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Chair: Mr. Bryan May



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• (1605)

[English]

The Chair (Mr. Bryan May (Cambridge, Lib.)): I call the meeting to order.

Welcome to meeting number 6 of the House of Commons Standing Committee on Veterans Affairs. Pursuant to Standing Order 108(2) and the motion adopted by the committee on October 27, the committee is resuming its study of the backlog of disability benefit claims at the Department of Veterans Affairs.

Welcome to all the witnesses who have taken the time to join us. Thank you for being here with us virtually.

I'll introduce each of you and then give you an opportunity to speak. Each group will have five minutes. Both during that time and during the questions, I will signal at the one-minute-left mark. Don't panic. A minute is a long time to finish your thoughts. I tend to give people a little bit of latitude in this committee to finish, as they are all here to contribute to our good work.

To begin the introductions, we'll start with the Royal Canadian Legion. We have joining us virtually Steven Clark, national executive director; Raymond McInnis, director of veterans services, Dominion Command; and Chad Wagner, provincial executive director, Saskatchewan Command.

Welcome to all three of you gentlemen.

From the Union of Veterans Affairs Employees, we are joined today by Virginia Vaillancourt, national president; and Mike Martin, communications. From Wounded Warriors Canada, we have Scott Maxwell, executive director, joining us.

Again, thank you to all of you for being here.

We are going to start with the Royal Canadian Legion.

I believe, Mr. Clark, you're going to start us off. The next five minutes is all yours, sir.

Mr. Steven Clark (National Executive Director, Royal Canadian Legion): Mr. Chair, thank you very much. Mr. McInnis will speak on behalf of the Legion, but thank you for that invitation.

The Chair: Fantastic.

Mr. McInnis, go ahead.

Mr. Raymond McInnis (Director, Veterans Services, Dominion Command, Royal Canadian Legion): Honourable Chairman and members of the parliamentary Standing Committee on Veterans

Affairs, good afternoon. It is a great pleasure to appear in front of your committee once again.

We support your study of the backlog of disability benefit claims at Veterans Affairs Canada. In a minute I'd like to share some evidence-based advice. First, I want to outline fairly briefly how we are equipped to give such advice.

As you may know, the Legion has been assisting veterans and their families since 1926 through our legislative mandate in both the Pension Act and the Veterans Well-being Act. We are the only veterans service organization in Canada that can help veterans and their families with representation to Veterans Affairs Canada and the Veterans Review and Appeal Board Canada. We do it through our trained professional and government security-cleared command service officers and their assistants.

To give you a sense of how busy we are, last year our command service office prepared and represented disability claims on behalf of over 4,000 veterans to VAC and over 300 reviews and appeals to the review board. We also counselled more than 1,100 veterans for various reasons.

In addition to our Legion command service officers, every branch has an active and trained volunteer service officer to respond to the challenges facing our veteran community. We have 1,400 branches across Canada. You can see that our branch service officers offer an essential network of support. They do not complete applications to VAC, but they are often our first line of contact, our boots on the ground.

When we assist a veteran or family member with a first application or a departmental review, it is a very thorough process, and we monitor our veteran's file for life, inclusive of reassessments.

We don't send VAC applications unless they contain a confirmed diagnosis, and I can tell you it's a lot of work, yet we take great pride in it.

Here is what's changed significantly. The majority of our complaints are now about the backlog. When we are asked daily about the status of applications, this is even after veterans have visited their My VAC Accounts and used the wait-time tool. They still call us. Why? They call us because the wait-time tool is not accounting for the thousands of applications we have to process before we can get to their application. The tool provides information on averages over the last 90 days, not what they can realistically expect based on the current backlog and when their own application was submitted.

• (1610)

For example, today you'll get a 44- to 66-week processing estimate for a single condition, depending on the type of condition. That estimate is not realistic, considering that the department is currently working on claims from November 2018.

We would like the department to be more transparent and modify the wait time tool to reflect reality. Not only do we receive many unnecessary calls, we can't even tell veterans with any degree of accuracy when their claim will be processed and a decision rendered.

We understand the backlog is huge. We do applaud the department for trying to streamline the decision process with veteran benefits teams, limiting the transfer of files and providing the authority to the teams to make the decisions rather than requiring medical advisory consultation. They can also triage claims for disability benefits to expedite applications for veterans at higher risk. We are also supportive of the department in combining conditions that historically have been a consequence of the initial condition, as long as there is a confirmed diagnosis for it. It will be crucial to implement such measures as soon as possible.

I have been with the Legion for over nine years and I have never seen so many applications. We have reached out to other veterans organizations, including the Canadian Armed Forces and the RCMP, to advertise our services. As a result we have seen a steady increase in applications and departmental reviews right across the country. The increase is also due to the change in the partial entitlement policy, which the department quietly changed in February 2018. The change benefited veterans who have received partial entitlements from previous years and can now apply to receive full entitlement for causation, and forfeits for aggravation cases.

This one change alone resulted in many more departmental reviews than appeals. As an example, historically the Legion would complete approximately 80 departmental reviews in a year. However, from August 2018 to December 2018, we completed 552. In 2019, we completed 601.

In the end, we believe the department needs to further simplify its processes and get rid of some of the layers that may no longer be needed.

Finally, I'd like to share a couple of important points about the Legion's work, which may be good background for your own work with our veterans.

Currently, the Legion offers a free one-year membership to all still-serving military members, retired military, RCMP and retired RCMP who have not yet joined the Legion. It is called the veterans

welcome program. It is an opportunity to stay connected to the military and policing family, to honour and support those who served and sacrificed, and to strengthen the community.

Through our poppy fund we raise and distribute close to \$17 million annually to support programs such as the Leave the Streets Behind program and to meet the essential needs of veterans and their families who have limited financial means. The poppy fund is available at all levels of the Legion and is accessible to veterans in need, including still-serving members and their families. We work in close partnership with VAC and other funders to ensure our veterans and widows have a complete solution, so they do not have to go without.

I will end on this thought. There is no quick fix to this major backlog. We do not see any end in sight. In fact, we believe that when the new transition groups are fully operational, more released personnel will be applying for benefits. There is a danger of the backlog becoming longer. We want to help the department avoid this disastrous scenario with some of the ideas presented earlier. We stand ready to help further.

Chairman, we thank you for the opportunity to make this presentation. We'd be happy to take any questions.

• (1615)

The Chair: Thank you, Mr. McInnis.

Up next we have, for five minutes, Mr. Chad Wagner, provincial executive director, Saskatchewan Command. The floor is yours, sir.

Mr. Chad Wagner (Provincial Executive Director, Saskatchewan Command, Royal Canadian Legion): Thank you, Mr. Chair. I'm going to echo what Comrade Ray has just talked about. I did have some speaking notes here, but some of it is things that he has already said. I'm not going to waste everyone's time regurgitating things. I'm more of a "get 'er done" type of person and don't keep beating things to death.

We have seen an increase in claims. We've been doing as much as we can to help them through the adjudication process, but I think some of the challenges that we see can be remedied by empowering the front-line staff of Veterans Affairs. As I said before, this is about a get-it-done mentality. There is no reason that our front-line staff, whether it's the VSAs, the case managers or the field nurses, don't have the capacity to approve applications that are fairly clear. With hearing loss, tinnitus, where we have an audiogram, where we have a physician who says there's hearing loss related to service, why does it have to go through all the levels of adjudication? Not only transparency, but proficiency and efficiencies are really what's needed.

With things such as chronic pain, a lot of chronic pain applications are usually favourable. It's fairly clear in their medical records that they have an injury due to service. Nothing is strange about it, yet it still takes 19 or 20 months to approve a knee injury.

A quick, easy solution might be to have them able to give a limit, whether it's 5% or 10%, whatever the number is, able to approve some of these supports right off the bat. Get them the treatment. The treatment is almost more important than the overall benefit. If we can get them into the treatment immediately, with a bit of support right away, that's going to at least get them where the problem doesn't exacerbate over time. There are some things on a proficiency level, on an efficiency level that we can look at, taking a look at mainstreaming some of the processes. I'm just going to reiterate whatever Ray has mentioned in terms of the backlog.

One of the challenges we see that would be of great help is for those who have to go to an OSI clinic for the first or second time. Some of these guys don't have the ability. They can't afford to go, so either they don't go or they're relying on us. That's a dangerous barrier for them to succeed. For them to admit that they can't afford something and they need help, that's not going to be successful. If they don't have the funds to get to the OSI clinic, they're just simply not going to go. There have to be ways that we can provide them with accommodations, provide them with the ability to travel, but without any barriers to them being successful on achieving their outcomes.

I'm just going to leave you with a quick story on how we operate here in Saskatchewan. We are front line. I have two service officers here who work with veterans every single day and I liaise with them. I talk with them. We have the ability to do some things at our level that might not be as easy at a federal level, but one of the things we do here is that we can have a veteran come into our office at 10 in the morning in need of shelter, food or medical attention. Throughout our various networks, whether those are social services, Legion branches or various service groups, we can have housing established, food provided, usually a stream of income through social services, medical appointments set up, and start the process for Veterans Affairs benefit claims, all by the end of the day. That's one day. I'm sure we can do better than 19 months. The target was 19 weeks. We can do better than that. It's all in the process and removing barriers, and it starts with empowering the front line.

Mr. Chair, I'm going to turn it back over to you. Thank you very much for your time.

The Chair: Thank you, Mr. Wagner; and thank you for the front-line work you're doing. It is an astounding fact that you guys can pull that all together within one day, and yes, we definitely are likely able to learn from you guys in that regard.

Now we'll go over to the Union of Veterans' Affairs Employees. I believe Virginia Vaillancourt, the national president, will be speaking.

The next five minutes are yours.

• (1620)

Ms. Virginia Vaillancourt (National President, Union of Veterans' Affairs Employees): Thank you, and good afternoon.

The Union of Veterans' Affairs Employees is a component of the Public Service Alliance of Canada. We represent over 2,800 employees within Veterans Affairs, including most of the front-line staff who deal with veterans and their families every day.

We would first like to give you an update about the challenges faced by case managers within Veterans Affairs.

We remind you of the commitment since 2015 to reduce case-manager ratios to 25:1 in order to allow for more time and focus on the needs of veterans and their families. We told you in March that the department has failed to meet that target. We are disappointed to tell you that nothing has changed. In fact, with the pandemic, things may be worse for case managers and other staff, and we know that things have not improved for our veterans and their families.

Case managers continue to carry caseloads of 40, 50, and even over 60 cases. That is not just a workload issue. These are real veterans and their families who are not getting the services they deserve, the services they have earned. It is not just case managers. The situation remains troubling across the country.

In April, UVAE carried out a survey of our members regarding their work with veterans and their families. We asked them to not only identify issues and problems, but to make suggestions for improvements. We have provided a full report from that survey in our brief to the committee. If you want a fuller picture inside Veterans Affairs from ground zero, we ask you to read the brief.

We will highlight some areas for your information. In the survey, we covered everything from initial assessment and processing of applications through to helping veterans navigate the systems. We also focused on mental health services for veterans and their families, and support for the UVAE members who work in this area.

The bottom line from this survey is that there is a high level of frustration among UVAE members, who are trying their best to serve veterans and their families. This includes frustration with having to use multiple incompatible systems, an excessive workload, and lack of communication between sections. Not surprisingly, there are many pleas, urgent pleas, for additional mental health training and support.

In intake and assessment, which is the first place the veterans access about their benefits, there are problems, including inadequate resourcing and training, and duplication of work. This is causing many problems for veterans and their families. It was even triggering mental health symptoms in some veterans as they had to explain their problems over and over again.

In first-contact resolution, where initial difficulties are supposed to be resolved, there are backlogs and delays in processing requests. The tools that staff are using also assume a certain prevalence of provincial support that is not always available in rural areas. All of this means longer wait times for veterans and the information provided is not always accurate. That, in turn, causes more delays.

With Medavie Blue Cross, the main benefit service provider for veterans, staff reported significant delays, preventing veterans from getting their medication, services or payments. This is not only an unacceptable way to treat veterans, it also negatively impacts the relationship between veterans and our staff. Our members also asked, who is in charge of benefits, Veterans Affairs Canada or Medavie Blue Cross?

One concerning finding from the survey is that about half of the staff whose work involves mental health services for veterans felt that they have inadequate resources to do their work. They noted that referrals take too much time and that resources in rural areas are very limited. Over two-thirds of those surveyed said there are delays in getting veterans access to mental health services.

Our members made numerous recommendations to improve services to veterans and their benefits. We urge the committee to take note of those. We have provided the results of this survey to senior officials at Veterans Affairs, but to date, we have yet to receive an official response. We will continue to press for positive changes for veterans and the people who have the honour to serve them.

Going back to the backlog of disability claims and the department's plan to deal with this issue, we welcome the additional resources that are coming, directed towards this problem, but there are two basic flaws with this particular plan.

First of all, it is proposing another temporary solution to a permanent problem. We have been through this process of putting in temporary or surge resources to address problems in one area and hoping to reduce the pressure on the system.

- (1625)

Some have called this a band-aid solution. We would agree, but our veterans and the issues they face are permanent, ongoing and growing. In fact, we refer to the current approach to dealing with the backlog as whack-a-mole: Reduce the pressure in one section and it pops up in another. Even if the backlog in disability claims could be resolved, the system would be overloaded at every other stress point in the system.

In our view, it's time to stop the public charade of announcing the next big fix to whatever backlog is in the media and deal with the systemic issues at the department. We call again for a permanent solution to all of the issues at VAC and to provide permanent and secure funding for veterans and their families. That change has to be systemic, permanent and one that accepts the reality that Canada has a growing veteran population with complex needs that requires our collective support. Our veterans deserve better. Our union and our members stand ready to do our part to make that happen.

Thank you, Mr. Chairman.

The Chair: Thank you.

Now we will hear from Wounded Warriors Canada, Mr. Scott Maxwell, executive director.

You have five minutes, please.

Mr. Scott Maxwell (Executive Director, Wounded Warriors Canada): Good evening.

Thank you, Mr. Chair, all members of Parliament, and all those who have spoken thus far. I really just want to echo so much of what has been said, and not to repeat it.

Wounded Warriors Canada, for those who don't know, is a national mental health service provider that specializes in clinically facilitated group-based trauma therapy programs for our injured veterans, first responders and their families. When it comes to veterans, we're supporting just over 1,000 members every year through our services. In terms of how we fit in this discussion, while we don't support members' claims directly, what we see and deal with, through the members we're supporting with our services, are the downstream effects and consequences of the disability backlog.

I'm trying to figure out why. It seems that over the years that I've come to present here at committee, we have continued to talk over and over again about very similar things that just aren't being rectified. The consequences of that are having a significant impact on our veterans, their physical health, their mental health and their families. I'll talk a bit about that later on.

One thing I've noticed through our organization that is a bit of a challenge, and which might speak to some of the problems we're seeing in getting this work done and rectifying these significant gaps, is that we have not had stability at the ministerial level at VAC in the last 10 years. Since 2010 there have been nine Veterans Affairs Canada ministers—nearly one every 12 months. I reference this, as it goes to my point about what might be holding this up.

I understand that the department is there. It's doing what it does every day. There's leadership in other places, but let's just be honest. I don't know if anyone here has run their own business or has been part of a business, but can you imagine, if the CEO of a business changed nearly every year, what kind of effect that would have on your operations, with new policies, new implementations, new programs? Obviously, it wouldn't be very effective or efficient at all.

It's something we've felt very strongly here in our work, in trying to do more of it and trying to work collaboratively with the department. It's been very difficult having to go in to meet new people, tell the same story, and highlight the same issues over and over and over again. That's just something I wanted to draw your attention to.

Obviously, the subject is about security, dignity and respect. I was listening to the veteran you had at your previous committee meeting, Veteran Thomson, talking. It was very powerful. At times, for me, it was agonizing testimony that summed up the impact this backlog has had on him, the veteran community at large and, by extension, their families. I really only want to echo his comments and say that this is exactly what we hear and have heard for years from Canadian Armed Forces members transitioning to civilian life.

What's more, we've heard that the transition from DND to VAC must be seamless in an effort to help ensure that our members are healthy and well in civilian life. Similarly, this is something that's been talked about, seemingly, over and over and over again. Given how much work needs to be done in this particular area, as highlighted by those who have spoken before me, I would rank disability benefit claims at the very top of the priority list when it comes to making a seamless transition a reality in Canada.

From our perspective, one thing I want to remark on that might be a bit unique is the impact this is having not only on the members themselves but also on their family members, that often silent support behind the Canadian Forces and our veterans: their spouses, partners and kids. Through our programming supporting those people—couples, spouses and children of our injured veterans—it's important to note that added stresses and pressures of disability claim wait times are compounding the impacts and effects of operational stress injuries, such as PTSD, on both the individual members and their families.

I'm sure that everyone has read the literature review undertaken by the veterans ombudsman on veterans' spouses, which was released in September, which really chronicles all of this research: the impact, what's been written, what's been discussed, and ultimately the findings from those members and the families themselves. It was interesting and profoundly impactful that spouses are suffering negative impacts to both their physical and mental health prior to, during, and following medical release. This is consistent with our experience and something that we definitely feel needs to be rectified.

● (1630)

I'm not sure whether you've had a veteran's spouse appear before the committee, but it might be a suggestion for future presentations on the matter we're talking about and the impact that we're trying to address.

I look forward to having an ongoing dialogue with everyone here this evening. I thank you for your time.

The Chair: Thank you very much, sir, and thank you as well for the work you're doing on the ground to help veterans. It's amazing to see. I thank you for being here and taking this time to help us with the study.

We are going to get right into the first round of questions. Up first we have MP Brassard for six minutes.

Sir, the floor is yours.

Mr. John Brassard (Barrie—Innisfil, CPC): Thank you, Mr. Chair. I want to get right into it.

Madame Vaillancourt, it's hard within five minutes to summarize what's in a 36-page report, so I want to give you the opportunity.... I read the report in its entirety. Several things in it stuck out for me. One thing we've been talking about, and I want to get your opinion on it, is the issue of some suggestions for improvement saying to simplify, simplify, simplify, and to stop using multiple systems.

One thing we're hearing consistently throughout the course of this study is that it's not necessarily the money that is thrown at the problem; it's not necessarily the people who are thrown at the problem; it's the process itself, whether it's an attribution to service within the CAF, the disconnect that exists between VAC and CAF....

The minister often talks about digitization of records and making sure those records are distributed to VAC. I'm wondering whether you can comment on the process system itself and how it can improve, in your opinion.

Ms. Virginia Vaillancourt: Thank you.

Because there are many layers to the process of veterans applying, it would be very hard in this amount of time to sink it down to one.

Mr. John Brassard: I know.

Ms. Virginia Vaillancourt: The biggest concern is that there are too many layers, too many processes and procedures being put in place. If you put one in place today, something will change tomorrow, and you have to try to re-learn the process and keep moving forward.

The biggest thing we keep hearing from our members across the country, then, is that the processes themselves in their entirety need to be simplified, from the time a veteran makes their application right through to the time they deal with Medavie Blue Cross and are able to get their services paid for.

Mr. John Brassard: You say in the report that it would be a much simpler process if veterans—and I've talked about this before—were guided through the process, preferably by somebody with experience who has gone through the process, because often-times they become frustrated or perhaps can't deal with the level of paperwork that's required to have their claims adjudicated through VAC.

Maybe you could touch on that for a minute.

Ms. Virginia Vaillancourt: I am going to refer to my communications person, Mike, who collected all of the data. He has more background in this.

Mike?

Mr. Mike Martin (Communications, Union of Veterans' Affairs Employees): Thank you, Mr. Brassard.

There are a number of suggestions throughout the brief, based on the survey we conducted with members across the country. As Virginia noted, we need a simplification of the process. People find that there are many new benefits, but there are many different avenues that people go down. We need to find ways to streamline the process so that when people access it, they have an easy pass to get in and then can move smoothly along.

There's a real backlog at the beginning as people are trying to get into the process, and additional resources need to be put in at the front end. Then, the resources need to follow the people along.

The idea of having a guide or guides to help people through it is a great suggestion. There used to be more people doing this inside the department, but now what we found from the survey is that there are fewer people doing it, because they are developing processes and reporting on the processes, and we have ourselves all tied up in knots when we really just want to try to help the veterans.

• (1635)

Mr. John Brassard: Thank you so much. I know we only received the report today, but for those members who have an opportunity to read it, it's a very compelling report with a lot of solution-oriented issues in it.

Mr. Maxwell, I know you often speak about the downstream effect of this. You and I have had conversations in the past about transition and the impact it has on veterans. How can we simplify the process specifically?

Mr. Scott Maxwell: Echoing what I just heard, I think that doing as much as we can before somebody releases is something we've talked about for years now.

Imagine a day if all the claims could be adjudicated. The veteran, at that time, would understand every avenue of what's coming as part of the transition to civilian life throughout the release process. For those whom we're supporting, once they were medically released, everything would be crystal clear in front of them, not only for themselves, but for their family members.

Look at this report in September from the ombudsman. Look at the chronicling of how much these stressors are compounding injury—injured people who served our country. I find it almost horrifying that paperwork and process could be....

There is a great term called “sanctuary trauma”. Look it up. This is a very profound term. It is what happens when someone has served and done all they can for their country, and then when they reach out and expect the support to be there for them, they are confronted with another battle. That's what we hear: It's another battle.

Do whatever it takes. Frankly, I'm not a master for that, necessarily, but I can tell you that what we hear is the following: Can we get as much as possible done up front before they release.

Mr. John Brassard: Right.

Mr. Scott Maxwell: If we can do that so they hit “civvy street” as they always say, or civilian life, with the knowledge and understanding of what's coming, what support they're going to have and then actually have those supports at once, I think that would be a profound difference from where we are today.

Mr. John Brassard: Thank you, Mr. Maxwell.

Mr. John Brassard: It's important to remember, too, that as we talk about the backlogs, they're not backlogs. This is about veterans and their families.

Thank you for sharing that information.

The Chair: Thank you.

The Chair: Thank you, MP Brassard.

Now we go over to MP Casey for six minutes, please.

Mr. Sean Casey (Charlottetown, Lib.): Thank you very much, Mr. Chair. My questions will be for Ms. Vaillancourt.

You started your opening remarks with an update from the testimony that you gave on March 12. You talked about case managers. We had this conversation on March 12, but you would agree that once a veteran has been approved for benefits, then case managers are engaged. While your members, the case managers, are important to you, they really don't have anything to do with the backlog. We're talking about disability adjudication.

I want to stay on the subject of your March 12 testimony because I found it interesting that you sought to update your testimony with respect to case managers, whose connection to the study is tenuous, but you didn't provide an update with something else you said on March 12, yet you had written to the committee to ask to update your testimony.

I'm referring to the reference you made on March 12 that it's unfortunate that disability adjudicators are based in Charlottetown. After I contacted your membership here in Charlottetown and they told you how displeased they were, you waited nine days before you wrote to this committee to ask to update your testimony.

My first question to you is: Do you have the email that you sent to the committee where you asked for your testimony to be updated?

• (1640)

Ms. Virginia Vaillancourt: It would be in my folder.

Mr. Sean Casey: Would you send it to us, please? I haven't seen it.

One reason I haven't seen it is that the update you asked to make was so different from the testimony you gave that the editors of the transcript deemed that it was inappropriate. The testimony that you changed your mind on nine days after you gave it is still part of the public record.

I think that's a problem, don't you?

Ms. Virginia Vaillancourt: Well, I'm glad you asked that question because it gives me an opportunity to clarify my previous remarks to the committee.

First of all, I want to acknowledge that there are many bilingual people in Charlottetown and on Prince Edward Island. It was never my intention to say otherwise, nor did I or do I wish to denigrate anyone from Charlottetown, especially the staff at Veterans Affairs Canada and the members of the Union of Veterans Affairs Employees who work there.

What I did refer to the last time I was before the committee was the fact that there are challenges in recruiting bilingual professionals to complex positions within Veterans Affairs Canada. The department would seem to agree with me, since according to the testimony from one of my union colleagues last week at the committee, they are transferring bilingual employees into Charlottetown to meet existing needs.

Mr. Casey, I hope we can move past this issue and refocus on why we are here today. Canadian veterans and their families are suffering. We need to work together in order to bring them the best possible services and programs. We ask you to work co-operatively with the Union of Veterans Affairs Employees to make that a reality for our veterans and their families.

Mr. Sean Casey: I'll be happy to work co-operatively with the Union of Veterans' Affairs Employees when their absentee leadership stops smearing my constituents and unionized members who are not part of their union. That's where I want to go next.

You are aware that these technically proficient bilingual people who handle the complex cases are not represented by your union. They are actually represented by the union that we heard from in the last meeting, from Doreen Weatherbie. Did you let Ms. Weatherbie, the person who represents these employees that you smeared, know of your comments at the committee on March 12?

Ms. Virginia Vaillancourt: I was not smearing any members in any way, shape or form, Mr. Casey. It was.... The way I put it out, I said to pull those positions out. It was never meant to say pull those positions out. I'm clarifying my testimony to you. There are not enough bilingual qualified positions or people within Charlottetown at this time, and the department is actively bringing bilingual people from Ontario and Quebec into Charlottetown to meet the needs that are there, and we, at the Union of Veterans' Affairs Employees, do in fact have members who work in the first application process as well.

Mr. Sean Casey: Have you had that conversation with the union leader who represents these employees, the ones where you say there aren't enough in Charlottetown? You have refused to substantiate that when I've asked you to do so on March 12, March 27 and November 1.

Ms. Virginia Vaillancourt: I have talked to the PIPSC representative.

Mr. Sean Casey: I find that surprising, because she testified to the contrary. She testified that she was unaware of the comments that you made on March 12 when she came before the committee. Which of you is telling the truth?

Ms. Virginia Vaillancourt: She is not aware of the specific comments that were made, but Doreen and I have had a conversation in regard to the committee.

Mr. Sean Casey: Will you now apologize to the people whom you indicated that it was unfortunate that the disability "adjudicators are...in Charlottetown"? Will you publicly apologize to them now?

Ms. Virginia Vaillancourt: Well, as I said, there was no smearing of members in any way, shape or form, but if that is what you are requesting, I apologize for anything that I did to upset you, Mr. Casey.

Mr. Sean Casey: Thank you. I have no further questions.

The Chair: Thank you.

Now we'll go to MP Desilets for six minutes. I believe you're in the room, sir.

[*Translation*]

Mr. Luc Desilets (Rivière-des-Mille-Îles, BQ): Yes. Thank you, Mr. Chair.

I'm going to stay on the same topic as Mr. Casey, but I'm going to take a different tone, so not to worry, Ms. Vaillancourt. I do understand where Mr. Casey is coming from, though.

Revenue Canada has three service locations in Quebec. Is that not something Veterans Affairs Canada could consider?

Everything is centralized in Charlottetown, and we realize that recruiting staff is challenging. Getting people to come to Charlottetown is tough because it isn't a central location in the country.

Where do you stand on having more than one location to accommodate case managers, among others?

• (1645)

[*English*]

Ms. Virginia Vaillancourt: Well, we actually have employees working all across Canada and, given the pandemic situation, we've been able to show that the work can be done from anywhere where the qualification is. So absolutely, we can have positions in any province across the country in any community across the country.

[*Translation*]

Mr. Luc Desilets: You know as well as I do that the wait time for French-speaking veterans is almost twice as long as it is for English-speaking veterans.

How do you see that problem being solved, if not by opening an office in Montreal or Ottawa to help with the processing of French-language claims?

[*English*]

Ms. Virginia Vaillancourt: Well, I'm hoping that we never get to the point of not seeing service centres for Veterans Affairs in any of the provinces and communities. We fought very hard to get the nine offices reopened that were closed, because that has a negative impact on the service being provided to our veterans.

[*Translation*]

Mr. Luc Desilets: I see.

I'd like to hear what you think of the fact that, in principle, at least, 300 new case officers were hired in January.

Are they performing their duties yet? Is 300 a realistic number?

[*English*]

Ms. Virginia Vaillancourt: We still see a backlog, even with the additional hiring. It does take time to learn all of the legislation, policies and procedures that are required and that are in place for veterans applying for benefits. We do still see a backlog and we're still waiting for staff to be fully trained on the positions.

[Translation]

Mr. Luc Desilets: To your knowledge, are the 300 employees promised on the job?

[English]

Ms. Virginia Vaillancourt: From the last update I had, they are continuing to hire for those positions. I'm not sure from the department, because I am waiting for an update from it, how many are actively and fully in seat, trained, and ready to go.

[Translation]

Mr. Luc Desilets: I see.

Ms. Vaillancourt, would you be able to share that information with us once you have it? Initially, 300 positions were available, and in June, there was talk of 400. It would be helpful to the committee to have someone follow up on that. Would you be able to get back to us?

[English]

Ms. Virginia Vaillancourt: If I can get the information from the department, I don't see why it can't be shared. I am still waiting for information from a meeting at the beginning of October.

[Translation]

Mr. Luc Desilets: Thank you.

I have another question for you.

Recruiting staff is challenging. As you said earlier, it takes time to fully train staff. Do you think it's possible to shorten that period and condense the training?

[English]

Ms. Virginia Vaillancourt: That would come down to the policies and the legislation put in place by the government and the processes that are in place in the department that follow the legislation that is in place. We have no control over how legislation is put in place.

• (1650)

[Translation]

Mr. Luc Desilets: I realize you have no control over that.

However, you are familiar with the job descriptions of those employees, so do you think the training period could be condensed to put them to work a bit sooner?

[English]

The Chair: Please give a brief response.

Ms. Virginia Vaillancourt: Okay.

Without negatively, potentially, impacting the service to the veterans, no.

The Chair: You have about 10 seconds.

[Translation]

Mr. Luc Desilets: Very good.

Thank you.

[English]

The Chair: Thank you.

Now we will go to MP Blaney for six minutes, please.

Ms. Rachel Blaney (North Island—Powell River, NDP): Thank you, Mr. Chair.

I want to thank everybody so much for the important testimony given today.

First of all, I want to start with all of the amazing Legion folks. I have 11 Legions in my riding, so it would take a lot of time to mention them all. I have been to them all and have called them during COVID. I just want to say what a pivotal role they play in our communities. As an MP who represents more rural and remote, sometimes the Legions are the very place the community frequently gets together. I appreciate the work you do and of course the Legions I have the joy to represent.

I want to say thank you as well. Your statements really reflect the concerns I have about how the backlog is impacting our veterans, their families and loved ones, and about the terrible impact it's having. I also have worked with a lot of veterans who are in dire straits financially and struggling. Unfortunately, one of the things that concerns me is that the minister keeps referring to the veterans emergency fund. In fact, he said in testimony, "if there's a veteran or anybody at all who hears [that] a veteran [is] in dire need, we have the emergency fund, which...certainly address[es] these issues."

What I've heard from veterans is that of course this does not address the issue. I'm just wondering if you are encouraging people to access the emergency fund and if that is filling in the gap, as the minister is suggesting, for folks who are waiting for their disability pension.

Thank you.

Mr. Raymond McInnis: No, we're not encouraging people to apply for the veterans emergency fund. If their application is in the backlog and it's complete, that's one process. Under the Veterans Well-being Act, people can take treatment after April 1, 2019, on their own dime, and if their claim is favourable, then they will get that reimbursement. From what I'm hearing across the country, the veterans emergency fund is being utilized. It's being utilized more than ever because the approval has been downgraded, or downloaded to the area level. That's good to see.

We're still seeing an increase in benevolent funding from the east coast—not across Canada. As you know, we do a lot benevolent funding and it has not increased because of COVID or...any explanation for the backlog. There is a process in place, but unfortunately, as you had mentioned before, many of our veterans don't have the financial capability to pay for that treatment upfront.

There is a process called the “red zone” process. If a case comes to me on behalf of our service officers, I will take it to adjudication. That claim is normally done within seven to 14 days. There's a concern right now not only with the backlog, but also with reassessments and new first applications. We can't get medical questionnaires completed because of the medical community. They are not seeing people in-house, and neither are the VAC doctors. I just want to say one thing about the medical community. Now that they're reopening, they don't want to fill out Veterans Affairs medical questionnaires; they want to see the patients. The veterans are getting hit double-time here.

Ms. Rachel Blaney: Yes. I am concerned, as I'm sure you are, that this backlog that is already significant.... We're seeing this quiet period because of that very issue, and we're going to see an increase in the backlog. Thank you so much.

I would like to go to Ms. Vaillancourt. First of all, I just want to apologize. I imagine that was a bit stressful earlier on, and it's not necessarily how I would like to see committees run. I'm sorry that back and forth had to happen. You are focused so much on what veterans need, and I think we'll just focus on that.

One question I have for you is that you mentioned that veterans service agents are applying for new positions as disability adjudicators, potentially creating issues down the road when those files need to be managed and folks are not there anymore. Are there reasons that they want to leave these current positions?

• (1655)

Ms. Virginia Vaillancourt: We've been working, as I said, on surveys. As much as the department is saying they're bringing in 300 new employees to work on the backlog of the disabilities, some people who are being hired in those positions are coming from other areas within the department, which is going to leave a backlog in those areas and a depletion of those employees there. As I said, my concern is that it's a whack-a-mole problem. We're trying to fix one area, but instead we're creating additional problems in other areas there. I apologize, I'm still riled.

Ms. Rachel Blaney: One thing I wanted to clarify is that there seems to be an assumption that the role your folks play does not have anything to do with the backlog. Can you explain if that's the case or not?

Ms. Virginia Vaillancourt: No. We actually have employees, members, who work in the disability adjudication section, including in the administrative aspect, reviewing the applications when they first come in, as well as the payment process of those claims when they are done. Our members do in fact work very closely with other bargaining agents within Veterans Affairs.

Ms. Rachel Blaney: Thank you. I appreciate that clarification. I'm just wondering how the turnover rate for disability adjudicators compares with the veterans service agents or case managers.

The Chair: A very brief answer, please.

Ms. Virginia Vaillancourt: I don't have the specifics on the turnover of the disability adjudicators, but I know for the VSAs and the case managers, there is quite a rollover. We had a bunch of people move over to the deck unit, and others are actively looking to leave the department and/or find other positions within.

The Chair: Thank you very much.

That ends round one of questions. Moving quickly on to round two, we have Mrs. Wagantall up for the first five minutes, please.

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Thank you very much, Chair, and thank you all for being here.

I, too, want to express my concern and my colleague's concerns about the conversations you were involved in there, Ms. Vaillancourt. That's not why we're here, and we're certainly concerned about our veterans, so thank you for your part in being here today.

I also want to bring up the fact that we have an issue here, as my colleague John Brassard said, with processes. Unless we make wholesale changes, we are going to be in this circumstance, as Ms. Weatherbie said yesterday, on an ongoing basis. We need an efficiency business model here, I think, as you were saying, Mr. Maxwell. We can't function in this way and expect to improve or change anything.

I do want to quote Mr. Gary Walbourne, and I'm sure you've all heard this. He said:

The Canadian Armed Forces knows when, where, and how you have become ill or injured. The Canadian Armed Forces should tell Veterans Affairs Canada that the illness or injury is attributable to their service, and this determination be accepted.

Mr. Wagner, you talked a bit about the dynamics around empowering the front line. First of all, if we made this change—which we recommended as a committee—and the government did not agree with that recommendation, neither does VAC, neither does the Canadian Armed Forces. Here we are trying to improve things, but really, if that were taken care of right off the front end, what change would that make to the number of first applications and the time involved in veterans getting their care?

Mr. Wagner, do you want to comment on that?

Mr. Chad Wagner: I'm not sure—

Mrs. Cathay Wagantall: We can't hear you, sir. You're on mute.

The Chair: No, he's not on mute. I think his microphone is pulled up.

Mrs. Cathay Wagantall: Your mic is up on your head.

The Chair: If you move your microphone down on your head, I think we'll be able to hear you.

There you are.

Mrs. Cathay Wagantall: I do that all the time.

Mr. Chad Wagner: I had put it up because it was getting in my way.

We're definitely not going to see a decrease in the number of claims coming through, but what we will see is the instantaneous applications being approved. If the Department of National Defence is very clear in its paperwork that they have an injury due to service—whether it's the VSA or the CM or whoever—they can just look at that and say, “Yes, okay. It matches our check box. Let's pass it. Let's make the claim.” Why does it have to go through the adjudication process?

• (1700)

Mrs. Cathay Wagantall: Great.

Mr. Chad Wagner: You have to read through all the medical records. Those medical records can be 18 volumes long, and it takes an hour per volume.

Mrs. Cathay Wagantall: I have a question on that as well, sir. Sorry, I have so many.

Mr. Chad Wagner: Yes.

Mrs. Cathay Wagantall: We were informed by Mr. Heilman, the chief informatics officer with the Canadian Armed Forces health information system, that they're working on this improvement, getting medical records to VAC. They say that when they request them, and when the individual armed forces member requests them, would it not be much faster if they just immediately filled out a form that said, "When needed, my medical records are available to VAC"? Are adjudicators and service officers able to see those records directly, or how do you get them?

Mr. Chad Wagner: We don't get them until we get approval from the veteran to have access. Then we have to apply for access, and then Veterans Affairs will.... It takes about a week before we usually see them. Going back to what Ms. Vaillancourt was saying, there should be one system for all of this. Why do we have so many different systems where we have to go to get medical records over here, ask permission, come over here...? It just doesn't make sense when it could be just one system. Clear it all out. It should almost be streamlined as soon as they sign up for service, that their Veterans Affairs medical file is always working and always a cohesive unit. It doesn't make sense that it isn't.

Mrs. Cathay Wagantall: Accessible.

Mr. Chad Wagner: Accessible, yes.

Mrs. Cathay Wagantall: I understand that there are only six adjudicators in Charlottetown right now who have that access. They have been trained. I asked how long it took and they said it was just a couple of days. I don't know who in this group would know about those adjudicators and why there are only six at this point. This medical record transfer issue has been an issue since 2016. Why are we only at six adjudicators?

Mr. Raymond McInnis: It's actually a pilot study, and it's not a transfer of records. It's actually having Veterans Affairs link into the Canadian Forces health information system, so it's direct. Eventually, hopefully, that will be the way to go, but I will clarify one thing my colleague said—

Mrs. Cathay Wagantall: Okay.

Mr. Raymond McInnis: —about service health records. It's not a week we're waiting; we're waiting for nine months to more than a year, in some cases, because still-serving members, of course, have to have their files transferred, and there's no one working on the bases and wings right now, because they're all working remotely.

Mrs. Cathay Wagantall: Perfect. Thank you.

The Chair: Thank you.

Mrs. Cathay Wagantall: Can I have one more very quick question, sir?

The Chair: I'll give you 10 seconds.

Mrs. Cathay Wagantall: Mr. Maxwell, I hear you speak of getting emergency aid to veterans within 24 hours. Veterans Affairs Canada do the same. They were given 64 veterans to deal with, because the emergency fund was too slow initially.

Is that the best use of those funds, to have to work through the systems of VAC to get it? Would it not be better to have those funds available to organizations such as yours?

Yes or no.

The Chair: Please give a very brief answer.

Mr. Scott Maxwell: Yes.

Mrs. Cathay Wagantall: Thank you.

The Chair: That's a good, brief answer. Thank you.

Up next for five minutes is MP Samson.

Mr. Darrell Samson (Sackville—Preston—Chezzetcook, Lib.): Thank you, Chair, and all of the presenters today. Very important information has been shared with the committee, and I appreciate the opportunity to listen to your information and to read up on some of the bigger reports.

I'd like to start with a question for Madame Vaillancourt. In June 2020, VAC established an integrated team to break down silos, to eliminate inefficient file hand-offs, to improve the quality of decision-making, etc.

Have you had any feedback from your union members about the impact of these changes?

Ms. Virginia Vaillancourt: No, I haven't as yet, and I'm still waiting for information from the department in regard to those.

Mr. Darrell Samson: These teams were put in place in June. You've had no feedback whatsoever when you have asked your members. I understood you asked your members again in September and October what was happening on the ground.

Ms. Virginia Vaillancourt: In September and October, we completed a second survey to do with harassment, discrimination and mental health in the department. That's where our focus was, and that survey came out of the first survey results.

• (1705)

Mr. Darrell Samson: Thank you.

I'd like to go now to the Canadian Legion. I can't say enough about the work you people do. You keep astonishing me with your stories of what's happening on the ground. I have five Legion branches here in the riding of Sackville—Preston—Chezzetcook, and the help you provide to veterans and their families is just exceptional. I can't thank you enough.

I'm hopeful that the new funding you will receive, which was approved a few weeks ago, is going to help you continue to do the work you're doing to help veterans and their families.

I have a couple of quick questions, and any one of you can answer.

In your opinion, what are the most common sticking points you see with some claims that are taking much longer to process than others? That is my first question.

The second one is whether, in your opinion, there are any processes that you would like to suggest we could change right away

Mr. Raymond McInnis: I'll start and I'll let anyone else jump in.

What I'm seeing the most is inconsistencies. As I said in my testimony, I have no idea what to tell a veteran, except that I know what month and what year adjudication is working on but don't know how many claims have been sent to VAC for that month or year.

Then the DM mentioned the other day that the Legion had a case that was done in 10 weeks. Unfortunately, as part of the question we had when we were speaking with the DM, I also have a claim that took 80 weeks. That was 80 weeks versus 10 weeks.

How do you explain to a veteran who has a mental health condition why it takes 10 weeks for one veteran and 80 weeks for another?

It's the inconsistencies that are creating a lot of frustrations right now, frustrations with the fact that they're not getting the answers when they send in.... They're on step 3, say, in their My VAC Account on a disability application. What does that really mean? No one is giving them a definitive answer.

Of course, everyone thinks of money. I'll go back to what Chad said before. We look for entitlement, and entitlement means treatment. Treatment is the most important part of this process.

Of course, that's not the case for every veteran. Some veterans are only looking at the financial assessment.

One thing that happens is that a lot of people say let's move that claim up, because they're in financial need. There is no guarantee that the claim is going to be favourable to begin with, but it's the entitlement portions that we'll go with.

Also, when it comes down to ways to speed up the process, they have a lot of good initiatives on the go. They just haven't put them into action yet.

Regarding the veteran benefit teams you mentioned, yes, they started in June. They are spread out across the country. One is taking care of the RCMP; one is the francophone VBT. We're starting to see some claims coming through now, but we need more of them and we need them up to speed.

The training for the VSAs, the new employees, between us and my command service officers across the country, is complex. The disability application process is complex; you can't speed up that training. We're not going to see the benefits of these new employees until the February-March time frame.

Mr. Darrell Samson: Thank you. I don't have much time. I have two quick questions.

The Chair: You have 10 seconds, sir.

Mr. Darrell Samson: You mentioned that at the OSI clinic travel wasn't included. My understanding is that it was for veterans.

Second, you talked about empowering front-line workers, and I believe there has been a change to allow front-line workers to adjudicate up to \$10,000. Are you aware of that?

The Chair: Please give a very brief answer.

Mr. Raymond McInnis: That was not my testimony. The \$10,000 is just on the veterans emergency fund. Front-line workers cannot adjudicate claims, and we're talking about the backlog here.

The Chair: Thank you very much.

Sorry, folks. My job officially is the official interrupter, so I apologize for that. Next, for two and a half minutes, is MP Desilets.

[*Translation*]

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

I would like to start by congratulating two of the Veterans Ombudsman Commendation recipients. Brigitte Laverdure received the honour for her commitment to helping women veterans, including those in the LGBTQ+ community, and Marie-Claude Gagnon received the honour for her considerable efforts to help veterans affected by military sexual trauma. I wanted to take a brief moment to recognize and thank them.

My question is for Mr. Maxwell.

I really appreciated what you said about prevention and pre-release efforts. That is just common sense. Much of the focus is on the backlog, but it would be better to address the situation a bit sooner.

Before veterans leave the Canadian Armed Forces—when they are still serving members—would it be possible to get things in order and check for any medical problems or issues?

● (1710)

[*English*]

Mr. Scott Maxwell: Thanks for the question. That's something we've heard time and again. When we talk about health care, we're talking about medically releasing injured veterans, injured members of the Canadian Forces. As we always say in health care, timely access is key. I don't know why it's not similarly being seen that way when it comes to timely access to disability benefits and awards that they're entitled to and deserve.

[*Translation*]

Mr. Luc Desilets: Why isn't that happening when the person is still in the Canadian Armed Forces, Mr. Maxwell?

[English]

Mr. Scott Maxwell: That's a great question. It's something I've asked time and again. The release process takes time. You don't just medically release tomorrow. There's often six months to a year timeframe, or longer sometimes. There is a period here. There is a window in which we should be doing this right off the bat, making that transition somewhat seamless, if not entirely. We can begin to put in place these processes early so that, at the end of the day, a veteran doesn't have to leave their family, the Department of National Defence, and retell their story time and again in an entirely new world.

[Translation]

Mr. Luc Desilets: I understand completely.

[English]

The Chair: Thank you very much.

[Translation]

Mr. Luc Desilets: I'm new to the committee. I found out a few months ago that veterans, members who were leaving the Canadian Armed Forces, received three days of training in preparation for their release, so they would know what to expect.

Wouldn't it be more appropriate for those three days—

[English]

The Chair: I have to interrupt you. I'm sorry. We're already 30 seconds over time. There might be some time at the end to ask a final question, but we have to get there.

[Translation]

Mr. Luc Desilets: All right. Thank you.

My apologies.

[English]

The Chair: That's okay.

Next, we have MP Blaney for two and a half minutes.

Ms. Rachel Blaney: Thank you, Chair.

Ms. Vaillancourt, if I can just come back to you, I'm looking for a little clarity. Is the skill set and education required for a disability adjudicator the same as a veteran service agent or case manager? Are these positions within the department at all transferable?

Ms. Virginia Vaillancourt: The educational qualifications are not the same for the positions, and they've actually just again changed the education requirements for the case managers. They could potentially be transferable to some degree. Whether they would be able to provide an acting or a developmental opportunity depends on what the veteran service agents or case managers have as knowledge and skills, but they do require a nursing background in adjudication.

Ms. Rachel Blaney: Thank you. That's really helpful.

The Parliamentary Budget Officer did a report that talked about the need to substantively hire more people and to stop referring to them as temporary hires, which is what we're hearing again and again from the Minister's office, and call them permanent.

The ministry seems to think they did not get all the information, which the PBO was very concerned about because, of course, to do their recommendations, they asked for that information. Basically, with the framework that the ministry, VAC, is using right now, it means that veterans will have to wait until 2023 to even get that backlog caught up.

Ms. Vaillancourt, when you hear that hiring more people could get that flow happening and get veterans the money they deserve more quickly, what do you think about that? Is that a plan that makes sense to you?

Ms. Virginia Vaillancourt: We need to have more resources right across the board in order to properly support our veterans. The biggest issue is trying to get them the treatment they need in a timely manner. We need to beef up every position across the department, from intake right through to case managers, absolutely.

• (1715)

Ms. Rachel Blaney: Mr. Maxwell, I saw you nodding. Do you have a comment on that?

The Chair: Please give a brief answer.

Mr. Scott Maxwell: It's frustrating to know the problem, the scale, scope and size of a problem that large, and then hear words such as “temporary”. This is not a temporary problem. It has been happening for years. We need to put the resources in place. If we can do it and it can be fixed, why wouldn't we?

The Chair: Thank you.

Now we'll go over to MP Carrie, for five minutes, please.

Mr. Colin Carrie (Oshawa, CPC): Thank you very much, Mr. Chair; and thank you to the witnesses.

I'd like to get right to it. I have so many questions.

First, Madame Vaillancourt, my colleague Mr. Brassard mentioned that we really do appreciate the report and your contribution, because this is about the veterans. We're looking for solutions, and hopefully we can come up with something that the government can use as a playbook to fix the backlog.

One of the things we've heard is that because of the pandemic most of the workers are now forced to be working from home and the offices are closed. Has that affected your ability to process claims?

Ms. Virginia Vaillancourt: At the onset of the pandemic, it absolutely slowed down the process, because not everybody had the proper equipment, desks, printers and that type of thing.

In the adjudication aspect, the files are physical, so they aren't necessarily able to be consistently transported home unless you make sure that you have all the proper equipment to be able to actually lock that up securely.

At the onset, it did, absolutely.

Mr. Colin Carrie: How are you doing now? Are you back up to reasonable times? Do you know if it is consistent with what you were doing before, or do you have any data on it at this time?

Ms. Virginia Vaillancourt: I don't have specific data in that regard. We know that the output of work has increased, but no, I don't have the numbers to that.

Mr. Colin Carrie: Well, if you're able to get it, I'd be very interested in that.

I also want to come back to a point that Mr. Maxwell mentioned. We had a veteran, Mr. Thomson, at our last meeting, and frankly, I was really shocked about how the process moved. Before that, we had Mr. Walbourne say that the process was not fixable; however, we have to work within what we have.

Here we had a veteran who was medically discharged from the Canadian Armed Forces, but he had to wait months and months for the veterans' office to make sure that it was attributable and that it would go forward.

Since we are looking for solutions, one of the things that Ms. Wagantall has brought forward is, why don't we just have people who join the Armed Forces sign a form ahead of time saying, if it's required, VAC can have access to your medical records?

Madame Vaillancourt, do you see any downside to that? Would that be an efficiency that would be easily implementable?

Ms. Virginia Vaillancourt: Yes, I think it would be easily implementable. As to whether I think it would fully work, I'm not sure, because there has been such a battle with trying to get service medical records now and the challenge between the two departments on access versus who has the right to that access.

Mr. Colin Carrie: Yes. We're just thinking of solutions here, and we don't want government departments fighting, because this is about the veterans and getting the benefits to veterans as quickly as possible. I appreciate your comment on that because I think that's a really good suggestion by Madame Wagantall.

We also had different veterans organizations talk about pre-approval of certain conditions, especially the musculoskeletal ones, tinnitus, things that are very common.

Do you see any downside of a pre-approval type of process? Would that affect your members on the ground? Do you think it would help them be more efficient on certain cases?

Ms. Virginia Vaillancourt: It potentially could be, but in the brief that we provided to you, there are actually recommendations from the staff themselves in regard to looking at the potential of automatic approvals and having a type of fraud section set up to review cases after the fact, similar to CERB.

• (1720)

Mr. Colin Carrie: It might have been Mr. Wagner who brought forward the mentality of our men and women in uniform. We send them into dangerous situations and just tell them to get it done.

Mr. Wagner, I think you stated same thing to the committee, which I appreciate very much. You talked about "empowering the front-line staff".

As far as the job that you do is concerned, if there were an ability to have access to the records by people working on the form for the veteran, would that help streamline it, especially if we had permis-

sion in advance from the veteran to allow that? Would that help you on the ground?

Mr. Chad Wagner: Absolutely.

The Chair: Give a brief answer, please.

Mr. Chad Wagner: It would help us, but I think talking to the front-line staff at Veterans Affairs and using their solutions would be the best thing for all of us. They're the ones who are there.

Mr. Colin Carrie: Thank you, Mr. Chair.

The Chair: Thank you.

We have MP Lalonde, for five minutes.

Mrs. Marie-France Lalonde (Orléans, Lib.): Thank you, Mr. Chair. I'll be sharing my time with MP Casey.

Thank you all for being here again. For some of you, it's a reacquaintance.

I want to give a shout-out to our Legion for a great poppy season. Certainly, according to our numbers, as of today, \$100,000 has been raised for our Legion Branch 632, so I want to take this opportunity to say "Bravo."

Mr. Maxwell, I would like to focus on one aspect. You mentioned that you had about 1,000 members. Out of those 1,000 members you're providing services to, how many are women veterans?

Mr. Scott Maxwell: It's not the majority. I'd say it's probably about an 80:20 male-to-female ratio.

Conversely, the same on the couples or spousal programs that we have, actually it's a lot higher. It's almost predominantly women.

It's what the makeup historically has been and we're certainly seeing that on the downstream side of treatment.

Mrs. Marie-France Lalonde: I know we're talking about the backlog at large, but I want to focus a little on the women's perspective today, about your 80:20 ratio.

Out of the 20% that you're providing services for, have you heard of longer waits than, sadly, already existing wait times for veterans having access to any benefits?

Mr. Scott Maxwell: Yes, it's consistent for both, either male or female. I think it just speaks to the scope and scale of the problem, that it's consistent for whoever is trying to go through this process upon release.

In terms of what we see, sometimes it feels as though 50% of what we're trying to support and treat through our programs is the injury sustained as a result of their service, and the other half of their struggle and their challenges through their operational stress injury is the treatment they feel they're receiving by their own country through their own departments.

It's a significant struggle and challenge for these folks, having to retell their stories, feeling as though they're just a number, not getting the help in a timely fashion, and of course, the downward pressure that it then places on their spouse or partner and on their kids. It can spiral out of control pretty quickly and compound what are already significant trauma-based injuries.

Mrs. Marie-France Lalonde: Thank you very much.

I want to share my time, but I have one last question.

We had testimony and one of the recommendations of Mr. Sauvé was to “fast-track applications for clients who are medically at risk or have urgent health needs.” That was one of his recommendations that the committee should look at.

Quickly, do you have any thoughts on that?

Mr. Raymond McInnis: That process is already in place with Veterans Affairs. It's called the “red zone” policy. If an application is in Veterans Affairs, or if we're applying for a disability benefit, when there are unmet health needs we can request red zone treatment.

Mrs. Marie-France Lalonde: Great. Thank you very much, Mr. McInnis.

The Chair: Mr. Casey, you have about a minute and a half, maybe a little more.

Mr. Sean Casey: Thank you, Mr. Chair.

First, a couple of my colleagues have felt compelled to apologize to one of the witnesses for the manner in which I pose questions. I'm not surprised to hear it coming from Ms. Wagantall, who also advocated pulling jobs out of Charlottetown. What I can say to all of my colleagues here is that if anyone publicly advocated taking jobs out of your community, I'd be very surprised if you were to react differently.

Ms. Vaillancourt, I asked you to substantiate your position that the pool of available employees in Charlottetown is limiting. I've asked you to do that now on four occasions, and you haven't, so let's try again.

For the position of the disability adjudicator, can you tell me how many people have been screened into the hiring pool? Can you tell me what the rate of bilingualism is in Prince Edward Island, and can you tell me what the rate of unemployment is?

• (1725)

The Chair: Give a brief answer, please.

Ms. Virginia Vaillancourt: No, I can't, because these are stats that human resources would have. For that, you'd have to go to the department to get their hiring stats.

Mr. Sean Casey: So you have no evidence.

Ms. Virginia Vaillancourt: I don't have specific stats, because I'm not involved in the staffing processes.

Mr. Sean Casey: You can opine that the hiring pool is limited without having stats to indicate whether or not it's true.

Ms. Virginia Vaillancourt: Yes, there is a limited hiring pool for recruiting bilingual professionals to complex positions within Veterans Affairs in Charlottetown. My sister Doreen Weatherbie noted

the same thing to you. The department is actively hiring outside to bring people into Charlottetown.

The Chair: Thank you.

That's the time.

Mrs. Cathay Wagantall: On a point of order, Mr. Chair, I'd like to respond to that accusation.

What I am suggesting is a change, and we need changes here. I'm not saying pull them out of your riding, Mr. Casey. I'm saying, put the jobs across the country where they're needed.

Quite honestly, your government did exactly that, pulling an entire immigration service centre out of Vermilion.

The Chair: I have to interject. That's not a point of order, but thank you.

We are now done with the second round. We have about four minutes left, by my clock. We don't really have time to start another round. If there is any desire for a 30-second question from each of you for a 30-second response, I'm willing to offer that.

I don't see any hands right now from any of you, colleagues.

Maybe one of the witnesses....

Mr. Maxwell, please.

The Clerk of the Committee (Ms. Christine Lafrance): Monsieur Desilets has his hand up.

The Chair: Okay, sorry. I'm was looking at the—

Ms. Rachel Blaney: I would be happy to take a 30-second question, Mr. Chair.

The Chair: Okay. Let's do this properly. We have about three minutes left.

We'll start with MP Desilets.

The next 30 seconds is yours, sir. Make it very brief.

[*Translation*]

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

Mr. Wagner, you said having a single system would make a difference.

Take a moment to dream, if you would, and tell us what that system would look like.

[*English*]

Mr. Chad Wagner: They just have to integrate. That's all they have to do: be integratable, be able to speak to each other. That's all we're looking for.

The Chair: Thank you.

That respects the amount of time we have, so thank you.

MP Blaney, please help us out and do the same.

Ms. Rachel Blaney: Thank you.

Ms. Vaillancourt, we know that applications have slowed down because of the pandemic. I want to ask quickly whether there is any preparation happening to deal with the influx that's coming.

Ms. Virginia Vaillancourt: Only through the temporary funding that the government has provided; that's all they're doing. They're working on hiring. Nothing else, in my opinion, has really been discussed about the influx coming in.

The Chair: Thank you.

I don't see any more of my colleagues with their hands up. I don't know whether they can tell me in the room, if that's the case.

I see Mr. Maxwell desperately wants to get in one final point here.

Mr. Scott Maxwell: If ever there's a time to get this done and move on things, it's now. The pressures of this COVID pandemic on individuals who have lost access to a lot of things and tools they have sought to use to look after and care for themselves—the downward pressure upon families—is at a level we've never seen before, certainly through what we see here every day and in the Legion, etc.

Let's get it done now.

The Chair: Thank you.

MP Lalonde was waving feverishly. Go ahead for 15 seconds.

Mrs. Marie-France Lalonde: I just want clarification from Mr. Maxwell. I asked about your 1,000 members, and I just want to clarify this for my own record.

Mr. Scott Maxwell: Sure.

Mrs. Marie-France Lalonde: Out of the 1,000 members, you said that you have 80% who are male veterans and 20% who are female veterans. Am I correct in my understanding?

Mr. Scott Maxwell: Correct.

Mrs. Marie-France Lalonde: Perfect.

The Chair: Thank you.

I see that Mr. Brassard has his hand up in the Zoom.

Go ahead, sir.

Mr. John Brassard: Mine's a point of order, Mr. Chair, if you don't mind.

• (1730)

The Chair: Please go ahead.

Mr. John Brassard: Madame Vaillancourt, I do apologize on behalf of our side for the line and tone of questioning, and I would hope that Mr. Casey would show the same indignation towards the Library of Parliament, which put a question in the briefing note today about the very subject that Madame Vaillancourt spoke about.

Second, Mr. Chair, I want to talk to you about the time. This is the second time that we've had a vote after QP. The votes are taking an excruciatingly long time to happen, which is cutting into the witness time. This is an important study, and it's the second time we've started 45 minutes late, at a minimum. In my opinion, this does not give the witnesses enough time to answer many of the questions that we have as MPs related to this important backlog.

I'm asking you, Mr. Chair, for some consideration, and the committee as well to extend the time if we do have votes, because our meetings have been set now for Mondays and Wednesdays. That's twice this week that we've had votes after QP. Typically I expect that we're going to have other votes on at least the Wednesday, based on opposition day motions that may happen and supply days that may happen on Tuesday. We need to be fair to the witnesses who are giving their time freely to us at our request on these important matters. We need to deal with the time issue, Mr. Chair. I'm asking respectfully that we extend the time so that the witnesses can give the testimony that we need to hear.

The Chair: Thank you, Mr. Brassard.

I do recognize that this timeslot puts us in a unique position in having this occur. If you recall, we had this discussion in committee business, and we actually directed the clerk to not have two panels for that exact reason. We are successfully getting through two solid rounds of questions. When we have panels of three organizations or less, we normally split it up into two one hour sessions.

I hear what you're saying. I think it is disruptive. It has to happen to somebody on committee. Some committees have to bear this in terms of timing. I don't schedule the timeslot, as you know, but we did anticipate that. As I said, we are getting through those two solid rounds, but if we have some suggestions.... We do have technical limitations to extending our meetings, but maybe you and I can chat offline and look at how to proceed moving forward.

Seeing no other hands raised, I would like to extend my appreciation and thanks to all of the witnesses and members for their work on this study.

Madam Clerk, correct me if I'm wrong, but I believe these are the last witnesses for our study on the backlog. I want to thank you for all of the work that we've done. We still have more work to do. We have the report to review and the recommendations to bring to the House, and I look forward to that.

I want to thank all of the folks who are sitting in Ottawa helping making this possible so that we can get these meetings done virtually.

Thank you very much. If there's no objection, I move to adjourn the meeting.

The meeting is adjourned.

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