HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

REACHING OUT: IMPROVING SERVICE DELIVERY TO CANADIAN VETERANS

Report of the Standing Committee on Veterans Affairs

Neil R. Ellis
Chair

DECEMBER 2016

42nd PARLIAMENT, 1st SESSION

REACHING OUT: IMPROVING SERVICE DELIVERY TO CANADIAN VETERANS

Report of the Standing Committee on Veterans Affairs

Neil R. Ellis
Chair

DECEMBER 2016

42nd PARLIAMENT, 1st SESSION

STANDING COMMITTEE ON VETERANS AFFAIRS

CHAIR

Neil R. Ellis

VICE-CHAIRS

Robert Kitchen

Irene Mathyssen

MEMBERS

John Brassard

Bob Bratina

Doug Eyolfson

Colin Fraser

Alaina Lockhart

Jean R. Rioux

Cathay Wagantall

OTHER MEMBERS OF PARLIAMENT WHO PARTICIPATED

James Bezan

Chris Bittle

Alupa A. Clarke

Matt DeCourcey

Peter Fonseca

Linda Lapointe

Bryan May

Ron McKinnon

Christine Moore

John Oliver

Yves Robillard

Sherry Romanado

Kim Rudd

Mark Strahl

David Sweet

Filomena Tassi

Dan Vandal

Dave Van Kesteren

Nick Whalen

CLERKS OF THE COMMITTEE

Hugues La Rue

Grant McLaughlin

LIBRARY OF PARLIAMENT

Parliamentary Information and Research Service

Jean-Rodrigue Paré, Analyst

THE STANDING COMMITTEE ON VETERANS AFFAIRS

has the honour to present its

THIRD REPORT

Pursuant to its mandate under Standing Order 108(2) and the motion adopted by the Committee on Thursday, February 25, 2016, the Committee has studied service delivery to veterans and has agreed to report the following:

TABLE OF CONTENTS

REACHING OUT: IMPROVING SERVICE DELIVERY TO CANADIAN VETERANS

1. INTRODUCTION

On 25 February 2016, the House of Commons Standing Committee on Veterans Affairs (the Committee) adopted a motion to study "the service delivery to veterans by the Department of Veterans Affairs (VAC), including the issue of mental health."

This broad objective reflects a desire for consultation following the fall 2015 election. The members wanted to meet with as many interested parties as possible in order to gauge the relationship between the veterans' community and the government, and determine their respective expectations for the direction the Committee should be taking in the 42nd Parliament.

The Committee members agreed that 10 years following the coming into force of the *New Veterans Charter* (NVC), the associated programs and services had already been substantively analyzed and evaluated and had been the subject of numerous recommendations. Rather than launch another study of specific programs and services, members agreed to examine VAC's approach to service delivery. This approach, supported by veterans' organizations, including the Veterans Ombudsman, involves evaluating all programs and services from the perspective of veterans and their families.

This approach is reflected in the mandate of Veterans Affairs Canada's Service Delivery Branch, which is responsible for "delivering benefits and services and for providing social and economic support that respond to the needs of Veterans, our other clients and their families."[1]

The current study involves analyzing the quality of the interactions between the Department providing the services and the individuals receiving them. To better understand these interactions, the Committee also wanted to look at communications between VAC and its clients, various aspects of the organizational culture, and how these interactions might have been affected by the Department's transformation process.

Accordingly, the goal of the study is not to assess whether to recommend legislative or regulatory amendments to a specific benefit or service, but rather to examine whether existing benefits and services, as designed, can achieve their objectives, as perceived by the intended beneficiaries: veterans and their families.

That said, the very nature of the programs, as defined by the statutes for which the Minister of Veterans Affairs is responsible, sometimes can create constraints, notably through eligibility criteria and reporting requirements that may be inconsistent with other program objectives. For example, the Committee members quickly realized that the

1 Veterans Affairs Canada, "Organization."

complexity of some programs could interfere with the attainment of their objectives and hinder the effective delivery of services, thereby negatively influencing veterans' perception of them.

This report is divided into four sections. The first presents a look back at the last decade, which saw profound changes take place within VAC. The second section describes what could be called the departmental "culture," which was highly criticized during this study and is, according to a number of witnesses, the source of many problems associated with service delivery. The third section deals with the transition from when a member of the military is injured or becomes ill, and when he or she leaves the Canadian Armed Forces (CAF) and becomes a veteran. A successful transition is without doubt the best guarantee of a veteran's long-term well-being. The fourth section discusses issues surrounding the delivery of specific services: the Department's handling of so-called secondary injuries or illnesses; long-term care programs; professional training; the key role of case managers; families; and mental health.

The Committee began this study in March 2016. It held 25 meetings and heard from more than 70 witnesses. The members offer their sincere thanks to those witnesses for their contributions, and hope to have accurately reflected the many points of view that were expressed.

2. A TURBULENT DECADE

To better understand the sometimes contradictory views expressed with regard to the delivery of services to veterans, it is necessary to review some of the context that may have influenced these viewpoints. Over the last 10 years, the services and financial support provided to veterans have undergone a major transformation. There were three factors undergirding this transformation: the aging and rapid decrease in the number of Second World War and Korean War veterans, the introduction of the New Veterans Charter (NVC) in 2006, and the participation of 40,000 Canadian military personnel in the conflict in Afghanistan between 2001 and 2014.

2.1 From the *Pension Act* to the New Veterans Charter

The system that was in place until 1 April 2006 dated back to the First World War. Pursuant to an order in council of 15 April 1915 that was adopted under the *War Measures Act,* a pension was payable for life to any person who had suffered a war injury leading to permanent disability. An order in council to compensate widows was also issued in January 1916. After some revisions, these orders in council became the *Pension Act* in 1919. There were subsequent amendments to the Act, most notably to reflect Canadian participation in the Second World War and the Korean War.

The principles of the *Pension Act* were well suited to the consequences of major global conflicts in which hundreds of thousands of citizens were required to participate, over a relatively short period, in mass wars of an extreme intensity that mobilized virtually all the energies of the entire country. The vast majority of veterans were ordinary citizens who had put aside their activities, ambitions and family life to serve their country, knowing

that they were risking their lives. Very few of them envisioned a military "career." As such, the *Pension Act* was created more for a temporary army of citizens, an "expeditionary force," rather than a professional standing army as the Canadian Armed Forces (CAF) was to become over the 1950s and 1960s.

Since the mid-1950s, however, military personnel who join the Armed Forces usually do so for the long term. The support they should receive is therefore not from a perspective of "returning" to civilian life in Canada, but from one of "transitioning" to civilian life. The Veterans Ombudsman, Guy Parent, expressed this very well during his testimony: "Some people call it reintegration, but it is not reintegration for a military career professional who has spent 35 years in the military environment. It's not reintegration; it is integration."[2]

The *Pension Act* was poorly adapted to this new reality of a professional army. From 1955 to the early 1990s, the number of medically released members was quite low, which in some ways delayed awareness of the deficiencies of the *Pension Act* in the context of a professional army. In the early 1990s, the number began to rise with the end of the Cold War and the growing number of increasingly dangerous peacekeeping missions, as well as major budget cuts. With Canadian participation in the conflict in Afghanistan increasing, the number of medically released members also increased. Over the decade that followed, this figure stabilized at between 1,200 and 1,500 per year.[3] The changes brought in by the NVC were essentially intended to address the needs of these medically-released veterans.

The move from a pension system that offered modest but lifelong financial assistance to one providing lump-sum payments has been frequently criticized. Since the introduction of the NVC, numerous veterans' groups have appeared before the Committee to share their concerns with the changes, noting that lump-sum payments do not provide sufficient financial security to help veterans become re-established and transition smoothly to civilian life.

While this report focusses on the delivery, not the content, of programs and services, the dissatisfaction expressed over the last 10 years with regard to replacing the lifelong pension with a lump-sum payment is an important aspect of how veterans interpret the quality of service provided by VAC. This dissatisfaction was clearly expressed by the representative of the Korea Veterans Association of Canada:

> The problem with the new charter is that the disability pensions would disappear, the life pensions would disappear. When I was told that if you died, your next of kin … would receive $250,000, I thought, "There's the money; go away and don't bother us anymore." That's the impression our Korea veterans had of what was going to occur.[4]

---

2 House of Commons Standing Committee on Veterans Affairs (ACVA), Guy Parent (Veterans Ombudsman, Office of the Veterans Ombudsman), *Evidence*, 8 March 2016, 1115.

3 ACVA, Gen (Retired) Walter Natynczyk (Deputy Minister, Department of Veterans Affairs), *Evidence,* 10 March 2016, 1110.

4 ACVA, Bill Black (President, Unit 7, Korea Veterans Association of Canada), *Evidence,* 19 May 2016, 1130.

While the NVC has been widely criticized for not providing the same financial security as was possible with the *Pension Act*, the Rehabilitation Program, which had no equivalent in the former system, has been recognized as a notable improvement in its flexibility for accommodating veterans' needs.

2.2 The transformation of Veterans Affairs Canada and the disappearance of traditional veterans

Even as it was preparing to implement the NVC programs as of 1 April 2006, VAC was launching an important modernization process. The scope of the changes to be made was such that in the *2010-2011 Departmental Performance Report*, the process was described as the "most significant transformation in Veterans Affairs Canada's 65-year history."[5]

VAC's *Five-Year Transformation Plan 2011-2016*, which itself flowed from the *Five-Year Strategic Plan 2009–2014,* [6] was intended to enable the Department to prepare for the changes resulting from the gradual disappearance of traditional veterans of the Second World War and the Korean War. Modern-day veterans and survivors now make up the majority of VAC's 200,000 clients. VAC is "forecasting a net decrease of about 11,000 war service veterans and survivors receiving Veterans Affairs Canada benefits this fiscal year."[7]

The *Five-Year Strategic Plan 2009–2014* was prepared in the uncertain context of the aftermath of the global financial crisis. Given the numerous interactions between the measures in the *Five-Year Strategic Plan 2009-2014* and the reorganizations rendered necessary by demographic changes and expenditure reduction plans, VAC developed, in 2010-2011, the *Five-Year Transformation Plan 2011-2016*, which constitutes a comprehensive transformation plan for all of the Department's operations. This plan was formally initiated in May 2010.[8] As of the fall of 2012, the Department had renamed this transformation plan the "Cutting Red Tape for Veterans" Initiative.[9]

VAC's *2016-17 Report on Plans and Priorities* does not mention this transformation plan, but the initiatives described under "Priority #1 – Veteran Centric" are a direct extension of the initiatives put forward over the last decade.

---

5 Veterans Affairs Canada, *2010–2011 Departmental Performance Report*, p. 13.

6 Veterans Affairs Canada, *Five-Year Strategic Plan 2009–2014*.

7 ACVA, Elizabeth Stuart (Assistant Deputy Minister, Human Resources and Corporate Services Branch, Department of Veterans Affairs), *Evidence*, 8 March 2016, 1215.

8 ACVA, Charlotte Stewart (Director General, Service Delivery and Program Management, Department of Veterans Affairs), *Evidence,* 29 May 2012, 1535.

9 Veterans Affairs Canada, *Departmental Quarterly Financial Reports, July–September 2012*.

3. VETERANS AFFAIRS CANADA: AN UNPOPULAR DEPARTMENT

Regardless of the quality of the services provided, the appropriateness of the programs or the attitude of employees, a lack of trust in the Department will influence veterans' overall perceptions of it. On that front, the evidence was somewhat mixed. Over the years, some veterans have lost faith in VAC, and efforts by the Department to restore trust have not yet been deemed successful. Others have had an excellent relationship with the Department. As for the Department itself, officials repeatedly told the Committee about the significant efforts that have been made to change this negative perception.[10]

Among the witnesses heard by the Committee, family members of wounded veterans expressed great dissatisfaction with the Department. Several recounted personal stories of how they felt their trust had been betrayed. These include Carla Murray, the spouse of a veteran suffering from an operational stress injury. She told us that "Veterans Affairs has been setting up to be more distant. When you walk into a Veterans Affairs office, it's a horrible feeling. It's not welcoming. It's closed. It's almost a lockdown on the doors. Nobody feels like going into Veterans Affairs, because the whole environment doesn't feel very welcoming."[11]

A little later in the same hearing, she had these harsh words for VAC: "That you have no credibility. Start from scratch. Blow it up. Change the name. Change everything. You're asking employees who have been doing the same delay-and-deny culture for 10 years. You can't expect them to change. They're not going to change."[12]

Jim Scott, President of Equitas and father of a veteran who was severely injured in Afghanistan, expressed a similar viewpoint, revealing the perception among some veterans that the Department's attitude is like that of an insurance company:

> We're not here to make enemies with VAC; it's just that there is a culture of what we call "no." There is very often a rejection of your claim, and then you have to be persistent on it and go before the review committee. If it is sent up to the Federal Court it only comes back, as it must go back to the Veterans Review and Appeal Board if there's no resolution, and it can get stuck in a cycle.
>
> I'll give you another example from a representative plaintiff, this being my son again. He had part of his pancreas removed. He made a claim through that process that it was causing him dietary issues, and it went up and was denied. He got a letter of denial saying that it had no effect on his well-being.[13]

This sentiment goes even further in cases of operational stress injury. As Mr. Scott remarked, "Especially when we deal with post-traumatic stress, I still think there's a culture that we don't believe it in many cases and we feel the candidate may simply be looking for

---

10 ACVA, Gen (Retired) Walter Natynczyk, *Evidence,*10 March 2016, 1110.

11 ACVA, Carla Murray (As an Individual), *Evidence,* 10 May 2016, 1145.

12 ACVA, Carla Murray, *Evidence,* 10 May 2016, 1220.

13 ACVA, Jim Scott (President, Equitas Disabled Soldiers Funding Society), *Evidence*, 21 April 2016, 1130.

some money after having done a tour of duty and not having secured income on returning to Canada. That's an uphill battle."[14]

Expressing a similar opinion, Denis Beaudin, Founder of Veterans UN-NATO Canada, quoted from a paragraph found in the preamble to the French-language version of the form entitled "Rehabilitation Program and Vocational Assistance Application for Veterans":

> *"Active participation is the key to success in the Rehabilitation Services and Vocational Assistance Program. If you fail to participate actively, you might not move forward, and the program might be suspended."*
>
> So the veteran is threatened before he or she starts answering a question.[15]

On the other hand, retired General (Retired) Walter Natynczyk, Deputy Minister of VAC, told the Committee:

> We are changing the culture, the idea of care, for exactly that reason. What I say to our employees when I visit the offices across the country and visit the head office is that we treat our veterans as if they're our mum, dad, sons, or daughters. What level of care do we wish to offer our own children? My three kids served.
>
> It's what level of care and the compassion operationalized to give them the benefit of the doubt and respect them no matter what.[16]

Michel Doiron, Assistant Deputy Minister, Service Delivery, expressed similar views: "It comes back to the veterans' centricity, looking at the services, looking at what we do from the veterans' perspective, not from the bureaucrats' perspective. We still have some work to do on that side."[17]

It should be noted, however, that the Department's efforts to make concrete improvements in the departmental culture appears to be a relatively recent initiative. Bernard Butler, Assistant Deputy Minister of Strategic Policy and Commemoration, talked about the change in the following terms:

> What I would tell you is that over the last year or two we have developed, at the direction of our deputy minister, and supported by our minister a strategic plan that clearly calls for three things. One is fixing the scene and one is service excellence. Through that approach of trying to address those issues, there are three principles that are underlying it, and they are to show care, compassion, and respect to veterans.
>
> I think it's all part of a cultural change, basically, within the department. It's trying to achieve ways and means of understanding what the veterans' needs are and ensuring that we put the veteran first. In other words, it's a veteran-centric approach in terms of not

14 ACVA, Jim Scott, *Evidence*, 21 April 2016, 1215.

15 ACVA, Denis Beaudin (Founder, Veterans UN-NATO Canada), *Evidence,* 5 May 2016, 1215.

16 ACVA, Gen (Retired) Walter Natynczyk, *Evidence,* 10 March 2016, 1135.

17 ACVA, Michel Doiron (Assistant Deputy Minister, Service Delivery Branch, Department of Veterans Affairs), *Evidence*, 10 March 2016, 1140.

> only all the services that we deliver but also in terms of the way we deal with our policy formulations, our business processes, down to including our program design.[18]

In contrast to the generally negative perceptions of veterans from the 1990s and 2000s, older veterans appeared to be much more positive about their interactions with the Department. For example, Bill Black, President of Unit 7 of the Korea Veterans Association of Canada, consulted the members of his organization prior to his committee appearance, and told us that:

> Recently I reached out to some of our units and individuals within our Ottawa unit and received feedback on this question: "Describe how well you are being treated by Veterans Affairs Canada." Everyone's answer was nearly identical, such as, for example: "No complaints"; "More than I expected"; "We're being well cared for"; and, "If it were not for VAC, I'd be on the street.… Feedback indicates that, for whatever reason, VAC seems to have excelled in putting forth a great deal of compassion in providing meaningful assistance to Korea veterans.[19]

It may well be that the more negative perceptions stem from the period since the intensification of military operations in the 1990s (former Yugoslavia, Somalia, Rwanda, Afghanistan). The Department's programs were poorly adapted to the needs of this younger generation, whose experiences were sometimes traumatizing and very different from those of the traditional veterans of the Second World War and the Korean War. Based on the testimony before the Committee, it appears that the most dissatisfied veterans are those whose first contacts with VAC took place in the 25-year period that covers the 15 years preceding implementation of the New Veterans Charter up until the change in the departmental culture, whose effects began to appear around 2014. Again, we must be cautious about over-generalizing. Some of those who were released from the CAF during this period were very grateful for VAC's services. For example, Col (Retired) Russell Mann, who today works with the Vanier Institute of the Family, said, "I had a bad transition experience but I had outstanding follow-up. They didn't forget me, they didn't leave me alone, and they made me feel connected. That's all I needed."[20]

Some veterans talked about feeling misunderstood when they had to discuss the details of their file with departmental employees who did not appear to be familiar with military culture. Sergeant Matthew Harris, who coordinates a mutual support network for soldiers, veterans and their families, provided a good description of this perception:

> Also, there is a strong need to speak to other vets and not get some impersonal letter from VAC denying their claim, as they feel that someone is calling them a liar and that their honour is being questioned by a civilian, or so it seems to them. Reality doesn't matter if perception is so strong that it becomes your reality.[21]

---

18 ACVA, Bernard Butler (Assistant Deputy Minister, Strategic Policy and Commemoration, Department of Veterans Affairs), *Evidence*, 12 April 2016, 1300.

19 ACVA, Bill Black, *Evidence,* 19 May 2016, 1120.

20 ACVA, Col Russell Mann (Colonel [Retired], Special Advisor, Vanier Institute of the Family), *Evidence*, 22 September 2016, 1650.

21 ACVA, Sgt Matthew Harris (31CBG Veteran Well-Being Network, As an Individual), *Evidence*, 12 May 2016, 1125.

The November 2014 appointment of retired General Walter Natynczyk as Deputy Minister represents this transition in VAC's culture for many veterans. The presence of a respected former officer at the head of its administration seems to be perceived as a positive sign of the Department's desire to rebuild a sense of trust – one based on the solidarity of shared experiences among veterans. [22]

Notwithstanding the concerns expressed by a number of witnesses, others shared their positive experiences with committee members in the context of their interactions with VAC. For example, Robert Thibeau, President of Aboriginal Veterans Autochtones, talked about the compassion and initiative shown by departmental employees:

> An individual who's part of my organization was in the navy. He suffered from post-traumatic stress disorder, to the point where he had to be released. He was very angry when he got out. He was very angry for about two years afterward. A close friend of mine got hold of Veterans Affairs and suggested that they might want to send this guy back to his community. He was in Nova Scotia, but he was an Ojibwa from either Manitoba or northern Ontario. Veterans Affairs paid his way back. They paid for the two weeks he was there. The processes he went through with his elders and the community assisted him in becoming a better person. The healing process for him was significant because of it. I think that's a very good success story. It's also something that Veterans Affairs Canada should be acknowledged for in going outside the box in [sic] for the healing process.[23]

Anthony Saez, Executive Director and Chief Pensions Advocate, Bureau of Pensions Advocates, VAC, also stressed the positive change in departmental culture in dealing with sexual harassment:

> With time, and the sensitivities growing around that issue, both the department and the board have moved along with the tide, with society, to essentially say that it is unacceptable and won't be tolerated….
>
> [I]n the past, they may have agreed that there was sexual harassment there and that it was not acceptable, but it wasn't in the line of duty. It wasn't as part of your job. Therefore, you don't qualify. That, again, has moved to the veteran's benefit, where they recognize now that if it happens while you are on duty, the employer is responsible. Therefore, it happened as a result of duty.[24]

Such positive comments did appear to the Committee members as isolated cases. The frustration persists among veterans and their families, who perceive the Department as behaving like "an insurance company" deliberately trying to discourage veterans from asking for benefits and services. Richard Blackwolf, National President of Canadian Aboriginal Veterans and Serving Members Association, echoed this perception:

---

22 ACVA, LGen (Retired) Louis Cuppens (Special Advisor, Canadian Peacekeeping Veterans Association), *Evidence*, 5 May 2016, 1105; also Robert Thibeau (President, Aboriginal Veterans Autochtones), *Evidence,* 19 May 2016, 1220.

23 ACVA, Robert Thibeau, *Evidence,* 19 May 2016, 1150.

24 ACVA, Anthony Saez (Executive Director and Chief Pensions Advocate, Bureau of Pensions Advocates, Department of Veterans Affairs), *Evidence*, 16 June 2016, 1135.

> [Veterans] put in a claim and 18 or 20 weeks later they get a reply back that their claim has been denied. It's so frustrating for them. Some of them try again. We've had many who said they've put in three claims and then they got nothing. Then they quit, they give up….
>
> [S]o it's a system of delay and denial. It's quite an awesome thing.
>
> You wouldn't think that when you hear somebody had a successful claim that you would actually congratulate them. We do. We say that they've really accomplished something there. They're almost like stars.[25]

One of the veterans the Committee met with in Toronto expressed the same idea:

> [I]f there's any doubt at all, we should be believing the veteran. If there's any problem at all, if there's any question that can't be easily resolved, we should be believing the veteran. Instead, the moment any doubt or unanswered question comes up, that becomes the thing that gets targeted, the thing that Veterans Affairs drives into the wall to say, "Sorry, you're not getting your claim approved. You're not getting this benefit. You're not getting this treatment."
>
> That's what I mean by denial by design. It is an insurance-minded scheme that is purposely meant to limit financial liability and to not actually pay out….
>
> The moment you act as an insurance company or under insurance company principles, boom, the sacred obligation, the social obligation, is the first thing that's dropped on the floor and scrounged into the dog poop.[26]

These frustrations appear to be closely tied to the appeal process that comes into play when a veteran is dissatisfied with the response to an application for financial compensation. It is important to understand that for the veteran, this unfavourable response often comes at the end of a lengthy, and often frustrating, process. For many, the refusal effectively confirms a vague impression of a complex system, calculated delays and depersonalized communications all working against the veteran, but which could more easily have been forgiven had the result been positive.

For a number of years, this dissatisfaction has not just been limited to VAC. In fact, as pointed out by Gary Walbourne, National Defence and Canadian Forces Ombudsman, even serving members are becoming increasingly critical of the services they receive:

> What I'm hearing from the members, both those serving and released, is that frustration is mounting. It's mounting. People are frustrated. My calls are up almost 30% over last year. I noticed that MGERC, the military grievances external review committee, has released its report. Their grievances are going through the ceiling. Something is happening in the environment, and if we're not cognizant of it and we don't deal with it, I hate to say it, but we'll be back having this conversation again in 10 or 12 months.[27]

---

25 ACVA, Richard Blackwolf (National President, Canadian Aboriginal Veterans and Serving Members Association), *Evidence*, 2 June 2016, 1140.

26 ACVA, Walter Callaghan (As an Individual), *Evidence*, 13 June 2016, 1925.

27 ACVA, Gary Walbourne (Ombudsman, National Defence and Canadian Forces Ombudsman), *Evidence*, 7 June 2016, 1245.

This same increase in requests has also been observed by the Veterans Ombudsman, Mr. Parent, “In the last few years, the number of interventions has been increasing. We have to engage Veterans Affairs Canada to resolve a problem. The majority of those issues have to do with health care regulation.”[28]

During this study, the Committee heard many anecdotes about specific cases involving numerous aspects of the various programs. While the Committee cannot make a determination as to the legitimacy of these criticisms, the general impression that emerges is one of overall dissatisfaction with the relations between the Department and medically-released members and veterans. According to the testimony, the trust appears to have been broken, and once that has happened, all interactions between the Department and veterans are seen through a filter of distrust, which leads to the suspicion that the refusal of services or benefits is a deliberate strategy.

VAC has made significant efforts over the last decade to fight the perception that its employees had orders to systematically refuse first applications. The statistics provided by the Department appear to back this up: “First of all, it is no longer 63%, but an 83.3% approval rate, on first applications. That has increased by 20 percentage points.”[29] This improvement was confirmed by Anthony Saez of the Bureau of Pensions Advocates,[30] which represents free of charge approximately 95% of veterans who appear before the Veterans Review and Appeal Board.[31]

This is a noteworthy improvement that occurred in the last few years, but it will likely take some time to do away with the negative perception that has built up over a long period in the minds of many veterans.

Before looking at the appeal process, it is therefore important to understand the frustration that veterans experience around three other areas of concern: the complexity of programs and eligibility criteria; the delays between first contact with the Department and the delivery of services; and finally, communications between veterans and the Department, which are sometimes rendered difficult as a result of the complexity of programs and the time it takes before veterans can begin to benefit from them. These are discussed below.

3.1 Complexity of the system

Almost all the witnesses heard during the course of this study agreed on one thing: veterans and their families do not understand what they are entitled to. With trust already strained, this complexity serves to widen the already existing gulf between veterans and the Department. In fact, the sometimes esoteric interactions among the eligibility criteria for certain programs can leave the impression that the government is deliberately trying to confuse veterans by using grounds for refusal that would be far too difficult to challenge.

28 ACVA, Guy Parent, *Evidence,* 8 March 2016, 1125.

29 ACVA, Michel Doiron, *Evidence*, 14 April 2016, 1235.

30 ACVA, Anthony Saez, *Evidence*, 16 June 2016, 1135.

31 ACVA, Anthony Saez, *Evidence*, 16 June 2016, 1105.

Mr. Parent, the Veterans Ombudsman, even suggested that this is one of the main causes of the difficulties experienced by veterans:

> Let's start with the question of why some veterans and their families are still struggling. Simply put, benefits are too complex, not only for veterans but for VAC staff as well. After decades of layering regulations and policies one on top of the other, with no apparent regard for how such overlapping would affect veterans and their families, a system has been created that is difficult to administer on the best of days.[32]

Numerous veterans appearing before the Committee expressed their frustration with this complexity, explaining the determination it takes to not just give up along the way. The viewpoint of one of these witnesses, Cody Kuluski, seemed particularly representative:

> It was a huge stack of forms. It was completely overwhelming, for sure. I don't do paperwork well … we're infantry. We had people doing everything for us, and then to hand an infanteer a stack of forms and to tell us to get all of our ducks in a row and get them off or we won't get services, it was completely overwhelming for me. I definitely fell between the cracks.
>
> I probably lost services I didn't even know about or wouldn't have heard about.[33]

Jesse Veltri also expressed his frustration with VAC: "The fact is that you guys leave us in paperwork and you lead us in circles with this paperwork, and now we get nowhere. Because we get nowhere, we get frustrated. And I get frustrated, because I swear at Veterans Affairs—pretty much daily, if I have to."[34]

Furthermore, veterans and medically releasing military personnel must deal with this complexity at a time when they are also completely reorganizing their lives. Jody Mitic explained to the Committee members how these applications can sometimes end up on the bottom of a veteran's list of priorities:

> For me, I had both feet blown off by a land mine, and suddenly when I was releasing I was supposed to do all this paperwork myself. It was extremely frustrating because paperwork to me was my recce sketch and my patrol report that I would hand in after coming back from a mission. I didn't understand the process. I know that it sounds at this point now, 10 years later, a little weird that I couldn't figure out how to do paperwork, but at that time I was more worried about learning how to walk again than how to fill out a form.[35]

Alannah Gilmore explained that this red tape ends up hindering the veteran's quick recovery:

> I am a 23-year veteran. I was a medical technician.… My release was a medical one. I was released for PTSD, and I believe that VAC at one point became a huge trigger for

32 ACVA, Guy Parent, *Evidence,* 8 March 2016, 1105.

33 ACVA, Cody Kuluski (As an Individual), Evidence, 3 May 2016, 1130.

34 ACVA, Jesse Veltri (As an Individual), *Evidence*, 3 May 2016, 1130.

35 ACVA, Jody Mitic (As an Individual), *Evidence*, 3 May 2016, 1115.

> me.… It is not because they aim to be difficult, but when you have so many names and terms to describe different benefits and items, but you don't have anyone who is available to explain that to the individual, it is beyond overwhelming.
>
> I actually thought I knew what I was talking about.… I was a sergeant, senior NCO, like, come on. Twenty-three years and I can't figure out what this system is. I was medical; I should completely understand. If I don't, then what is the young private, corporal, or anybody else who has a physical or mental disability supposed to be able to do, if I can't figure it out?[36]

Michael Ferguson, Auditor General of Canada, pointed out the similar difficulties for transitioning military personnel to civilian life in accessing relevant programs and services. Some of his conclusions may appear to be applicable to all veterans' programs: "There are a variety of support programs, benefits and services in place to help ill and injured members of the military make the transition to civilian life. However, we found that understanding how the programs worked and accessing them was often complex, lengthy and challenging."[37]

It has become clear to Committee members that the Department must redouble its efforts to find creative ways to simplify its programs. However, it is not realistic to expect that what took decades to build can be undone in a couple of years. That is why, even while acknowledging that this fundamental work is now more necessary than ever, the Committee feels that there must be a short-term strategy to mitigate the negative consequences of this complexity on the lives of veterans and their families. The Veterans Ombudsman summarized what such a strategy could look like:

> What if the desired outcome was a veteran-centric, one-stop shop approach to VAC service delivery? This could mean that at the beginning of the release process, Veterans Affairs Canada would conduct a file review and adjudicate any and all benefits to which the veteran would be entitled. The veteran would then be presented with the results without having to apply for a single benefit.
>
> The key question is this. If this were done in a timely manner, would it better prepare the veteran for transition, reduce workload at Veterans Affairs Canada, and increase trust in the system? I believe it would.[38]

As also noted by the Veterans Ombudsman, if such a one-stop shop were put in place, veterans would no longer be required to repeat their story every time they apply for services:

> The application process for different benefits requires people to fill in different forms, to have different interviews. Where there's an adjudication mechanism, there's an assessment of their ability and disability. In every one of those instances, somebody

36 ACVA, Alannah Gilmore (As an Individual), *Evidence*, 3 May 2016, 1120.

37 ACVA, Michael Ferguson (Auditor General of Canada, Office of the Auditor General of Canada), *Evidence*, 14 April 2016, 1105.

38 ACVA, Guy Parent, *Evidence,* 8 March 2016, 1105.

> suffering from PTSD or any non-visible injury has to repeat their story: why, what is the cause, what is the reason for their state of being? That happens all the time.[39]

Jerry Kovacs, one of the veterans who appeared before the Committee during its visit to Montreal, expressed the same opinion: "There should be a comprehensive application form for services and benefits. Eligibility for services and benefits should not require proving multiple times that an injury has been sustained."[40]

The Committee members are aware of the efforts of departmental employees to offer solutions that would address this complexity. However, officials' creativity is often limited by what the Act allows them to do and requires them to ask of veterans. Mr. Doiron described the steps undertaken by the Department to be more proactive:

> Regarding injuries, we have not eliminated the burden of proof, but we have simplified the process. We ask what the veteran's duties were. The deputy minister referred to this earlier. Let me give you an example.
>
> It's in the case of an infantryman. We know that it is normal for veterans who were in active duty in theatre to have knee, hip and back problems. If someone served in the infantry, there are two or three things we look at. That is what is meant by the burden of proof. If a physician says that the person is injured, he belongs to the club. We still have to assess the percentage of disability and the complexity of the injury, but the person's entitlement to benefits is not at issue.[41]

Mr. Saez confirmed the improvement that has resulted from handling this type of injury in this way:

> The other one that has changed more recently is the one related to cumulative joint trauma. In the past, the department and the board were always looking for the one incident – the one accident, the one event – that caused your injury. We would often argue and say, "Well, you know what, you might be a tanker wearing a heavy helmet with night vision goggles, and over time that continued bouncing around with the weight on your head is going to affect your neck." The department and the board have both moved to accept the reality of cumulative joint trauma. They now recognize that it doesn't have to be just one incident that causes your disability but a number of small incidents over a longer period of time.[42]

Such initiatives provide short-term results without affecting the Department's financial resources. The same would likely apply to most solutions aimed at simplifying programs and processes. As the Auditor General observed:

> The natural expectation is that if more resources are going into a program there will be better outcomes, but those two things don't necessarily always go hand in hand. I think it's important that whenever there is a change like that or a commitment to do something

39 ACVA, Guy Parent, *Evidence,* 8 March 2016, 1120.

40 ACVA, Jerry Kovacs (As an Individual), *Evidence*, 14 June 2016, 1720.

41 ACVA, Michel Doiron, *Evidence*, 10 March 2016, 1150.

42 ACVA, Anthony Saez, *Evidence*, 16 June 2016, 1140.

> else or invest more in a program, there needs to be a good way of measuring if it is having the intended outcome.[43]

Among the most difficult problems to resolve appears to be the lack of harmonization between the policies and programs of the different departments that affect veterans. Mr. Scott described some of them:

> The first area we'll talk about is the conflict between the different government departments. Each department will apply a different standard to the same conditions, resulting in various opinions. For example, the Department of National Defence may discharge a soldier from their duties for not meeting their universality of service because of certain injuries they have incurred, but Veterans Affairs Canada will not accept those injuries and will not compensate for them, and the Canada Revenue Agency may not consider the soldier is in a disabled category for the credits.[44]

Another consequence of that complexity is that veterans increasingly feel that they must turn to organizations other than the Department to obtain information they consider reliable. Mr. Beaudin and his colleague, peer support worker Brigitte Laverdure, gave a clear description of how these organizations help bridge the gap that this complexity creates between veterans and the Department:

> [The department] works well – arguably, very well – but only if the person concerned knows how it works. As I said, it took me 14 years to wade through, 14 years before getting a pension. And Ms. Laverdure has been working for five or six years so that others can get a pension. People come to us having lost hope, and she takes care of them from the very beginning of the process. She can tell them exactly which forms need to be filled out. Someone who is not up to speed, is sick, and receives such paperwork at home, is going to throw the damn thing in the garbage.[45]

The same point was made by Dana Batho, Administrator of the peer support group Send Up the Count:

> For Send Up the Count, it's people not knowing how to access resources and not knowing what resources are available. By the time they come to our group and start asking for help, they're usually in pretty dire straits. They don't have anybody they trust to talk to about this. That's the main issue with Send Up the Count. They don't know who to trust and they don't know where to go.[46]

Most witnesses feel, however, that it should not be up to these organizations to guide veterans through the bureaucratic maze created by the Department. Ms. Murray expressed this viewpoint in very clear terms:

---

43 ACVA, Michael Ferguson, *Evidence*, 14 April 2016, 1150.

44 ACVA, Jim Scott, *Evidence*, 21 April 2016, 1120.

45 ACVA, Denis Beaudin, *Evidence*, 5 May 2016, 1215.

46 ACVA, Dana Batho (Administrator, Send Up the Count, Facebook Group, As an Individual), *Evidence*, 12 May 2016, 1225.

> The paperwork is insane. The simple solution is to get VAC to do their own paperwork. Make them sit down with a veteran. Then we still get the face-to-face that I want, and they do the paperwork. You'll be amazed how quickly it will be simplified.[47]

The possibility of the Department establishing a more formal relationship with these peer support groups was raised more than once, but there is a difference of opinion on the appropriateness of such a move among witnesses. Some, like Michael Blais, President and Founder of Canadian Veterans Advocacy, support the idea:

> [T]he vast number of peer support groups that are springing up across the nation…. If the department were wise, it would reach out to these people here … find protocols that apply to them all.…
>
> Right now, a case manager or a client service agent can only go so far, and that's appropriate, but there needs to be another mechanism of control, coordination, and understanding on what these groups are individually doing and how we can bring their positive karma into a collective program.[48]

Others, such as Sgt Harris, are concerned about the confusion that such a network could create:

> A flood of too many phone numbers and too many things, and people vying for control over who does what and who helps whom, I don't think would be something that our group would necessarily do. I think we would guide them to those numbers because we know. Some of us know more about thing A than thing B, so we would talk to each other and figure out the best way to go.[49]

The prevailing sentiment seems to be a desire on the part of peer support groups to maintain their independence from the government, while remaining available to help it that could be useful in a specific case. Ms. Batho observed:

> The only issue with having more of a formal organization is that things may end up becoming more politicized and so on, which I know a lot of the peer support groups are very against, because it just makes people angry. When you're in a situation of putting your group or your mandate into somebody else's hands, it brings in too much that you can't control.
>
> I think there definitely needs to be more coordination between the groups.…
>
> [B]asically when somebody is having a massive issue and needs somebody to go to his or her house right away. There is a line between supporting people and the political aspect.[50]

---

47 ACVA, Carla Murray, *Evidence,* 10 May 2016, 1225.

48 ACVA, Michael Blais (President and Founder, Canadian Veterans Advocacy), *Evidence*, 12 May 2016, 1205.

49 ACVA, Sgt Matthew Harris, *Evidence*, 12 May 2016, 1210.

50 ACVA, Dana Batho, *Evidence*, 12 May 2016, 12:10; also Kimberly Davis (Director, Canadian Caregivers Brigade), *Evidence*, 12 May 2016, 1210.

Witnesses from veterans' organizations felt that the time they had to devote to supporting veterans in filling VAC's paperwork demonstrated the need to further simplify the process. Alternatively, if for statutory reasons a certain level of complexity must be maintained to guarantee a good administration of these programs, at least, it should be up to the Department to deal with that complexity, and the administrative burden should not fall on the shoulders of veterans, their family members or the organizations that support them. The Committee therefore recommends:

Recommendation 1

That Veterans Affairs Canada establish an in-person service to help veterans learn about the services and programs they are eligible for, and to help them complete the paperwork required for these services and programs.

If relations must be improved between VAC and community groups, they should also be improved between VAC and the health care specialists that veterans must see to obtain the information required by the Department to establish their eligibility for programs. Kimberly Davis, Director of the Canadian Caregivers Brigade, quoted from letters from a doctor and an orthodontist that highlight this problem:

> Physicians are being inundated with paperwork, which is monopolizing the appointment time that should be focused on getting the patient better. There are many physicians I have personally spoken to who are now turning away veterans because they don't have the time or the patience to deal with them…. The provincial health care departments are now attacking providers who are treating veterans. I have spoken to a few family physicians who have received audit review decisions from the department of health in their provinces, and they are now being penalized for general appointments, such as prescription renewals, which are very basic.[51]

While the Committee is troubled by concerns that medical practitioners may not be treating veterans, the information received is, at this juncture, too anecdotal to allow the Committee to formulate an opinion with regard to how broadly this occurs. Nevertheless, the simple fact that veterans' families feel the resistance from health care professionals suggests that there is a problem that must be examined by the Department on an urgent basis. The Vanier Institute of the Family is set to launch a program to raise awareness among family physicians in British Columbia about the specific issues veterans face.[52] Such efforts will certainly help address physicians' resistance, and the government could undertake similar efforts with provincial authorities.

Recommendation 2

That Veterans Affairs Canada work with provincial ministries of health and professional associations to foster better cooperation from health care professionals and assist them when they must fill out the forms

---

51 ACVA, Kimberly Davis, *Evidence*, 12 May 2016, 11:05–1110.

52 ACVA, Nora Spinks (Chief Executive Officer, Vanier Institute of the Family), *Evidence*, 22 September 2016, 1535.

required by veterans to be eligible for the Department's programs and services.

3.2 Delays

Nearly all witnesses acknowledged that the complexity of policies, laws and regulations leads to complex array of processes and forms. This can, and has, resulted in disagreements over how to interpret the rules, adding further complexity. When these disputes are settled, the interpretation they decide on may require adding some lines to forms in order to obtain the information that was missing, or consulting specialists about how to apply the rules in specific cases.

This complexity exists for most of the programs that provide services or financial benefits to individual veterans with health problems that may be service-related. To establish eligibility for each of these programs, the veteran will normally be asked to consult (or re-consult) a physician, often a family doctor, sometimes a specialist, in order to confirm a diagnosis or determine the severity of the injury or illness. Once that has been established, VAC must determine whether the injury or illness was caused or aggravated by military service. The information relevant to this determination, which is found in the member's file, including the medical record, must therefore be transferred to VAC. Once the connection with military service has been established, there must be a determination of whether the injury or illness is severe enough that all of the veteran's health care should be assumed by VAC, or only care related to the injury or illness for which that connection has been recognized. Other forms are required for that determination, and still other forms and possibly other medical appointments in order to establish the veteran's eligibility for any one of dozens of other programs or services for which the veteran might be eligible once it is acknowledged that the health problems are connected, in whole or in part, to military service.

This process means that a significant amount of time may lapse from when veterans apply for, and when they actually receive, the services for which they are eligible. If the initial application was for a disability pension or disability award, and the veteran is not satisfied with the response received from VAC, the review and appeal process will cause further delays.

All agree that it is necessary to have a process for establishing eligibility for services, and that this process requires a certain amount of time. All also agree that these delays create significant stress for veterans when their future well-being will be affected by the results of the process. The Committee believes it is critical for the Department to create a system that ensures a reasonable balance between the need to process the information used to establish eligibility on the one hand, and the wait associated with this process on the other, in order to mitigate the difficulties that such a process could cause veterans.

In the case of a first application for a disability award under the NVC, VAC has set this reasonable balance at 16 weeks. This "service standard" is the result of significant efforts on the part of the Department to reduce delays and complexity.

Some witnesses, however, continue to feel that this "service standard" and associated delays are still unreasonable. For example, Mr. Blackwolf had the following comments:

> Regarding a 16-week service standard, in our view the response time of four months is totally ridiculous in an age of computers and fibre optics. There is no business plan that we have been made aware of at stakeholders' summits or statements by the minister as to how and when the four-month service standard will be achieved.
>
> There is also a protracted process to obtain aids for living, such as wheelchairs, walkers, canes, hearing aids, and lift chairs, which causes frustration and anger.[53]

Mr. Walbourne shared a similar view: "In some cases, this could be for an extended period of time if there are complexities or nuances with the file. As far as adjudication goes, it is not, in my opinion, acceptable that there is a 16-week service delay."[54]

Donald Leonardo, National President of Veterans Canada, put the following question to his organization's members: *"…would you say that wait times for decisions have been reduced? If so, can you provide concrete examples or evidence in this respect?* Ninety-seven members responded to this question, and 90% of them said no."[55]

Such a response does not have the scientific value of a structured survey, but it does help to illustrate once again the Department's difficulty in maintaining the trust of veterans who feel trapped by a process that is supposed to be helping them.

Moreover, the Auditor General challenged the Department's claim that it was meeting the 16-week service standard in more than 80% of cases: "One of the issues in this audit, in particular though, about performance measures is that they had a performance measure in place around processing the application, how long it took to process the application. They were pretty close to meeting that target, but it was only measuring one part of the process. It wasn't measuring all of these other parts, including the appeal or how long it takes to fill out an application."[56]

In his analysis of the processing of applications for disability awards for mental health problems, the Auditor General harshly criticized the Department of National Defence (DND) for the time required to transfer medical records, and VAC for its failure to try to find ways to obtain, from the outset, information that veterans frequently fail to include in initial applications:

> As in 2012, we found that a complex application process, delays in obtaining medical records from National Defence and the Canadian Armed Forces, and long wait times to access mental health care professionals in stress injury clinics continued to be some of the factors that slow down the decision as to whether veterans are eligible for support provided through the disability benefits program.

---

53 ACVA, Richard Blackwolf, *Evidence*, 2 June 2016, 1105.

54 ACVA, Gary Walbourne, *Evidence*, 7 June 2016, 1100.

55 ACVA, Donald Leonardo (National President, Veterans Canada), *Evidence,* 19 May 2016, 1105.

56 ACVA, Michael Ferguson, *Evidence*, 14 April 2016, 1125.

> In addition, we noted that 65% of veterans who challenged denial-of-eligibility decisions for disability benefits were successful. While the department knew that most successful challenges rely on new information or testimony, it had not analyzed how the process could be improved to obtain this information prior to rendering decisions upon first application.[57]

Furthermore, according to Mr. Joe Martire, Principal at the Office of the Auditor General, 24% of the service data in the database of information transferred from DND files was incorrect in 2012.[58] Most of the information contained in this database can affect eligibility for VAC programs, for instance, whether the veteran was a member of the Canadian Forces or a reservist, release dates and reasons for release from military service, and whether the person served in a special duty area or in a special duty operation.

In the case of medical records transfers, Elizabeth Douglas, Director General of Service Delivery and Program Management, commented:

> There has been significant improvement over the past year. Around this time last year, it took approximately 35 days to transfer records from CAF to VAC. Now we're at 19 days. Part of the reason for that is, first, we have recognized and placed priority on it; second, there is the digitization of records. Now that they are scanned documents, they come to us more quickly and sooner.[59]

Members of the Committee acknowledge the improvement, but think that a complete medical file should be made available to the releasing members before the releasing date. To alleviate the burden thus put on the CAF, this could be limited to members who have been assigned a permanent medical category, and about whom a decision has to be made about whether or not they will be released for medical reasons.

Recommendation 3

That the Canadian Armed Forces provide serving members with their complete digitalized medical file as soon as a permanent medical category has been assigned.

Mr. Saez confirmed the improvement in the length of time required to receive medical records. In his view, what is slowing down the process the most today is obtaining medical reports that require expertise in mental health:

> Ten years ago, the report of a family doctor was all you needed. Then, it had to be maybe a psychologist, because they have a little more experience in the field. Then, as conditions were identified and became more complicated, a psychologist wasn't good enough; you needed a medical report from a psychiatrist.

57 ACVA, Michael Ferguson, *Evidence*, 14 April 2016, 1105.

58 ACVA, Joe Martire (Principal, Office of the Auditor General of Canada), *Evidence*, 14 April 2016, 1135.

59 ACVA, Elizabeth Douglas (Director General, Service Delivery and Program Management, Department of Veterans Affairs), *Evidence*, 9 June 2016, 1135.

> That is probably where the system is slowed down the most for the veteran, from our perspective, because he or she needs a civilian doctor. If they are still in the forces, of course, their DND doctor doesn't provide that kind of service. They have to go out into the civilian world, try to find that report, and then get it back to us for redress purposes. We know the Canadian medical system has its challenges, and that is seen, certainly, in this process.[60]

3.3 Communications

The negative perception many veterans have of the departmental culture and the complexity of the processes for accessing programs and services, as well as the delays involved in this regard, has made it difficult to establish harmonious communications between veterans and VAC.

Some examples provided during the Committee hearings bring to light another dimension of the climate of mistrust that persists. The first example involves the online "My VAC Account" portal, which was created to facilitate the exchange of information with veterans about different programs and services. Several witnesses, including Ms. Batho, said they appreciate having services provided online, but criticized the fact that the portal is cumbersome and not user-friendly.

> Things like filling out forms online are very useful for me because I can't write anymore and I can't do a lot of things physically, but there are technology issues. One is that the forms will only open in certain browsers. I'm pretty tech savvy. I was working as an intelligence officer and a cyberthreat analyst for Transport Canada, so I'm pretty tech savvy, and if I'm having issues in accessing some of the online services, I'm sure other people are having issues as well.[61]

Others, like Ms. Gilmore, seem to suggest that the focus on Internet access has led to difficulties in obtaining information in person or over the phone:

> That's the problem with your VAC online system. I think that for some people, it might just be an easy way to deal with it. They can go through the motions and all their information is there. But when it starts getting more complex, I would not focus my time on an online version. I think there has to be a connection with a case manager, somebody who can sit down and tell you if you're on the right path or the wrong path, and provide that information.[62]

One example that might seem innocuous but that baffled Committee members is that when they first sign up for a "My VAC Account," veterans are required to provide their banking information if they want to continue registration.[63] Such a request will do nothing to appease the climate of mistrust that already exists. But independent of that mistrust, such a request in the context of registering for an online portal that is supposed to promote

---

60 ACVA, Anthony Saez, *Evidence*, 16 June 2016, 1135.

61 ACVA, Dana Batho, *Evidence*, 12 May 2016, 1100.

62 ACVA, Alannah Gilmore, *Evidence*, 3 May 2016, 1150.

63 ACVA, Joseph Burke (National Representative, Canadian Aboriginal Veterans and Serving Members Association), *Evidence*, 2 June 2016, 1100.

more harmonious communications with veterans seems quite simply unjustified. The explanation provided by Ms. Douglas was not sufficiently convincing:

> The reason the banking information and the GCKey are there is the way in which the Government of Canada can secure online information. It is a whole-of-government solution that has been put forward by Treasury Board Secretariat.
>
> That said, we too recognize that veterans are struggling with it. From a usability design perspective, we know that this is one of the greatest barriers. What we have done is put a pop-up screen on My VAC Account, and it actually will delineate why this is happening and the steps that one must go through to log on.[64]

There are many ways to maintain the confidentiality of communications without requiring that financial information be provided. The Committee therefore recommends:

Recommendation 4

That Veterans Affairs Canada immediately improve the user interface of "My VAC Account", and eliminate the requirement for veterans to provide their banking information upon registration for a "My VAC Account", knowing that, if needed, this information could be requested later on.

For the 8,000 to 10,000 veterans with complex issues who require the assistance of a case manager, communication with that person is critical to the rehabilitation process. Veterans generally appreciate the work of case managers, but as Ms. Batho pointed out, the Department does not always appear to be promoting harmonious communications between veterans and the case managers who are supposed to be looking after them. "There are things that they're doing very well. I can tell that the staff of Veterans Affairs are trying really hard to help the people they've been assigned to, but there are a lot of gaps in the system. My case manager retired and I wasn't told who my new case manager was even a month later, so that's a gap in the systems."[65]

There are numerous restrictions on how veterans can contact their case managers. Ms. Gilmore was one of the witnesses who complained about this:

> Concerning communication, there's the problem of our not having email access to our case managers. Well, our entire career within the military was based on email. Sometimes what's nice about it is that you can go back through your email and say, there's my answer right there, instead of trying to call a 1-800 number to contact the one specific person you're trying to access.
>
> I actually think that having the two people talking, instead of making it into this insurance company thing that you have going on—"call a 1-800 number, because I can't talk to you directly".... That doesn't work, and immediately it does not give the warm and fuzzies; that

64 ACVA, Elizabeth Douglas, *Evidence*, 9 June 2016, 1210.

65 ACVA, Dana Batho, *Evidence*, 12 May 2016, 1100.

> is not a client-based service. I know, because I did the medical technician thing for 23 years. So email is an issue.[66]

These restrictions were confirmed during the Committee's visit to the VAC office in Montreal, as well as by the testimony of Walter Callaghan in Toronto:

> Previous case managers broke the rules by actually providing me with their phone numbers or their email to make it easier for me to contact them when something was happening.
>
> The rules within Veterans Affairs require me to call a 1-800 number that is only operating from 9 a.m. to 4 p.m.…[67]
>
> However, we should actually have the ability to have that immediate contact or on a weekend to type up an email because I had forgotten this or I had heard about that and send it off. Okay, they work Monday to Friday, so you're not going to get the response until Monday. However, as a veteran, at least you know you've reached out, asked that question, and can track when they come back to you. If there's something that comes after 5 p.m. on a Monday, it's like, "Oh my God, what's going on? Why hasn't this happened?" or "I suddenly need this", then the very next day you're going to get a response.[68]

The Committee members found this position completely reasonable. It is hard to understand why veterans with very complex situations cannot communicate with their case manager by email, or leave a message directly without going through the 1-800 number. After all, we are talking about fewer than 10% of the veterans who are clients of the Department, and they are the ones most in need of support.

The Committee therefore recommends:

Recommendation 5

That veterans who have been assigned a case manager be allowed to contact that person directly by email and/or telephone.

There has been a notable improvement in the writing of decision letters regarding eligibility for benefits since the findings of the Veterans Ombudsman in his 2012 report. Some witnesses, like Sergeant Harris, want to take matters further, stating that in some cases, the decision should be communicated to the veteran in person or through the mediation of other veterans from one of the peer support networks:

> A decision needs to come quickly with regard to benefits, without a doubt, but it needs to be more personal, with a phone call at the very least. Speaking with other veterans and having a good transition with the help of other veterans will help keep the issues smaller so they don't turn into an explosion of vented emotion. They deal with every issue,

66 ACVA, Alannah Gilmore, *Evidence*, 3 May 2016, 1125.

67 ACVA, Walter Callaghan, *Evidence*, 13 June 2016, 1735.

68 ACVA, Walter Callaghan, *Evidence*, 13 June 2016, 1825.

> navigating the paperwork and helping at every stage, as it is the duty of the soldiers to help other soldiers and to leave no one behind. That's the service.[69]

In terms of communication, as with numerous other elements of the departmental culture, the criticism most often heard is that VAC places the burden on veterans' shoulders. Brad White, of the Royal Canadian Legion (RCL), emphasized this problem more than once during his testimony:

> You should not have to pull the information out. The information should be pushed to you as you move in transition from the military into your new life.
>
> Most veterans and their families do not have a good understanding of what the new Veterans Charter is all about.…
>
> It is time for the government to start communicating and proactively reaching out to all veterans across the country to ensure they are aware of the financial compensations, rehabilitation programs, health care services, and family care programs that are available, and how to access them.…
>
> Our veterans need to know not only the weaknesses but also the strengths behind the program's services and benefits.[70]

Mr. Butler presented the recent creation of advisory groups as one of the Department's initiatives that could help to improve communications with veterans:

> The minister has instructed the department to establish six advisory groups dealing with issues like policy, service excellence, families, care and support, commemoration, and so on. Basically, through those strategies, we will sit down with representatives of veterans' organizations, individual veterans, and so on, and get them to help us map the way forward.[71]

It is hoped that these advisory groups will provide VAC representatives with more details on elements of dissatisfaction that were presented during this study. It will then be up to the Committee to ensure that the Department takes the necessary steps to address the deficiencies.

3.4 The appeal process

Over the last 25 years, one of the sources of dissatisfaction most frequently mentioned by veterans is the Veterans Review and Appeal Board (VRAB). This board has come to embody the "culture of refusal" condemned by veterans.

The statistics presented by Thomas Jarmyn, Acting Chair of VRAB, put these perceptions in perspective, however:

> Of the 30,000 decisions that are made, roughly speaking –and that varies from year to year – VAC granted entitlement in about 85% of those decisions. So if for 15% there was

69 ACVA, Sgt Matthew Harris, *Evidence*, 12 May 2016, 1125.

70 ACVA, Brad White, *Evidence, 21 April* 2016, 11:15; also Jerry Kovacs, *Evidence,* 14 June 2016, 1720.

71 ACVA, Bernard Butler, *Evidence*, 12 April 2016, 1220.

> a denial, with my foolish math that's 4,500. About 10% of those cases came to us, so 2,500 people made application to us on review as well as 800 on appeal. We granted an entitlement in about half those cases, so in total that was 1,600 decisions.[72]

These numbers confirm that the "culture of refusal" of which VAC is frequently accused corresponds to 15% of the initial applications it receives. Of these, 5% are abandoned, either following a recommendation to do so by the Bureau of Pensions Advocates, or for another reason, and 10% of all initial applications, or approximately 3,000 applications per year, end up before VRAB. The latter decides in favour of the veteran in half of all cases. Eventually, 90% of veterans who submit a first application therefore receive a favourable decision, according to the data. Of the remaining 10%, half abandoned their application after the initial rejection by VAC, and the other half obtained a negative response from VRAB. The process obviously remains frustrating for those whose applications are rejected, but it is clear that some of the criticism of the Department and VRAB dates back to a period when the statistics were significantly less favourable.

It would therefore appear that the efforts to accelerate and humanize the process have been productive to a certain point, as there are fewer criticisms on this front than before. This point was also made by Ray Kokkonen, President of the Canadian Peacekeeping Veterans Association:

> I think there's been a distinct improvement in VRAB. A lot of the feedback we're getting is old. When you look at the new structure of the board, everybody is represented, particularly veterans. The police are represented, legal is represented, and medical is represented. It's a good construct now, as far as I'm concerned.[73]

On this point, it is important to note one constant that emerges every time there is a perception of improvement: veterans are interacting with other veterans. Committee members observed this with the appointment of General (Retired) Walter Natynczyk as Deputy Minister, then with the requests from representatives of peer support networks to be able to serve as mediators between the Department and veterans, and again in the case of VRAB, whose reputation has significantly improved since more veterans were appointed. While this may not be a silver bullet, hiring veterans and appointing them to key positions in the administration seems to promote a climate of trust with veterans. As Col Mann (Retired) told the Committee, "Hiring more veterans who are going to be reaching out to other veterans, and who are a good fit and can handle it, is absolutely critical because of trust."[74] The Committee therefore recommends:

Recommendation 6

That Veterans Affairs Canada and the Veterans Review and Appeal Board accelerate their efforts to hire as many veterans as possible in all sectors and at all levels of their organizations, using a gender-

72 ACVA, Thomas Jarmyn (Acting Chair, Veterans Review and Appeal Board), *Evidence*, 31 May 2016, 1155.

73 ACVA, Ray Kokkonen (President, Canadian Peacekeeping Veterans Association), *Evidence*, 5 May 2016, 1235.

74 ACVA, Col (Retired) Russell Mann, *Evidence*, 22 September 2016, 1620.

balanced approach that would reflect the adequate proportion of female veterans.

Despite the improvements observed in VRAB's activities, there remain numerous areas of dissatisfaction. While there are fewer refusals of benefits than would be suggested by veterans' comments, this dissatisfaction is sometimes related not to a refusal as such, but to the determination made by the Department or VRAB as to the severity of the injury or illness. For example, an injury that is very serious in the short term, and that could even have led to death if not treated immediately, may leave long-term effects that are less serious, in part due to advances in medical care and rehabilitation. However, the amount of the disability award paid out by VAC is calculated based on the severity of the injury or illness once the individual's condition is stabilized. For that reason, a life-threatening injury could be stabilized after a year of two of treatment and qualify for a long-term disability of only 20% or 30%. In this case, the maximum disability award of $310,400 is multiplied by this percentage. A veteran who suffered a potentially fatal injury and required critical care for many months might be disappointed to obtain a disability award of only $60,000. That person's family might likewise feel that the suffering, worry and sacrifices they endured are worth more. In this case, there has not been a rejection, and the decision may have been rendered quickly, but the veteran still feels that he or she has been treated unfairly and will appeal the decision to VRAB. This is an example of how the quality of service delivery can be a consequence of the content of the programs themselves.

Despite the reality of statistics, strong perceptions built up over time remain. Everything that was heard about the complexity, the delays and the poor communications with VAC continued to be repeated with regard to VRAB. Mr. Parent summarized the situation very well:

> I would certainly agree that the time it takes to arrive at a decision is one of the challenges not only at the appeal level of the decision but also on the adjudication. It's frustrating for veterans and their families to the point where some people suffer from what we call process fatigue. They just give up and they shouldn't.…
>
> Again, it's the question of an outcome.… There needs to be some information coming from DND to VAC and then to the Veterans Affairs Canada structure. A lot of people are involved there as well, and then the VRAB takes over in the appeal process and they redo a lot of the analysis and review. It takes a long time and certainly improvements are to be made there.[75]

Mr. Jarmyn explained what caused the delays, as well as the "service standards" that guide the Board's work:

> Our goal is to schedule, hear, and decide a case within 16 weeks of being advised by the veteran or their representative that they're ready to proceed. Last year, we met the standard in almost all of our cases, far exceeding our 80% target.
>
> Our second service standard focuses on decisions with a goal of issuing 80% of the decisions within six weeks of the hearing. Again, we exceeded our target there, issuing

75 ACVA, Guy Parent, *Evidence,* 8 March 2016, 1125.

> 86% of those decisions within that timeframe.… It's 16 weeks from the time a case is ready to schedule to a decision out the door, and six weeks from the hearing to a decision out the door.[76]

Commenting on the existing service standard, given the structure of VRAB as provided for by law, the planning of the Board's hearings, the transfer of information and the need to study files, Mr. Jarmyn said, "I don't think, practically speaking, it is going to be possible to move much beyond that."[77]

While there is reason to be critical of the administrative constraints that prevent further improvements to the situation, it can be helpful to look at the advances that have been made to arrive at a process that, while not perfect, nevertheless represents real progress. In 1993, it took an average of 542 days to process a first application that was being approved, and 385 days for an application that was rejected.[78] Decisions that were challenged involved additional time for the appeal, ranging from six months to several years, depending on whether the decision at the first appeal was positive, or was challenged at a higher level, possibly all the way to the Federal Court.

This does not, however, justify some of the delays that have been criticized by the Auditor General, and that he believes result from VAC poorly managing the initial process, and then "washing its hands" of responsibility by sending the decision to VRAB:

> Really the point of this, I think, is to understand why 65% of the appeals are successful. If there's information that can be learned from that, it says that if people brought forward this type of information early on, then they would have been approved originally and wouldn't have had to go through the appeal process.
>
> That's exactly the issue that this is raising, for the department to be able to analyze the reason that they're overturning appeals and to feed that back into their original process to try to make the original process more efficient for the veterans trying to access the services.[79]

Mr. Saez defended the Department against this criticism:

> [People] ask why the department gets it so wrong. In fact, it's not that the department is getting it wrong. The department is adjudicating based on the information the client is able to provide, and then it makes its ruling based on that.
>
> The bureau offers a more enhanced, deeper look at the file, something that the adjudicators at first instance certainly couldn't do. If they did, they'd probably gum up the whole system.[80]

---

76 ACVA, Thomas Jarmyn, *Evidence*, 31 May 2016, 11:05–1110.

77 ACVA, Thomas Jarmyn, *Evidence*, 31 May 2016, 1130.

78 Veterans Affairs Canada, *Pension Evaluation Study*, Volume 2, "Evolving Trends and Secondary Clients," March 1993, p. 43.

79 ACVA, Michael Ferguson, *Evidence*, 14 April 2016, 1115.

80 ACVA, Anthony Saez, *Evidence*, 16 June 2016, 1125.

It would therefore appear that some of VRAB's flaws must be accepted as a lesser evil. This certainly does not rule out searching for ways to shorten process times, reduce the complexity of the rules and maintain more harmonious communications with veterans. We must realize, however, that once serious efforts have been made to improve the process, and the dissatisfaction remains, the problem may lie not with the process of delivering programs and services, but with their content, which requires political decisions that exceed the efficiency requirements that can be expected of government departments.

These inevitable flaws in administering the system should not, however, result in a depersonalized process, which is what many veterans have long complained about. Kevin Estabrooks, a peer support advisor, described his experience in less than flattering terms: "I went through [an appeal] as well …. It was very much like night court. You have a quick briefing in the hallway with your lawyer, you're marched in very quickly, you plead your case, and it's over before you know what happened."[81] You can improve efficiencies, reduce delays, congratulate yourself for encouraging statistics, but all that will be of little significance if we lose sight that the entire system was put in place for veterans to receive fair compensation for the injuries they suffered by putting themselves in harm's way in service to Canada. The well-being of veterans is the ultimate goal of the system, and veterans should not feel excluded. The Committee therefore recommends:

Recommendation 7

That the Veterans Review and Appeal Board:

- **Make public how it interprets its application of the "benefit of the doubt" rule;**
- **Better communicate with veterans before an audience to make sure that the rules of procedure are well understood, and that during the audience, Board members ensure veterans that they will remain the Board's main priority;**
- **Provide to Veterans Affairs Canada the necessary feedback on the reasons why the Department's initial decisions have been overturned.**

Recommendation 8

That Veterans Affairs Canada, before denying a claim, communicate with the veteran to identify the relevant information that the veteran would need to provide in order to gain a better chance at a successful claim.

81 ACVA, Kevin Estabrooks (Volunteer Peer Support Advisor, Veteran, As an Individual), *Evidence*, 4 October 2016, 1720.

Recommendation 9

That Veterans Affairs Canada and the Veterans Review and Appeal Board, if a claim is denied, clearly communicate to the veteran the reasons for the denial.

4. THE PROCESS OF TRANSITIONING TO CIVILIAN LIFE

The CAF includes approximately 75,400 military personnel[82]: 13,500 in the Royal Canadian Navy, 46,500 in the Army (including 5,000 Rangers) and 15,400 in the Royal Canadian Air Force. Of these, 44,200 are full-time members of the Regular Forces, and 31,200 are part-time reservists.

Every year, between 5,000 and 10,000 members leave the CAF. Of that number, approximately 1,400 are medically releasing, meaning that their health no longer allows them to be deployed with their unit at any time and to any place. This is known as the rule of universality of military service. For about 600 of them, the health condition that led to their medical release is attributable to their military service.[83] It is essentially the members of this second group who become VAC clients.

When a member is being medically released, the diagnosis is made by a medical officer, and the assessment of the functional limitations leading to release is made by the CAF. However, the determination of the connection between health status and military service for purposes of eligibility for VAC financial benefits and services is the responsibility of VAC.

4.1 The period leading to medical release

In its June 2015 report entitled *Continuum of Transition Services*, the Committee analyzed in detail the medical release process that takes place within the CAF. The following is an excerpt from that report that describes the process:

> Regular Forces members are exempt from the *Canada Health Act*, and as a result it is the CAF that plays the role of a provincial health care system in their case. Ambulatory care—that is, care requiring only a short hospital stay—is provided by a network of about 40 military clinics serving CAF bases and wings. When CAF members have a health issue that requires specialized care the clinics cannot provide, they are directed to the appropriate civilian resources. In complex cases requiring the coordination of multidisciplinary resources, their treatment is monitored by a case manager. Case managers are generally specialized nursing staff, and they work closely with the medical clinics.
>
> When an injury or illness is serious enough to require a rehabilitation period, the CAF member is transferred to one of the 24 Integrated Personnel Support Centres (IPSCs) that comprise the Joint Personnel Support Unit (JPSU). The JPSU has 300 employees, of which 200 are CAF members, and each IPSC location provides a full range of support

82 National Defence and the Canadian Armed Forces, About us.

83 ACVA, Gary Walbourne, *Evidence*, 7 June 2016, 1150.

services. These IPSCs oversee the “Caring for Our Own” program, whose ultimate aim is to see CAF members reintegrate and return to their full duties.[84]

This program has three phases: recovery, rehabilitation and reintegration. There is no set length of time for each step, as healing times can vary.

DND engages with specialized provincial and private health care services to provide care during the recovery and rehabilitation phases. Given that CAF members have unique needs for complex physiotherapy services, affiliated provincial health care centres receive additional support from the Department of National Defence, either through additional specialized civilian physiotherapists, or, for example, through sophisticated computer systems, such as the two Computer Assisted Rehabilitation Environment (CAREN) systems located in Edmonton and Ottawa.

For mental health care, DND has implemented a network of seven Operational Trauma and Stress Support Centres (OTSSCs). They are located on military bases and primarily serve active-duty CAF members. They are separate from the OSI clinics operated jointly by DND and VAC, which primarily serve veterans. As part of a tripartite agreement, active-duty members and veterans of both the CAF and the RCMP can receive care from both the OTSSCs and the OSI clinics.

After their medical condition has stabilized, usually after several months, CAF members are assigned a “temporary medical category” for six months. During this time, their care is coordinated, and an initial assessment is carried out to determine whether it is likely they will be able to return to their duties at some point.[85] They are assigned a “permanent medical category” once their condition has fully stabilized and it becomes apparent which tasks they could continue to accomplish, and which tasks their medical condition will prevent them from ever carrying out again.

It usually takes at least two six-month temporary categories before an accurate prognosis can be made, at which point a permanent medical category is assigned. It is possible, but rare, for a permanent category to be assigned after only one six-month temporary category.[86]

If the permanent category they are assigned establishes that they can accomplish the tasks of their military occupation, CAF members can rejoin their unit.

> When their illness or injury results in more severe restrictions, CAF members may become unable to rejoin their unit. In that case:
>
> [T]he file goes up to the director of military career administration and they, with the employment limitations assigned by the medical community, decide whether or not a person meets the universality of service principle and whether they also meet the bona fide trade requirements. Based on that, a decision is made as to

84 ACVA, Commander Mark Watson (Director General, Morale and Welfare Services, Department of National Defence), *Evidence*, 2 April 2015, 0850.

85 ACVA, Col Hugh MacKay (Deputy Surgeon General, Canadian Forces, Department of National Defence), *Evidence*, 10 March 2015, 0920.

86 ACVA, Col Hugh MacKay, *Evidence*, 10 March 2015, 0920

> whether you can stay in your own military occupation, whether you could be transferred to another military occupation, or whether you should be released.[87]

In some complex cases, it may take up to two years before a permanent medical category is assigned.[88] The decision regarding whether they meet the conditions of universality of service falls to the Chief of Military Personnel (CMP) under the Directorate of Military Careers Administration (DMCA). This decision could take between six months and one year, and CAF members can appeal the decision.

If CAF members must be released for medical reasons due to their condition, they can continue working within the CAF for up to three years, even if they do not meet the conditions of universality of service. After that time, another six-month period finalizes their transition to civilian life.

To sum up, for CAF members whose injury or illness is severe enough to require a rehabilitation period and a transfer to the Joint Personnel Support Unit, it will generally take between one year and two years before a permanent medical category can be assigned. If it is established that they can accomplish the tasks of their military occupation, CAF members can rejoin their unit. The decision as to whether or not they meet the conditions of universality of service will usually take between 6 months and a year. If the decision is that the member has to be released for medical reasons, there will be at least a six-month period between the time of the decision, and the actual release date. Therefore, a two-year period is generally the earliest a CAF member will be released for medical reasons after an illness or an injury. Depending on the nature of the injury or illness, the time it takes to stabilize, the complexity of the member's rehabilitation needs, and the availability of civilian resources after the release, the transition process will usually last more than two years, and in certain cases can last up to five years after the injury or illness.

4.2 Joint Personnel Support Unit (JPSU)

As shown in the preceding section, the Joint Personnel Support Unit (JPSU) plays a key role in the process, and almost all medically released members must be assigned there for a certain amount of time.

During this study, some witnesses mentioned certain operational difficulties within the JPSU, without calling into question its objectives. According to Mr. Walbourne, the problem with the JPSU stems from a lack of personnel:

> My problem with the JPSU would go back to the staffing levels, first and foremost. I have been in this position for a little over two and half years, and I've heard since I've started that we don't have the right numbers of staff on the ground. I found out today that we're still about 30 bodies shy of what the full operational numbers should be. The problem with the full op number is that it was established prior to coming out of Afghanistan, so my question would be, on the number that we've targeted—it was 457, and I think it has increased to 474—is it the right number? If it is, why aren't we doing more to staff more quickly?[89]

---

87 ACVA, Col Gérard Blais (Director, Casualty Support Management, Department of National Defence), *Evidence*, 2 April 2015, 0925

88 ACVA, Col Hugh MacKay, *Evidence*, 10 March 2015, 0920.

89 ACVA, Gary Walbourne, *Evidence*, 7 June 2016, 1115.

This staff shortage was acknowledged by Captain Marie-France Langlois, Director of Casualty Support Management at the JPSU. "It is a challenge. There were many vacant positions within the JPSU across the country, but we have put forth efforts to make sure that we're filling those positions, and I am glad to say that since April we have reduced it to half of the positions. We're getting close to the point where we're going to be fully staffed."[90]

According to the Captain, the number of employees at the JPSU in the spring of 2016 was 428,[91] which does not include the 100 VAC employees seconded to the JPSU.

According to Barry Westholm, these staff problems have increased the JPSU's ineffectiveness and explain why its mandate is currently being evaluated:

> The JPSU was intended to be the seamless conduit to civilian society for injured military families and, with that, from Canadian Armed Forces to Veterans Affairs services. This has been mentioned many times before in this committee as something that is desperately needed. Regrettably the JPSU, instead of being an efficient, consolidated support unit – or a one-stop shop as I heard it mentioned here – was poorly managed, and became ineffective, and is currently under review.[92]

Mr. Westholm added that this review has led to a sort of paralysis within the JPSU, and the military members currently assigned there are paying the price: "I've helped quite a few in the last little while who are in the JPSU, who are really in dire straits medically and are pretty much abandoned. I think that's the plan: they're just trying to wait out the people who are in it and the contracts and then start with the JPSU version 2.0."[93]

This negative perception is not shared by all the witnesses who appeared before the Committee. Lieutenant-General (Retired) Louis Cuppens commented that "[t]he creation and joint staffing of the joint personnel support units are achieving superb results."[94]

Witnesses who had experienced a difficult transition, however, said that their time at the JPSU was negative. Rather than a difficult temporary assignment, several military members felt they had been hopelessly condemned to banishment from the CAF. Mr. Kuluski described what he had observed during his time at the JPSU: "I've never seen anyone go to the JPSU and actually get back to work, ever."[95]

According to Col Gerry Blais, former director of Casualty Support Management and JPSU, who appeared before the Senate Subcommittee on Veterans Affairs in the fall of

---

90 ACVA, Capt(N) Marie-France Langlois (Director, Casualty Support Management, Joint Personnel Support Unit, Department of National Defence), *Evidence*, 9 June 2016, 1145.

91 ACVA, Capt(N) Marie-France Langlois, *Evidence*, 9 June 2016, 1155.

92 ACVA, Barry Westholm (As an Individual), *Evidence*, 3 May 2016, 1110.

93 ACVA, Barry Westholm, *Evidence*, 3 May 2016, 1110, 1145.

94 ACVA, LGen (Retired) Louis Cuppens, *Evidence*, 5 May 2016, 1110.

95 ACVA, Cody Kuluski, *Evidence*, 3 May 2016, 1140.

2014, the success rate of the return-to-work program – people returning to their units to full service – was approximately 35%.[96] It is nevertheless easy to understand that members might feel they have received a sentence without possibility of appeal when it becomes clear that they cannot reintegrate into their unit and must end their military career against their will.

Notwithstanding this difference of opinions on the JPSU, the one constant is the spirit of cooperation that appears to exist among the CAF and VAC employees seconded to the JPSU. Captain Langlois spoke highly of this synergy:

> In the headquarters here in Ottawa, in the transition services cell, we have two seconded employees from VAC. We also have a liaison officer from VAC within the headquarters. We have two military personnel in Charlottetown, and a liaison officer from the military with Veterans Affairs. Across the country in the IPSCs, the integrated personnel support centres, we're working hand in hand.[97]

4.3 Determining the relationship between medical condition and military service

As the Committee observed in its June 2015 report regarding transition:

> When the CAF decides to release members for medical reasons, it does not determine whether their medical condition leading to release is related to their military service. Whether their condition is the result of a military operation or a personal activity has no bearing on the fact that they can no longer fulfill their military duties. From an operational standpoint, the link between the medical condition and military service is not relevant.[98]

Several witnesses, including the Veterans Ombudsman and the National Defence and Canadian Armed Forces Ombudsman, nevertheless believe that many of the difficulties associated with the complexity of the system and the delays could be alleviated if this determination were made by the CAF before the individual was released. In a May 2016 report, the National Defence and Canadian Armed Forces Ombudsman supports his position as follows:

> The CAF creates and controls the member's complete medical record including health status at recruitment. The assessment of medical fitness begins at a pre-enrolment physical examination, continues throughout the member's military career, and ends with a release medical.…
>
> In addition to the comprehensive health records, the CAF also prepares and controls career files which may contain important non-medical information that could be critical to understanding whether a condition is related to service.…

96 Senate Subcommittee on Veterans Affairs, *Evidence*, 2nd Session, 41st Parliament, 29 October 2014 (Col Gerry Blais).

97 ACVA, Capt(N) Marie-France Langlois, *Evidence*, 9 June 2016, 1155.

98 ACVA, *Continuum of Transition Services*, June 2015, "The period after a release."

> In other words, the CAF has the relevant information as well as the expertise and systems in place to determine whether one of its members has sustained an injury or illness that was caused or aggravated by the member's military service.[99]

The National Defence and Canadian Armed Forces Ombudsman recognizes, however, that the CAF "has been reluctant to make such a determination despite the significance it would have for the medically releasing member who is applying for benefits."[100] Brigadier-General Nicolas Eldaoud, Chief of Staff of the Military Personnel Command, explained this reluctance to the Committee members:

> VAC is legislatively obligated to make that determination. We do not make it. None of our benefits in the Canadian Armed Forces or the Department of National Defence depend on that. We don't care whether it's related to service or not. If the member has been injured or ill, he will get our benefits. For us, it makes no difference.
>
> There is an issue, though. Right now one of the ideas is for our medical doctors to do this. Our surgeon general has a problem with this idea, because we want our doctors to focus on the care of the patient and not be linked to receiving benefits. The trust between the doctor and his patient needs to be pure and maintained. It's about that person getting better, not about administration and certainly not about money.[101]

The National Defence and Canadian Armed Forces Ombudsman questioned this explanation:

> The rationale underlying the position is that drawing conclusions about causality go beyond clinical care, potentially creating ethical issues and undermining the doctor-patient relationship. The concern expressed is that a serving member may benefit from minimizing an injury/illness because of possible career implications yet would be advantaged by maximizing that same injury/illness for the purpose of a VAC application. Arguably, asking the treating physician of a still serving member to draw a conclusion whether that member's injury or illness was caused or aggravated by service places the physician in a conflict position.
>
> We make no comment regarding the Surgeon General's position and rationale as it relates to still serving members.
>
> However, the rationale would not apply in the case of members being medically released because, after release, their continued health care would not be provided by the CAF medical system. In other words, because they are releasing there is no competing interest between career implications and application for benefits. Consequently, there would be no issue regarding the professional ethics of treating physicians.[102]

---

99 National Defence and Canadian Forces Ombudsman, *Determination of Attribution to Service*, May 2016, "The CAF Knows Whether a Relationship to Service Exists."

100 National Defence and Canadian Forces Ombudsman, *Determination of Attribution to Service*, May 2016, "NVC and The Current Service Delivery Model."

101 ACVA, BGen Nicolas Eldaoud (Chief of Staff, Military Personnel Command, Department of National Defence), *Evidence*, 9 June 2016, 1135.

102 National Defence and Canadian Forces Ombudsman, *Determination of Attribution to Service*, May 2016, "A Shift in the Mindset is Needed."

The National Defence and Canadian Armed Forces Ombudsman sent Committee members a letter in which he explained that the CAF is responsible for establishing the relationship between the medical condition and military service in numerous situations involving reservists. Reservists may sometimes choose to receive compensation under VAC programs or under provincial workers' compensation programs. In the second instance, the *Government Employees Compensation Act* applies, rather than the NVC. It is then up to the reservist to provide the province with proof that his or her medical condition is a result of military service and not, for example, of activities related to civilian employment.

The argument of the National Defence and Canadian Armed Forces Ombudsman is that if the CAF is already responsible for this determination in the case of many reservists, why not expand the process already in place to all medically releasing members? In his opinion, such a system would not end VAC's responsibilities, but would refocus them on other elements of the adjudication process:

> [I]f the determination of attribution to service is done by the Canadian Armed Forces prior to the uniform being removed, it changes the game on the ground. It's no longer waiting to determine if I'm in the club or out of the club. I'm sure if someone who gets awarded three-fifths wants four-fifths, there's an adjudication process inside of Veterans Affairs Canada for exactly that.[103]

It is obvious that this issue of attributing medical condition to military service is complex, and Committee members acknowledge the value of the arguments they heard in support of both positions. The Committee appreciates the clear delineation between departments, but also understands that these reluctances directly impact veterans.

Furthermore, some comments from the VAC Deputy Minister suggest there might be a compromise solution that could avoid these difficulties. According to General (Retired) Walter Natynczyk, "[a]pproximately 50% of our clients submit a claim for benefits two years or more after having been released from the forces,"[104] and the other half do so "within two years after they've handed in their ID card and taken off the uniform."[105] In other words, it seems that almost all VAC clients apply for benefits once they are no longer members of the CAF. In order for it to be useful to them to have the attribution to military service performed by the CAF, the latter would have to make this determination for all medically released members just in case they apply to VAC later on. If the CAF did not do so for all medically released members, the current problem with the time to transfer files would still exist for almost all the individuals concerned because most of them have already left the CAF when they apply for benefits.

There would be a risk associated with the new onus on the CAF to deny applications from injured members. The entire appeal process would have to be revised given that the first level of review would now take place at the CAF, which could negatively

---

103 ACVA, Gary Walbourne, *Evidence*, 7 June 2016, 1130.

104 ACVA, Gen (Retired) Walter Natynczyk, *Evidence,* 10 March 2016, 1110.

105 ACVA, Gen (Retired) Walter Natynczyk, *Evidence,* 10 March 2016, 1120.

affect troop morale as members who were dissatisfied with the decision would still be in service. This risk could also lead to a certain degree of complacency among CAF medical authorities.

The compromise solution may lie with the recommendation the Committee made in its June 2014 unanimous report, which was intended for severely injured members, but could be extended to all medically releasing members. It would delay their release until their initial application for service and financial benefits has been adjudicated by VAC.[106] This recommendation is almost identical to one made by the National Defence and Canadian Forces Ombudsman in his September 2016 report on transitioning.[107] This would create additional pressure to have applications processed as quickly as possible. Individuals receiving a negative response from VAC would know before their transition began and could count on Service Income Security Insurance Plan (SISIP) benefits and services like any other member being medically released for reasons not related to service.

This would place joint responsibility on the CAF and VAC not to medically release a member until everything was in place to ensure as smooth a transition as possible.

The Committee therefore recommends:

Recommendation 10

That medically releasing members be considered released only once Veterans Affairs Canada has made a final adjudication on their applications for benefits and once all health, rehabilitation and vocational services have been put in place.

Implementation of this recommendation could lead the way to much better integration of the transition programs provided by the CAF and VAC. A number of veterans' advocacy groups have been calling for this for a long time, and Lieutenant-General (Retired) Cuppens gave voice to them:

> [I]n a lot of NATO nations—not ours—the process of release is jointly managed by those who support veterans and the military. There's an examination process that takes place months before their release, in which the case is studied by competent people. In the case of the U.K. forces, for example, the joint veterans support entity and the military write down, "This veteran is pensionable for these conditions." The family is also involved in the same process in providing that pre-release counselling. The Neary report, which I was a part of, recommended that to Veterans Affairs. Unfortunately, it never happened…. Again, I would urge you to put that in your recommendations in your final report.[108]

106 ACVA, *The New Veterans Charter: Moving Forward*, June 2014, Recommendation 1.

107 National Defence and Canadian Forces Ombudsman, *Simplifying the Service Delivery Model for Medically Releasing Members of the Canadian Armed Forces*, September 2016; also ACVA, Gary Walbourne, *Evidence*, 6 October 2016, 1530.

108 ACVA, LGen (Retired) Louis Cuppens, *Evidence*, 5 May 2016, 1155.

Mr. Doiron expressed his support for such integration, which would ensure that all the services the veteran required, including health care services, could be put in place before they had been effectively released from military duty:

> On medical care, I'm not talking about specialists and surgeons, I'm talking about your day-to-day medical help because we can work with the veterans but they often need a family doctor to give them access to some very basic care, and in some cases in some parts of this country, that is very difficult. Veterans Affairs do not have practising doctors in the sense that we don't give prescriptions and the doctors we have are references. They are there to make sure we're doing the right thing. I think if there is one area that collectively we could work on, I really think it's on the health side of ensuring that our veterans get a doctor, that they're not put in long queues.[109]

The other element affecting the establishment of the link between medical condition and military service involves VAC's efforts in recent years to identify certain health problems that could benefit from a "presumptive" link to service, which would greatly accelerate the process. As Mr. Parent explained, "As well, we know that service contributes to certain conditions, so why do we put the veteran through the hassle of proving a service relationship when common sense says there is one?"[110]

Mr. Doiron indicated that there is already a quasi-presumption of link to service for certain injuries:

> Essentially, we are not looking at 500 pages of their medical health records…. We're now looking at what their trade or their job was in the armed forces and whether their injuries are consistent with injuries related to that, and we've accelerated the method to adjudicate.
>
> I say injury and not illness. Illness is still very complex. If you have a heart condition that was caused by airborne particles in Afghanistan because of the burn pits, then we probably need doctors to assess what this is and if it's possible. However, if it's the fact that your knees are gone and you've jumped out of a plane a thousand times, I don't think we need a doctor to tell us that, as long as there's a diagnostic.
>
> When it comes to mental health we've also accelerated the method for how we adjudicate it. If you have a diagnosed mental health condition and you were in any special duty area, then you're in the club in that sense. It's much faster.[111]

As Ms. Douglas of VAC explained, this streamlined process is applicable to four categories of medical condition: "hearing loss, tinnitus, PTSD, and MSK, or musculoskeletal. The reason we have done this is that they represent approximately 50% of our claims."[112]

---

109 ACVA, Michel Doiron, *Evidence*, 12 April 2016, 1235.

110 ACVA, Guy Parent, *Evidence,* 8 March 2016, 1105.

111 ACVA, Michel Doiron, *Evidence*, 12 April 2016, 1230.

112 ACVA, Elizabeth Douglas, *Evidence*, 9 June 2016, 1145.

In some cases, it is difficult to establish the link between medical condition and service. A procedure of presumed link could facilitate situations such as the one described by Gordon Jenkins, President of the NATO Veterans Organization of Canada:

> My best friend was in Kashmir. He fell down a hill in Kashmir. He was all alone. He was with a subedar from the Indian Army. He injured both his hips. The nearest medical facility was 60 kilometres away. There is nothing on his records. He gets a refusal letter because it's not in the documents.[113]

When the injury or illness results from a specific event, and that event is not documented, it is obviously more difficult for VAC to establish the link between the condition and military service. However, when an event occurs in a military theatre and the officer in charge fills out the "CF 98 form" that establishes a link between the event and the medical condition, the work is greatly facilitated. As Brigadier-General Eladoud explained:

> As you just said, the CF 98 form is a document that soldiers fill out with the assistance of their chains of command; it allows the event to be linked to the date and place where it took place. Even the chain of command indicates on the document whether, in its view, the injury is service-related. The commander signs the document, not the medical support chain. That allows the doctors to do their jobs. We are talking about the same event. There is no secret as to the location and time when events took place, but that is of no concern to the doctors.[114]

In almost every case, the existence of a CF 98 form will be accepted as proof by VAC, and is the equivalent of allowing the CAF to establish the link between the medical condition and military service. The difficulties arise when the medical condition is not related to a specific event, or there are no witnesses to the event in question. This difficulty will persist regardless of whether it is the CAF or VAC that is establishing the link between medical condition and military service. The only difference that would remain would be the transfer of files between the two organizations, which would not be required if the CAF was responsible.

4.4 Cooperation between the Canadian Armed Forces and Veterans Affairs Canada

For several years now, organizations representing veterans, as well as the Veterans Ombudsman, have been critical of the lack of harmonization between the transition programs established by the CAF and those provided by VAC.

A number of witnesses, including Deanna Fimrite of the Army, Navy and Air Force Veterans, reiterated these criticisms:

> Certainly one of the first barriers faced by transitioning members is the overlapping programs offered by DND's SISIP long-term disability program and the VAC rehabilitation program. For medically releasing members, SISIP is the first provider of services.

113 ACVA, Gordon Jenkins (President, Head Office, NATO Veterans Organization of Canada), *Evidence*, 2 June 2016, 1215.

114 ACVA, BGen Nicolas Eldaoud, *Evidence*, 9 June 2016, 1230.

> Additionally, veterans must apply within 120 days of release to access the VAC rehabilitation program.[115]

The problem was clearly identified by Mr. Walbourne:

> Many of the available programs and services are overlapping. Others are frustratingly hard to navigate. For example, the Department of National Defence and the Canadian Armed Forces, Veterans Affairs Canada, and SISIP, the insurance provider, all have their own case managers and their own vocational and rehabilitation programs.[116]

Mr. Walbourne illustrated this overlap using the example of case managers:

> I think it's a bit of both. I think the resources are there, but as an example, I talked about Veterans Affairs Canada, Department of National Defence, and SISIP each providing a case manager. Each of those case managers is marching to a different set of orders.
>
> If a member presents himself or herself before one or two of those case managers during transition, the approach to detail and the requirements will be different from each entity. The member struggles through some of it. Once they're inside a small piece of a program, there is good guidance and assistance, but as for someone having that overarching view of the full thing, that doesn't exist.[117]

Mr. Walbourne recommended implementing a "concierge" service to help address these difficulties:

> What needs to happen is that the soldier needs to have a champion, someone who's assigned to them prior to release, not just at the point of release.
>
> Once the injury happens, they'll go to a temporary medical category where they will be on reduced duties or doing different things. Before they get to a permanent category, if someone is engaged at that point in time, talking to the person about what the future looks like, what their potential opportunities are, it changes the game. It really does.
>
> In my world, the beauty of it is that we do that before the member takes off the uniform, because there are avenues of recourse for the member and other resources they can draw on that won't be available once the uniform comes off. If we did some more work in-house to make sure the member was best prepared to leave, I believe it would go a long way. Having one point of contact to coach someone through that full process would be instrumental in what we're trying to achieve going forward.[118]

Mr. Guy Parent, Veterans Ombudsman, reinforced those arguments:

> That's another good point and I will go back to what I said before. A lot of people are offering benefits and a lot of people are offering opportunities, but there's no coordinating agency. The problem for a veteran going through a transition process is that they are inundated with options, and a lot of times they don't have enough details about particular options. In our transition review, we found that there needs to be some kind of a

115 ACVA, Deanna Fimrite (Dominion Secretary-Treasurer, Dominion Command, The Army, Navy and Air Force Veterans in Canada), *Evidence*, 5 May 2016, 1120.

116 ACVA, Gary Walbourne, *Evidence*, 7 June 2016, 1100.

117 ACVA, Gary Walbourne, *Evidence*, 7 June 2016, 1115.

118 ACVA, Gary Walbourne, *Evidence*, 7 June 2016, 1115.

> coordinating agency or a list of what is available for veterans, and that's not the case. There are a lot of people out there, a lot of organizations that are trying to support veterans, but they're all over the place, and we need to have some kind of a controlling agency to look after that.[119]

Mr. Parent described how such a service might function:

> I think this one-stop shop or process should take place as soon as a person is informed of an imminent medical release. It should not be after the date has been set. It should be done as soon as a person has been told, "That's it. You no longer meet universality of service standards, and you will now be released." That's when all the benefits should be known to the individual, at that point in time.[120]

The Committee members are persuaded of the appropriateness of such an initiative, and recommend as follows:

Recommendation 11

That the Canadian Armed Forces and Veterans Affairs Canada work together to create a one-stop shop, or "concierge service", through which one individual would serve as the single point of contact for medically releasing members and would coordinate the services offered by the Canadian Armed Forces and Veterans Affairs Canada before, during and after release.

The advantages of such a system might be even more evident for veterans dealing with mental health issues. As George Zimmerman suggested:

> If I knew that my point of contact, who I had known for the last two or three years, on my release – especially if I'm dealing with health issues – is going to be the same person afterwards, my sense of anxiety...and connection with the Government of Canada, and their sense of obligation to me, would be very profound and very meaningful.[121]

The CAF and VAC have already implemented something approaching this idea that allows VAC employees to intervene earlier with members of the military while they are still serving. Ms. Douglas described these efforts in promising terms:

> Enhanced transition services is another joint initiative by VAC and the Canadian Armed Forces, put in place in response to the June 2014 report of this committee. Veterans Affairs Canada is now engaging earlier with medically releasing Canadian Armed Forces members and their families. This was implemented nationally in September 2015, with the goal of ensuring the best possible outcomes during this transition from military to civilian life.[122]

At the other end of the transition process, VAC has begun implementing post-release monitoring processes that could easily be integrated into this one-stop system.

---

119 ACVA, Guy Parent, *Evidence,* 8 March 2016, 1140.

120 ACVA, Guy Parent, *Evidence,* 8 March 2016, 1150.

121 ACVA, George Zimmerman (As an Individual), *Evidence*, 14 June 2016, 1745.

122 ACVA, Elizabeth Douglas, *Evidence*, 9 June 2016, 1115.

Anne-Marie Pellerin, Director of Case Management and Support Services at VAC, provided an overview of these processes:

> What we have added as of October 2015 is the post-release follow-up, which enables us to follow up after release with those members who otherwise are not receiving case management services and who have not been identified as being at risk. On the transition interview, if a member had been identified as minimal risk, we did not follow up prior to October 2015; now we follow up with those as well. Since October 2015, we've followed up with 280 released members who were at minimal risk, and of those, we've had in the vicinity of 60 apply for Veterans Affairs programming. I think that post-release follow-up is demonstrating that added insurance, if you will, in making sure that those who have released are doing well and, where they may not be, providing additional supports and potential benefits for them.[123]

Such efforts are hampered, however, by the fact that, as they progress within these intertwining programs, military members and veterans tend to have a favourable bias toward services provided by DND and an unfavourable bias toward VAC programs.

This perception was made abundantly clear in the responses submitted by members of Veterans Canada to their National President, Mr. Leonardo: "Here is one of the answers: 'In my opinion, DND is prompt and efficient in forwarding retiree files. Time is lost when DVA delays assigning staff to review the file once received'."[124]

A one-stop system that eliminates the walls between the two departments providing these programs would no doubt help to increase trust in VAC, and at the same time promote veterans' participation in these programs.

4.5 Programs provided by third parties

Since Sainte-Anne-de-Bellevue Hospital was transferred to the Province of Quebec last spring, VAC's role no longer involves directly providing health care, rehabilitation or training services. Rather, it ensures that third parties can provide these services in order to make them available to veterans. Even in the case of operational stress injury clinics, the provinces provide the services, but VAC is responsible for them. Mr. Doiron described the arrangement in these terms:

> [W]e pay the provinces to run operational stress injury clinics throughout the country. They are not our employees, however they work only for veterans and RCMP members – when I say veterans I do include our colleagues, the RCMP – and we pay the full bill. If it's a psychiatrist, psychologist, mental health nurses, caseworkers, or social workers, Veterans Affairs pays. We give them what we expect them to deliver, we track the performance, and we follow up with them. That's the only area where we put a caveat and it's in the realm of mental health and our OSI clinics, because that I think is more specialized care for our soldiers.[125]

---

123 ACVA, Anne-Marie Pellerin (Director, Case Management and Support Services, Department of Veterans Affairs), *Evidence*, 9 June 2016, 1125.

124 ACVA, Donald Leonardo, *Evidence,* 19 May 2016, 1105.

125 ACVA, Michel Doiron, *Evidence*, 12 April 2016, 1255.

This type of coordination also takes place with other organizations that are often better able than the Department to meet certain needs. For example, the Maison La Vigile, in Quebec City, provides care for those in uniform with depression or addiction issues. It is the only centre in Quebec providing 24-hour medical supervision for patients experiencing alcohol or drug withdrawal. When veterans are in this situation, a VAC case manager can refer them to the Maison La Vigile, and they are usually admitted within 48 hours.[126] Two other such examples are the fairly recent Veterans Transition Network, and the much older RCL. Interestingly, the Legion funded the establishment of the Network. The Veterans Transition Network provides a "10-day group-based program with the mission of helping Canadian Forces service members and veterans to identify and overcome barriers to transition back into civilian life."[127] The Network became a recognized VAC provider in 2012. Since then, roughly 50 veterans have used its services. What makes the program a success, says Atlantic Program Coordinator Doug Allen, is that it uses camaraderie: "The veterans transition program re-creates that camaraderie, which they need in order to identify their triggers and their stuck points in life. They utilize that camaraderie to get themselves out of that."[128]

Mr. White of the RCL recommended that the program be offered to serving personnel as well:

> This program was established in 1999 with funding from the BC/Yukon Command. It is a group-based peer program facilitated at the University of British Columbia Faculty of Medicine. It is free of charge to former members of the RCMP and Canadian Armed Forces. This program is expanding nationally and is planning to offer sessions uniquely for women.
>
> VAC supports the program, and we recommend that DND and the Canadian Armed Forces support the expansion of the veterans transition program nationally to ensure that serving Canadian Armed Forces members affected by PTSD can have access to this program.[129]

This program seems to provide very promising results and highlights how effective it can be for VAC to seek partnerships with credible and highly professional organizations.

The RCL has been recognized for its professionalism for nearly a century. However, some criticism has been expressed in recent years regarding its close relationship with VAC. This flows from an agreement by which some organizations,

---

126 ACVA, Nancy Dussault (Director, Nursing, Réseau d'accueil des agents et agentes de la paix [Maison La Vigile]), *Evidence*, 29 September 2016, 1540.

127 ACVA, Oliver Thorne (Director, National Operations, Veterans Transition Network), *Evidence*, 29 September 2016, 1545.

128 ACVA, Doug Allen (Program Coordinator, Atlantic, Veterans Transition Network), *Evidence*, 29 September 2016, 1550. The Shaping Purpose program, presented to the Committee by Andrew Garsch, is similar to the Veterans Transition Network program, but it was not designed specifically for veterans. However, preliminary analyses with still-serving members demonstrate its value. Also ACVA, Andrew Garsch (Vice-President, Program Delivery, Shaping Purpose), *Evidence*, 4 October 2016, 1600.

129 ACVA, Brad White, *Evidence,* 21 April 2016, 1105.

including the RCL, are able to obtain information that is not available to other organizations.

Pursuant to the *Prescribed Persons and Organizations Regulations*, the RCL, as well as the Army, Navy and Air Force Veterans in Canada (ANAVETS), the Bureau of Pensions Advocates, the Merchant Navy Coalition for Equality, the Minister of Veterans Affairs and the National Council of Veteran Associations in Canada, may intervene before the Veterans Review and Appeal Board. Where the applicant or appellant raises a question of interpretation that VRAB deems relevant, these organizations are invited to present arguments to VRAB before it makes its decision.

Ray McInnis, Director of the RCL Service Bureau, explained to the Committee how this representation program is at the heart of the organization's mission:

> We have been assisting veterans since 1926 through our legislative mandate in both the Pension Act and the new Veterans Charter. Our 23 professional command service officers are located across the country and provide free assistance to veterans and their families in obtaining benefits and services from Veterans Affairs Canada.
>
> Please note that you do not have to be a legion member to avail yourself of our services, and I will stress again that they're free services. Our national service officer network provides representation starting with first applications to VAC through all three levels of the VRAB.
>
> Through the legislation, the Legion has access to service health records and departmental files to provide comprehensive yet independent representation at no cost. Last year our service officers prepared and represented disability claims on behalf of over 3,000 veterans to VAC and the VRAB. There is no other veterans group with this kind of direct contact, interaction, provision of support, and feedback from veterans, their families, and caregivers.[130]

Furthermore, as we suggested in the case of the Veterans Transition Network, the RCL is at the centre of most of the innovative projects most likely to help veterans, be it the VETS Canada project for homeless veterans[131] or the scholarship funding of the Canadian Institute for Military and Veteran Health Research. The Committee members also recognize that the network of local RCL branches is still frequently the only point of contact between veterans and the services that might be available to them.

Some, like Dean Black of the Royal Canadian Air Force Association, feel that the services of the RCL are underused: "When it comes to supporting veterans, our default has been and continues to be to defer to the RCL, where the expertise and resources are truly to be found."[132]

---

130 ACVA, Ray McInnis (Director, Service Bureau, Dominion Command, Royal Canadian Legion), *Evidence*, 21 April 2016, 1105.

131 ACVA, Debbie Lowther (Co-founder, Veterans Emergency Transition Services), *Evidence*, 22 September 2016, 1540.

132 ACVA, Dean Black (Executive Director, Royal Canadian Air Force Association), *Evidence*, 5 May 2016, 1135.

Obviously, the RCL is experiencing a decline in membership and activities, making it more difficult to maintain its infrastructure and organization as well as it could in the past. Mr. White acknowledged this fact:

> Most of those branches are in 40- to 50- or maybe 60-year-old buildings. The infrastructure is a killer. It's costing them a lot of money to keep old buildings running. Why not come together, amalgamate a few of the branches, put all the members together, so you have.... In their heyday, the branches used to have 1,000-plus members in a branch. You might have 200 people now who are trying to support what 1,000 used to do. It's a very difficult thing to do.
>
> What we're recommending is that they start thinking about this idea of amalgamation, coming together with bigger branches to provide more service to the community.[133]

The Committee understands that the RCL is faced with difficult challenges while it is going through a transition phase. Some harsh criticism was directed at the organization during our hearings, but we also heard about all the good being done through projects that would not have been possible without the RCL. What has surfaced the most is some inconsistency in the level of service provided by different branches of the Legion.

For example, Debbie Lowther, from VETS Canada, said: "You could go to one Legion and get the best service, and then you could go to another Legion and not get any service. … Sometimes we have a great result, and sometimes we don't."[134]

4.6 Veterans' condition following their medical release

> "[W]e derive identity from our social connections—friends, family, fellow soldiers, sailors, aviators. The fraternal aspects are key. Remove the veteran from these connections and you contribute to their demise. Strengthen them, support those connections, and you actually save lives."[135]

A great many military members manage a fairly smooth transition to civilian life. The challenge is greater, however, for those who leave military life not at their choosing, including those who are medically released – the vast majority of VAC clients.

The overall impression from the testimony heard during our study is that the needs of many medically released veterans are not met, and they feel isolated as a result. Sergeant Harris described this feeling for veterans dealing with mental health problems and its links to military culture:

> If some guy's coming back from war and he has PTSD, he doesn't have a family of thousands of people when he goes to a plant, like in World War II, where everybody there was at war and they could all help each other out. Now you go to a call centre and you sit around at a desk. There's nobody else around who even understands you, or they just think you're the crazy army guy. If you complain about something, they say, "Well, what

133 ACVA, Brad White, *Evidence,* 21 April 2016, 1205.

134 ACVA, Debbie Lowther, *Evidence*, 22 September 2016, 1635.

135 ACVA, Dean Black, *Evidence*, 5 May 2016, 1230.

> are you complaining about? You should suck it up." It's a horrible thing to say to somebody.
>
> To change that culture, I don't know. It's so difficult because I think part of it is almost needed in the military. You have to go on. The big thing here is maybe just to explain that you're always going somewhere to help each other. Instead of saying the words "suck it up," it could be "Get out there and help out your buddy," or "Go see a buddy for help."[136]

Brian McKenna, of the Equitas Disabled Soldiers Funding Society, added a geographic element to this difficulty:

> The day and age of an entire battalion being raised from a single suburb, going over and fighting, and coming back to that suburb has long passed us by. In my community of Delta, two or three guys might go on a tour, come back, and the community doesn't even know they left. That's essentially what we're tackling right across the board in connecting to veterans.[137]

For veterans who need help, the first support usually comes from people who work in informal peer support networks that use social media. The biggest problem seems to be for veterans who were released and who waited, for one reason or another, before contacting these groups. Mr. Beaudin of Veterans UN-NATO Canada spoke to the Committee about the urgent need to identify these people:

> These days, there's a lot of focus on active military who are about to be released. The situation they face isn't so bad because they have at least two years in front of them without needing to be too concerned. They know that as soon as they leave the ranks, they'll be looked after. And yet I know people who have been waiting for three, four, five or seven years, and still haven't received a thing. They are completely destitute, and if we weren't there to look after them due to the fact that someone, by sheer happenstance, referred us to them, they'd no longer be part of the population. They would have hanged themselves.[138]

As was explained by General (Retired) Walter Natynczyk, this makes it more difficult for the Department to track veterans who might need services because their contact points are more difficult to identify than when there was only the Department or the RCL:

> During the Second World War and the Korean War, a lot of soldiers stayed in the area with their comrades after having been deployed. These comrades were an important source of support.
>
> However, at this time, they find themselves side by side in a foreign country.
>
> These men and women maintain contact with each other over the Internet through social media, but not with everybody. It's with those who were in the same firefight, in the same battle aboard ship, aboard their aircraft, or in their squadron. That's how they console each other, counsel each other, and support each other. We are fortunate in that there

136 ACVA, Sgt Matthew Harris, *Evidence*, 12 May 2016, 1200.

137 ACVA, Brian McKenna (Veterans Council Representative, Equitas Disabled Soldiers Funding Society), *Evidence*, 21 April 2016, 1145.

138 ACVA, Denis Beaudin, *Evidence*, 5 May 2016, 1210.

> are a lot of leaders. These great men and women have served and learned so much, and there are social media groups that come together of cohorts to support each other.[139]

This fragmentation of veterans' peer support networks was what led VAC to create advisory groups that allow for interaction between these various networks and promote better sharing of information with the Department. Indeed, despite all the resistance from veterans and the lack of trust that has built up over time, filing an official request for VAC services is frequently the first necessary step toward their well-being.[140] The testimony of Bruce Phillips, Peer Support Coordinator, Operational Stress Injury Social Support (OSISS) in the National Capital Region, illustrates that it is much easier to connect with VAC when the person is supported by someone who knows the steps to follow and is familiar with military culture:

> The first question I ask if they have been released is whether they have engaged with Veterans Affairs. I cannot get them any help unless they have engaged with Veterans Affairs. It is one of the first steps.
>
> We go down to Veterans Affairs hand in hand. We sit down with them and we begin the claim process. I check to make sure they have had a conversation with their doctor and if there has been a diagnosis. It has to be evidence-based. If it's not, then I'm going to communicate to Veterans Affairs that an assessment is required. That's how we begin.[141]

Even when contact with the government has been established, the feeling of isolation can be aggravated when a veteran or family member comes up against the complexity of the system. Ms. Batho of Send Up the Count described the anxiety of those first steps:

> I still haven't seen a counsellor. I know nothing about the support group, the OSISS group [Operational Stress Injury Social Support], that I was supposedly referred to. I don't know whether I am supposed to contact them or VAC is supposed to contact them. I was told I was referred to them. I don't know how any of that works.
>
> I have been literally months without any kind of treatment or help. Even though I have kind of gone through the system, I am still not getting any actual help. That is where a lot of people seem to find themselves as they reach out for help. There are such delays between things happening, such as the time it takes to get a referral from this person to that person or the recommendations from the OSI clinic to VAC and to your doctor and all that. The trickle-down takes a very long time, and nothing is really explained to you, such as how the connection between the OSI clinic and the OSISS group works, how you can contact those people, and what kind of support they offer.[142]

One simple measure that has been suggested for a number of years and that could facilitate the establishment of this first contact is the issuing of a veteran's identity card at the beginning of military service. This card would allow a "My VAC Account" to be opened

---

139 ACVA, Gen (Retired) Walter Natynczyk, *Evidence,* 10 March 2016, 1145.

140 ACVA, Debbie Lowther, *Evidence*, 22 September 2016, 1540.

141 ACVA, Bruce Phillips (Peer Support Coordinator, Operational Stress Injury Social Support (OSISS), National Capital Region, Department of National Defence), *Evidence*, 9 June 2016, 1130.

142 ACVA, Dana Batho, *Evidence*, 12 May 2016, 1215.

and would enable the Department to maintain contact with released military members, which it cannot currently do unless veterans themselves take the initiative. Mr. Parent, Veterans Ombudsman, has made this recommendation several times already and explained to Committee members about the advantages of such an identity card:

> The essential point is that people in the service must prepare themselves for the possibility of being injured or discharged for medical reasons. Taking that responsibility is a priority. A second career is possible, given that a military career is dangerous.
>
> An identity card would specifically allow people who are part of the military to already have an account or a file number on record with Veterans Affairs Canada. Proof of their service and their diagnosis would already be in the file when they need to access certain benefits at the end of their service.
>
> Members of the military lose their military identity when their service ends. It is not reintegration, it is integration into civilian life. By receiving a card authorized by the federal government and showing that, henceforth, they are Canadian veterans, they maintain their military identity. That is important, in my view.
>
> Some veterans are transients, homeless. So if they had a card in their pocket proving that they served and that they have an account with Veterans Affairs Canada, half of the adjudication process is already complete.[143]

Most representatives of veterans groups support the idea. For example, Mr. Blackwolf of the Canadian Aboriginal Veterans and Serving Members Association told the Committee:

> Our position has been that a person should have a staged release when leaving the Armed Forces, and people should be releasing with a picture ID and a VAC account. They may use that account. They've got 120 days to apply if there's a problem at the time. That card could go in a dresser and sit there for 30 years, but they should be able to bring it out and run it through if and when they get problems later in life.[144]

Mr. Westholm supported this position, stating that:

> I believe that nobody should leave their basic military qualification without a My VAC Account. It should be a module right at basic training, and they should get that interaction going right when they graduate basic training and then get a module every time they go up the ladder in a different part of their leadership training. That would be like five different modules, the last being chief warrant officer, where you would be directing process down everybody else with VAC, and DND, and the Canadian Forces. You'd have what they call cradle-to-grave interaction from the minute a person joins, gets My VAC Account, interacts, gets all the information coming by email right through to the day he retires, knowing all the updates that are happening at Veterans Affairs Canada as they happen. The cost of that would be negligible. It could be done like that.[145]

143 ACVA, Guy Parent, *Evidence,* 8 March 2016, 1145.

144 ACVA, Richard Blackwolf, *Evidence*, 2 June 2016, 1145.

145 ACVA, Barry Westholm, *Evidence*, 3 May 2016, 1215.

General (Retired) Walter Natynczyk mentioned that the Department had already made a similar recommendation to the government.[146] As there appears to be consensus on such an initiative, the Committee recommends:

Recommendation 12

That Veterans Affairs Canada, in cooperation with the Department of National Defence, provide Canadian Armed Forces recruits with a veteran's identity card and open their "My VAC Account" as soon as they begin military service, and provide regular updates and training on the changes made to its programs and services.

5. SPECIFIC ISSUES

Thus far, we have discussed problems associated with the entire set of programs and services, as well as interactions between VAC, the CAF and veterans. As part of our study, some issues were raised that involve specific programs, or even certain elements of specific programs. We describe some of those below.

5.1 Secondary injuries or illnesses

It is straightforward enough to demonstrate that if a CAF member falls from a vehicle and suffers a knee injury, his or her knee problems are related to military service, and VAC should provide that person with all the necessary programs once he or she becomes a veteran. This link is more difficult to demonstrate, however, when the health problem is a consequence of the initial injury or illness. For example, if the knee problem leads to issues with posture that cause backaches, it seems clear to us that the backache should be recognized as being related to military service. However, according to the testimony of Mr. McKenna, veterans appear to have a difficult time having that link recognized:

> One of the things that happens to amputees is that they lose a lot of surface area of their body, so their body tends to overheat. There have been cases of amputees receiving care for their original condition, but then having to go back to the hospital because their body constantly overheats. When they turn to VAC for service for that, they wind up having to jump through a lot of hoops to prove that it is part of the original illness.
>
> Grinding your teeth at night is part of what happens when you are having nightmares and night tremors, so yes, it is also part of post-traumatic stress disorder…. We all run into trouble trying to get secondary care for previously approved primary care conditions.[147]

Similar problems seem to arise with substance abuse problems, which can lead to or aggravate an operational stress injury.[148] It is hard for Committee members to develop a clear grasp of the scope of the problem given that the fragmented nature of the

146 ACVA, Gen (Retired) Walter Natynczyk, *Evidence,* 10 March 2016, 1150.

147 ACVA, Brian McKenna, *Evidence*, 21 April 2016, 1150.

148 ACVA, Brian McKenna, *Evidence*, 21 April 2016, 1215.

information. Mr. McKenna's testimony on this point, however, is compelling, and we therefore recommend:

Recommendation 13

That Veterans Affairs Canada conduct an analysis of its handling of applications for financial benefits and services associated with injuries or illnesses that are a result of injuries and illnesses for which a link to military service has already been established, and that the results of this analysis be submitted to the Committee.

5.2 Long-term care

VAC provides long-term care for veterans whose requirement for such care is related to the condition for which they are receiving a pension or disability award. However, there are differences in terms of access to such care between veterans of the Second World War and the Korean War, and other veterans. The first difference lies with demonstrating the requirement for such care. Veterans of the Second World War and the Korean War with a serious disability do not have to demonstrate that their requirements are related to military service, while so-called modern-day veterans are obligated to demonstrate this link.

The second difference involves the type of facility where such care is provided. Veterans of the Second World War and the Korean War have access to what are known as "contract beds." These beds are in sections of long-term care facilities that have been set aside for veterans. VAC pays the costs associated with the building, as well as the difference between what the province pays for the care and what it actually costs. This is the type of facility that the Committee members visited in June when they travelled to Parkwood Institute in London, Ontario.

Modern-day veterans only have access to beds in "community facilities," any licensed provincial facility offering long-term care. The difference is that there are no sections set aside exclusively for veterans in these provincial facilities, and therefore VAC is not required to pay the costs associated with the building. The Department only pays the difference between what is covered by provincial health insurance and the actual cost of the care provided.

Many veterans prefer the care offered in community facilities because that allows them to live closer to home. Others, however, prefer to live in an environment adapted to veterans, where the camaraderie of shared military experiences helps break the isolation. Veterans generally do not understand why the choice of a contract bed was taken away from them. This unequal access and level of care has been criticized for a number of years, and the Department has not been able to adequately explain the rationale for maintaining these two classes of veterans.

This issue was raised more than once during this study. Lieutenant-General (Retired) Cuppens expressed his inability to understand the situation as follows:

> I'll give you the example of the Colonel Belcher centre in Calgary.… We were shown a very modern new hospital that was opened up. We went into one area, which was a veterans wing, mostly populated by World War II and Korea veterans, and then we went to see the state-of-the-art systems that they had in place to help aged people.
>
> Then we came across another area where there were long-term care people, and we encountered four modern-day veterans there, two of them were amputees from Afghanistan, and we asked, "How come they are not with the veterans in the veterans wing?"… They said that they were not eligible.[149]

The problems associated with this distinction may not be apparent today, but once the 40,000 veterans from the conflict in Afghanistan reach the age where they will require long-term care, the Department will no doubt have to act. Among others, Mr. Thibeau of Aboriginal Veterans Autochtones voiced his concern about the situation:

> The department must remember that we still have veterans and that facilities for long-term care should be available for veterans, at least as a first option. It may be felt that at this time the need may not be critical, but the future will see veterans counting on these facilities to be there when they feel the need. There may very well be a tidal wave of veterans coming near the time they will require long-term care facilities. How will the government cope with this reality when that time comes?[150]

The Committee therefore recommends:

Recommendation 14

That Veterans Affairs Canada review its strategy for long-term care and consider offering contract beds to modern-day veterans who need them, in addition to the homecare provided through the Veterans Independence Program.

5.3 Professional training

The Committee heard that the overlap between DND and VAC creates the most confusion when it comes to professional training programs.

The Service Income Security Insurance Plan (SISIP) offers a professional training program to all medically released military members, but restricts access to the first two years following release. This eligibility period poses a significant problem for veterans who have not had a chance to identify their training needs. General (Retired) Walter Natynczyk was frank in his assessment:

> One of the challenges is that many of these men and women aren't ready. They're not ready psychologically and, again, I speak about a lot of the soldiers who served for me, they're not ready. They're not ready to leave their cohort, and being with their cohort is absolutely vital to their well-being. So what we're trying to do is to provide those services to them and work with them and at the same time stand ready, indeed, if they're ready

149 ACVA, LGen (Retired) Louis Cuppens, *Evidence*, 5 May 2016, 1150.

150 ACVA, Robert Thibeau, *Evidence,* 19 May 2016, 1115; also ACVA, George Zimmerman, *Evidence*, 14 June 2016, 1750.

> to go. I spoke to one veteran last year. It's taken six years, but he's finally going back to school.[151]

Ms. Gilmore expressed the same idea with regard to veterans dealing with mental health issues:

> Do not push someone into education. If they are not ready, then the education is not going to happen. It is going to be a waste of money. You are going to stress them out, and you are going to make it worse.… My identity of 23 years is gone. I don't know who I am. I don't know what I am doing next. I still feel like I am a professional, but a professional what? I have so many skill sets; I just don't have a job right now. I am professionally retired. I am transitioning, but I still don't know what I want to do next.[152]

VAC professional training can only begin after the two years of SISIP program eligibility have elapsed. The VAC criteria are more flexible than those for the SISIP program, but the confusion between the two organizations is such that few veterans take advantage of the VAC program. This was explained by Ms. Fimrite:

> The problem with the SISIP being the first provider is that it only does the first two years. Their program is limited. Then if you wanted to continue with a VAC rehab program, my understanding is that you should have applied for that within 120 days of release. I don't think a lot of people realize that when they do release. They just think, "I'm going into the SISIP program", because that's what they've had and paid into their entire service career.
>
> There are a lot of other areas that have timelines for access that we find unreasonable. Specifically, survivors only have a year in which they can access the VAC rehabilitation service. When you've lost your spouse and you're dealing with young children and perhaps a move off a base back to a hometown, it might take much longer than a year to be ready to start school.[153]

In its June 2014 report, the Committee determined that the best way to eliminate the overlap would be to limit access to SISIP programs to veterans being released for medical reasons not related to military service. This would obviously involve making this determination before the member is released, which was the subject of our Recommendation 5. The Committee therefore wishes to reiterate that recommendation:

Recommendation 15

- **That the long-term disability coverage of the Service Income Security Insurance Plan (SISIP) be offered only to veterans whose disability leading to medical release <u>is not</u> related to their military service;**

- **that all veterans being released for medical reasons related to their military service be eligible for the programs under the *New Veterans Charter*;**

---

151 ACVA, Gen (Retired) Walter Natynczyk, *Evidence,* 10 March 2016, 1125.

152 ACVA, Alannah Gilmore, *Evidence*, 3 May 2016, 1120; also ACVA, Jim Scott, *Evidence*, 21 April 2016, 1125.

153 ACVA, Deanna Fimrite, *Evidence*, 5 May 2016, 1205.

- **that the Canadian Armed Forces and Veterans Affairs Canada work together to eliminate as quickly as possible the overlap between SISIP programs and programs offered by Veterans Affairs Canada; and**

- **that Veterans Affairs Canada eliminate the requirement that application for its vocational rehabilitation program be submitted within 120 days after release.**

5.4 Case managers

We saw in a previous section that the problems associated with the Joint Personnel Support Unit lie principally with a shortage of staff. The same assessment appears to apply to VAC case managers, who are recognized for their dedication and competence, but criticized for their lack of availability, which has been attributed to their excessive workload.

It must be borne in mind first of all that case managers only work with a minority of veterans who are VAC clients. General (Retired) Walter Natynczyk explained this very clearly:

> Of the 135,000 veterans we are supporting – again, about 60,000 are families – those who need very close support because of their complex, series injuries, who at this time number 9,300 veterans, have case managers. The remaining number are supported by individuals we call veterans service agents. A veterans service agent would handle those veterans with uncomplicated, straightforward, low-touch support needs. It's minimal engagement.[154]

Compared with CAF case managers, who are mainly nursing professionals, the profile of VAC case managers is more diversified. According to General (Retired) Walter Natynczyk:

> With regard to case managers, we're looking for social workers, nurses, and psychologists who have some experience with case management. I am thrilled to see that folks are coming from across the country. Indeed, many who are contemplating retirement from the Canadian Armed Forces are applying. We're working through the public service rules, which can be somewhat challenging, but to get people in the door, as the minister indicated, we have hired in excess of 183 people thus far.[155]

Mr. Doiron added that of those 183 people, 72 were case managers, and that the total number of new hires approved for case managers and veterans service agents was 309, including 167 case managers by the end of the hiring process.[156] Case managers have a workload of approximately 30 files per person, and the goal is to decrease that average to 25.

---

154 ACVA, Gen (Retired) Walter Natynczyk, *Evidence,* 10 March 2016, 1130.

155 ACVA, Gen (Retired) Walter Natynczyk, *Evidence,* 12 April 2016, 1130.

156 ACVA, Michel Doiron, *Evidence*, 10 March 2016, 1135.

The Veterans Ombudsman, Mr. Parent, criticized the fact that the differences in the training provided to CAF and VAC case managers create a lack of harmonization when it comes to providing continuity of services during the transition period:

> A case manager, for instance, in the military side is a health care professional. On the VAC side, the case manager is a social services professional. To an injured veteran, especially somebody who has a non-visible injury, it's very confusing to say that now you will switch case managers but they don't do the same thing.[157]

We will have to await the end of the hiring cycle in order to make an overall judgment as to the capacity of case managers to provide quality service. For the time being, we join Mr. Blais of Canadian Veterans Advocacy in hoping that "[t]he prospective of having over 300 additional front-line staff actually deployed is certain to have a definite impact in resolving many of the service delivery problems that have been identified in reference to expedient and quality care."[158]

5.5 Families

In terms of delivery of services to veterans' families, the problem most frequently mentioned by witnesses during this study involves the difficulty in obtaining services in their own right when the veteran is dealing with mental health issues. In fact, VAC internal policies prevent departmental employees from providing services to anyone but the veteran. In other words, unless veterans take the initiative to ask for services for their family members, the family members cannot receive those services.

Mr. Parent has been criticizing this restriction for a number of years: "A good example is access to an OSI clinic for mental health for family members dealing with mental health. There is no access right now unless there is a therapy that includes their spouse, but not for them in their own right."[159]

Ms. Davis of the Canadian Caregivers Brigade described this feeling of being abandoned that affects veterans' family members:

> We don't have independent medical benefits and we don't have independent dental benefits; when I quit my job, I left all that behind. Family members don't receive a VAC file number. We should have a VAC file number. Children of deceased veterans, spouses, and widows should all be given a VAC file number. If something were to happen.... It's a gauntlet for us families if something.... Heaven forbid that sometime it's my husband, because we don't have access.[160]

This sense of abandonment is further aggravated for family members following a divorce, which is a frequent occurrence, because the veteran dealing with mental health issues is often no longer there to ensure they receive appropriate care:

---

157 ACVA, Guy Parent, *Evidence,* 8 March 2016, 1115.

158 ACVA, Michael Blais, *Evidence*, 12 May 2016, 1130.

159 ACVA, Guy Parent, *Evidence,* 8 March 2016, 1130.

160 ACVA, Kimberly Davis, *Evidence*, 12 May 2016, 1140.

> It's one of my pet worries, children of divorced parents. When a serving member and their spouse divorce, the serving member has to sign off on the child's psychological visits. I think they get a regular 20 or something, but some of these children are really damaged, and they need their own number. They need their own relationship with Veterans Affairs. That damage isn't going to stop with the divorce; that damage that the child is suffering after the fact will go on the rest of his life.[161]

Sergeant Harris, of the 31CBG Veteran Well-Being Network, struck the imagination of Committee members with a powerful image:

> Imagine a six-year-old kid whose father is in Afghanistan, or any place far away, and his imagination. The images in that kid's head every day are that his dad is being killed. Those images, although they were made up in his own head, become real every day and every night. Every morning he wakes up, it's "Is a person going to be knocking on my door to tell me my daddy is dead or my mom is dead?" It is extremely difficult for them.[162]

VAC's limited capacity to work with families also affects the dissemination of information that could be essential when trying to provide support to a person dealing with mental health issues. Ms. Murray explained the distress she experienced on this front:

> Dealing with PTSD, I wish I knew back then what I know now. Life would have gone so much easier. It's simple things, like the fact that someone with PTSD has trouble filling out forms. If they'd told me that at the beginning, think of how many fewer domestics I'd have had. I mean, I was getting so frustrated trying to get him to fill out the forms. It was integral understanding that he couldn't, and I'm amazed that VAC hasn't figured that out yet.[163]

Such proactive provision of information can also prove crucial for reassuring families when members of the military are deployed to theatres of operations and the families fear they will be unprepared when the members return home. Mr. Zimmerman emphasized the preventive importance of this information sharing:

> I said that I think it is a necessary and essential condition of service that people have deep security within themselves of what will happen to them if they are sent into a theatre of war and into harm's way, and what will happen to their family. That disclosure, I think from the get-go, certainly in today's less-than-stable environment, would be a critical aspect, not only after release, but also for a sense of security that this country takes a member's unlimited liability seriously enough to say that these are the benefits they would receive should they be wounded or killed.[164]

Mr. Westholm also indicated that all this information has to be provided to veterans' families just when their lives are being completely reorganized:

> For a transitioning military family, more times than not, the injury causing a release is a surprise event, and their lives have just taken an unexpected turn. This is a great deal for

161 ACVA, Carla Murray, *Evidence,* 10 May 2016, 1210.

162 ACVA, Sgt Matthew Harris, *Evidence*, 12 May 2016, 1245.

163 ACVA, Carla Murray, *Evidence,* 10 May 2016, 1205.

164 ACVA, George Zimmerman, *Evidence*, 14 June 2016, 1815.

> a family to cope with, and it is my submission that it is the exact wrong time to spring the enormity of Canadian Forces and Veterans Affairs support upon them.[165]

According to Mr. Parent, the program to support family members who must care for a veteran should be beefed up considerably:

> The family caregiver benefit was introduced. Certainly it meets a need for families, but it's not what we had in mind when we recommended a family caregiver benefit under the new Veterans Charter. We were recommending full remuneration for a spouse who sacrifices his or her life or career or income to look after an injured military person.
>
> … [W]hat's needed is a program … under which people are actually signing a contract with the department to say they will take care of the injured spouse. They are then trained, certified, and paid to do that. That's one thing that's lacking here in Canada, that particular benefit for a family. A lot of veterans don't want anybody but a family member to care for them, and there's no reason why they shouldn't be remunerated.[166]

Joseph Burke, National Representative of the Canadian Aboriginal Veterans and Serving Members Association, provided a clear recommendation that the Committee members would like to echo:

> In our view, family members of veterans suffering from mental health problems should receive psychological and financial support from Veterans Affairs Canada. Each family member should have a picture ID card and a VAC account.[167]

The Committee therefore recommends as follows:

Recommendation 16

That Veterans Affairs Canada, when the veteran participates in, or is eligible for a rehabilitation program, provide access to a reasonable number of free sessions of psychological care to spouses, common-law partners, dependent children, and caregivers (as defined in section 2 (1) of the *New Veterans Charter*, or section 16 (3) of the *Veterans Health Care Regulations*), and that they be able to apply for such care without prior authorization from the veteran.

Recommendation 17

That Veterans Affairs Canada provide training and financial compensation to spouses, common-law partners, dependent children, and caregivers (as defined in section 2 (1) of the *New Veterans Charter*, or section 16 (3) of the *Veterans Health Care Regulations*) who provide care to the veteran.

---

165 ACVA, Barry Westholm, *Evidence*, 3 May 2016, 1110.

166 ACVA, Guy Parent, *Evidence,* 8 March 2016, 1140; ACVA, Deanna Fimrite, *Evidence*, 5 May 2016, 1125; and ACVA, Jim Scott, *Evidence*, 21 April 2016, 1125.

167 ACVA, Joseph Burke, *Evidence*, 2 June 2016, 1110.

5.6 Mental health

Most of the problems raised thus far in this report tend to be aggravated one way or another when the veteran is dealing with a mental health problem. Indeed, the proportion of VAC clients with mental health conditions increased from 2% in 2002 to 12% in 2014.[168] According to Mr. Saez of the VAC Bureau of Pensions Advocates, this increase does not mean that there are more problems: "I think it's because the science behind it has brought it more to the fore and it's being recognized more and more as a condition."[169]

The chief cause of this difficulty in meeting demand is the increase in mental health care needs following the participation of approximately 40,000 Canadian military members in the operations in Afghanistan. This has created a very real problem for clinics, as explained by Dr. Cyd Courchesne, Director General of Health Professionals and National Medical Officer, VAC:

> I would say that the biggest barrier today is physical space in our clinics. They want to expand because clinicians want to come and work there. If we could do that then, we could see more people. The capacity issue right now is physical. We would improve our access times and our wait times for all the clinicians, simply by having more space.[170]

This suggests that more veterans are asking for help, but their willingness to do so is hampered by the persistence of certain aspects of military culture, as mentioned by Mr. Parent, "[S]ome of the military folks are too proud, and that even includes some of the family members as well. They're just too proud to come out and say they have a problem. Fortunately, within the forces, the stigma has changed a little bit. People are more open, but I don't think that has transcended to the young veterans population."[171]

Mr. White expressed a similar view:

> We've made a lot of strides forward. We have a lot more to go. The issue we now have to tackle is the stigma associated with mental health issues. We still have young soldiers out there who will not disclose, because they're afraid of letting their buddies down. They're afraid of losing their jobs. You go to the JPSU, you're gone. That's the mentality out there. Once you hit that system, you're out of it. You've lost your job, your life, your whole career.[172]

This fear appears to persist, even if some witnesses feel it is no longer founded, as suggested Brigadier-General Eldaoud of the Military Personnel Command:

> [I]t's a myth to think that because you have a mental health problem, wound, or issue, you cannot serve anymore. If it's to a point where it's very aggravated, yes, we could go

168 ACVA, Michael Ferguson, *Evidence*,14 April 2016, 1105.

169 ACVA, Anthony Saez, *Evidence*, 16 June 2016, 1205.

170 ACVA, Cyd Courchesne (Director General of Health Professionals and National Medical Officer, Department of Veterans Affairs), *Evidence*, 14 April 2016, 1225.

171 ACVA, Guy Parent, *Evidence,* 8 March 2016, 1140.

172 ACVA, Brad White, *Evidence,* 21 April 2016, 1220.

> to the point where you cannot serve anymore. We're talking about a few cases. A lot of people have mental health issues, wear this uniform, and do a great job.[173]

Despite the comments of Brigadier-General Eldaoud, some veterans, like Mr. Callaghan, have experienced this fear of asking for help: "The moment you come forward, the moment you have a severe diagnosis, the days are numbered.… Eventually people find out, so we either suffer in silence and hope that peer support gets us through the day, or we risk losing our lives, our livelihood."[174]

The Committee heard similar comments on more than one occasion. Despite all these efforts, the criticisms directed at the CAF in the context of the transition process principally revolve around this negative perception of mental health problems. For example, Mr. Kuluski described his difficulties following his request for support:

> I had nine years in the infantry out in Shilo, Manitoba, and one tour to Afghanistan in 2008. Since I've been back I've had some troubles. They said that if you needed help, you should go and ask for help. Since I started asking for help, they literally threw me out the door as fast as possible. You're a black flag, a black sheep, as soon as you ask for any kind of help at all in the military. My life has been a shambles pretty much since I've been released.[175]

Mr. Veltri described a very similar experience:

> On my return [from Afghanistan] in 2009, I went to mental health and I asked for help.… My career's gone—everything I worked for. Once again, I'd never been in trouble. I started to fight back. I fought back so much that I lost it. In August 2012 I attempted to take my life. I woke up two days later on my bathroom floor.…
>
> Every day I get up and it's the same thing. It's a constant fight with you guys …
>
> You sit in these committees, and you talk amongst yourselves, and you think life is all grand. But for guys like us, it's … hard. Every day it's a struggle. I wake up and wonder what to do with my life. I wake up and go get in fights.[176]

In the face of such wrenching comments, it seems somewhat trifling that we are unable to do much more than stress that while VAC has made many advances over the last 15 years in terms of its wide range of services in the area of mental health, demand is still not being fully met. Eleven clinics for operational stress problems have been opened, the first in 2002, and the most recent one last year in Halifax.[177] Mr. Doiron recognized that there are still delays for accessing the services of these clinics, but he also described the Department's ongoing efforts to meet the needs as well as possible:

---

173 ACVA, BGen Nicolas Eldaoud, *Evidence*, 9 June 2016, 1205.

174 ACVA, Walter Callaghan, *Evidence*, 13 June 2016, 1815.

175 ACVA, Cody Kuluski, Evidence, 3 May 2016, 1105.

176 ACVA, Jesse Veltri, *Evidence*, 3 May 2016, 1105.

177 ACVA, David Ross (National Manager and Clinical Coordinator, Network of Operational Stress Injury Clinics, Québec Regional Office, Department of Veterans Affairs), *Evidence*, 14 April 2016, 1220.

> If they have a diagnostic and they come in to us and they've served, especially if they've been in any SDAs or special duty areas, they are in the club. To really decrease ... whether it's 32 or 16, to me at this point is not important. The important thing is to get that down. While they're waiting for this, there are avenues for them. We can't forget that we have the 1-800 network. We'll give the veteran 20 sessions with a psychiatrist or a psychologist within 24 to 72 hours. We pay for that. There is no adjudication process.
>
> As long as they're a veteran or a veteran's family, we take care of the bill. There is no delay. There is no waiting. You call that number. You need help. Somebody referred to the crisis line earlier. If you need help, we will help you. We'll get you into mental health. It is not the OSI clinic, I agree, but at least you can get help immediately, pending a lot of this stuff. We pay. There's no billing. It's with Health Canada. They bill my division directly and we take care of it.[178]

All these initiatives have no doubt improved the quality of life for a great many veterans, and that of their families. For others, who for one reason or another have not been able to rehabilitate and continue to suffer, all the encouraging statistics are meaningless. The Committee members are well aware of that, and despite the progress to date, will continue to closely monitor the efforts of VAC in this respect.

5.7. Sexual Harassment

Earlier in this report, a mention was made of the progress that had been made in VAC's handling of cases involving sexual harassment or sexual abuse. Mr. Saez stated that the Department now recognizes that "if it happens while you are on duty, the employer is responsible. Therefore, it happened as a result of duty."[179] The same position was defended by Mr. Walbourne.[180]

However, based on the testimony of Mr. Jarmyn, it is not clear how that progress has translated into concrete decisions during the appeal's process. Mr. Jarmyn mentioned that the Board's staff had recently received training on the issue, and that an unknown number of cases were still pending. He also said that to prove that a case was related to military service, a legal argument had to be made:

> The question we ask is whether or not the sexual assault occurred in the course of military service and, further to the Federal Court case in Cummings, whether or not the military was exercising significant control over the activities of the veteran at the time of the assault.… Sometimes they are, and sometimes they aren't. I can't say much more than that. [181]

Given the lack of information about how these cases are treated by VRAB, it is difficult for the Committee members to assess how far VAC, VRAB, and the Canadian Forces have in fact moved toward that cultural change that Mr. Saez has witnessed. Since decisions by VRAB have to include information about the events taking place, the handling

178 ACVA, Michel Doiron, *Evidence*, 14 April 2016, 1230.

179 ACVA, Anthony Saez, *Evidence*, 16 June 2016, 1135.

180 ACVA, Gary Walbourne, *Evidence*, 7 June 2016, 12:20; ACVA, Debbie Lowther; and ACVA, Norah Spinks, *Evidence*, 22 September 2016, 16:40–16:45.

181 ACVA, Thomas Jarmyn, *Evidence*, 31 May 2016, 1125.

of the events by the CAF, and the arguments used by VAC to motivate its rejection of the initial claim, they would be a good source to understand how sexual harassment and abuse are treated by the CAF, by VAC, and by VRAB. The Committee therefore recommends:

Recommendation 18

That the Veterans Review and Appeal Board table to the Committee its most recent decisions in cases involving sexual harassment and abuse, and make sure that individuals involved in these cases cannot be identified.

6. CONCLUSION

This report and its recommendations cover a wide range of topics, each of which could have been made the subject of a separate study by the Committee. The objective was to provide an overview of how VAC's many programs and services reach veterans and to identify barriers that sometimes prevent veterans from taking full advantage of them. However, we found that, in most cases, these programs and services do not "reach out" to veterans; most of the effort to obtain these services is made by veterans themselves.

When we look at public services in general, we see that the principle that governs services to the public translates poorly to the particular situation of veterans. Usually, when governments provide a service, they advertise it as well as possible and leave it up to individuals to take the necessary steps to benefit from the service. This typically involves filling out forms to ensure that taxpayer dollars are being properly spent.

That model is clearly inadequate in the case of individuals to whom VAC provides its programs and services, that is, veterans suffering from a service-related disability or who, for whatever reason, are finding it difficult to transition to civilian life. In their case, based on the testimony heard by the Committee, it is clear that the burden of "reaching" to the veterans should lie with the government, not the other way around. There are many reasons why the government should be making an extra effort when it comes to veterans. The main ones the Committee heard are:

- The federal government's moral obligation to do all it can to mitigate the negative consequences of military service must be proportional to the sacrifice those individuals agreed to make on behalf of and in the service of Canada.

- The duty to accommodate employees with disabilities does not apply to CAF members because it conflicts with the universality of service principle. In the same way that it is the employer's responsibility to make reasonable efforts to maintain an employee in a position equivalent to that person's pre-disability position, it is the Government of Canada's responsibility to ensure that veterans find suitable arrangements when

they are released for medical reasons or have difficulty transitioning to civilian life.

- Unlike populations typically targeted by public programs and services, veterans would be an easily identifiable population if, for example, they were issued an identify card at the start of their military service. This proactive approach to reaching veterans would enable the government to simply and inexpensively deliver programs and services because veterans would be easily identified.

- The complexity of programs, services and eligibility criteria has gradually evolved over decades, not so much to enhance the well-being of veterans but, rather, to serve the objectives of public administration. Until the necessary steps are taken to successfully reduce this complexity, the resulting burden should not fall on the shoulders of veterans. VAC should take the lead in educating veterans about the services and programs they are entitled to receive and should help them navigate the intricacies of the system.

Consequently, the entire service-delivery approach should be reconsidered in light of this reversal of the onus for action. Reducing wait times is a positive change; however, based on the testimony heard by the Committee, a more fundamental change is needed in order to re-establish a lasting relationship of trust between veterans and the federal government.

Since the purpose of this report is to make recommendations to the government, the Committee has focused primarily on the issues that need to be resolved and has relied on the testimony heard to identify solutions that we believe will improve the situation. This type of exercise forces us to focus on problems that, unfortunately, contribute to a negative impression of everything that VAC is doing, and of the position of many veterans whose complaints we are conveying.

The Committee is of the opinion that the complaints and frustrations of veterans are, for the most part, justified. We share a common desire to put in place all the conditions that will allow society to benefit from veterans' contributions to the advancement of our country. Canadians will back their government in whatever it does to help those who courageously risked their lives, their physical and mental health, and the well-being of their families to take up the noble and necessary task of defending our freedom and security. No price can be placed on this sacrifice and our gratefulness should have no limits. We hope that our commitment to the recommendations contained in this report will live up to what we consider to be our debt to veterans.

LIST OF RECOMMENDATIONS

APPENDIX A
LIST OF WITNESSES

Organizations and Individuals	Date	Meeting
Office of the Veterans Ombudsman Guy Parent, Veterans Ombudsman	2016/03/08	4
Department of Veterans Affairs	2016/03/10	5
Bernard Butler, Assistant Deputy Minister, Strategic Policy and Commemoration Michel Doiron, Assistant Deputy Minister, Service Delivery Branch Gen (Retired) Walter Natynczyk, Deputy Minister		
Department of Veterans Affairs Cyd Courchesne, Director General, Health Professionals and Chief Medical Officer Michel Doiron, Assistant Deputy Minister, Service Delivery Branch David F. Ross, National Manager and Clinical Coordinator, Network of Operational Stress Injury Clinics, Quebec Regional Office	2016/04/14	7
Office of the Auditor General of Canada Dawn Campbell, Director Michael Ferguson, Auditor General of Canada Joe Martire, Principal		
Equitas Disabled Soldiers Funding Society Brian McKenna, Veterans Council Representative Jim Scott, President	2016/04/21	8
Royal Canadian Legion Ray McInnis, Director, Service Bureau, Dominion Command Brad White, Dominion Secretary, Dominion Command		
As individuals Alannah Gilmore Cody Kuluski Jody Mitic Jesse Veltri Barry Westholm	2016/05/03	9
Canadian Peacekeeping Veterans Association	2016/05/05	10
LGen (Retired) Louis Cuppens, Special Advisor Ray Kokkonen, President		
Royal Canadian Air Force Association Dean Black, Executive Director		
The Army, Navy and Air Force Veterans in Canada Deanna Fimrite, Dominion Secretary-Treasurer Dominion Command		
Veterans UN-NATO Canada Denis Beaudin, Founder Brigitte Laverdure, Peer Support		

Organizations and Individuals	Date	Meeting
As individuals Jenny Migneault Carla Murray	2016/05/10	11
Canadian Caregivers Brigade Kimberly Davis, Director **Canadian Veterans Advocacy** Michael L. Blais, President and Founder Sylvain Chartrand, Director	2016/05/12	12
As individuals Dana Batho, Administrator, Send Up the Count, Facebook Group Matthew Harris, 31CBG Veteran Well-Being Network		
Aboriginal Veterans Autochtones Robert Thibeau, President **Korea Veterans Association of Canada** Bill Black, President, Unit 7 **Veterans Canada** Donald Leonardo, National President	2016/05/19	13
Veterans Review and Appeal Board Thomas Jarmyn, Acting Chair	2016/05/31	14
Canadian Aboriginal Veterans and Serving Members Association Richard Blackwolf, National President Joseph Burke, National Representative	2016/06/02	15
NATO Veterans Organization of Canada Gordon Jenkins, President, Head Office **Royal Canadian Mounted Police Veterans' Association** Mark Gaillard, Executive Officer and Secretary **National Defence and Canadian Forces Ombudsman** Robyn Hynes, Director General, Operations Gary Walbourne, Ombudsman	2016/06/07	16
Department of National Defence BGen Nicolas Eldaoud, Chief of Staff, Military Personnel Command Capt(N) Marie-France Langlois, Director, Casualty Support Management, Joint Personnel Support Unit Bruce Phillips, Peer Support Coordinator, Operational Stress Injury Social Support (OSISS), National Capital Region Vanessa Pok Shin, Family Peer Support Coordinator, Operational Stress Injury Social Support (OSISS), National Capital Region **Department of Veterans Affairs** Robert Cormier, Area Director, Field Operations, Service Delivery Branch Elizabeth Douglas, Director General, Service Delivery and Program Management Anne-Marie Pellerin, Director, Case Management and Support Services	2016/06/09	17
As individuals Reginald Argue Walter Callaghan	2016/06/13	18

Organizations and Individuals	Date	Meeting
Brenda Northey		
As individuals Jerry Kovacs George Zimmerman	2016/06/14	19
Department of Veterans Affairs Anthony Saez, Executive Director and Chief Pensions Advocate, Bureau of Pensions Advocates	2016/06/16	20
Vanier Institute of the Family Russell Mann, Colonel (Retired), Special Advisor, Nora Spinks, Chief Executive Officer	2016/09/22	21
Veterans Emergency Transition Services Debbie Lowther, Co-founder **Réseau d'accueil des agents et agentes de la paix (Maison La Vigile)** Nancy Dussault, Director, Nursing Jacques Denis Simard, Director General	2016/09/29	22
Veterans Transition Network Doug Allen, Program Coordinator, Atlantic Oliver Thorne, Director, National Operations		
Shaping Purpose Andrew Garsch, Vice-president, Program Delivery **Trauma Healing Centers** Trevor Bungay, Veteran **As individuals** Fred Doucette, Retired Peer Support Coordinator, Veteran Kevin Estabrooks, Volunteer Peer Support Advisor, Veteran	2016/10/04	23
National Defence and Canadian Forces Ombudsman Robyn Hynes, Director General, Operations Gary Walbourne, Ombudsman	2016/10/06	24
Canadian Association of Veterans in United Nations Peacekeeping Wayne Mac Culloch, National President **Union of Veterans' Affairs Employees** Carl Gannon, National President **Valcartier Family Centre** Marie-Claude Michaud, Chief Executive Officer	2016/10/18	25
Royal Canadian Mounted Police Daniel Dubeau, Deputy Commissioner, Chief Human Resources Officer Pierre Lebrun, Director General, National Compensation Services Stephen White, Assistant Chief Human Resources Officer	2016/10/20	26

APPENDIX B
LIST OF BRIEFS

Organizations and Individuals

Canadian Peacekeeping Veterans Association

Lund, **Tim**

NATO Veterans Organization of Canada

Northey, **Brenda**

Office of the Veterans Ombudsman

Réseau d'accueil des agents et agentes de la paix (Maison La Vigile)

Royal Canadian Legion

Westholm, **Barry**

REQUEST FOR GOVERNMENT RESPONSE

Pursuant to Standing Order 109, the Committee requests that the government table a comprehensive response to this Report.

A copy of the relevant *Minutes of Proceedings* (Meetings Nos. 4, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 32, 33, 35) is tabled.

Respectfully submitted,

Neil R. Ellis
Chair