coming back to the rehab contract, we anticipated a new provider for vocational-specific services, not the contracting out of the entire rehabilitation program. We were told we could shape what the contract would look like. We were told we would have meaningful consultation in the process. Even as part of the working group, this did not occur. Over the past 18 months, much of our information came from town halls that didn't allow any dialogue. They called it consultation, but it was presentation.

This contract has caused a lot of stress. We were pressured to close files, complete a six-page document outlining how to best work with the veteran, and complete complexity assessments. This meant more time with paperwork and less time with veterans, and I simply did not get the necessary training to effectively navigate this transition for myself or for my veterans.

On November 1, we finally got a question period. I was alarmed to learn that while veterans migrating to the new contractor can keep their providers, new applicants will have to use the contractor providers. Failure to do so means cancellation from the program for non-participation. This is a significant loss in veteran autonomy, which is a key point in re-establishment in civilian life. Providers with extensive veteran experience have voiced concerns about registering with the contractor, as it would mean lower pay. My concern is that veterans will not have access to local providers as a result.

In light of my experience with veterans, I need to say that my greatest concern is for our veterans navigating the onboarding process of the new rehabilitation program. We have yet to see the new computer system, and I have not been advised as to how to initiate the referral to the contractor in the first place. More importantly, I implore you to consider the newly released unwell veteran having to navigate these various systems and having to retell their story while struggling with complex needs and without resources.

Gone is our opportunity to stabilize these unwell veterans before referring them to a contractor. Under the new process, everything is happening in tandem. The veteran will undergo assessment with us, Veterans Affairs, and with the rehab service specialist. They'll do a case management plan with VAC and a rehab plan with the contractor, and all of this is prior to connection with providers.

It's my experience that when these kinds of veterans encounter this many challenges, they will disengage. The unwell veteran is whom we're going to lose and who will fall through the cracks. This is where lives are at stake, and this is what keeps me up at night.

I'd like to share a story. It's one that all case managers have experienced. A veteran comes to us seeking help via the rehabilitation program. They're focused on their physical condition—it could be their lower back or rotator cuff, for example—and are identifying this as their only concern. I recognize that there's more going on, because I'm engaging with this person. I suspect PTSD. The veteran is defensive about their mental health and denies any challenges or impacts, stating they're just there for that physical condition. Over the next six months, I utilize motivational interviewing and I connect with gentle conversations regarding mental health, at the end of which the veteran states, "I don't trust psychologists, but I trust you, so I'm going to do the assessment." This starts a path of healing that changes everything for that veteran and that veteran's family.

• (1125)

I can do this because I don't have a bottom line to answer to. We all have our success stories, and we carry these with us. A veteran once remarked to me, "Please don't ever stop doing this. I can tell this is more than a job for you. This is a calling and veterans need you."

I'm a case manager, and despite all the challenges that entails, I've been very proud to be a face of this government and proud to support our veterans. I'm humbled and honoured that veterans have allowed me to walk in darkness alongside them. I strongly believe that the veterans who have been injured in service to our country at

the direction of our government deserve a government face in their healing and not a for-profit company.

To veterans everywhere, thank you for your service. Thank you for trusting us with your experiences, your stories and your rehabilitation. We continue to carry you with us.

Thank you.

**The Chair:** Thank you so much.

To all three of you, thank you for your interventions. I can understand the way you feel.

Right now, I'm going to ask members to ask you questions so that you can continue with your testimony.

This is a round of six minutes each.

I would like to invite Mrs. Wagantall to take her six minutes, please.

• (1130)

**Mrs. Cathay Wagantall (Yorkton—Melville, CPC):** Thank you so much, Chair.

To each of you women, I want to say thank you. You are the voice of our veterans in this circumstance, and I deeply appreciate your bravery in coming and sharing your hearts today.

Briefly, I would like to ask the three of you about this. You talk of 40 to 60 files and the promise of 25. The Auditor General's report made it clear that VAC has not lived up to this promise, and certainly has not created the environment that needs to be there, which means more case managers like you, yet the decision has been made to change the whole process. It deeply concerns me.

We have \$5.6 million over five years, with 25% of that going to profit a company, as you mentioned. On your response to the comments that this is being done because of the administrative burden you face, which would be lessened by bringing this about, I would like to know if that administrative burden would be lessened significantly if more case managers like you were hired, to the point where you were dealing with 25 cases.

If you could each just briefly comment, that would be wonderful.

Do I see Whitney?

**Ms. Whitney McSheffery:** Yes. I'll start.

Yes, certainly. Just the volume of work definitely impacts that. Also, the promise that our administrative burden will be lowered by this contract, I believe, is false, because in the one Q and A we got, back in August, it specifically stated that the contractor is not even able to do letters, which is what they initially sold us on to try to get our buy-in on this contract. They said, "You will be doing less letter writing in terms of the resources you're putting in for veterans." In fact, that's not the case, because the contractor does not have the delegated authority of case managers.

That's just one part of the puzzle: volume, letters and things like that. There are lots of things that the department could be doing to lessen our administrative burden with administrative assistance, but they have chosen not to do that.

Thank you.

**Mrs. Cathay Wagantall:** That's perfect. Thank you so much.

Next is Amanda or Angela.

**Ms. Angela Aultman:** Yes, the administrative burden has been an issue for a very long time. What we were asking for—and have been for a long time—is a reduction of the administrative burden. I do believe that with 25:1 and a streamlining of some processes, particularly the elimination of duplication of documentation and those sorts of things, this would be more manageable at 25:1.

Initially, when I first started and was promised a 25:1, which didn't happen, part of the training was that for two weeks I had a caseload of 22. Then they jumped it up to 48 within two or three weeks. Even during that two-week period, I felt like I was more effective, more engaged and more accessible to the veterans.

In fact, one of the veterans complained to my manager following that rapid increase. They noticed that I wasn't as accessible as before. The direction to me from that was that I had made myself too accessible at the outset, because I was very invested. It wasn't that the caseload number was the problem; it was that I was too accessible at the outset. I do think that at 25:1 I could definitely be more effective in case management.

Thank you.

**Mrs. Cathay Wagantall:** Thank you, Angela. I do appreciate that.

Mr. Chair, how much time do I have left?

**The Chair:** You have two more minutes.

**Mrs. Cathay Wagantall:** Okay.

Amanda, maybe I'll get you to respond to this concern that I have.

I'm very connected, as many of us are, with rehabilitation service providers that exist. A lot of them have veteran programs, created by veterans, that are incredibly effective. I see the approach being taken here, which gives the impression that we shouldn't worry and that we'll have plenty of lead time, but we have a situation here in which people who've been making a significant difference through you are no longer going to be allowed to do what they are very passionate about.

What are your concerns about those individuals or organizations that will no longer be part of serving our veterans?

**Ms. Amanda Logan:** I think that's one significant point, but it's also about the impact it's going to have on the veteran. If and when the time comes that they will have to change a provider, that will be devastating to them. It's not going to have a positive result, and we have a tremendous number of providers registered with Medavie Blue Cross at this particular time.

I know Whitney can provide some information there too.

• (1135)

**Ms. Whitney McSheffery:** Yes. The promise of 9,000 providers is very small in comparison to the number of providers we have access to through the regular Medavie Blue Cross providers right now, many of whom decided not to register for this contract because the pay is lower and it takes them longer to get paid. The payment goes from VAC to the contractor and from the contractor to the provider.

**Mrs. Cathay Wagantall:** Whitney, do you have a list you could provide to this committee of the current service providers?

**Ms. Whitney McSheffery:** We could likely get that.

**Mrs. Cathay Wagantall:** I would appreciate that.

Thank you so much.

**The Chair:** Thank you very much, Mrs. Wagantall.

Now I'd like to invite MP Darrell Samson to speak.

You have six minutes.

Go ahead, please.

**Mr. Darrell Samson (Sackville—Preston—Chezzetcook, Lib.):** Thank you for your presentation.

It's evident that it's a very difficult job. You're doing an excellent job of supporting our men and women who have served and who continue to serve. It's a crucial job; it's a frontline job, and it's a personal job.

Finding ways to support the job you do is also crucial for the department. Finding ways to relieve some pressure and maybe to deviate from some burdens you may have to allow you to have more face-to-face time with our veterans is crucial.

It's my understanding that the new company will support over 14,000 veterans with approximately 9,000 medical professionals right across the country from remote areas to urban areas.

Would you agree that it is the objective of Veterans Affairs and the company to deliver that service?

**Ms. Angela Aultman:** Certainly it's part of our role and mandate to connect veterans with the resources they require. I know that the department and the contractors certainly believe they can accomplish that. However, 9,000 providers across the country is actually not that big a number. We currently support the same number of veterans that it is estimated the contract is going to support.



My office, being on the west coast of Newfoundland, has a lot of rural needs. Many of the providers identified thus far by the contractor are still in city centres, and the rural folks are still going to be struggling; that is going to be ongoing.

**Mr. Darrell Samson:** Based on the information, being able to support over 9,000 veterans right across the country, rural and urban, is impressive in that sense.

Would you not agree that most of those services were already in place since 2006 with Veterans Affairs having contracted them out?

**Ms. Angela Aultman:** I wouldn't necessarily agree with that in terms of their being contracted out. Yes, the services were being provided. They contracted out the piece that we've been working under, which is specifically in relation to the vocational piece, and specifically to employment. Veterans will still be able to keep their providers. We would be responsible for connecting with those providers. They also have providers going into the contracted vocational piece, which is aimed predominantly at employment and re-training.

**Mr. Darrell Samson:** Thank you.

I'm trying to understand because I'm on the ground, as are all the members of Parliament, and I didn't hear any concerns from the union for the last year. It's only now, when the contract is actually coming into play. I didn't hear anything for a year on concerns about that.

Do you have any comments around that?

**Ms. Whitney McSheffery:** Last week you would have heard from our president that we have been trying to meet with the minister to discuss this, even prior to its implementation.

He refused to meet with us and put the contract in without consultation.

• (1140)

**Mr. Darrell Samson:** Thank you for that answer, but it was a year. I know that the minister did meet with over 100 case workers not so long ago and announced \$43 million in support for case workers, service agents and staff.

I want to zero in because I don't have a lot of time.

In your opinion, should the rehab psychologists, psychological services and vocational services be in-house? Do you think we should "in-house" all of this? Do you think we have the capacity? Would it not burden the case workers 10 times more?

**Ms. Angela Aultman:** If we did have the ability to do it in-house, I don't think it would be a greater burden on case managers.

I'm hesitant to answer this because I'm certainly not an expert.

Some of the issues, in terms of the administrative burden we have, include being part of provider relations, which is connecting with providers and demanding that the work—their reports and their information—meets the policy objectives. It would be easier if that was in-house.

**Mr. Darrell Samson:** Thank you.

Has VAC ever provided these services in-house?

**Ms. Whitney McSheffery:** Do you mean in terms of psychological support?

**Mr. Darrell Samson:** Yes, I mean the various supports.

**Ms. Whitney McSheffery:** No. We have a doctor in-house, but he only does reassessments for physical conditions.

**Mr. Darrell Samson:** My fear is that without all these supports around the country, we're probably going to be causing enormous pressure for case workers delivering services to veterans and their families.

How much time do I have?

**The Chair:** You have 30 seconds.

**Mr. Darrell Samson:** That's where I'm at. When I listened to what you shared with us and the emotion, it tears me because I know you're out there doing a lot of good work. Our job as parliamentarians—it doesn't matter what government—is to make sure we are there to help veterans and their families, and also the people who support them, like you. We are here to listen and to try to support.

This is one strategy. There are many strategies to follow, I'm sure, but this is one important strategy that Veterans Affairs and the government are trying to put in place. If we collaborate, I'm positive that we can find a way to help more veterans and help you to do your work as well.

Thank you.

**The Chair:** Mr. Samson, thank you so much.

[*Translation*]

We will now go to the committee's second vice-chair, Luc Desilets.

**Mr. Luc Desilets:** Thank you, Mr. Chair.

You heard the discussion that took place at last week's committee meeting. My fellow member Mr. Richards asked Ms. Bennett, the director general and executive in charge, about employee training. She said she had 9,000 employees. As you know, that is 9,000 individuals who are available to work for Veterans Affairs Canada. She said they were either regulated health professionals or rehabilitation specialists.

What are your thoughts on that, Ms. McSheffery?

[*English*]

**Ms. Whitney McSheffery:** I believe it would be good to have social workers with the rehab service specialists. They certainly need that type of background. Many of them have been just rehab service specialists. That isn't necessarily someone who is privy to complex mental health issues or psychosocial issues.

That's the big difference between this rehab contract and how we were previously contracting it out. It was previously only vocation-specific, but now we're adding medical and psychosocial rehabilitation, which is a very different story.

[Translation]

**Mr. Luc Desilets:** We now know that the company will have 9,000 employees. You mentioned the insurance company Medavie Blue Cross and the fact that clients already have access to thousands of providers.

Are the company's providers the same as those currently providing service? Are they the same people?

[English]

**Ms. Whitney McSheffery:** No. A notice did go out to all of those providers to give them the heads-up that they could sign up to be a rehab provider for this specific contract. Many did not sign up. Nine thousand is not a lot of people in comparison to the larger pool of providers that we previously had access to.

Also, we have no idea whether our OSI clinics are participating or not. A lot of our OSI clinics, specifically in the Oromocto area, are pretty much non-functioning anyway, which is why I also have concerns about contracting. There's one that we have contracted out to the Province of New Brunswick, and it's not even staffed appropriately.

• (1145)

[Translation]

**Mr. Luc Desilets:** We know that there will be 9,000 providers, but how many are there now? More than that or less than that?

[English]

**Ms. Whitney McSheffery:** I can't give you a specific number right now—Cathay asked for specifics, so we'll get back to you on that—but it's much more.

[Translation]

**Mr. Luc Desilets:** All right.

Do you think the employees working for this joint venture have the skills they need for this clientele? After all, you know the clientele quite well.

[English]

**Ms. Whitney McSheffery:** I am frankly unsure, because we have no idea who these employees are yet. The contract starts tomorrow, and we don't even know how to refer clients to this program.

[Translation]

**Mr. Luc Desilets:** One of the reasons the department gave for implementing this new approach was to reduce the administrative burden on case managers.

Will that be achieved, Ms. Aultman? Yes or no?

[English]

**Ms. Angela Aultman:** I'm going to say no; this is not the way to achieve that decrease in administrative burden.

When we talked about administrative burden, we were referencing things like unnecessary documentation and duplication of documentation, which continues to be problematic. Those things are still going to remain the same.

This is not the way, and it's not going to achieve the parameters in terms of reduction of administrative burden that they're saying it's going to.

[Translation]

**Mr. Luc Desilets:** Would you go as far as to say that there will be more duplication?

[English]

**Ms. Angela Aultman:** Yes, I do think it will be a duplication of efforts. So far, all of these steps to decrease administrative burden have translated to an increase in administrative burden. It's a sort of not-funny joke that we have in our office.

[Translation]

**Mr. Luc Desilets:** Last week, Steven Harris told the committee that the average number of clients per case manager was 30, and he repeated it, in fact. Earlier, I thought I heard someone say it was between 45 and 62 cases. Ms. Aultman, you said that your caseload sat at 40.

Do those figures reflect the average number of cases annually? Were there spikes during the year?

[English]

**Ms. Angela Aultman:** I would say it averages pretty much where we're at, and I'll let my colleagues chime in as well. We've been closing files. I'd like you to keep in mind that the 40 that I'm sitting at are after extensive efforts to conclude files, which I have been directed to do, but I think New Brunswick is even higher than we are.

**Ms. Amanda Logan:** I feel very strongly about this point.

Our numbers don't often go up and down; they stay very consistent. When you have a caseload of 40, for it to decrease significantly, there has to be a significant change, like a new person maybe coming onto the team and that type of thing.

As we know, rehabilitation and service-related injuries do not have a timeline. It makes sense that we case-manage for a notable amount of time. Because of that, our numbers go up, and they kind of stay up unless there is a big change like bringing on more resources, more people or more case managers.

[Translation]

**Mr. Luc Desilets:** Thank you very much for your comments and the work you're doing.

**The Chair:** Thank you, Mr. Desilets.

[English]

Now, I'd like to welcome our colleague Ms. Lindsay Mathysen, who is subbing for Rachel Blaney.

You have six minutes. Please go ahead.

**Ms. Lindsay Mathysen (London—Fanshawe, NDP):** Thank you so much, Mr. Chair.

Thank you to the witnesses for being here today. It's so evident how much you care for the people you serve. Thank you so much.

Can you talk to me about how you've had to prepare your cases for moving over to this new system and this new contract? Were there additional forms to fill out? You talked a lot about that stress of administrative burden. How has that process been?

Go ahead, Ms. Aultman.

**Ms. Angela Aultman:** Certainly.

Yes, there was a lot of case prep ahead of time in terms of the transition over, but the main documentation was, as we call it, a 1700 form. It's six pages. The content of that, which they were requesting, was specifically things we have acquired throughout our rapport and relationship with veterans that will help the contractor to better connect and better engage with veterans.

• (1150)

**Ms. Lindsay Mathysen:** Can that be captured in a form?

**Ms. Angela Aultman:** I would argue no.

**Ms. Lindsay Mathysen:** In terms of this transition, you said that you don't feel prepared at all. You don't feel as though that connection will be existing now. It's supposed to happen tomorrow, but in terms of that transition to the new system, you also mentioned that you haven't been trained on the new computer system.

How many different computer systems do you have to deal with?

**Ms. Angela Aultman:** We have many computer systems. One came in that was meant to replace a previous one, and the previous one never went away. We have probably three or four now.

This will be a new system that will come in, and there's been no training on it whatsoever. The documentation they sent out in terms of their training plan indicated it would occur at the end of October. We are now one day before our go-live date, and we have not seen it.

**Ms. Lindsay Mathysen:** Okay.

In terms of that transition, can you talk about the relationship with the new service provider? How's that happening? How's that going?

**Ms. Angela Aultman:** Yes. Case managers have started to get calls from the rehab service specialists who are representing the contract—they're employed by the contractor—to begin facilitating this transition process. It has, quite frankly, been more confusing.

I've had a number of case managers reach out to me a little bit more since we did a presentation about a month ago. People with concerns have been reaching out, and there have been a number of case managers who've been connected. The rehab service specialist has reached out, and they've actually advised that the contract go-live date is being pushed to the 29th. That's what they've been advised, but we haven't had official documentation or official clarification from our department about that.

Additionally, I know a number of case managers who attempted to prepare for the transition by having their veterans undergo assessment to save it having to be done under the new contractor, so that the case manager had more ability to support their veteran through the stress of that assessment. The rehab service specialist has indicated that it's insufficient, even though it's current, and that

they will have to undergo a specialized assessment with the contractor. So now there's more burden.

**Ms. Lindsay Mathysen:** There's confusion on both sides of this relationship.

**Ms. Angela Aultman:** That's correct.

**Ms. Lindsay Mathysen:** You talked a lot about how much that stress of 40-plus cases puts on you. Certainly it's put on the veterans. You also mentioned that you've had to close files. Do you feel there's a lot of pressure for case managers to close those cases?

There are lots of nods.

**Ms. Whitney McSheffery:** Yes. I have been closing files left, right and centre.

It's a lot of work on the back end to close a file and conclude that relationship with someone who has shared so much with you. When we were able to do home visits, we knew their wife, their kids, and their dog. Do you know what I mean? It's very difficult to end that relationship. It's necessary. We do want them to be independent. That is the goal of the program. With that push, that pressure, some of them are not ready yet, and there is a pressure to close them prior to when they might need to.

**Ms. Angela Aultman:** If I may add to that, it also took a lot of time. Essentially, how these files were flagged, a report was pulled from one of the two main computer systems that identified files over, say, four years. You had to take the time to meet with the manager. Yes, you reviewed this file. Yes, you closed them where appropriate, but there was a lot of advocating to keep files open, especially when a new condition had been added.

There was a lot of pressure to close the file, even though you would argue that really.... Yes, they had been on for four years, but they started with, say, a back condition and maybe two years ago they had a mental health condition, so really, technically, the time should start over, in my opinion, but that's not what was happening.

**Ms. Lindsay Mathysen:** Certainly, mental health doesn't abide by those timelines. I get that. It takes a lot of time, sometimes, within that trusting relationship, for things to come forward.

Have you had to close a case, probably prematurely, and seen that veteran have to come back to the system?

• (1155)

**Ms. Angela Aultman:** Yes, I have. It happens.

I am a case manager who will advocate not to close it, but there are still times when I get directed that a file has been here long enough: "You're closing it." That throws the veteran into crisis, in which case they come back within a month.

**The Chair:** Thank you, Ms. Mathysen.

Time goes by fast. We're going to have rounds of one minute each, but I would like to tell you that, if you have any background or additional information, do not hesitate to send it to our clerk, and we will take that into consideration for our report.

Now, for one minute only, I invite Mr. Blake Richards.

Please, go ahead.

**Mr. Blake Richards:** Thank you.

I appreciate your testimony today. It's evident how much you care. We're hearing that there are a lot more questions than we have answers to. That's what's going on here.

With that in mind, I'm going to move a motion:

That the committee hold two more meetings on the impact of the new rehabilitation contract awarded by the Department of Veterans Affairs on the role of the case manager and quality of service delivery on or before December 5th:

One in which the committee calls potentially impacted service providers and veterans to appear before the committee for no less than two hours.

One in which the committee calls the Minister of Veterans Affairs and Veterans Affairs Canada officials to appear before the committee for no less than two hours.

The reason I'm moving that is that we've heard lots of concerns today about the affected service providers and what that will mean for the quality of service for veterans. We're going to hear from one veteran here, shortly. There is certainly a need to hear about the impact this is going to have on veterans, because, from what we're hearing, it sounds like it's going to be pretty significant. Obviously, there are a lot of unanswered questions. I think it would be very helpful for this committee to hear from the minister and his officials, so they can answer some of the questions that are arising.

We have heard concerns about the fact that there have been no mental health services provided to veterans in new situations over the past month. We're hearing that case managers have no idea what is happening. This is supposed to start tomorrow. Veterans are confused. There are a lot of questions that need to be answered. We need more time.

That's why I'm moving this motion, and I hope all members of this committee will pass it expeditiously, right now.

**The Chair:** Thank you, Mr. Richards.

Did you put that motion on notice?

**Mr. Blake Richards:** No, Mr. Chair. I moved the motion so we can discuss it right now.

**The Chair:** Okay.

Please give us one minute. The clerk is sending the motion in both official languages to members.

I'm sorry, witnesses. Please stay there. It won't be long.

**Mr. Blake Richards:** I apologize that this takes away the last few minutes we had with you, but I think you can appreciate it. Your concern for our veterans is very evident. This will hopefully help us get some answers, so I hope you appreciate that and understand.

**The Chair:** I have to tell you that this is our procedure. As soon as we have a motion moved, we have to discuss it. I'm sorry for that interruption.

**Mr. Blake Richards:** Mr. Chair, if I can, perhaps, while the motion is being sent around, I have a couple of comments to make.

**The Chair:** Sure, give us some background on the motion.

**Mr. Blake Richards:** Obviously, it is my sincere hope that.... We have all heard a lot of concerning questions here. There is a lot of information that we do not yet have—that case managers, service providers and, most importantly, veterans and their families don't have. That's why we need this opportunity to get a few more of our questions answered.

We haven't heard from the service providers, which are key aspects of this. We're going to hear next to nothing from veterans. We have one opportunity with a veteran here, shortly. Because the government is going to be moving time allocation in order to try to force through a bill in the House of Commons, that veteran's time will be cut short. We need to have the opportunity for veterans to add their voices to this conversation.

My sincere hope is that everyone on this committee will understand that it's critical we do this, and that we pass this quickly to enable the veteran who is here to speak with us. The opportunity to do that.... Because we will have passed this motion quickly, we can move on and allow the veteran to have his opportunity to speak with us today.

• (1200)

**The Chair:** Thank you, Mr. Richards.

It's already been one hour of this meeting. We know that we have another witness coming in the next panel, but it's up to the committee to debate that motion, and I would like you to think about that.

Mr. Desilets is first, and then Mr. Samson.

Mr. Desilets, go ahead.

[*Translation*]

**Mr. Luc Desilets:** Thank you, Mr. Chair.

Ever since we started examining this issue, the grey area and uncertainty have been constant, so much so that I can't figure out what's true and what's not. I don't doubt what you're telling us—that's not it, at all—but the information we're getting from the department about case manager caseloads is different. The numbers you're giving us are scary. Questions are swirling about the company's ability to meet clients' needs as you do. Department officials have tried to reassure us, but I'm perplexed as to how the analyst charged with drafting our report is going to manage given all the conflicting information.

I wholeheartedly support adding another two meetings to the study.

**The Chair:** Thank you, Mr. Desilets.

Honourable members, my understanding is that, given the importance of the issue, you want to continue discussing the motion and cut into our time with the next panel.

Next, we'll hear from Mr. Samson and, then, Mrs. Wagantall.

Go ahead, Mr. Samson.

**Mr. Darrell Samson:** Thank you, Mr. Chair.

[*English*]

We have another study that is due very soon on employment strategy. I understand that the national forum is taking place as we speak on that. The department was here Thursday and gave its feedback, and so did the minister. Calling them back, in my opinion, is not necessary. I would be open to maybe having one extra meeting with some veterans. However, again, you have to keep in mind that this has been in the works for one year. Nothing was said except a week or so ago. I know that there are opinions on both sides, and I respect that sincerely.

I also know that there were six town halls that were held with various teams, with case workers and others—delivery staff—with over 800 people in attendance. There has been quite a bit of consultation. I believe that we could support one more meeting with veterans so that we can get more information to provide a report, but this work has been in the works. It's moving forward, and our objective should be focused on how we can support the work of our case workers and this company with over 9,000 support staff in giving access to veterans and their families right across the country, from urban to rural communities.

That would be my suggestion. We would be okay with one more meeting, but bringing back the department and the minister, who were just here last meeting.... I believe we need to continue the work that we have planned to deliver as we've set forth.

Thank you.

**The Chair:** Thank you, Mr. Samson.

Ms. Mathysen, the floor is yours.

**Ms. Lindsay Mathysen:** Thank you.

It's always interesting to insert yourself into another committee's business, as I've had to do again on this one. I'm not entirely sure of your schedule or your calendar as it's set out, but I know that Ms. Blaney is particularly concerned and wants to move forward with the study and the report on the gold digger clause as well, which needs to be completed.

We are in support of those two meetings, considering that there has been such a juxtaposition, I guess, of positions on this, for clarification. In terms of the minister coming before this committee, I think that's acceptable. Again, it has been made clear by the workers and by the union that the relationship needs better clarification.

I also note that the minister is already invited to come before this committee for another study, on MAID, so perhaps that invitation could be extended for a longer committee meeting with the minister so that you could hear on both subjects.

That would be my insert on this. We are in support of the motion.

• (1205)

**The Chair:** Thank you, Ms. Mathysen.

As Mr. Samson said, we have the minister this Thursday. The study on marriage after 60 is supposed to be on November 28, the week after.

Mr. Sean Casey, please go ahead.

**Mr. Sean Casey (Charlottetown, Lib.):** Thank you very much, Mr. Chair.

I don't want to repeat any of the points that have been made, but I would like to raise a couple of procedural things.

It's most unfortunate that Mr. Caputo and Ms. Blaney are not here.

I'm glad to see you in the chair, Mr. Chair, and Mr. Desilets here, because you two were party to the discussions that led to the setting of our agenda and the allocation of time to the various topics. You are fully aware of the conversations that happened and the compromises that were made in camera. I am not allowed to speak about those, because they were, in fact, in camera.

It's unfortunate that Ms. Blaney and Mr. Caputo aren't here, because they were involved in those discussions, made those compromises and arrived at the calendar that we now have. They gave certain assurances at that time.

All of those things are being thrown out the window if this motion is adopted. I think as members of the subcommittee, we should be able to rely on the good faith of the colleagues on that committee to honour the agreements that were made at that committee and to honour them when they come here. This would breach that.

That's the first thing I have to say. If this motion passes, I personally feel betrayed.

The second thing I would mention is just the irony of the opening intervention of today's meeting, where the vice-chair complained about the lack of a heads-up over the insertion of 15 minutes of committee business, and yet this motion happens without any discussion, any consultation, out of the blue, in front of witnesses, in a manner that will impair the amount of time we have with a veteran.

Thank you.

**The Chair:** Thank you, Mr. Casey.

Yes, Mr. Richards.

**Mr. Blake Richards:** On a point of order, Chair, I certainly agree with the concern that Mr. Casey just raised about impairing the time with a veteran, but I will point out that, at this point, the only speakers on the list are members of the Liberal Party, of the government. If they were to just stand aside and let the vote happen, we could have the time with the veteran.

I certainly hope we'll find that time—

**The Chair:** I'm sorry, Mr. Richards. You moved a motion, and all the members can take the time to discuss it. I'm just trying to do that job.

Mr. Samson, go ahead, please.

**Mr. Darrell Samson:** Thank you.

I would be open to making an amendment that we have one more meeting, but that the meeting be one hour with the department to clarify some points that may have been brought up today, with the other half of that meeting for veterans. We would accomplish both in one meeting.

I'm asking to amend this motion so that rather than two meetings, it be one meeting, and at that meeting we have the department for one hour and veterans for another hour. I believe we would accomplish our objective over and above and not derail too much the important studies that have been agreed upon by all parties.

Thank you.

• (1210)

**The Chair:** I'm sorry, but before I go to Mr. Rogers, Mr. Samson, could you read the motion, in order to have your amendment for the analyst and the clerk?

Could you read, either in French or in English, the amendment that you're proposing, please?

**Mr. Darrell Samson:** It would read:

That the committee hold one more meeting on the impact of the new rehabilitation contract awarded by the Department of Veterans Affairs on the role of the case manager and quality of service delivery on or before December 5th:

Half of which the committee calls potentially impacted service providers and veterans to appear before the committee for no less than one hour.

Half of which the committee calls the Minister of Veterans Affairs and Department of Veterans Affairs officials to appear before the committee for no less than one hour.

We're changing the two hours to one hour, and having one meeting rather than two meetings. It's a simple amendment that I feel would allow us to accept that motion. It's a workable one. With any more than that, I think we're going to derail our schedule and focus. It will keep us on task.

**The Chair:** I have Mr. Rogers, and then Monsieur Desilets.

I want to inform you, from the clerk, that we don't have any witnesses on our list. Whether the motion will pass or not, we have to think about that too.

Mr. Rogers, go ahead.

**Mr. Churence Rogers:** Mr. Chair, going back to Mr. Casey's point about our schedule that we previously arranged, I want to point out that we missed two meetings recently. They were cancelled for other reasons. We lost two full meetings.

We have a schedule that we want to have done, in terms of the study on marriage after 60 and then the one on employment. If we're going to start interjecting on a particular topic and add two meetings here or two meetings there, then we're not going to accomplish a whole lot as a committee.

I strongly support what Mr. Samson is saying about one meeting and one hour for each portion. I'd support that, but not two.

**The Chair:** Thank you.

[*Translation*]

Over to you, Mr. Desilets.

**Mr. Luc Desilets:** Thank you, Mr. Chair.

I am very mindful of the points Mr. Casey raised. Without going into detail, I will say that there were assurances on our end. I will also say that thousands of factors can cause the committee's meeting schedule to change throughout the year. We agreed on the timetable for this study. Two meetings have been cancelled since, and more could be cancelled with the sitting hours of the House being extended until midnight. I am still in favour of holding two more meetings.

I'm not comfortable ending the meeting like this. We are almost out of time and we aren't hearing from more witnesses. I'm uncomfortable concluding our discussions on this issue with so much still unclear. Let's put ourselves in the analyst's shoes. What is the poor analyst going to put in the report? This was a point of disagreement, that was a point of disagreement and so on? We need time, and we're going to have even less of it today.

I'm sticking to two meetings, but I would support revisiting the committee's schedule so we can keep our word.

Perhaps you have something to say about it, Mr. Chair.

**The Chair:** Thank you, Mr. Desilets.

Without revisiting the schedule, we could perhaps meet in camera.

I should also note that the motion for this study was adopted on October 3. Further to the motion, it was agreed that "no fewer than two meetings be devoted to this study". I understand the reason for today's discussion.

Go ahead, Mr. Richards.

• (1215)

[*English*]

**Mr. Blake Richards:** Thanks, Mr. Chair.

I'll be speaking against the amendment.

There's been some concern raised about changing the agenda that was agreed on by the previous subcommittee. What's important to point out is that we've heard a lot of things in the last couple of meetings that cause great concern. As you've just said, Mr. Chair, it was stated that there would be at least two meetings. We've heard lots of testimony in the last couple of meetings that would indicate a need to continue with this study. That is, simply, what we're seeking to do here.

It still allows us to finish the report that we're working on, which we will hopefully finish next Monday. It still allows us to conclude the final meeting of our study on the MAID issue. What's left on the agenda is several meetings on a new study.

We might as well conclude what we're doing and be able to wrap up and provide reports on the things that we're working on, and then we can still begin a new study. I don't really think this impedes the business of the committee in any way. It actually improves it.

I would encourage everyone to oppose the amendment and support the main motion.

I hope that we can go to votes on both of those now, so that we can hear from the veteran who's waiting to hear from us. I hope that we won't have a filibuster from the government here.

**The Chair:** Thank you.

I have to tell you that the clerk got in contact with the witness for the next panel, so he is waiting.

[*Translation*]

If there are no further comments, I'm going to call the vote on Mr. Samson's amendment.

**Mr. Darrell Samson:** Mr. Chair, could you please read the amendment so that everyone is on the same page?

**The Chair:** Of course.

[*English*]

It is:

That the committee hold one more meeting on the impact of the new rehabilitation contract awarded by the Department of Veterans Affairs on the role of the case manager and quality of service delivery on or before December 5:

Half in which the committee calls potentially impacted service providers and veterans to appear before the committee for no less than one hour.

Half in which the committee calls the Minister of Veterans Affairs and Department of Veterans Affairs officials to appear before the committee for no less than one hour.

[*Translation*]

**Mr. Darrell Samson:** I'd like to take a moment to explain my amendment.

The minister is going to be here on Thursday, so we can ask him questions about this issue as well. That would remove the need for a second meeting because everyone else could appear during the extra meeting I'm proposing through my amendment.

**The Chair:** Very well.

I'm going to let the clerk conduct the recorded division on Mr. Samson's amendment.

(Amendment negatived: nays 6; yeas 5)

• (1220)

[*English*]

**Mr. Blake Richards:** Mr. Chair, can we call the question on the main motion, please?

**The Chair:** Yes.

Go ahead, Mr. Casey.

**Mr. Sean Casey:** If this motion passes, I submit my resignation as a member of the subcommittee on procedure and planning. I can no longer participate in a committee in which agreements are not honoured.

[*Translation*]

**The Chair:** That is duly noted, Mr. Casey.

I will now call the vote on Mr. Richards' motion. Once again, we'll have a recorded division.

(Amendment agreed to: yeas 6; nays 5)

**The Chair:** Thank you. Since the committee has adopted Mr. Richards' motion, please submit your witness lists as soon as possible. Your promptness in providing that information is greatly appreciated. Please have it in by noon on Friday, so that the clerk can make the necessary arrangements, as per the committee's wishes.

Go ahead, Mr. Samson.

**Mr. Darrell Samson:** Mr. Chair, since no dates have been set for those meetings, I suggest scheduling them in February.

**The Chair:** All right. If necessary, the subcommittee will meet to figure out the scheduling.

Over to you, Mr. Richards.

[*English*]

**Mr. Blake Richards:** Sorry, I'm a bit confused about what I just heard.

What was the suggestion for February? What is it for?

**Mr. Darrell Samson:** The motion had no date set forth. Therefore—

**Mr. Blake Richards:** It did, actually. We voted for the meetings to occur before December 5.

**Mr. Darrell Samson:** Was that in the motion?

**An hon. member:** Yes. That's correct.

**Mr. Darrell Samson:** I'm sorry.

[*Translation*]

**The Chair:** I, too, want to move things along, but first, I must thank the witnesses for being here today. Their input has been very valuable to the committee.

We are going to have to suspend now. On behalf of the committee members and myself, I would like to thank Angela Aultman, case manager and president of local union 90002, Union of Veterans' Affairs Employees; Amanda Logan, case manager and president of local union 60006, Union of Veterans' Affairs Employees; and Whitney McSheffery, case manager, Union of Veterans' Affairs Employees. We appreciate your participation. Until next time.

Now we'll break for a few minutes, before we bring in the next witness.

Honourable members, the meeting is suspended.

• (1220) \_\_\_\_\_ (Pause) \_\_\_\_\_

• (1230)

[English]

**The Chair:** We can now proceed to the second panel of this meeting.

I have a quick reminder for our witness. Before speaking, please wait until I recognize you by name. When you are not speaking, your mike should be on mute.

Members of the committee, I would like to welcome our witness. He's on video conference. He is Kelly Carter, master corporal, retired.

Mr. Carter, you're going to have five minutes for your opening remarks. After that, members of the committee will ask you questions.

Please turn on your mike and go ahead. Thank you.

**Master Corporal (Retired) Kelly Carter (As an Individual):** Thank you, Mr. Chair and House of Commons Standing Committee on Veterans Affairs, for the study on third party contracting out of services.

My name is Master Corporal Kelly Carter, retired, and I am a 30-year veteran of the Canadian Armed Forces army logistics branch. I retired out of Garrison Edmonton in Alberta on August 14, 2013. I have six recognized operational and service-related physical injuries, all chronic, with varying degrees of mobility issues and with pain management that I deal with drug-free.

I left the military with all my weight-bearing joints suffering from osteoarthritis and was bone-on-bone for what has now been mandated for Veterans Affairs Canada to recognize as cumulative joint trauma. The Land Forces Command physical fitness standard, also called the battle fitness test, or BFT, and weekly training for the annual test of forced rucksack marches with a 25-kilogram load I directly blame for approximately 75% of my cumulative joint trauma, now legislated and mandated as a recognized pensionable condition by the veterans charter and Veterans Affairs Canada.

I served on two tours of duty in airborne special operations positions and self-identify approximately 15% of my cumulative joint trauma on airborne parachuting and operational missions.

I was a professional athlete for the Canadian Armed Forces triathlon and swimming teams. While the cycling and swimming were lower-impact, to the running training for the Olympic triathlon distance of 10 kilometres I attribute 10% of my cumulative joint trauma.

I would like to bring forth to this committee my dealings with VAC third party contractors that Veterans Affairs Canada has farmed out their federal public service duties to. I have had horrible experiences with third party contractors, including the organization doing business as "Canadian Veterans Vocational Rehabilitation Services", or CVVRS, once in my home in Calgary, Alberta, in May 2017, and several times in B.C. in late 2020.

On May 9, 2017, a man who worked for CVVRS entered my home in Calgary and had me answer a series of questions pertaining to my personal life, income and expenses and do physical tests that I can best describe as "dog tricks". While I was standing in my living room, he had me conduct a series of physical tests while he sat at my dining room table taking notes.

The tests had me pretending to pick up a box, simulating walking up and down stairs and going down and crouching like a tiger about to pounce. At one point, he asked me to go down on my hands and knees and crawl around my floor while he stood up and watched me crawl around. It was at this point that my Irish anger came out. I terminated the testing, asked him to leave my home and escorted him out of my home.

I then filed a formal written complaint to my VAC caseworker Brian Rees, and later initiated a ministerial inquiry to the VAC minister and Calgary member of Parliament Kent Hehr. My letter has been provided as documentary evidence for translation and the public record.

My other incident with CVVRS was in Victoria, B.C., in the fall of 2020, on the telephone with a woman by the name of Anita. When I asked her for a list of all the Canadian companies that want to hire veterans like me to be sent to my email address, she laughed at me, mocked me and thought it was funny. During an ATIP request, I found evidence of her mocking me on my VAC notes.

I was forthright with CVVRS that if they could not provide me with the list I had requested, they were a group of fake phony-baloney frauds who were not there to actually help veterans find a job but to administer to VAC proof that we were applying for five to seven jobs per week and not actually helping us find employment. My VAC caseworker, based out of Nanaimo, B.C., whom I have never met in my life—she was a work-from-home-in-pajamas employee—lied to me when she said that the CVVRS organization was not the same CVVRS organization that I dealt with in Calgary on May 9, 2017.

In 2019, while I was employed with the Department of Fisheries and Oceans, I wanted to pursue a course held twice a year in B.C. I completed the Veterans Affairs Canada education and training benefit short-course forms required and, with a cover letter, asked VAC to contact me for other questions that I had. I missed the spring and fall 2019 courses, with no response from VAC.

• (1235)

We are threatened by the letter of authorization, which has been provided as documentary evidence for translation, that we cannot enrol in these programs until authority has been given by VAC or we will not be reimbursed.



During a 2020-21 formal investigation I ordered to be conducted by Veterans Affairs Canada, I was told by my caseworker, Ms. Danielle Roline-Dilbert, that VAC does not administer the education and training benefit, which is \$80,000 for me. It is handled by a third party—

**The Chair:** I'm sorry to interrupt you, but your five minutes are over.

Master Corporal Kelly Carter, maybe during questions you will be able to finish your intervention.

Right now I have to go to MPs to ask questions. They're going to have a round of six minutes each. You can share your time.

I would like to invite Mr. Blake Richards, the first vice-chair of the committee.

**Mr. Blake Richards:** Thank you.

Thank you, Master Corporal Carter, not only for your testimony today but for your service to this country. I want you to know that we are doing everything we can to make sure that the services provided to you are what you deserve for the service you have provided to this country.

To that end, we've heard a lot of concerns about this change that's being made—

**The Chair:** Excuse me, Mr. Richards. I'm sorry to interrupt you also, but we have votes. I stopped your time. You've only had 29 seconds.

We have to have a discussion among us. We have 30 minutes to go vote, and I'd like to have a consensus.

**Mr. Blake Richards:** Might I suggest possibly giving each party two and a half minutes so we use a little bit of the time and still have time for everyone to get there for the votes?

**The Chair:** There is a proposition of two and a half minutes for each group.

**Mr. Darrell Samson:** Will that be for a total of 10 minutes?

**The Chair:** Yes, it's a total of 10 minutes.

We're going to go for two and a half minutes.

You've already have 30 seconds. Please, go ahead.

**Mr. Blake Richards:** My apologies, Master Corporal Carter, but the government has moved a time allocation, which means they're trying to close off debate on a bill in the House of Commons. A vote has been requested, and, unfortunately, that will cut your time a little short, but I do appreciate your being here.

I want to make sure we maximize the time we have with you.

We've heard a lot of concerns about this changeover of this contract. Do you feel that veterans have been properly consulted in this change?

**MCpl (Ret'd) Kelly Carter:** We have not been consulted at all on this change, other than this opportunity for me to speak today because I've been a veterans' advocate and have been watching what was going on. I was glad that I was invited today.

**Mr. Blake Richards:** Thanks.

It's obviously appalling to hear that veterans have not been consulted when you're talking about a change that's going to have a significant impact.

I don't know if you have been following along, but, in the last panel, we heard something that I was quite shocked and appalled by, which was that over the last month in the lead-up to the changeover tomorrow, case managers at VAC had been told not to initiate any new medical or psychosocial services for veterans during this transition period.

Does that concern you? What kind of impact do you think that's going to have on veterans, particularly those who come with mental health challenges?

• (1240)

**MCpl (Ret'd) Kelly Carter :** Mr. Chair and Member of Parliament Blake Richards, I am starting to see the same writing on the wall that we saw as public servants when Phoenix was rolled out without a proper test trial, with one department in the federal public service to try it out.

I am very deeply concerned that this has not been discussed, rolled out or implemented properly, and when the switch turns to on, it may become an utter failure, just the Phoenix payroll system was on day one when it was first turned on.

**Mr. Blake Richards:** Thank you.

Thank you, again, for your service to this country.

**MCpl (Ret'd) Kelly Carter:** Thank you, Member of Parliament.

**The Chair:** Thank you, Mr. Richards.

Mrs. Valdez, you have two and a half minutes. Go ahead, please.

**Mrs. Rechie Valdez (Mississauga—Streetsville, Lib.):** Thank you, Mr. Chair.

Master Corporal Carter, thank you so much for joining us today and for the many years of service you've provided to this country.

In this committee, past witnesses have requested that VAC provide an experience to them that will be inclusive and meet each of the unique needs of veterans. This new contract proposes to customize services for each veteran and also, then, to consult with veterans on the overall service in the plan they're intending to have with them.

I want your thoughts on that.

**MCpl (Ret'd) Kelly Carter:** I've had dealings with the organization that I've heard is going to be taking over. They've had extensive experience with veterans in dealing with physical aspects of their injuries. Anything outside of that context I cannot comment on. They do have a very comprehensive third party billing system in place. However, anything outside of physical I have no comments on. I have no knowledge of how this is going to be rolled out.

**Mrs. Rechie Valdez:** Part of the changes would enable veterans like you to provide feedback easily on a regular basis. I want your input on that as well.

**MCpl (Ret'd) Kelly Carter:** I do not feel that the current system at Veterans Affairs Canada, including the ombudsperson system, is reacting to and listening to veterans. I personally have spoken with ombudsperson staff about issues and concerns. They are more inclined to want to close the file than to actually action the file. They want to close the file and move on. I have yet to speak with any of the ombudspersons in person regarding any of these issues or concerns.

**Mrs. Rechie Valdez:** Thank you. I think I'm out of time.

**The Chair:** You have 30 seconds.

**Mrs. Rechie Valdez:** I want your input overall. You've touched on how these changes will impact you. Since I can't really ask a more thorough question of you right now, is there anything else you want to share?

**MCpl (Ret'd) Kelly Carter:** Yes. I think Member of Parliament Blake Richards is right on track when he says he is concerned, as are many people. This may be like the Phoenix payroll system, in that it will just be turned on, as I just heard in this meeting, tomorrow, November 22, and it is not ready to handle the numbers I've seen—approximately half a million living veterans in Canada.

**The Chair:** Thank you.

Thank you, Mrs. Valdez.

[Translation]

Now we go to Luc Desilets for two and a half minutes.

**Mr. Luc Desilets:** Thank you, Mr. Chair.

I have a very simple question.

I understand that your experience was a negative one, Mr. Carter, but what makes you so sure that the system won't work? What is your view based on?

[English]

**MCpl (Ret'd) Kelly Carter:** Is there going to be a translation coming across?

**The Chair:** I'm sorry, Master Corporal Carter. At the bottom of your screen, could you please choose translation from French to English?

**MCpl (Ret'd) Kelly Carter:** I see “raise hand”, “participants” and “interpretation” icons.

**The Chair:** It's “interpretation”. You click on that and you choose “English”.

I'm going to ask the MP to repeat his question, and you'll be able to answer.

Please go ahead, Mr. Desilets.

[Translation]

**Mr. Luc Desilets:** Thank you. The clock is starting over.

Mr. Carter, you had a bad experience and you seem convinced that the system won't work with this new organization. I'd like to know what makes you so certain.

• (1245)

[English]

**MCpl (Ret'd) Kelly Carter:** Mr. Chair and Member of Parliament Luc Desilets, I didn't get to finish my introduction. However, as a 30-year veteran who processed education and training benefit claims for soldiers serving in the Canadian Armed Forces, I had no understanding or reason or knowledge that the education and training benefit was being farmed out to a third party contractor.

I asked my caseworker who was handling this. They refused to tell me. I never received approval from them. I had no contact from them, nothing. This is a third party contractor that Veterans Affairs Canada apparently farmed out my \$80,000 education and training benefit to to administer for me, and my experience with these third party contractors was not a healthy one. It has not been a positive experience.

[Translation]

**Mr. Luc Desilets:** We heard from the department that a hundred or so case managers were involved in assessing whether the system should be changed.

I believe you said earlier that no one had been contacted or asked. Is that right?

Do you not think that 100 people were consulted?

[English]

**MCpl (Ret'd) Kelly Carter:** I do not feel that veterans were contacted or reached out to.

I currently have a second level in process to contest services I had with Canadian Veterans Vocational Rehabilitation Services. They have somewhere around 180 days to respond to these levels of complaints that we have. I still have one in the queue right now from services I received from third party contractors.

No, we're not being consulted and it's an unhealthy relationship that I've seen.

**The Chair:** You have 15 seconds.

[Translation]

**Mr. Luc Desilets:** That's fine. I'm done.

**The Chair:** Thank you, Mr. Desilets.

[English]

I'll invite Ms. Lindsay Mathysen for two and a half minutes, please.

**Ms. Lindsay Mathysen:** Thank you so much, Master Corporal Carter, for your service and your time with us here today.

Just quickly, you said that your relationship with the third party service provider was horrible. Could you talk to us about how important that relationship with the case manager is? They have the time to provide that one-on-one relationship building and trust building with the veterans they serve.

**MCpl (Ret'd) Kelly Carter:** I've had four case workers—three in Calgary and one in Vancouver Island. I had a very close connection with one out of the four case workers. I connected with, melded with and had coffee with the case worker several times. We had a healthy relationship and that was because that case worker took the time to spend time with me and learn who I was.

**Ms. Lindsay Mathysen:** It is really key that they have the time and ability to connect with the veteran, so that they can truly understand what's necessary. I appreciate that.

I have very little time, unfortunately. With the rest of my time, I would like to move the motion that my colleague provided to this committee on Thursday: "That the Department of Veterans Affairs provide to the committee a copy of the contract for rehabilitation services between the department and partners in Canadian Veterans Rehabilitation Services by Friday, November 25, 2022."

Thank you, Mr. Chair.

**The Chair:** Thank you so much.

We have a motion on the table. You already have a copy of that, but we're going to send it to you again so we'll be able to discuss it.

Please, Master Corporal Kelly Carter, stay with us for a few minutes.

Ms. Mathysen, can you speak about this motion, please?

**Ms. Lindsay Mathysen:** This is pretty straightforward. It's just to have that documentation for that contract provided to the committee officially, so that we have better context moving forward. Now we have two more meetings to discuss this specific contract. It was discussed at the previous meeting, so I would just move it.

I think it's pretty simple.

**The Chair:** Thank you so much.

Mr. Casey, go ahead.

**Mr. Sean Casey:** Mr. Chair, given the time constraints and the concerns over proprietary information, this requires a longer conversation than the one and a half minutes we have left.

I move to adjourn debate on this motion.

● (1250)

[*Translation*]

**The Chair:** We have a motion to adjourn on the table, so we must vote.

Are there any objections to the motion?

I see no objections.

[*English*]

Master Corporal Kelly Carter, I know that it was a short appearance with us, but it was really important to have your testimony. We're going to have more meetings on this study, so maybe members of the committee will invite you. It will depend on you.

On behalf of the members of the committee and myself, I would like to say thank you for your 30 years of service.

[*Translation*]

I hope your health improves.

On that note, the meeting is adjourned.

(The meeting was adjourned)

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