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# Standing Committee on Veterans Affairs

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Chair: Mr. Bryan May





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• (0850)

[English]

**The Chair (Mr. Bryan May (Cambridge, Lib.)):** As we are past 8:45 a.m., we're going to get started.

Pursuant to Standing Order 108(2) and the motion adopted by the committee on Tuesday, February 25, 2020, the committee is commencing its study of the backlog of disability benefit claims at the Department of Veterans Affairs.

I'm very pleased to welcome the witnesses today from the Department of Veterans Affairs.

The first is General Walter Natynczyk, deputy minister of Veterans Affairs Canada.

Welcome this morning.

**General (Retired) Walter Natynczyk (Deputy Minister, Department of Veterans Affairs):** Thank you, sir.

**The Chair:** Next are Michel Doiron, assistant deputy minister, service delivery; Steven Harris, assistant deputy minister, strategic policy and commemoration; Sara Lantz, acting/assistant deputy minister, chief financial officer and corporate services; and Rick Christopher, director general, centralized operations.

Good morning and welcome to all of you.

Thank you for braving this beautiful winter morning that we are having and for being here so promptly. I understand a few people behind you may be joining us later. I will allow them to introduce themselves at that point.

To start off us off this morning, I believe, General, that you have some opening remarks.

**Gen (Ret'd) Walter Natynczyk:** Yes, Mr. Chair, thank you. I hope my voice will project in the room.

Mr. Chair and members of the committee, good morning.

I would like to highlight that Captain Navy (Retired) Dr. Cyd Courchesne, who is Veterans Affairs' chief medical officer, and Lieutenant-Colonel (Retired) Dr. Alex Heber, who is Veterans Affairs' chief psychiatrist, are joining me here and providing me back-up.

I am very pleased to present you with an update on the efforts of Veterans Affairs to support our veterans and their families.

[Translation]

Mr. Chair, ladies and gentlemen of the committee, I am pleased to be here today to present the current state of our department to the Standing Committee on Veterans Affairs.

[English]

Over our history, more than two million Canadians have served our nation in uniform. Today, one in 57 Canadians has served at some time in their lives, and those who serve and veterans are integral members of every community from coast to coast to coast.

Veterans Affairs' role is to provide services and benefits to all military and RCMP veterans, Canadian Armed Forces and RCMP serving members and their families. Currently, we have some 189,000 clients, representing about 18% of Canada's total veteran population.

We also promote recognition and remembrance of the achievements and sacrifices of all those who have served Canada.

[Translation]

Our programming has evolved so that we can better meet the needs of today's veterans. We take a holistic approach to maintaining the health and well-being of veterans over their lifetimes.

[English]

More than 90% of our department's budget goes to programs and services directly for veterans and their families. The department ensures that there are always sufficient funds available so that all veterans who have an entitlement receive the benefits and services they need.

[Translation]

To carry out its mandate, the department ensures there are always sufficient funds available so that veterans receive the benefits and services they need.

[English]

The majority of our budget is what is regarded as quasi-statutory funding, which means the budget is non-discretionary and based on an annual estimate of veterans' requirements for benefits and services.

We frame our estimates to ensure that we have adequate funds to meet the projected veteran needs and that we stay in the black by a small margin. When we see an increased demand, as we did in the first quarter of last year, we requested and received additional funds. Over the past five years, the trend has been to close the year with just a little bit above the water line. I'm looking at my chief financial officer. These funds are returned to the consolidated revenue fund and then immediately returned to us at the next fiscal year based upon the new forecast of veteran needs.

[*Translation*]

In other words, regardless of whether 10 or 10,000 veterans apply, they will receive the benefits they need, in accordance with our funding system.

[*English*]

Indeed, more veterans are coming forward requesting support. Since 2015, we have seen an increase of more than 60% of all disability application types and more than 90% in first applications. This increased volume indicates that veterans are more aware of the benefits they need and are entitled to receive for their well-being. Veterans Affairs has responded to the increase in volume by simplifying and consolidating benefits, adding and training staff, integrating various functions and, where possible, digitizing decision-making processes.

We have streamlined the way we make decisions on benefits and programs so that the less complex cases take less time, allowing enhanced and faster consideration of complex cases. We now triage claims for disability benefits. This allows us to expedite applications for those veterans at higher risk.

We have hired hundreds of additional staff, including case managers and others, who work directly with veterans. Additionally, we have hired hundreds to process disability applications and to administer the pension for life benefits, which came into effect on April 1 last year, and veterans can check the wait times for most programs and services on the VAC website. More importantly, they can track the status of their own applications through their online My VAC Account, which now has over 108,000 users.

● (0855)

[*Translation*]

Our partnership with the Department of National Defence and the Canadian Armed Forces is also helping to improve service delivery. We are working together more and more to reduce complexity of transition, harmonize services, provide clear guidance, integrate case management and provide timely access to benefits and services.

[*English*]

While we've made some progress in dealing with the increased volume, we still have some way to go. We recognize that having a backlog is not in the best interests of our veterans' well-being.

Each year thousands of members leave the forces and undergo a period of transition. About two-thirds of the Canadian Armed Forces members make a smooth transition to life after service. About one-third report that they are not satisfied or have difficulty in their transition.

Our research has found that their difficulties can be centred on one or more of what we call the seven domains of well-being. The well-being framework includes having purpose, financial security, adequate shelter, physical and mental health, family support, integration into the community and pride in their identity.

As such, and to assist in the transition, the department has operationalized several programs with benefits in recent years to align with these domains of well-being. For example, to incentivize re-leasing members to prepare for civilian life and assist in finding purpose, veterans with at least six years of service may access the new education and training benefit or use the career transition services program to assist in finding civilian employment.

Enhanced family programs recognize those who care for injured veterans. Families of medically released veterans can now access programs at 32 military family resource centres on the Canadian Armed Forces bases.

Suitable housing is key to veterans' well-being. One homeless veteran is indeed one too many.

[*Translation*]

The veterans emergency fund assists veterans in dire need who are experiencing financial hardship. The department works with local organizations to prevent homelessness, identify veterans at risk, inform them about benefits, and help them find appropriate shelter and treatment.

We are also working closely with Employment and Social Development Canada under the national housing strategy and Canada's homelessness strategy to bolster veteran housing initiatives.

[*English*]

To enable mental well-being, the department ensures that veterans and their family members have the mental health support needed. Veterans Affairs Canada partners with the provinces to fund a network of specialized operational stress injury clinics across the country providing veterans direct access to care. Each clinic provides assessment, treatment, prevention and support to serving Canadian Armed Forces members, RCMP members, and veterans. The clinics work closely with health care providers and organizations in the community to help follow up when needed.

Veterans can access mental health supports even while awaiting a decision on their disability application.

[*Translation*]

Any veteran, as well as their family, can call Veterans Affairs Canada's assistance service 24 hours per day to speak immediately with a mental health professional.

[*English*]

We understand the important role that families play in supporting our veterans and continue to look at ways and means to support them. Our policy that covers mental health services for family members has remained fundamentally unchanged since 2010. The purpose of providing mental health services to family members is to support the veteran's treatment or rehabilitation toward wellness. Meanwhile, if a family member requires long-term support or mental health treatment for their own mental health condition, Veterans Affairs staff will assist them in locating assistance.

We continue to make strong efforts to prevent suicide. The implementation of the joint Canadian Armed Forces and Veterans Affairs Canada suicide prevention strategy helps reduce risk, build resilience and prevent suicide among our military members and veterans. The department also funds a centre of excellence on PTSD and related mental health conditions. Their research will enhance the knowledge about effective assessment and treatment and will be shared with mental health practitioners across the entire country.

Pride in their service and achievements and remembering the sacrifice of brethren is key to veteran identity and well-being. Our commemoration program is an essential component of the well-being framework.

Last year was very active for commemoration, with the 75th anniversary of the Italian campaign, D-Day, the Battle of Normandy and the Battle of the Scheldt. The year 2019 also saw the fifth anniversary of the end of Canada's military mission in Afghanistan and important progress toward a national monument to commemorate those who served and those who made the ultimate sacrifice.

● (0900)

[*Translation*]

In 2020, we will also celebrate the 75th anniversary of the end of the Second World War, the liberation of Belgium and the Netherlands, the Battle of the Atlantic, Victory in Europe Day and Victory over Japan Day. We will also celebrate the 70th anniversary of the Korean War and the 105th anniversary of the Second Battle of Ypres in the First World War.

[*English*]

All of these activities serve to strengthen the connection of our distinguished veterans to the youth of Canada, reinforcing the tradition of service in our nation.

Members of the committee, that is a wave-top view of the operations of Veterans Affairs Canada. We face rapidly increasing requests for our services and programs. We've made strides in improving those services and delivering them, yet there's still so much work to be done. I am confident, however, that our folks will exercise this noble responsibility with care, compassion and respect.

Thank you.

**The Chair:** Thank you very much, sir.

We are going to get started right away with questions.

First up we have MP Wagantall.

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

Good morning. Thank you for being here.

Deputy Minister, we're dealing with a backlog question here. As I'm sure you've heard lately, there is a great deal of concern in the veterans community in regard to support and treatments for mental health for family members. I brought this up in December in question period, and the minister assured me that there's no change in policy and everything would continue. Now we understand that there is a change in interpretation in that policy, and there's a sense out there that there are changes that are impacting veterans.

I know of a specific instance where the doctor informed the spouse that it was good she was here because her services would no longer be available in the future. There's a great deal of angst about this. The ombudsman has indicated that, in regard to psychological care, this is something that we should be processing far faster than we are.

Can you please clarify for us exactly what is happening with that program? You indicate here that they will assist them in locating other resources if they need long-term care. Is that a change? I ask because she's been having treatment for a long time and now all of a sudden her funding is in question.

**Gen (Ret'd) Walter Natynczyk:** Madam, thank you very much for the question. Again, as I said in my comments, we have not changed the policy over time, and the key over this entire period—and I'm sure that you've scrutinized the policy—is that we are focused on the well-being of the veteran. Services to the family members go back to the impact on supporting the well-being of the veteran and moving forward. It's intended, in terms of a policy, to ensure that the veteran has support. We know that the family, in most cases, is the immediate and enduring caregiver to the veteran and that veterans have additional stress when their family is suffering. We know that is all to be seen as one.

We have not changed the policy, but I'll just turn to my colleague, Michel Doiron, who is the assistant deputy minister for service delivery and is implementing this program with flexibility and compassion.

Michel.

**Mrs. Cathay Wagantall:** Thank you. Be very brief, please.

**Mr. Michel Doiron (Assistant Deputy Minister, Service Delivery, Department of Veterans Affairs):** As the deputy said, we have not changed policy. What we have done is looked at how the policy was being applied across the board because, over time, there have been some differences in the application. Nobody has been cut off. When people say they've been cut off, nobody has been cut off. Some individuals did receive information saying that we're giving them an additional year and we'll be working with them to ensure that either they stay in the program or, if they are no longer eligible based on the criteria of the program, we will work with them to find a mental health practitioner.

• (0905)

**Mrs. Cathay Wagantall:** Have the criteria changed?

**Mr. Michel Doiron:** The criteria have not changed.

It's just that we had some individuals who may have been a bit more open in certain cases—

**Mrs. Cathay Wagantall:** Okay.

**Mr. Michel Doiron:** —that brought us outside the realm of the policy.

**Mrs. Cathay Wagantall:** This is what I heard as well in regard to the caregiver allowance. There are people who lost that service, and it was explained that they didn't meet the criteria, and they were cleaning this up. That's kind of the same approach that is being taken here, yea or nay?

**Mr. Michel Doiron:** I don't like the term “cleaning up”, but what we're doing is ensuring consistency of the interpretation. When it's coast to coast to coast, there's always a bit of flexibility, and we have an obligation to ensure that we are as consistent as possible, understanding every individual is different—

**Mrs. Cathay Wagantall:** Exactly.

**Mr. Michel Doiron:** —and every one of their services is different. It's hard when people compare themselves.

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

It says here as well that incomplete applications are not considered to be part of that backlog. How many incomplete applications exist at this point in time?

**Mr. Rick Christopher (Director General, Centralized Operations, Department of Veterans Affairs):** We have about 20,000 applications where we don't have enough information to move ahead with the decision. There are any number of reasons that might be. One of the primary reasons is that people do not complete the application. They don't fill out—

**Mrs. Cathay Wagantall:** I understand. The number is great. Thank you.

Prior to the 2015 election, the Conservative government put funding in to add another 400 case managers. The Liberal government came into power and that funding was still there to be used. Have 400 case managers been hired in relation to that funding that was available?

**Gen (Ret'd) Walter Natynczyk:** The answer to the question is yes.

We have seen over time.... I still remember poor Michel. When I asked him in 2015 to do a projection of how many case-managed veterans we would have by about 2019-20, he said it would be about 9,700 case-managed veterans. Right now we have in excess of 13,000 case-managed veterans.

**Mrs. Cathay Wagantall:** How many more have been hired?

**Gen (Ret'd) Walter Natynczyk:** We've been able to hire additional.... He might have the number on the tip of his tongue, but again, we are working hard to try to attain—

**Mrs. Cathay Wagantall:** How many have been hired? How many additional, above the 400?

**Mr. Michel Doiron:** We've hired close to about 600 or 700 case managers—

**Mrs. Cathay Wagantall:** Are they full time?

**Mr. Michel Doiron:** Yes, my case managers are full time, those who want to work full time.

**Mrs. Cathay Wagantall:** How many are?

**Mr. Michel Doiron:** We do have people who prefer to work four days a week, but we look at it as full-time equivalent, FTEs.

**Mrs. Cathay Wagantall:** Part time would be four days a week.

**Mr. Michel Doiron:** It depends on the individual. We have a flexible workforce, but when I report the number of employees, it's full-time equivalent, so it's equivalent to five days. One full-time equivalent may be two warm bodies—I hate saying it that way; it sounds cold—but we work with full-time equivalents.

**Mrs. Cathay Wagantall:** Okay.

Is my time up?

**The Chair:** Continue very briefly, if you can.

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

**The Chair:** Thank you.

Sean Casey, please.

**Mr. Sean Casey (Charlottetown, Lib.):** Thank you, Mr. Chairman.

Good morning folks and thanks for being here. I wish you in all sincerity great luck in getting back to Charlottetown for those of you who are travelling back. My reasons are partly selfish because I'm going to be trying to get there as well.

I want to start with a bit of history. Everyone acknowledges that having a backlog is not a desirable situation. We all acknowledge that you're working hard to resolve it. The ombudsman has shone quite a light on it.

I know what the morale of the department was, and I know what the situation was for the people who were serving veterans through the deficit reduction action plan. Can someone give me a bit of history on what the backlog looked like coming out of the deficit reduction action plan? What has been the progress, or lack of, since then?

I know that the ombudsman went back so far. I'm asking you to go back a little further.

• (0910)

**Gen (Ret'd) Walter Natynczyk:** I'll start off and then I'll ask Rick Christopher, who commands, to use that term.... He is the director of our central operations division. He basically has a battalion's worth of adjudicators under his command moving this forward. There are a number of veterans as part of his organization.

I gave a speech about this in Toronto the other night at the Royal Canadian Military Institute. As I tell the story of where we were in 2014-15 when I arrived, we had a bit of a perfect storm. We had the troops coming home from Afghanistan. We still had troops releasing from Bosnia and Kosovo and from other missions like Rwanda, Somalia and so on. For the first time, we really saw the social understanding of mental health injuries. For the first time, people who had been reluctant to come forward because of stigma started to come forward. It was not only Afghan veterans, but World War II veterans coming in for the first time. At the same time, the department was reduced in the order of 35% to 40%, depending on where you were in budget and people. All of these young folks were coming out of the military and at the same time the shortcomings of the new veterans charter were recognized by the ombudsman and others. That's why we had kind of a perfect storm. The applications started coming in faster and faster.

I still remember when I started that we would get in the order of about 35,000 claims a year. We're north of 60,000 claims now. Back in 2015, Rick Christopher's folks would try to get at least 2,500 decisions a month. We're north of 5,000 decisions a month. We used to produce out the door about \$5 million a day in disability claims. We're in the order of \$10 million to \$15 million a day in disability claims. I say that to give you an understanding of the volume we're dealing with.

**Mr. Sean Casey:** This is a bad time to cut staff.

**Gen (Ret'd) Walter Natynczyk:** Also, from the moment we decide we're going to hire someone, we need to get cabinet and Treasury Board approvals. Then Michel and his team have to find these folks down east or across the country. Then for the first time there's a training program. Again, this didn't exist in 2015. We go through a training program so people have the tools to understand what we're dealing with and improve those tools.

I'll turn it over to Rick Christopher.

**Mr. Rick Christopher:** As the deputy said, we've had an incredible increase in the number of applications. Hiring new people takes a long time, just as the hiring process in the public service can be lengthy at times. It takes a long time to find the people in certain areas depending on the labour market. Some of these jobs require very specific skills, such as nursing. Then, as the deputy mentioned, we take time training them.

From the time the decision to hire is made through to the staffing and training can sometimes take most of a year to get people up and running and see an impact. I should underline that just throwing human resources at this is not the only answer. One of the things that having these resources has allowed us to do is deal with the influx. At the same time we will look at how we're going to change the way we do things.

Over the past few years we've been doing a number of things. Some of it changes the process, . Some of it is using technology.

One of the things we noticed in the department is that a lot of time is spent in the hand-offs, so we've reduced the number of hand-offs, and got the people on the same team who have the expertise to make those decisions quickly.

Some of the other things we're doing are around technology, such as using artificial intelligence to identify the audiograms in some of these files. It's a very specific kind of document, and we can use technology to identify them, so staff don't have to search the files. We are at the very early stages of this.

We use links to get some of the information we need—links into the Canadian Forces health information system, where we have limited access—to take a look at the kind of medical information we need to make these decisions.

A number of these initiatives are under way. If we did not have these kinds of resources, the number of people waiting over the 16 weeks would be much higher.

**The Chair:** Thank you.

MP Desilets is up next.

• (0915)

[*Translation*]

**Mr. Luc Desilets (Rivière-des-Mille-Îles, BQ):** Good morning to all of you.

Thank you very much for being here today.

My question is about the 20,000 pending claims. Can you tell us what types of claims are pending and how long they've been pending?

If I understand correctly, the claimant is at fault, shall we say, because their application isn't complete. From the time a claim is made, how long, on average, does it take to satisfy your criteria? Does it take a year? A month?

I have a follow-up question. What can be done or what exactly is being done to prevent this? Is it a matter of providing clearer information or changing the website?

**Gen (Ret'd) Walter Natynczyk:** Thank you for your question.

I'm going to let Mr. Doiron answer that.

**Mr. Michel Doiron:** Thank you for your question.

The time frame depends on the person. Sometimes, we are waiting on medical information. For instance, a person might submit their claim and then go to Florida for six months. If they don't have anyone checking their mail, the claim is held up for six months.

Another thing that can delay the processing of a claim is a veteran's medical or service records. In those cases, we are quite proactive about getting the issue resolved. The problem is usually out of the veteran's control. We also have people who forgot that they submitted a claim and never got back to us.

What's more, some people have brown envelope syndrome, meaning, they don't like to open mail from the Government of Canada. Oftentimes, that affects veterans struggling with mental health issues. It's about more than being worried about having to pay a bill; they have real fears. Our staff try to help those people.

We strongly encourage veterans to apply through My VAC Account. I'll use this opportunity to promote our online system. Approximately 60% of claims come in through the online system, which doesn't accept incomplete claims. Essentially, the purpose is to speed up service delivery. The more automated the system, the quicker the turnaround for services. The back-end application still needs a lot of work, though, but the front-end application works quite well, and it's really helping. I should point out that it's now much easier to apply, so of course, the number of claims has gone up. The easier it is to apply, the more people who do. That's good, because it's what we want. The system helps us reduce the number of incomplete claims.

We also have people who don't sign their claims. It may seem trivial, but if the claim isn't signed, we have to call the person. If they don't answer, it can become a vicious circle. Naturally, when they provide the missing information, their claim goes back into the system, in the same spot in the queue. The system is based on the first-in, first-out principle.

I can't give you an exact processing time frame, because each case is different. We have people who spend their winters in Florida or elsewhere—veterans have a good pension, after all. When they come back to Canada in May, they call us to inquire about their claim. Meanwhile, we've been waiting for additional information for the past six months.

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

[*English*]

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

[*Translation*]

**Mr. Luc Desilets:** What more can be done?

Given how old some veterans are, could the online system be making things harder?

**Mr. Michel Doiron:** It's possible, but I must say the system is making things easier.

Mr. Christopher hasn't talked about everything we're doing, but we are reviewing each of our documents, given how complex they are. They aren't always that clear. My father is an older veteran, and when my brother called me to explain to him what information he was being asked to provide, I wasn't so sure, myself. It's not always obvious.

The idea behind the online system is to streamline the process, and we are trying to streamline the forms. Keep in mind these are disability benefit claims, so we need a medical diagnosis and spe-

cific information. I don't want to generalize, because we also have young veterans with mental health issues or other health problems who aren't comfortable with computers either. It's not about age. It depends on each person's situation.

What we are trying to do with My VAC Account is make the claims process easier. You may be familiar with a popular software that helps with income tax returns, so you'll appreciate the nickname people in the department have given the system, "turbo vet". It's easy. Users are asked whether they have worked and whether they have a T4, for instance, and they click "yes" or "no". They choose from drop-down menus as well. Clearly, veterans have to provide us with their history and medical records. Some information is necessary.

It works quite well for programs like the education and training benefit. The person is asked to confirm their service number, and if they confirm that it is indeed their number, the system already knows how long the person was in the Canadian Forces, and their claim can be approved within hours. The process isn't as quick or as straightforward for the disability benefit program.

• (0920)

[*English*]

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

MP Blaney, please.

**Ms. Rachel Blaney (North Island—Powell River, NDP):** Thank you for being here today.

I appreciate your talking to us about this really important issue of how many veterans are waiting. My first question goes back to human resources.

When the Conservatives were in power there was a decrease in the number of people working at Veterans Affairs. With the great number of people who are applying now, and with the backlogs, how close are you to getting back to the original numbers before the cuts that came at that time? Does anyone know that?

**Gen (Ret'd) Walter Natynczyk:** I'm not sure we have a comparator back to that time.

Go ahead, Sara. Let's give you some air time.

**Ms. Sara Lantz (Acting/Assistant Deputy Minister, Chief Financial Officer and Corporate Services, Department of Veterans Affairs):** As of 2018-19, our full-time equivalents were close to 2,900, which is more than prior to 2014-15 when the cut was, which was about 2,300. Prior to the deficit reduction action plans they were about 2,900. We are back up to that level as of last year.

We have done two years of hiring. During last year, we had most of the hiring in place by the end of the year, so this year we are more than 3,000. I think it's around 3,200.

**Ms. Rachel Blaney:** That helps me. Thank you.

**Gen (Ret'd) Walter Natynczyk:** May I also add, however, that especially in field operations, but even on the policy and the corporate side attrition in the field is generally 12%. Not only do we have to augment with additional hires to meet the demand, because more case-managed veterans require case managers and more files coming in require adjudicators, but at the same time, this is a social file and this file is tough.

We have tried to hire more veterans. I have tried to set a goal of hiring 10% veterans. I think the last time I looked, we were at 8% and trying to hire more veterans. At the same time, folks are fragile. We have occupational therapists, social workers and psychologists. This is tough business.

**Ms. Rachel Blaney:** I only have six minutes, so I apologize, General. I certainly don't want to be in trouble with you.

According to the wait times tool on the department's website, we know as of the 19th of this month that the disability claim benefit response time for hearing loss, for example, was 17 weeks, or about four months. For post-traumatic stress disorder, a single condition, it is 33 weeks, which is about eight months. Multiple conditions are about nine months. It just shows you how long people are waiting. That is your tool.

We also know that the veterans ombudsperson has stated that the most frequent complaints in his office are issues around wait times and backlog. One thing he has talked about is that clear action plan.

Can you tell us what the clear action plan is? I also want to note that the longer average turnaround times are for the francophone and women claimants. I would like to know why that is the case.

I heard as well that lack of communication is a challenge, particularly with respect to the process of prioritizing cases. What is the triage model when people come in and make claims, so that you can assess where the urgency is? If you have these huge backlogs, I certainly hope the people with the biggest concerns that are most urgent would be moved to the top of the list, while understanding that we need something to change. I don't want any of our veterans at the bottom of the list.

That's a big question, but I have a limited amount of time and I want you to give me a perfect answer, so good luck with that.

**Gen (Ret'd) Walter Natynczyk:** In terms of the vision.... Poor Michel and his team. I said to them that I want to try to meet the best standards of what Canadians have across the board. Whether that is within provinces or how folks do their taxes, how quickly can we turn around a decision? That's why I came up with the term "turbo vet", where veterans can go on and get an answer right away.

In terms of the education training benefit or career transition services, as Michel indicated, we are turning around decisions in—

**Ms. Rachel Blaney:** They're not. The numbers are telling us that it's—

• (0925)

**Gen (Ret'd) Walter Natynczyk:** For the education and training benefit and career transition service—

**Ms. Rachel Blaney:** Okay, but I'm really needing to talk about this. It's four months if you have hearing loss and eight months for post-traumatic stress. I need to understand that.

**Gen (Ret'd) Walter Natynczyk:** We're trying to do process renewal and to ask what we stop doing to make it better, and also, how we can digitize.

Thirty-seven per cent of all of our claims are hearing and tinnitus. We're trying to figure out how we digitize that, from the audiogram right into the system. Can we make that digital and handle that 37%, so it's all done electronically to the degree that we can, mindful that some veterans don't want to go digital?

**Ms. Rachel Blaney:** I represent a rural and remote community. Many communities don't even have Internet, so it may be a challenge for them.

**Gen (Ret'd) Walter Natynczyk:** We will maintain paper, read analog applications. We have 100-year-old veterans with laptops and iPads—you sent me notes—and we have 20-year-olds who don't want to touch technology. We need to show love and compassion to all of them.

I think with that introduction, I'll hand it over to Michel.

**Mr. Michel Doiron:** You're right. I've been here and talked about this before. You all know I'm quite frustrated about this. The volumes have gone through the roof, but it's not an excuse. How can we do it? As I've said to this committee before, adding people is one solution but it's not the solution.

We're working hard on maximizing the use of the My VAC Account and technology. We've brought in new electronic tools. We currently have an innovation hub looking at our process. The first one we're looking at is hearing and tinnitus. They need an audiogram. How can you go from an audiogram, have the system read the audiogram, equate that to a level of disability and then question whether it's related to your service or not? We're exploring using AI to help us in that area. If we could get there, as the deputy said, that's 37%. You'll never get fully 37%—let's not kid ourselves—but probably 25%—let's be reasonable—could be automatic. Then you take your resources and you reinvest them in the other areas of your business.

We're not ignoring the other areas of the business, because for me, mental health is extremely important. How do we facilitate that? Especially we're approving mental health at about 97% on first applications. How can we remove all the barriers and make them faster?

I have to stop because my time is up.

**The Chair:** Thank you.

I feel I keep having to cut you off, and you're adding so much.

**Mr. Michel Doiron:** I'm used to being cut off, Mr. Chair.

**The Chair:** I apologize, but I let you go on a little longer.

That ends round one, so we're going into the second round.

MP Ruff is up first for five minutes.

**Mr. Alex Ruff (Bruce—Grey—Owen Sound, CPC):** First, thanks for coming in today. Obviously, it's always good to see you, General Natynczyk.

This is the veterans affairs committee so I'd like to point out that today is the 120th anniversary of the Battle of Paardeberg, which was the first time we deployed Canadian troops overseas, and my alma mater regiment, the RCR was recognized. We'll talk about that a little later today when I make a statement in the House.

Going back to some of the questions here, you talked about the desire to hire more veterans. Without a doubt, that's one of the complaints I've been hearing, "It would be a lot better if I were talking to somebody who understood what my service meant and what the challenges are." What are you doing to get that number up? Your aspiration of 10%, sir, is great. I'd like you to drive it north of 50% if you could, because when people understand it, I think that would speed up the whole process. It would also solve your training challenge because they'd need to be trained on the system, but they'd understand the type of questions being asked.

My second question may be a little more difficult. It's tied to some of the complaints I've been getting. I was shocked at the wait times for a number of currently serving personnel, the number of them and how long it's taking for them to be processed because they have a little more access and availability. Are the files of those currently serving in the Canadian Armed Forces being treated or processed any differently from those who are retired? Tied to that as well, because I'm getting some interesting things and I don't have anything I can put a name to, are the files of any of the people who have a sexual misconduct class action suit against the DND being treated any differently? I've been getting indications that maybe they are.

With the delay issue, you talk about the transfer of medical files and the lack of signatures. Has there been a look at the process to do a quick file review, something that can be done almost instantaneously, whether it's electronically or otherwise? They could go through the file and they could get that first response so they're not waiting 16 weeks only to be told they forgot to sign the paperwork.

You talked about the challenge of getting the medical files from the Canadian Armed Forces. What's being done to resolve that so those files are coming in very quickly?

My final point is, we're getting indications a lot of the files are being denied on the first go-around, yet when they're going to the Veterans Review and Appeal Board, over 50% of them—that stat may not be 100% accurate; I'd have to pull it out—are being approved based on the adjudication or the first assessment of the claim. We need to fix that, I think, so we're not delaying people for so long just to have the wrong decision. I could understand if you got an 80% batting average of the claims being approved and everybody's happy, not that you're going to make everybody happy,

but you have a large number of them appealing it and the decision is the policy was wrongly applied.

Those are a lot of questions. Do your best, please.

• (0930)

**The Chair:** You have a minute and a half.

**Gen (Ret'd) Walter Natynczyk:** In a minute and a half, yes, yes, no and no.

On veteran hiring, not every veteran makes a great social worker. We have to be very careful, because sometimes bringing folks in triggers.... At the same time, as one of my kids going through basic training told me, "Hey, Dad, that sergeant major is old school", and he may not make the best social worker. We have to be very cautious how we bring people in. Do they have the right personality?

When I go to my office in Trenton, Ontario, a third of the staff are veterans, a third of the staff are military spouses, and a third are career public servants who generally have a link to someone who has served. If I go to the atrium in Charlottetown and ask who has a family member who has been in the military, hands are almost unanimously up.

It's finding the right balance across the board. You need folks who are social workers, but at the same time, we do want to bring in more veterans, the right veterans, across the board.

Second, on the currently serving, the challenge of those currently serving is who has a full diagnosis. Sometimes what happens is someone gets hurt in morning PT or on an exercise, goes in, gets a chit, takes the old Tylenol or Motrin, and puts in a claim. We don't have a diagnosis yet. The injury is not fully developed or enduring, and yet we have a claim.

Twenty-five per cent of all the claims Michel is dealing with are from currently serving Canadian Armed Forces members, yet the problem frequently—and we are working with the Canadian Armed Forces and the surgeon general on this—is that often there isn't a diagnosis because the injury has not matured to that point yet.

We don't know about temporary category and permanent category until we know that the injury is enduring. That's one of the problems we're having. We're trying to deal with the Canadian Armed Forces on that by asking, "What's the gateway to put in a claim?" Often, folks don't even want to come forward with an injury because they might be pulled off a course.

In terms of sexual class actions, we are not treating those files any differently. In fact, we're putting additional attention....

Rick.

**Mr. Rick Christopher:** There have been a few class action lawsuits in the past. As part of the settlements.... If you think about LGBTQ2, Veterans Affairs had to adjudicate them first before they could get something out of the settlement. What we did in that case was we set up a dedicated team to do these ones quickly.

I would expect in other situations, depending on the way the settlement is structured, that we would do the same thing.

**The Chair:** Thank you. I think there may have been a few more questions there, but maybe we can get to those in subsequent rounds.

MP Fillmore.

• (0935)

**Mr. Andy Fillmore (Halifax, Lib.):** Walt, it's great to see you again. Thank you to you and your team for being here today. It's much appreciated.

As you know, Walt, I represent Halifax. Not only are we home to the east coast navy, 5th Canadian Division, the Mighty Maroon Machine, but across the harbour is 12 Wing Shearwater. I think we have in the Halifax area among the highest, if not the highest, concentration of veterans living anywhere in the country. This is a very important issue to me and veterans not just in Halifax but across the country.

First of all, I want to say thank you for your clarification with your water line analogy around the budget surplus at the end of the year. There have been some cynical efforts to frame that as a failure. Of course, any one of us would run our household accounts in the same way. To hear that those surplus monies, thin though they are, are turned back into the budget the following year is a good clarification.

I want to go after another cynical line of attack, which is that the backlogs are a sign of a failure. I believe that any successful organization or service is in demand. If there were no one lined up at the door, I would be more worried that perhaps VAC wasn't providing the services that are needed. I want to test that attempt to frame the backlog as a failure.

You've given us some metrics already around budget, hiring and all that, but you see where I'm going with this. I wonder if you could paint a picture, drawing on whatever programs or services you provide, whether they are the family resource centres, programs to transition to post-service life, or any of the suite, to help explain the popularity of the programs now. That could help explain why you're so much more busy and why you're so much more successful and that accounts for the increased demand.

**Gen (Ret'd) Walter Natynczyk:** Can I touch on the budget again?

I know my chief financial officer will start to quiver here. We get the money we require for veterans, and we're never sure how many veterans will present. The one variable we don't control is the number of veterans who ask for service. We start off each financial year

based on the best evidence and the best rigour, projecting how many might be in long-term care, how many might need physiotherapy and so on. But we're not absolutely sure.

Last year in particular, with the pension for life, a new program, we were not sure how many folks would go for the lump sum versus the monthly. We could project it based on a best financial decision, but we just didn't know. The reality is, as we kicked off the last financial year, we were in the area of \$4.1 billion to \$4.2 billion. In the first quarter, we saw a lot more veterans coming forward, and a lot more veterans than projected going for the lump sum. Sara and her team had to put in a request for over \$900 million additional funding in a year. Because it's a statutory obligation, there is no discretion. The government gave us that funding, and we are going through that at a rapid rate to get more decisions out the door.

Through the discussion about the new programming over the past few years, mindful that we have implemented, operationalized, over \$10 billion of new programming.... If you recall, two years ago I was here with minister O'Regan. In 2018, we did 45 town halls coast to coast, five regional summits and a national summit. We went to social media to get out the message about all these extraordinary programs. People listened, and I was absolutely thrilled to see more people applying.

In 2015, for example, the career transition services we had at that time.... I still remember one of the first briefings I got from the chief financial officer saying we had to reduce the career transition services from \$300,000 to \$50,000. I asked why would we do that. He said that we only had 13 people apply. This year we're spending a lot of money on career transition services, because people are coming forward and using it to get career counselling and to find a civilian job where they want to settle.

I was absolutely thrilled with the education and training benefit. Here is the first time since World War II that we're implementing a program for folks who retired healthy, not a program only for medically releasing, because medically releasing today, even before this program, could access up to \$78,500 for vocational rehabilitation. I have met ordinary seamen, retired, going through a Ph.D. in psychology on vocational rehab in Vancouver. Now they have the education and training benefit, and literally hundreds of veterans are coming forward.

We are also incentivizing people to stay in the military. That's why we set up the six-year period and the 12-year period.

• (0940)

**Mr. Andy Fillmore:** Thank you very much.

**Gen (Ret'd) Walter Natynczyk:** I was on a roll here.

All that is bringing more veterans through the door.

**The Chair:** Next is MP Lloyd, please, for five minutes.

**Mr. Dane Lloyd (Sturgeon River—Parkland, CPC):** Thank you, Mr. Chair.

Mr. Doiron, you said earlier in answer to my colleague Cathay Wagantall's question that not a single person has been cut off from the family mental health program. Can you clarify? Is that what you said?

**Mr. Michel Doiron:** I may have said it that way, but maybe I want to clarify that, because some people have been refused. We need to realize that we don't approve every condition. It has to be linked to the veteran, to the veteran's condition, and to help the veteran get better. It can't be in their own right. This is in the legislation. We may have a little flexibility on what that means, related to the veteran. We have refused some, and we will always refuse some.

**Mr. Dane Lloyd:** I accept that. Were the cases which you did refuse previously approved, or was this for new applications for new care?

**Mr. Michel Doiron:** I would have to confirm that. I'm not 100% sure.

**Mr. Dane Lloyd:** They might have been receiving care previously under Veterans Affairs, but then they ceased to receive...I think would be the definition of cut off.

**Mr. Michel Doiron:** It is possible, but we need to be clear. It may have been for a new condition that was not related to the previous condition. As an example, if you're going to marriage counselling with a veteran, we would support you with no issue, but you come back for another condition that may not be related to the veteran's issue. Although you were approved for that—I'm using marriage counselling but there are a few other ones—if you came back for that you may think and the individual may think they were cut off and why can't they continue doing it. This new condition is either not related to the veteran's condition or may be something in your own right, or may be in the right of your child, for example, a child who has autism.

**Mr. Dane Lloyd:** In the definition of the purpose of the program, it's not necessarily to treat the family member. It's to treat the family member for the benefit of the veteran. If the family member is undergoing a great deal of mental stress because they have been cut off, maybe it is a new condition, but that creates stress for the veteran. Wouldn't you agree?

**Mr. Michel Doiron:** I would agree.

**Mr. Dane Lloyd:** Then wouldn't it be necessary to continue the program in order to help benefit the veteran?

**Mr. Michel Doiron:** Not necessarily, because there is legislation that dictates how far I can go, and our resources for that are based on that legislation. My default is always care, compassion and respect. In service delivery, my colleague in policy sometimes gives me a hard time because I tend to want to push that as far as I can, because we need to remember that the people who work on the front line in service delivery deal with the veteran day in day out.

**Mr. Dane Lloyd:** Yes. I'm sorry to cut you off. Thank you. I appreciate that clarification.

I have a quick question. Excluding the impact of the transfer of employees from Ste. Anne's Hospital in 2016-17, what were the reductions in front-line staff for Veterans Affairs? About 750 people were transferred to a provincial jurisdiction, which would indicate statistically that there was a huge reduction in Veterans Affairs officials, but excluding that impact, were there any reductions?

**Gen (Ret'd) Walter Natynczyk:** I would say that the number I was briefed on was in the order of 35%. Parking Ste. Anne's to the side, Charlottetown alone went from 2,000 to about 1,100 employees.

**Mr. Dane Lloyd:** Are they front-line disability staff?

**Gen (Ret'd) Walter Natynczyk:** They are disability folks and some in corporate services. I would have to triage it all, but they were also in the field. There is a significant reduction concurrent with increasing demand and more veterans coming forward.

**Mr. Dane Lloyd:** In what time period was that, sir?

**Gen (Ret'd) Walter Natynczyk:** That was from 2012 to 2014.

**Mr. Dane Lloyd:** Thank you for the clarification.

The third question I want to ask is a little more general. There are other jurisdictions, Australia, United States and Great Britain, that have sent people to Afghanistan. What are we learning from these jurisdictions on how we can make our Veterans Affairs programs better?

**Gen (Ret'd) Walter Natynczyk:** Thanks very much for that question.

Again, my associates and I were at a Five Eyes veterans affairs conference with the Australians who hosted. This year it's with the Americans.

We are constantly looking for best practices across the board. The Australians benchmarked how the Five Eyes were doing. One of our allied countries said, "Please don't tell our veterans what Canada is doing." Again, it will never be perfect.

• (0945)

**Mr. Dane Lloyd:** What are some examples you could give?

**Gen (Ret'd) Walter Natynczyk:** The veterans independence program is an example. If you have an injury as a result of service and you're getting more and more frail, we will pay support to you to try to keep you at home. We know that you will be healthier at home longer before you have to go into a long-term care facility like the Perley and Rideau, the George Derby or Camp Hill. You will be healthier if you stay at home, so we're providing for nursing support in the home, the clinical beds, meals on wheels, landscaping and housecleaning. Our allies don't do that. They are coming to look at Canada to see what's going on.

We just had the Australians come to Charlottetown and say, “Tell us about the Bureau of Pensions Advocates.” The fact is that we’re paying a platoon of lawyers to make sure that the veteran’s entire circumstance is understood before we render the final decisions and appeals. We’re the only outfit in the world with a Bureau of Pensions Advocates.

There are a lot of things like that. In fact, we can share with you the little chart that the Australians came up with. We are also looking at what they are doing. They have done things like, say an infantryman has done so many years in the infantry and has had so many jumps. Therefore, it’s ankles, knees, hips, back, shoulders.... They are applying a presumptive model to that.

We’re saying we want to do that. We’re moving down that path.

**Mr. Dane Lloyd:** Thank you.

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

MP Samson, please.

**Mr. Darrell Samson (Sackville—Preston—Chezzetcook, Lib.):** Thank you for being here today. We appreciate it. I’m glad you came in a couple of days earlier, because it would have been challenging this morning or late last night. It’s nice to see all of you here today.

Quickly on the comparison, Canada is seen as one of the most compassionate countries in the world to our service men and women. We did a comparative study here last year. I would invite members to read that, because that can be a good stepping stone to some further studies as we move forward.

The minister’s mandate letter makes reference to addressing the backlog. We talk about automatic approvals.

Can you expand on that for members? That’s an important theme that we should share with everyone today.

Thank you.

**Gen (Ret’d) Walter Natynczyk:** As we look at that terminology “automatic approvals”, it’s almost a presumptive approach to injuries. It builds on what I mentioned a moment ago about what some of our allies are doing. We generally know that if someone has been in a certain trade doing a certain kind of deployment, they could have injuries as a result of their service.

When I was at Comox recently at 442 Squadron with Minister MacAulay, we were talking to about 20 search and rescue technicians. We asked about the probability of a search and rescue technician getting injured. The answer is 100%.

We look at the evidence model when we consider a disability claim to consider the circumstances of the service of the veteran. If they are, say, in the artillery, they might have a hearing issue and so on, so we’re adapting the evidence model. Again, with the great work done by the entire team on a policy standpoint, a service delivery standpoint, right now we’re approving 97% of all claims on post-traumatic stress disorder.

When we drill down on the 3% we’re not approving, we find there was no diagnosis or there was a pre-existing condition prior to service in the Canadian Armed Forces, and in some cases the per-

son never served in the armed forces. We’re getting to a virtual 100% on the automatic approval. In fact, in all cases of mental health, we’re approving 93%.

Back in 2014-15, we used to approve all musculoskeletal injuries in the 60th percentile. Jump in here if I’m off track. Because we’ve adapted the evidence model, we’re now in the 80th percentile of approvals with regard to musculoskeletal injuries. It goes to this whole notion of moving down this path with regard to automatic approvals.

I’ll turn it over to Michel Doiron and Rick Christopher.

**Mr. Michel Doiron:** As the deputy mentioned, we’re looking very closely at what the Australians are doing. We don’t call it automatic approval. We call it more presumptive because with automatic approval people think they’re going to say they’re hurt and we’re going to say yes. We do have to be a little careful because they need a disability diagnosis. A doctor needs to say they have a disability, a permanent condition, and they need to have served. We need to confirm their service and that their injury is service-related to some extent. That it’s linked to service is easy, so that’s why you’ll notice the deputy talks about presumptive.

I talk about presumptive as opposed to automatic, because in people’s mind if you say “automatic”, they say things like they jumped out of a plane, hurt their knee and they should get a DA. Yes, okay, we agree that it’s service-related but to what extent? We still need to make that determination.

We will not be spending a lot of time at the front end asking if it’s related to their service or not. It’s very clear if they are a search and rescue technician and come forward with a bad knee we shouldn’t be spending a lot of time trying to determine if that’s service-related or not. We should be spending the time on the level of their injury, its complexity and then get it to you as fast as possible. We want to get you in treatment, because the end game is how fast we can get you in treatment.

We’ve been working closely and my policy friend is looking at how you rework some of those sections in the legislation to ensure that it’s clear, that people understand it and we don’t get in trouble.

● (0950)

**Mr. Steven Harris (Assistant Deputy Minister, Strategic Policy and Commemoration, Department of Veterans Affairs):** As part of the work we’re doing, we are looking at what changes would be required to our legislation. Our legislation regulations compel us to do certain work as we adjudicate claims. We’re trying to make sure that’s as streamlined as possible, recognizing there may be opportunities for this kind of presumptive approach.

Also, with the work we're doing, related to the last question on international research and what we can learn from our allies in how they're approaching it, respecting the fact that there are different federal, provincial and territorial set-ups for our allies to be able to work through that model, my research shop is looking through our own data to try to better understand what leads to other things. If we have a sense of one injury leading to another, and there can be work to do to help prevent that by providing some upfront intervention, we want to try to do that too. That's another opportunity to move that forward through research.

**Gen (Ret'd) Walter Natynczyk:** May I add to that?

**The Chair:** Very briefly, sir.

**Gen (Ret'd) Walter Natynczyk:** We're trying to bundle services. I'll use a tragic example. If someone has ALS, we know the outcome and we're bundling the services so if they come forward with a diagnosis, we automatically approve everything in one package deal to make it easier and accelerate decision-making right to the end.

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

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

**The Chair:** MP Desilets, please.

[*Translation*]

**Mr. Luc Desilets:** I'm going to come back to the matter of processing times and the ombudsman's findings. According to the report, the most common reason veterans complained was the amount of time it took to process their claims.

Earlier, we were talking about the online system. Do your systems communicate with one another, or are they connected somehow? Is there any communication at the claims level? That's the first part of my question, which shouldn't be too difficult to answer.

**Mr. Michel Doiron:** I'm not sure I know what you mean by communicate or connected.

Our systems communicate with one another, but they certainly don't communicate with those of the Canadian Forces. They aren't integrated because the technologies aren't the same. We have systems that date back to the 1970s, and we've just launched ones that were created in 2019. Some technologies are based on the programming languages COBOL and Fortran, which those of us who are older, like myself, used in university. Other technologies are web- or cloud-based, and that's a whole other ball game.

However, to reduce the time it takes to receive veterans' files, we have an agreement with the Canadian Forces, which grants us access to their health information system. Now, instead of requesting the transfer of a veteran's medical records, our adjudication office can simply look at them online. We still don't have the capability to transfer the file to our system, but I'm not ruling out the possibility that we could at some point.

• (0955)

**Mr. Luc Desilets:** From what I gather, then, efforts are being made to connect or pool the databases.

**Mr. Michel Doiron:** That's correct. There is something else I should clarify, though. Some databases can't be shared because of the Access to Information Act. The person's privacy always comes

first, and in some cases, they have to provide consent so that we can access their records.

**Mr. Luc Desilets:** Once you have that consent, can you obtain any medical records you want?

**Mr. Michel Doiron:** Yes, we can, for as long as the individual authorizes us to do so.

**Mr. Luc Desilets:** Last week, I was at the Veterans Appeal and Review Board, and what I saw really struck me. The same person was filing different complaints or, rather, different applications for review. As I listened to him, it sounded as though he had been asked to submit the same report umpteen times. I have a problem with that. Logically, things should be a wee bit more advanced than that.

You answered my initial question quite well. However, it's difficult for a veteran who has experienced trauma and is suffering from post-traumatic stress to return to the country and have to sit down and prepare a claim. I know there are people in your department and in community centres who can help with that, but wouldn't integrating the systems save these people some trouble?

[*English*]

**The Chair:** Very briefly. I did not mention when I called you up that this round is only two and a half minutes, so please be very brief.

[*Translation*]

**Mr. Michel Doiron:** I agree with you. We try to keep that from happening. If the person has submitted their medical records once, we shouldn't be asking for them again, unless the person is still on active duty and their situation has changed.

[*English*]

**The Chair:** Thank you.

MP Blaney, please.

**Ms. Rachel Blaney:** I have a million questions. I want to get a little more clarity.

You talked about automatic approvals. I understand that doesn't mean everybody is going to push a button and automatically get it, but I'm wondering where you are. When I look at some of these wait times, they're for hearing loss and some of these things that are more basic, so I'm wondering where you are. When do you see that being implemented? Do you have any sort of projections about the impact on the wait times?

**Gen (Ret'd) Walter Natynczyk:** We are reducing the wait times with every phase of this digitization march that we've been on. We're on phase five of digitization. When we did the disability top-up back in 2016, we did it digitally. When we went to the earnings loss benefit of 90%, we did it digitally. When we implemented the career transition service education and training benefit, we did it digitally.

The big step was the pension for life. All of that was foreshadowed by the advent of the My VAC Account. Every one of these steps has made us a little bit more efficient. That's why we're getting up to 5,000 decisions a month.

The next step is huge. We've created an innovation hub in the department. We brought in the same kind of masterful talented people who helped us land the pension for life in 15 months. We transitioned 80,000 folks to a digital platform, and it was pretty quiet.

We're trying to take that same kind of group of talented individuals and say, "We want to leverage artificial intelligence. Let's try hearing and tinnitus first and get to this turbo vet in order to accelerate decisions on the most simplified things".

That team is working together now. Whether it be My VAC Account or disability, all of those things are done digitally to accelerate decision-making. The next step is how we leverage AI. We're working towards a pilot project in order to figure out how your audiogram is accepted digitally. Someone looks at it for approval and it goes out the door.

That's the next step. That's 37% of our business. It may not be all 37%, but it's a lot of it.

**Ms. Rachel Blaney:** What is the projection? Do you have a time frame at all at this point, or are you just going through the process?

**Gen (Ret'd) Walter Natynczyk:** Soon.

**Ms. Rachel Blaney:** "Soon" is your general time frame.

The other thing is that we heard from the veterans ombudsperson—and I did mention this before—that there's a longer than average turnaround time for francophone and women claimants. I'm just wondering why.

**The Chair:** Please be brief.

**Mr. Michel Doiron:** On the francophones, that was true. Actually, in both cases, it was true. I'm going to rephrase that.

On the francophones, it's because we did not have enough bilingual francophone adjudicators. I've studied in pre-med, and the medical terminology in French is very different from medical terminology.... Just being bilingual.... I'm not talking bad about anybody who is bilingual, just to be clear.

• (1000)

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

**Mr. Michel Doiron:** We need to be careful. We've hired some French adjudicators, and that has now greatly improved.

**Gen (Ret'd) Walter Natynczyk:** They're in Montreal.

**Mr. Michel Doiron:** We've hired them in Montreal and francophone communities.

In the case of women, their cases are usually a little more complex. We're still digging into that. I was briefed on it this week. Initially, I did not think there was really a difference, because I didn't think we were comparing apples and apples because of the complexity of women's issues versus a knee injury or an ankle injury for a man.

However, Rick's team has now informed me that it is true, and so we're looking.... Eleven per cent of our claimants are women. We're

looking at how we can make sure there is no discrepancy. I will say that we've greatly improved the timelines on the women's side, but we still have work to do. We're still trying to fix some of that program.

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

MP Wagantall, you have five minutes.

**Mrs. Cathay Wagantall:** Thank you, Mr. Chair.

I have a couple of questions in regard to these incomplete files. You're dealing with around 20,000 files at this point in time that are not included in your backlog numbers because of that incomplete level.

In the first quarter of 2019, you indicated that there were 13,564 incomplete files. Then in the third quarter, it jumps to 18,330 files that are incomplete. That's a 35% increase, all of a sudden, in incomplete files.

Why suddenly is there such an increase in veterans' inability to fill out their forms? What is it related to? Is it due to new or pre-existing programs? Where are these incomplete forms coming from?

**Mr. Rick Christopher:** I don't think it's due to any new or existing programs, without seeing the numbers and understanding each file and doing an in-depth analysis. I want to make sure that what we call incomplete is really where we're waiting for information. These are not adjudication ready.

It might be that we're waiting on medical records or waiting on a doctor to provide, at the provincial level, a filled-out medical questionnaire. It may be that the applicant did not sign the application. There are a host of reasons.

**Mr. Rick Christopher:** We may process and examine a lot of jumps. Someone made a great suggestion earlier that we should be looking at them upon receipt and immediately reaching out.

**Mrs. Cathay Wagantall:** I agree with that.

**Mr. Rick Christopher:** This might be the nature of those identified as incomplete. We might review them.

**Mrs. Cathay Wagantall:** The people who are dealing with these all the time would probably see patterns. If there's a constant issue with these people signing them, is there not some way you could highlight, draw attention to that, so this is happening less? That's just a suggestion.

I am glad to hear that the Liberals are now understanding estimates and surplus funds. They had trouble with that concept when they were in opposition, but it's good that we're all on that same page now.

I have a question about the amount of money you determine you need. It sounds as if you're working well within that parameter, with very little having to be returned after the programs. If we include the ones that are not processing quickly, we're looking at 40,000 who are waiting on funding. Do you have an idea of how much money is involved in that backlog?

I know veterans are waiting in many cases. Will that then be retro, paid back in their needs scenario or is it just that they qualify when they finally get that whole file together? It's not unusual for VAC when money is owed that there's an expectation it comes with interest. Is interest provided when the fault is within VAC, that they are not getting their programming processed quickly enough? Does that make sense?

**Gen (Ret'd) Walter Natynczyk:** Let me seize the opportunity to first compliment the Royal Canadian Legion and the Army, Navy and Air Force Veterans, Dominion Command, who have service officers assisting. In the case of the Legion there are 1,200 branches across the country. The service officers work with veterans and ensure that to the degree possible, they're filled out completely.

**Mrs. Cathay Wagantall:** I agree, but there's a huge backlog.

**Gen (Ret'd) Walter Natynczyk:** I'm just saying in terms of getting all the documentation and the signatures, we train the Legion, and Army, Navy and Air Force Veterans.

• (1005)

**Mrs. Cathay Wagantall:** There's a huge backlog of 20,000.

**Gen (Ret'd) Walter Natynczyk:** I'm just saying that in ensuring the documentation to the degree possible is complete and as well to nudge folks toward the My VAC Account because, again, My VAC Account is set so only complete applications could go in. For the costing, I'll turn to my colleague Michel.

**Mrs. Cathay Wagantall:** Yes, just a number, do you have a sense of how many are outstanding?

**Mr. Michel Doiron:** I don't have it in front of me, but yes, and we work with the CFO in our estimates all the time.

**Mrs. Cathay Wagantall:** Can we get that number?

**Mr. Michel Doiron:** Can we have an estimate?

**Ms. Sara Lantz:** It's difficult to give a number explicitly to the backlog because we're not always exactly sure what is being applied for, what they're eligible for, what their compensation will be. We do work very closely with the office of the chief actuary and so we look at the norms to make a projection.

**Mrs. Cathay Wagantall:** You make that projection and that's included.

**Ms. Sara Lantz:** We've looked at that recently and to understand we'll watch the piloting they're undertaking so we'll know how much more of the backlog we'll get cleaned up. That's part of it. Before we implement we must be sure we have secured the funding to cover those veterans.

**Mrs. Cathay Wagantall:** That's great. Thank you.

I have another question in regard to hiring.

**The Chair:** Very briefly, please.

**Mrs. Cathay Wagantall:** Where are most of the hires coming from? Is it within the province of Prince Edward Island? A lot of people are cascading out of work in western Canada in the social services area and in all kinds of areas. How aggressively are you reaching out to other areas of the country to get people involved?

**Gen (Ret'd) Walter Natynczyk:** One of the most difficult areas for us to hire is Alberta. We are trying to scoop, to poach; we're try-

ing to do everything to get enough case managers and other staff in Alberta, as we are in other parts of the country.

**Mrs. Cathay Wagantall:** Part of the problem there is they're probably needed more than ever in that province right now.

**The Chair:** If it's less than 10 seconds, go ahead.

**Mr. Michel Doiron:** In the past, the province would steal from us. Right now, we're stealing from Alberta. The reason is the salary difference in Alberta. A social worker makes more than the federals, probably the only province in the country, but with the economic situation in Alberta, some of these people are knocking on our doors now.

**The Chair:** Marie-France Lalonde.

[Translation]

**Mrs. Marie-France Lalonde (Orléans, Lib.):** I'd like to thank the witnesses for being here today.

I know this isn't entirely related to the backlog issue, but it could have an effect. The minister's mandate letter refers to a partnership

[English]

to help our homeless veterans.

I am from Orleans. I represent a stronghold of veterans and military personnel, and I'm very proud to be on this committee.

I wanted to give you an opportunity as we're looking at mental health and support for families and our veterans. Access to housing is very important. We worked very hard in Ottawa on one particular case for 40 units. What's the future plan for this?

**Gen (Ret'd) Walter Natynczyk:** Thank you so much for the question. When we think about supporting our veterans, we know that often veterans will leave the armed forces and things will go sideways.

I talked to one veteran who was in Vanier. The last thing a veteran gives up is the cellphone and, just before that, it's the pickup truck. This veteran called in. He had been part of the Royal Canadian Regiment. I called up the veteran, a corporal who did two tours of Afghanistan, and asked him how he had landed up on the streets of Vanier. He said, "Sir, I didn't want to tell anybody about my injuries because I didn't want the buds to know I was sick, so I didn't do anything." He got out voluntarily. He went out to Fort McMurray—Fort McMurray—drove a big truck until the demons set in, then got fired and is on the streets of Vanier.

In order to be able to pick up this veteran and ask how we can provide a roof over that person's head, we now have a veteran emergency fund. For the first time, we can spend money on supporting a veteran even before we've proven eligibility. We can pick them up from the front doorstep, put a roof over their head, put groceries on the table and say, "Figure out who you are."

Also, it's about working with the community. That's why I was thrilled with the multi-faith centre on the old Rockcliffe base. It's an investment of over \$10 million to build 40 units where veterans want to come together within this community, within the identity. It puts a roof over their heads while they're going through addiction treatment, mental health treatment or vocational rehabilitation and moves them down that path.

Minister MacAulay and I were just in Calgary. Homes For Heroes is exactly the same, recognizing that at Homes For Heroes there is

• (1010)

[*Translation*]

an air force member from Saguenay

[*English*]

along with one veteran, a soldier, from Aurora, Ontario, and one from Calgary, but there they are in Homes For Heroes now, with, again, Veterans Affairs providing support through the well-being fund for them from a former military police sergeant who is an addiction counsellor. Our well-being fund is supporting that individual, who is mentoring 15 veterans going through all of this treatment.

It is a community effort, assisted by this veteran emergency fund, the well-being fund, but also, as I mentioned in my comments, by the Canadian Mortgage and Housing Corporation's providing support to great initiatives like the multi-faith centre in order to give veterans an opportunity to get off the street.

I would also say that of the tranche of well-being initiatives last year, 12 went towards homelessness.

Over to you, Steven.

**Mr. Steven Harris:** It's actually 15, Deputy.

**Gen (Ret'd) Walter Natynczyk:** Fifteen. There you go.

**Mr. Steven Harris:** Those community organizations are working directly with front-line staff at Veterans Affairs and also with front-line staff in other community organizations to ensure a whole-of-government and a cross-federal-provincial-territorial approach to solving and ending veteran homelessness.

We've been able to sponsor things like VETS Canada. Many of you would be familiar with their work of going out and finding, identifying and helping homeless veterans. We've also done things like helping the Mustard Seed, which the deputy referenced and is helping the Homes For Heroes in Calgary by providing some wraparound services in terms of both mental health support and transitional support. It is helping them to get back on their feet in order for them to be able to, when they transition into some sort of stable housing, get other things arranged as well, whether those are additional benefits from a provincial or federal level or job training and other pieces along the way as well. The well-being fund has been instrumental in being able to do that.

To the deputy's point, community is really key. We talk frequently with Tim Richter. Community-based solutions are often the best ones for homelessness. We're engaged with our partners at the federal level of ESDC who have people in all of these areas. We have

point people in all of our offices across the country who are specifically engaged on the issue of veteran homelessness as well and who work closely in those community-type settings.

**The Chair:** Thank you.

Briefly, please, sir.

**Gen (Ret'd) Walter Natynczyk:** Can I also highlight that some veterans don't want to be found yet? There's this notion that we're going to get everybody off the street. Some veterans aren't ready. Some veterans don't want to be connected to their families yet. We have to be respectful of that.

I remember the time that we did a foot patrol through the Ottawa Mission, the Shepherds of Good Hope and the Salvation Army. When we walked into the Shepherds of Good Hope, six veterans went out the back door because they didn't want to be found. We have to be very respectful.

A lot of veterans don't want to be in the snow in the winter. They don't want to be in Manitoba—I'm a Winnipegger. They migrate to Vancouver Island and camp out in the bush. We're looking for them, with the Royal Canadian Legion and VETS Canada, so that when they're ready they can come in. But when they come in, how can we quickly put a roof over their heads? Again, there are great places like the multi-faith centre or Cockrell House in Colwood on Vancouver Island to assist those veterans in moving forward.

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

MP Ruff, please.

**Mr. Alex Ruff:** I'll give you an opportunity to answer a few of my first questions.

Specifically, you talked about the challenges with serving personnel, but just to clarify their process, once their file goes in, it's treated no differently from that of any other vet who puts their application in. Also, on the appeal process, so many are getting turned over once they get into the appeal process. What are you doing to fix that? Obviously something is being adjudicated incorrectly, you know, if it goes to the appeal and they're saying that it was judged incorrectly.

To go back to recruiting vets, can you explain at the tail end of this, if you have time, what your process is and how you are currently going out to try to recruit more veterans into the department itself?

**Gen (Ret'd) Walter Natynczyk:** If I can, I'll do that last one first. We have this guy we've hired. Brigadier-General (Retired) Mike Pearson—

**Mr. Alex Ruff:** He's RCR. Trust me, I know him very well.

**Gen (Ret'd) Walter Natynczyk:** He runs our veteran hiring unit. He is the conduit and is working with the Public Service Commission in basically mentoring and informing HR staff across all government departments, but he is also running a team in order to inform veterans how to apply to the public service.

Again, some folks don't want to go to Charlottetown. Some folks may want to stay out in places like Kelowna or wherever in working with all government departments. Maybe they want to work for Parks Canada or Corrections Canada or taxation across the country, facilitated or assisted by the career transition service, so we get the right fit. We also know that when a veteran accepts a civilian job, they'll often accept the first job for security, and it may not be the right fit. The research shows that an underemployed veteran is the same as an unemployed veteran. They will move around, and that's perfect. We're helping them through that staffing.

Going to your other questions, to my knowledge, we are not treating the Canadian Armed Forces files differently.

I wonder if you could talk to that, Michel, but also to our online transfer of medical files and service files, which is accelerating things, and also to VRAB.

• (1015)

**Mr. Michel Doiron:** I'll let Rick answer the one on the still serving personnel. We are looking. We need to remember, though, that while the person is still serving, although they are in the same process, they are getting some of the best medical help in the world, and they're getting their treatment. We have been talking with the Canadian Armed Forces about a strategy surrounding those still serving to ensure that for somebody who's not in the Canadian Armed Forces, that is, not receiving any treatment, what we should do with that. There are some conversations going on.

On the appeals, I will admit that I'm a little surprised, because in my discussions with VRAB and our BPA director general... They're actually counselling probably 50% of the people out because they got the right answer. Often, they don't like the percentage. Now, that is based on what the doctor tells us, so if the doctor says there is a 15% derangement of the knee, we have the table of disabilities that says a 15% derangement of the knee equates to whatever it equates.

When they go in front of VRAB, VRAB has flexibilities that we do not have. I've been there for a bit more than six years. They were overturning a lot of our decisions, so what we started doing six years ago was to look at why they were overturning our decisions. We started bringing that into our decision-making. Where, at that point, our first app approval rate may have been in the.... The percentages varied, but generally speaking, they would have been around 60%. I'm generalizing. We are now, I think, at 79%, if I count absolutely everything, on first app approval. I usually say that it's over 80% because a lot of them are really higher. That is based on looking at what VRAB was rendering as decisions.

There are some that we will never be able to do. Okay, let's put those aside; I can't do anything about that. But on the other ones, why would they accept certain information and we would not? I'd go back to my policy colleagues and ask, "Okay, is this acceptable or not as evidence?" In many cases, it is and then we actually use that.

**Mr. Alex Ruff:** How often do you go back and forth to verify and do that lessons learned process?

**Mr. Rick Christopher:** We meet with the board formally quarterly, but there's also a lot of toing and froing when there are some particularly interesting types of cases that are coming forward.

I want to add to Michel's point that you can bring something before the board if you're not satisfied with our assessment of how bad your injury is or if we said no, that we didn't believe it was service-related. There are two things. You may have had an approval in terms of, "Yes, we agree that this is related to your service", but you don't agree with the assessment.

The other thing that happens at the board is that you can bring verbal testimony. When Michel talked about BPA screening people out, sometimes it's a conversation that the Bureau of Pensions Advocates has with the applicant, with the veteran, who says, "You know what? If you just give the department this diagnosis, that's what they're looking for." The veteran says that they don't have to go any further than that, that they can just give it to them and they believe that it'll be approved. Some of that screening out is what happens, and it comes back in through us as a reassessment or a reconsideration. I think that BPA did only a couple of thousand last year.

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

MP Amos, go ahead, please.

**Mr. William Amos (Pontiac, Lib.):** First off, thanks to all of our witnesses. I have many constituents who work with Veterans Affairs and I want to say to you and also to your colleagues through you, thank you for your service to Canada. We know how hard you work and we know what a challenge it is to speed up processes when you're dealing with challenges of shifting organizational culture.

I want to reference testimony from two years ago by you, Mr. Natynczyk, in which you said there was an organizational culture that needed to shift.

I want to invite you to connect the dots for me a bit. You testified previously that during the Harper mandate, the staff at Veterans Affairs was cut back to 2,300 overall. It is now back to 2,900. It takes time to build that cohort back, but there was also an organizational culture, as I understand it from testimony from the Senate subcommittee two years ago, that didn't necessarily give claimants the benefit of the doubt, and there needed to be a shift towards a presumption of benefits required.

I wonder if there's a connection between that organizational cultural shift that was required and the fact that the complement of Veterans Affairs officials was diminished so much that there wasn't the ability to treat all of the files that were being requested.

• (1020)

**Gen (Ret'd) Walter Natynczyk:** Coming into the department, especially an organization that had lost so many folks, and with a head office away from the national capital in a small community... For a headquarters to go from 2,000 folks to 1,100 folks was a shock, and it kind of goes to this notion of a perfect storm. Mr. Casey is living right there in the community and he knows what it was like. People were scared to make a decision. As the chief of the defence staff, I was watching this from my side of the Rideau and saying, "Oh my goodness. What's going on?"

Coming into the job, I wanted to make sure that everybody in the department felt empowered to make the right decisions. I had the notion of delegating authority, empowering people to make a decision and then trusting them to do it right. I still remember back in November 2014 visiting our office here in Ottawa and confirming when I visited Halifax and confirming when I visited Ville de Québec the fact that our folks were almost shell-shocked because of this onslaught, this tsunami of mental health injured veterans, and yet at the same time, there seemed to be difficulty in getting the message back to head office that was going through the shock wave.

Having served in a number of operations, I came up with the line, "The further you are from the sound of the guns, the less you understand." I came up with that one in Baghdad. The same holds true in our department. Our front-line workers who are social workers, occupational therapists and psychologists are meeting with veterans every day, looking them in the eye, looking the family in the eye, and they're trying to find a way to say yes. They are working in the grey zone, and they're seeing the reality, whereas the further you are from the veteran in this case the more things become binary. You're working in policy or you're working in finance. Not to disparage my colleagues, but that's the reality of it.

We had the notion of care, compassion and respect. Our mission was to care. If we have to default in decision-making, it's to compassion, and we will always respect the veterans. The reality is that if folks default to compassion, we will support them. Again, we have to follow legislation and regulation and so on, but it empowers people to make decisions.

We think about where we were in 2014, and we just found out recently that Veterans Affairs Canada is in the Forbes top 100 employers. What was the number? Was it 74? It was in the top 100, and so we've come a long way. We see again that our employees are feeling that additional folks have come on and assisted them.

We are dealing with the backlog. In the town halls that I have done recently and the town halls that the minister has done, we have heard about the backlog and we're pulling out the stops. But in terms of empowering employees to make the right decisions for veterans and to nudge them into well-being, this is tough. Some of these folks don't want to be nudged. We need to nudge them towards purpose. We need to nudge them towards their mental and physical well-being. We need to provide family support around them. That takes a lot of care and compassion.

**Mr. William Amos:** Thank you.

**The Chair:** Mr. Desilets, you have two and a half minutes.

[Translation]

**Mr. Luc Desilets:** I'm going to fire off two or three questions.

How do you explain the fact that women wait longer for decisions? I understand why francophones might have to wait longer, but why does it take longer to process women's claims?

**Mr. Michel Doiron:** There are a few reasons that might explain it.

First, the situations are more complex. In the past, we didn't fully understand the consequences that wearing the equipment could have on a woman's body, for example.

I began my career in customs, and I wore a bulletproof vest, which fit me quite well, even though I'm a fairly big guy. My wife works in customs as well, and I can tell you that her experience wearing the bulletproof vest isn't the same as mine. It may seem like a trivial thing, but it can cause injuries, which may not have been recognized before.

Often times, the cases are more complex. I won't go through all of them, but I'll give you one example. Last week, I was at a briefing, and it came as a surprise to hear that there were cases involving impacts on reproductive organs. Men can experience those problems as well. For instance, it's pretty clear how post-traumatic stress syndrome could lead to impotence. Women, however, are affected differently, and those effects aren't well known.

• (1025)

**Mr. Luc Desilets:** There's a shortage of staff. The issue is pretty clear. It seems to be a bit worse in Quebec, as far as case managers go. Despite the context, do you have a plan to deal with the shortage?

**Mr. Michel Doiron:** Absolutely.

In Quebec right now, we aren't having too much trouble on the recruiting side, for one reason or another. Finding candidates doesn't pose a challenge, but we do have a plan. We are always recruiting.

As the deputy minister mentioned, the reality is we lose 12% of our case managers annually. We are able to fill vacant positions every year, but new employees aren't operational for another year. That's how long it takes to train them. At any given point in the year, we are short basically 20% of our staff. Either new employees are in training, or we are trying to recruit people.

**Gen (Ret'd) Walter Natynczyk:** They're in training.

**Mr. Michel Doiron:** That's right. They are in training. We are always recruiting, and we always have people in training.

In Alberta, we used to have trouble keeping people. We also had trouble filling certain positions, but Dr. Courchesne worked incredibly hard to fix that. At one time, we were having trouble recruiting physicians, and now, they come knocking on our door because the culture has changed. Medical officers aren't the only ones coming to us; other doctors are as well. I'm generalizing, but we have a lot less trouble recruiting them now. Recruitment and training do take time, though.

[English]

**The Chair:** Thank you.

MP Blaney, you have two and a half minutes.

**Ms. Rachel Blaney:** I want to say thank you, Walt, for mentioning the amazing folks at 19 Wing. It's a great honour for me to represent them, and I enjoy my time with both squadrons 407 and 442. They've taken me out on some really interesting trips that included my being hoisted up in the air. I really enjoyed it. The depth of admiration that I have for their skill set is tremendous. I am so grateful they are there, but I can't imagine the harm to their bodies, especially for squadron 442.

We've talked about the FTEs. Are you planning to increase that, or are you happy where you are? I understand maintenance of that. I've been an employer before. I understand that people cycle through the system. Is this where you're planning to stay or is there a desire to have more?

**Gen (Ret'd) Walter Natynczyk:** We are collecting the data in terms of the growth of demand, also recognizing that the solutions are not only about getting additional folks, figuring out what we need to do to digitize and what we need to re-engineer our process and what we need in terms of not only dealing with attrition but to project forward four or five years, because it takes that long through the pipeline of training to get the right workforce re-engineering digitization. We are putting that case together in order to work with other departments and ask how we move forward.

**Ms. Rachel Blaney:** I want to take a moment to follow up on the complexity of women's claims. I appreciate the answer that you gave my colleague, but is there research going into this, and is that something that you could give to this committee at some point?

**Gen (Ret'd) Walter Natynczyk:** I can start off by saying we had a summit last year, working with our allies. We've actually created an office of women veterans and LGBTQ2 veterans. We stood up that office, which reports to Steven.

**Mr. Steven Harris:** I think that's the nexus point for us in terms of being able to connect with our stakeholders to better understand issues that may arise for women veterans and to make changes to our processes.

Michel and Rick have talked about how they found there are challenges with some of the ways in which we may adjudicate disability claims, for example. That might be based on the fact that 90% of the business is uniquely male in terms of the issues and challenges there. What we've done by setting up the office, led by a former military member herself, who's out and consulting broadly with the women's stakeholders organizations, is to get a sense from them of where the challenges might be. We are also working internally with all of our areas, including my policy area, to make sure that, as we go forward with new policies, new programs and

changes, that we can integrate that lens and viewpoint. As you know, there's a gender-based analysis process for all Government of Canada programs. It's not unique to Veterans Affairs Canada, but this is a special lens we're trying to bring to this for those individuals specifically.

● (1030)

**Ms. Rachel Blaney:** It's an important one, because when you look at the military side, in Canada we're still having challenges getting enough women. In my family, the majority of the people serving at this point are women, so our family is doing well, but women as a whole are not represented well. I'm wondering if there's any impact when they're hearing that the other side of it has some struggles. I'm hoping that gets cleared up so that it's more welcoming.

**Gen (Ret'd) Walter Natynczyk:** I'm very pleased that we have Lieutenant-Colonel (Retired) Christina Hutchins leading the charge. She was the first female logistics officer of the airborne regiment.

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

That brings us to the end of a very quick three rounds.

We have some time left. I know there's some desire for questions. We have about 14 minutes left, so each party could receive maybe two and a half to three minutes, enough time for one quick question and one quick response.

We'll start with MP Wagantall.

**Mrs. Cathay Wagantall:** Thank you. I have one more question.

You have set up some advisory groups to assist you from within the veterans community. I know the one on service excellence met recently. These backlogs are a huge issue. I'm wondering, since the election, when have you met with the other groups and what feedback have you received from them.

**Gen (Ret'd) Walter Natynczyk:** I really enjoyed my time talking to the service excellence advisory group, SEAG, the other day. The co-chair of that committee is right over here, Rick Christopher. Steven co-chairs the policy one.

Maybe, Steven, you could run down when the one on commemoration and all the others have come back together.

**Mr. Steven Harris:** Sure.

**Mrs. Cathay Wagantall:** I'd like to know especially about the ones in relation to the backlog, so those that are meeting. The mental health advisory group, the care and support advisory group, and the group on families are the ones I think would be most impacted by what we're hearing about and seeing as the largest concern.

**Mr. Steven Harris:** I'm engaged with the policy group and the commemoration group.

I'll stick just to the policy group. They're not so focused on the backlog. They're looking at questions of how programs and policies work and the interaction between those. Ultimately, that does come down to how often and how long it might take for somebody to get access to programs and get access to benefits from us.

In terms of the families and others, I'll turn it over to my colleagues to try to talk about those to the extent that they know about them. I know the policy group met in December, after the election.

**Mrs. Cathay Wagantall:** When have you met since the election?

**Mr. Steven Harris:** For policy, it was in December.

**Mrs. Cathay Wagantall:** Was that your group, the commemoration group?

**Mr. Steven Harris:** Yes.

**Mrs. Cathay Wagantall:** What about the others?

**Mr. Steven Harris:** That's the only one I'm in.

**Mr. Michel Doiron:** I was the co-chair. I've turned it over. SEAG met this week. I'm not aware of the other ones. I'm not involved with them. I'm not sure—

**Gen (Ret'd) Walter Natynczyk:** The mental health group is going to meet next week.

**Mr. Michel Doiron:** Mental health is meeting next week.

**Mrs. Cathay Wagantall:** That's great. Okay.

**Mr. Michel Doiron:** The chairs are behind us.

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

What about the one on families and the health advisory group?

**Mr. Michel Doiron:** I don't know, but we can get back to you.

**Gen (Ret'd) Walter Natynczyk:** We'll get you the dates that they're meeting.

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

**Gen (Ret'd) Walter Natynczyk:** I'll also say that the minister spoke to the co-chair of each of the committees and asked them to continue doing their work. That's why we met with the service excellence group this week, and the other groups are meeting, so the work continues on all six advisory groups.

**Mrs. Cathay Wagantall:** Have they been advised, particularly with regard to the backlog, to give feedback in—

**Gen (Ret'd) Walter Natynczyk:** With regard to service excellence, a lot of the points I've made today I went through with the group, with Rick, this week.

Rick.

**Mr. Rick Christopher:** We spent almost the entire day on Tuesday talking about the backlog and various approaches, so when we talked about incomplete applications, for instance, I was looking for their advice on the best way, the most compassionate way, to deal with these.

**The Chair:** Thank you.

Darrell, we have time for a very quick question.

**Mr. Darrell Samson:** Since 2015 we've added seven or eight new programs. Can you give us the top three with regard to uptake?

• (1035)

**Gen (Ret'd) Walter Natynczyk:** I would start off with the education and training benefit. Again, it is so difficult to get folks serving in the armed forces to plan for their next life, and we know that the key to a transition is having a plan. The uptake on the the edu-

cation and training benefit has been extraordinary, as it has on the career transition services.

Last year we put a call out for the veteran and family well-being fund. In the fund we have about \$3 million a year. We received \$182 million of ask.

We launched the veterans emergency fund, and we continually top it up because the need is so significant across the board.

I'll stop there and turn it over to my colleagues to address policy and service delivery and anything else.

**Mr. Steven Harris:** Obviously, one of the other major platform commitments was pension for life, and that was delivered starting last year. That's three new programs. There was also a reduction in the number of programs to reduce complexity and make it as simple as possible, both from an adjudication and a delivery point of view, so that it's simple for veterans to understand.

There are three programs there, including the income replacement benefit, the pain and suffering compensation, and the additional pain and suffering compensation.

**Mr. Michel Doiron:** For me, there are two game-changers. I'll stick to two because everybody mentioned the one you heard me talk about here before.

First, there's the veterans emergency fund. I think that's the one that has made the biggest difference on the ground. I can actually direct a veteran to it, and I don't have to do a disability assessment of any sort to get the veteran off the street. Maybe they're not on the street, but maybe they had a flood in their house, or something happened. Well, we can help them with minimal paperwork. We have to do some paperwork; it is the government after all. It's minimal paperwork, though, and we can help them. We were spending a lot of money from our charities, but this was a game-changer. It's a major one, and I'm very passionate about it.

Second, there's the IRB. We used to call it the EL benefit. When we went from 75% to 90%, that really changed things. In the case management ratios, our business case was premised on approximately 9,800 case-managed veterans. We blew through that. We are now up to 14,000. When you make 90% of your pre-release salary, that ensures the financial security of those individuals. That is another major program.

**Gen (Ret'd) Walter Natynczyk:** Can I just touch on the veterans emergency fund? I was up in North Bay, and I was trying to figure out why North Bay is our highest consumer of the veterans emergency fund. I'd thought it would be Halifax, but in consumption per capita, it's North Bay. They are supporting World War II veteran survivors and widows, and they don't have to do the paperwork to get dentures or hearing aids for widows. This makes me so proud of our staff.

On the income replacement benefit, it's 90%. I just heard from the service excellence advisory group the other day that the best idea we've come out with is that someone on income replacement benefit can make up to \$20,000 without any clawback. This means they are actually being incentivized to find purpose. Whether they want to work at a Home Depot or any other store or they want to start a little business of fishing lures or whatever, they're finding purpose. That's why they say the best idea was that \$20,000 of allowable income before clawback.

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

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

MP Desilets, please.

[*Translation*]

**Mr. Luc Desilets:** Thank you, again, for being here today.

I want to ask you something that's both simple and complex. What's your biggest challenge for 2020?

**Mr. Michel Doiron:** The backlog, period.

The first issue the committee decided to tackle was the backlog. I think that's wonderful. We are open to every effort. We want to get to the bottom of the problem. We are serious about it, and we have set money aside to do just that. It remains our biggest challenge.

When I first started appearing before the veterans affairs committee, I was getting 20 problem cases a day. It was a crisis in 2014-15. I still get 20 cases a day. Nineteen of them have to do with the turnaround time for a decision.

• (1040)

**Gen (Ret'd) Walter Natynczyk:** It's the department's number one challenge. I've met with the Minister of Veterans Affairs and department officials many times, and every time, the backlog is the priority.

I want to reiterate how much I appreciate Mr. Doiron's and Mr. Christopher's hard work. When a claim involves an injury, everything goes smoothly. When the injury occurs in the theatre of operations, there are no issues. All the documentation is fine.

We have cases where a decision is issued within a month. My driver injured his knee in Bosnia, and he got a decision within a month. That's great, but it's a specific case. We want the system to work like that for all our veterans.

[*English*]

**The Chair:** Thank you for the brief question. We haven't had very many of those today.

MP Blaney, please.

**Ms. Rachel Blaney:** I want to confirm from my last question that you will undertake to get the committee some information specifically on the complexity of women's cases.

The backlog is the biggest issue for us as well, and to veterans more importantly than any of us. I appreciate that everyone in this room really cares about the people who serve this country and their families. We continue to want to work together to see that support provided.

The veterans ombudsman did suggest a checklist for all documents so when they are sent in there is a checklist you can review and if anything's missing, it's automatically given back.

Has that step been taken? If it was taken, how quickly did it support the change of the backlog?

**Mr. Rick Christopher:** There is a checklist, but it's more for the applicant at this point. We took to heart what the ombudsman said. I discussed it with the service excellence advisory group yesterday. It's about looking at those applications right away. That's the trouble. We have such an influx, such a volume of applications that by the time we get to review them and make sure that everything is available, sometimes we're well into the time period.

We haven't done it yet, but we're going to dedicate some clerical staff to go through the checklist, similar to what the Royal Canadian Legion does, make sure and then, in a very compassionate way, reach out to those individuals and say we can't proceed with their application until we have additional information or that they forgot to sign it.

A lot of our resources are used chasing people down. As Michel mentioned earlier, they're on vacation, or they're not answering their phone for whatever reason and we can't get that information. I would much rather be able to send the applications back to them, send them a letter, or communicate with them electronically if that's how they've chosen to be contacted, and then say the clock is not ticking until we have that information from them.

**Ms. Rachel Blaney:** Thank you.

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

That brings us to the end of our first meeting for this study.

I can't thank you enough. This has been very educational, very informative. There were a lot of good questions and a lot of very good answers to help us in our work.

I hope all of you have safe travels getting back to where you came from. It may be a little harder than it was coming here.

I have a housekeeping note for my colleagues. We had a lot of time today. We did not have two panels. I was very generous with the clock. When we have two panels and we have to tighten things up, I will be slightly less generous. I will try to be polite. Try to keep the preambles short so we can hear as much from the witnesses as possible.

As always, thank you to the folks on my left and right, and those behind me.

The meeting is adjourned.

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