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# Standing Committee on Veterans Affairs

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Chair: Mr. Emmanuel Dubourg





## Standing Committee on Veterans Affairs

Friday, March 25, 2022

• (1305)

[*Translation*]

**The Chair (Mr. Emmanuel Dubourg (Bourassa, Lib.)):** Welcome to meeting number eight of the Standing Committee on Veterans Affairs.

Pursuant to the order adopted on Tuesday, February 8, 2022, the committee is meeting with retired Colonel Nishika Jardine, the veterans ombud, to receive an update and recommendations on the issue of wait times and backlogs faced by disabled veterans in receiving the benefits that they are entitled to and deserve.

[*English*]

Today's meeting is taking place in a hybrid format pursuant to the House order of November 25, 2021. Members are attending in person in the room and remotely using the Zoom application. The proceedings will be made available via the House of Commons website, and the webcast will always show the person speaking, rather than the entirety of the committee.

Today's meeting is also taking place in a webinar format. Webinars are for public committee meetings and are available only to members, their staff and witnesses. Members enter immediately as active participants. All functionalities for active participants remain the same. Staff will be non-active participants and can, therefore, view the meeting only in a gallery view.

Before speaking, please wait until I recognize you by name. If you are on the video conference, please click on the microphone icon to unmute yourself. If you are in the room, your microphone will be controlled as normal by the proceedings and verification officer. When speaking, please speak slowly and clearly. When you are not speaking, your mike should be on mute. I would remind you that all comments by members and witnesses should be addressed through the chair.

[*Translation*]

With regard to a speaking list, the committee clerk and I will do the best we can to maintain a consolidated order of speaking for all members, whether they are participating virtually or in person.

I now wish to welcome our witnesses, retired Colonel Nishika Jardine, veterans ombud, and Duane Schippers, acting deputy veterans ombud.

Ms. Jardine, you will have the next five minutes for your opening statement, after which, the committee members will ask you questions.

Please go ahead.

**Colonel (Retired) Nishika Jardine (Veterans Ombud, Office of the Veterans Ombudsman):** Good afternoon, Mr. Chair and members of the committee.

Thank you for inviting me to speak to you about the wait times faced by veterans looking to obtain a decision on their disability benefit claim.

Today, I am pleased to be joined by Duane Schippers, deputy veterans ombud. He is no longer acting.

[*English*]

The most important task of any ombudsman is to respond to individual complaints. The primary role of the Office of the Veterans Ombudsman is to receive and attempt to resolve complaints for VAC clients when they are having difficulty with the department.

The number one complaint we receive from veterans is about their frustration with lengthy wait times for disability benefit decisions. In 2016, these represented 16% of all the complaints we received. Today, it is 21%. We are all well aware that this is a difficult situation that needs to be resolved in order for Canada to better meet its commitment to veterans.

[*Translation*]

You have received many statistics about this issue, and it is easy to get lost in discussing the number of weeks and the number of people who wait longer than others. Today, I want to draw your attention away from the numbers and onto real people—the veterans themselves. I would like to talk about the effects of these wait times.

[*English*]

VAC reports its backlog and wait times as an average of all claims that are being considered. These include first applications, reassessments and expedited claims by “red zone” veterans who are over the age of 80 or who have a life-threatening health concern.

[*Translation*]

In our view, the situation of veterans who have submitted an initial application should be considered in greater detail.

[*English*]

I would suggest that it is more important to appreciate what this wait time for decisions actually means to veterans.

[Translation]

Some veterans need a positive decision to receive health care benefits for service-related conditions, including prescription drugs, dental care, supports such as home adaptations, and prosthetics.

[English]

While some veterans may be eligible to receive treatment under the rehabilitation program while they wait, VAC does not clearly communicate this. Not all veterans will be eligible, because the claimed condition must be causing a barrier to re-establishment, which isn't always the case. Without proactive triage and clearer communications, lengthy wait times can prevent access to necessary treatments for service-related conditions.

VAC is well aware of the wait time impact on veterans who have submitted first applications. We have seen changes that mitigate this impact since we first published our report on this subject in 2018. Now, treatment benefit reimbursement is provided going back to the date of application. This is a positive step, but veterans can still experience financial hardship by having to pay up front for health care treatment and services while awaiting that decision, and then waiting for reimbursement. Worse, they may forgo treatment altogether. If you are one of the thousands still waiting, you may also be waiting for treatment.

The most recent change to the veterans health care regulations will, as of April 1, afford veterans an important bridge for up to two years of VAC-funded mental health treatment while they are waiting for the decision on their mental health disability claims. I would ask the government to go further: Provide the same bridge benefit for all disability claims, and in so doing close this immense gap in veteran health care that is triggered by release from the CAF.

Until then, I will continue to focus on the impact of wait times for decisions on first disability claim applications. The gateway to the disability benefits program is primarily through an approved disability claim.

- (1310)

[Translation]

This is an unquestionably complex issue. My goal today is simply to focus your attention on the veterans hidden behind these statistics.

[English]

No veteran should have to wait for these decisions that can have such an important impact on their health and well-being. That women and francophones still wait longer than their anglophone and male counterparts will remain a frustration until all veterans, regardless of gender or language, have equitable access to timely decisions by VAC.

[Translation]

In short, I invite you to look beyond the numbers and instead focus on the impacts these delays are having on our veterans.

[English]

I would urge you to ask VAC how many veterans are waiting for a decision on their initial application, now that you know that these

are the numbers that have the most impact on our veterans' health and well-being.

[Translation]

Your interest in this issue is very important to me as the veterans ombud and to my office.

Once again, thank you for inviting me to share my perspective.

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

[English]

I apologize to Duane Schippers. As you say, he's no longer interim. I'd like to congratulate him on his new position.

Now we'll go to questions.

I would invite the first vice-chair of the committee, Mr. Frank Caputo, to go ahead for six minutes, please.

**Mr. Frank Caputo (Kamloops—Thompson—Cariboo, CPC):** Thank you, Mr. Chair.

Before I get into my questions, I have a notice of motion that I wish to give at this time. I advised the clerk that I would be doing so. I believe he will have a copy of this motion, of which I'm giving notice in both official languages.

I'll just read it into the record in English, as follows:

That given that Juno Beach is one of the most sacred places in Canadian military history, the Standing Committee on Veterans Affairs objects to plans to develop the area immediately adjacent to the Juno Beach Centre, expresses its support for the Save Juno Beach campaign in Canada, calls on the government to provide financial support for the Juno Beach Centre Association in order to protect the integrity of Canada's primary site of Second World War commemoration overseas, and reports this motion to the House.

Thank you, Mr. Chair.

**The Chair:** You're very welcome.

**Mr. Frank Caputo:** With that, I also wish to congratulate the deputy ombud and to thank both of our witnesses for their service. It's a pleasure to have them here.

Retired Colonel Jardine, our ombud, thank you for the direct manner in which you wrote. I appreciate that you said exactly what was on your mind. Based on your recommendations—I believe there are 93, as of late—when it comes to wait times, are there two or three that stand out as being the most important to you, from what you've seen?

**Col (Ret'd) Nishika Jardine:** You're asking me which of the recommendations we've made with respect to wait times—or the top two or three—are most important to us.

The most important to me, with respect to what I've just said, is to understand who the person is who is applying for this disability benefit. In other words, perform some kind of triage as the disability claim comes in. Does this person have a family doctor? Is this person in financial difficulty? Do they have access to the public service health care plan? Are there conditions that are a barrier to their being able not only to reintegrate into civilian life, but to progress in their lives? Are they still serving?

I believe, and our office believes, that this aspect of triage of these first applications right at the outset is the most important thing to do.

• (1315)

**Mr. Frank Caputo:** Along those lines, Ombud, is there a mandatory requirement that a person who falls within the department's jurisdiction has to have a triage meeting, say, within 14 days, or 30 days?

Is there anything, to your knowledge, of that type of regulation?

**Col (Ret'd) Nishika Jardine:** I am not aware of anything along those lines.

The department could answer that question better than I can.

**Mr. Frank Caputo:** If it doesn't exist, would such a requirement assist, in your view, given what you told us as a witness in your last answer?

**Col (Ret'd) Nishika Jardine:** I believe anything that the department can do to better understand the nature of the person making the claim and their circumstances will go a long way to providing the support that our veterans need.

**Mr. Frank Caputo:** Obviously, there is an issue with overlap.

What I'm envisioning is something along the lines of... Within 15 days of an application—or something along those lines, maybe three weeks—there's a mandatory interview done by somebody who does intake, in order to assess the applicant's mental health. This would be their mental health in terms of whether they need something right away, their financial viability, who they are as a human being and whether they have any special needs based on their personal circumstances. We heard a lot about that in our last meeting.

What would you think about that?

**Col (Ret'd) Nishika Jardine:** Right off the top of my head, it would be anything that helps the department understand the person behind the claim. I would leave it to the department to determine the best processes for doing that.

Again, my number one concern in this whole issue of disability claims is the impact that the waiting [*Technical difficulty—Editor*] do not have easy access or the wherewithal to get the treatment they need.

**Mr. Frank Caputo:** Have we gotten into a period where we are treating too many veterans as statistics and numbers, rather than seeing people as individuals who require individualized care?

**Col (Ret'd) Nishika Jardine:** I will agree that it is the thing that disturbs me the most, and it is the reason for my comments today. We can get lost in the statistics, the numbers—how many weeks,

how long—and the backlog. It is why today I chose to make my comments to you about the impact of these disability claim decisions on the people who are making the claims.

**Mr. Frank Caputo:** I thank you for raising the human nature of the fact that these are all veterans who have unique circumstances, who come to us from different backgrounds and who have different issues.

I believe my time is up.

Thank you very much for highlighting that.

**The Chair:** Thank you so much, Mr. Caputo.

Thank you, Madame Jardine.

Let's now go to MP Darrell Samson for six minutes, please.

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

Thank you for your presentation and thank you both for the work you do. It's much appreciated. I know you're the voice of veterans who are reaching up to ask questions or to complain. It's extremely important that we keep those lines of communication very strong.

In your presentation and in some of the follow-up questions from Mr. Caputo—and I noticed in reading and listening to you—you're taking that personal approach. That's quite interesting. It's a different approach maybe and one that we need to consider for sure.

I would just like your opinion quickly, because I'm always scared that for a first-time applicant, for example, this is going to cause a longer wait time than what we have now. If, for example, we take Mr. Caputo's proposal and reach out every 14 days or within 14, 15, 20, or 30 days—and you mentioned in your presentation as well that we should try to reach out to individuals to know more about them—I'm a little scared that could increase the process and then increase the wait time.

Maybe there's a better way of doing that. Maybe the way is through their My VAC account, where they can indicate with just a quick note that says “I am a first-time applicant”, or “this is my impact”, or “I am seriously ill”. I don't know. I just want your opinion quickly on that piece.

• (1320)

**Col (Ret'd) Nishika Jardine:** Absolutely, it's a very good question on the face of it. We have not done a study of this, and I need to preface my remarks that way and to make it really clear that it is not my role to speak about the processes that the department may or may not choose to implement after its study. However, on the face of it, I think having a couple of extra questions in the application form to perhaps clarify those questions and the process around that would also be concerning to me. It seems to me that the number of additional questions one could include in the application to help [*Technical difficulty—Editor*] should not make it that much more difficult, but again I want to say that it's important.

**Mr. Darrell Samson:** I thank you for that. I just wanted to clarify that. We have to be careful of that. There are strategies to do it, and I think we're zeroing in on the need for it, so I thank you for that.

In your report card that was submitted in 2021, you gave a progress summary of the recommendations. It's about 70%, I noticed, across the board, if we take an average. That's not as good as 90%, one understands, but it's better than 50%. We're increasing that every year and then it's hard to catch up anyway. I guess 70% looks like the average. Of the recommendations that VAC in the last few years has implemented, which one was the most positive, in your opinion? What were the top two, from which you feel we've seen some really good progress that was extremely important?

**Col (Ret'd) Nishika Jardine:** The most important ones to me—and remember that I've been in the job for just over a year—are the two reports that we published during my tenure on mental health support for families and peer support for survivors of military sexual trauma. I know there has been progress on the peer support for military sexual trauma. My office and I are very encouraged by the work that is being done on this extremely important support, which needs to be provided [*Technical difficulty—Editor*] to veterans who have undergone or have survived, I should say, a military sexual trauma. That, in my view, personally speaking, has been the most important thing so far during my tenure.

**Mr. Darrell Samson:** I thank you for that.

Do I have more time? If I do, my question will be which one VAC has not started up or implemented yet that you would strongly recommend be the number one or two?

**Col (Ret'd) Nishika Jardine:** I would again go back to the first report that we published during my tenure, and that is on the mental health supports for families. As I said when I first appeared before you a year ago, when a member serves, their family also serves. Support for anyone who has a service-related mental health condition goes to supporting that family and to supporting that member. To me, drawing a line between the member and their family is creating an artificial separation that, I think, is harmful. That's where I would very much like to see progress.

**Mr. Darrell Samson:** I appreciate that opinion. Thank you.

• (1325)

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

[*Translation*]

Next we have Mr. Desilets, the second vice-chair of the committee.

Mr. Desilets, you have six minutes. Go ahead.

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

Ms. Jardine, thank you for being here. Your French is impeccable. How wonderful.

I completely agree with you about the human toll in all this. It's something we absolutely must keep in mind, but obviously, it goes hand in hand with the wait times. The longer the wait times, the more people who suffer and do not receive the services they are entitled to.

In 2018, your office found significant differences—unreasonable, in fact—in the processing times for anglophone disability benefit applicants versus francophone applicants. You also identified

differences in the processing times for women versus men applicants. Until about three or four weeks ago, we were under the impression that those differences had shrunk, but last week, we learned that wasn't quite true, much to our surprise.

The Library of Parliament analysts painted an entirely different picture of the situation, and it's alarming. The average difference in processing time between francophone and anglophone applications was 18 weeks, whereas the median difference was 56 weeks. Those numbers are unacceptable.

We've had a chance to discuss it at length. This morning, I was able to raise the issue in the House and ask questions about it.

Does the fact that we can't manage to get real figures come down to a lack of transparency or consistency, or an administrative issue? I'm referring to the figures that would allow for a comparison over time, of course.

That is my question, Ms. Jardine.

**Col (Ret'd) Nishika Jardine:** Thank you for your question. I'll try to answer in French.

[*English*]

Actually, I'm going to speak in English, because I have the translation in my ear.

As I said in my statement, I think we can get very much lost in the statistics. Were the numbers over this past year or over the past four years? Are we talking about averages, or are we talking about medians?

The bottom line, Mr. Chair, is that at the moment we cannot say that there are equitable wait times for all the demographics of all the veterans, whether they're male, female, anglophone, francophone or LGBTQ. There are so many ways to look at these numbers.

I would like to ask the department what the number is of first applications where veterans are waiting for a positive decision that will allow them access to the delivery of health care treatment. To me, that is the most important thing.

I understand there are differences in these gaps. In my view, no veteran, regardless of gender, orientation or the language they speak, should have to wait one minute longer than any other veteran. They should not wait at all. Their claims should be treated in the shortest amount of time possible. There should be a very clear understanding of which veterans need a decision faster than other veterans.

A veteran who has a full pension, has access to the public service health care plan and who has secured a second job after they have left the Canadian Forces may not need that decision as quickly as the veteran who does not have a pension, cannot qualify for public service health care or doesn't have access to the rehabilitation program, but was broken by the CAF and has walked out the door with their little baggie of three months' worth of medications for a condition that is related to their service. They have to wait.

I would ask, where did 16 weeks come from? They get their medications for three months, but the service standard is 16 weeks.

I hope I have answered your question, Monsieur Desilets. Thank you.

• (1330)

[*Translation*]

**Mr. Luc Desilets:** I understand, but here's where I disagree with you, Ms. Jardine. The wait times do matter because they have a huge impact. The government has just spent close to \$200 million on trying to close the gap, but without relevant and credible statistics, what is there to justify such an investment?

It has to be based on something if the money is to be spent where it's needed.

Do you agree with me?

**Col (Ret'd) Nishika Jardine:** Thank you for your question.

[*English*]

I absolutely agree. I believe that we should be asking for that data and perhaps asking for it to be given in a disaggregated form so that we can see much more clearly all the demographics of veterans who are affected by these wait times. I absolutely concur that the investments must be able to show progress, and we, in our office, are also looking to see that progress.

**The Chair:** Thank you so much, Madame Jardine.

Right now, Ms. Rachel Blaney would like to ask you more questions.

Ms. Blaney, the floor is yours for six minutes. Please go ahead.

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

Of course, as always, I would like to extend my thanks to the ombudsperson for the work her office does. It's incredibly important and of course, Colonel Jardine, through the chair, it's always good to have a chat with you.

One of the things that really stuck out to me from your comments today was the reality that when people are waiting for their disability claim to be processed, they're often not able to afford the cost of the treatment, which means, sadly, they forgo it. I also look at the statement in which you talked about how women are often waiting considerably longer. We've heard from female veterans that their experience is unique because often what they're being assessed for is through a male-body lens. This limits the understanding of the experiences they're having, and at times they're even denied the supports that they rightfully are due because of that.

I'm just wondering if you have done, or plan to do, any work on understanding this specific issue better, and how we can help women who have served our country be served more comprehensively as veterans.

**Col (Ret'd) Nishika Jardine:** As a matter of fact, we will be publishing a report shortly on an investigation we did on the adjudication of sexual dysfunction, because we suspected that there was a sex-based bias in the manner in which the department was adjudicating these claims. It's sexual dysfunction as a condition or as a [*Technical difficulty—Editor*] or a psychological treatment.

I don't want to get too much into the report, but our investigation found that there is a sex-based bias in the manner in which these adjudication decisions are taken. We look forward to publishing that very soon and hopefully having more conversations about that.

**Ms. Rachel Blaney:** Thank you, through the chair, for that important work, and I look forward to that report. I know we've heard from a lot of persons identifying as women veterans about their experiences, and there are definitely some significant gaps there.

I'm wondering if your office has ever received any calls from women veterans regarding mental health supports during pregnancy? We've heard a few in our office and I would just like to hear from the ombudsperson's office.

• (1335)

**Col (Ret'd) Nishika Jardine:** I have not had any cases brought to me directly, so I'm not aware of any myself, but my deputy ombudsperson may be able to provide more information, so I'll invite Duane to offer his perspective.

**Mr. Duane Schippers (Acting Deputy Veterans Ombud, Office of the Veterans Ombudsman):** Thank you.

We actually don't have those kinds of detailed numbers, Ms. Blaney, at least not available to us at that segmented level of detail. What I can say is that in 2021-22 we received five complaints regarding family members' access to mental health, and those dated to post the government's changes to the mental health policy.

We're still looking at family members trying to receive mental health treatment in their own right. One of those cases was an ex-spouse trying to get mental health coverage for herself and the children as a result. Again, if you need access through the veteran, once marriage breakdown occurs, that's very difficult to obtain.

**Ms. Rachel Blaney:** It's sad to hear, then. It's sad to hear that the children also suffer, when I'm pretty sure they remain the children of the veteran.

I have a follow-up question on the in-home support. I understand there's going to be a follow-up investigation of that. I'm wondering if the committee could hear a bit more about what's going to happen in that investigation and if there's something particular that you're looking for.

**Col (Ret'd) Nishika Jardine:** I believe you're referring to the caregiver investigation—or caregiver supports—that we are looking to do. The definition of “caregiver” is fairly narrow at the moment, and we believe that this may be unfair. There are so many more types of care and people who give this care that the caregiver recognition needs to be expanded.

Perhaps I could ask Duane to offer a bit more, as he is a former director of the strategic review and analysis.

**Mr. Duane Schippers:** Thank you.

Ms. Blaney, on what we're doing right now, we decided to look at the caregiver recognition benefit in the context of all other care-at-home supports that VAC offers. We're doing a comparison and trying to identify any gaps in the services that are available to keep veterans in their homes. We couldn't look at just the caregiver recognition benefit.

One of our concerns is that as it's entitled "caregiver recognition", clarity is needed about whether caregiver recognition is really compensating the caregiver, or whether the government is benefitting from unpaid caregivers.

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

That's the end of the first round of questions. Let's start the second round with Ms. Cathay Wagantall for five minutes, please.

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

Thank you, Colonel Jardine and staff, for being here again today. It means so much to have these conversations with you. I certainly appreciate the approach you're taking in your office.

I'd like to hear a little more on the mental health aspect. We've seen little or no movement from the government on ensuring that mental health care for families of veterans can be accessed in their own right, regardless of the treatment the veteran is receiving. I know this is important to you. It was a major recommendation from this committee not that long ago.

Can you speak to the importance of the good mental health of the veteran's family members, how that actually impacts and what it means for the veteran's recovery process? Obviously, the veteran is in a bad space and the family suffers, but then the veteran sees his family suffering and that just complicates the situation. It's a cyclical issue. I'd like to hear your perspective on that from the work you've done.

**Col (Ret'd) Nishika Jardine:** Again, our report last year identified this exact issue and actually went a step further. The department acknowledges that the family's mental health as it affects the veteran's mental health is important, and where the family's mental health is affecting the veteran, the family members can receive VAC-funded mental health treatment. I think that recognition is very well understood, and the benefit acknowledges that.

The gap is when those family members are suffering mental health issues in their own right. I shared a couple of stories with you the last time. I don't want to go into details, but if a child is having difficulty, the family may be receiving treatment together with the veteran. However, the child might need help on their own, and that's where the gap is. If the veteran has chosen not to pursue mental health treatment or the family is separated, so that the spouse is now an ex-spouse, how do the children then get access to mental health treatment when what is affecting the children may have directly come from the fact that they are children of a member who served? That's where the gap is.

• (1340)

**Mrs. Cathay Wagantall:** Their needs haven't changed; the circumstances have changed.

**Col (Ret'd) Nishika Jardine:** Yes, exactly.

**Mrs. Cathay Wagantall:** Thank you so much for that.

We have consistently advocated for veterans to be connected to Veterans Affairs Canada before they leave CAF. This is something that came up at the very beginning of this government, this seamless transition and how important it is for these individuals who are being medically released to have their initial needs determined and processed in place, so that those needs are met before the individuals are medically released. That was part of that seamless transition piece.

Can you speak to how this would help the workers at VAC and improve services for both the workers at Veterans Affairs and the individual veterans by having these initial applications processed before they leave with that little bag you mentioned of three months' worth of medications?

**Col (Ret'd) Nishika Jardine:** The transition piece, because it is under the auspices of the Canadian Armed Forces, is outside of my mandate. However, as a veteran and a person who went through that process, I can tell you that I'm encouraged by what I have heard, that the Canadian Armed Forces and the department are working together to close that gap. I can't speak to what they're doing. All I can tell you is that I have heard that they are working together, and I'm encouraged by that. We look forward to hearing what solutions they look to put in place.

**Mrs. Cathay Wagantall:** Right. I know there's been a test case or a study going on of doing this, but again, as you mentioned, it's been a long time, and it's kind of fallen off the radar. I was just wondering if you were aware at all of any changes there.

In regard to the caregiver recognition benefit and its narrow application, is easier access to compensation available only to caregivers of the most seriously injured veterans? Can you speak to what effect it would have on veterans' quality of life if that access were opened up, and whether it could lessen the load on Veterans Affairs, like the long- and short-term benefits and the impact of that care at home? As you mentioned, in some ways it's off-loading some of the responsibilities of VAC, but I don't feel that the recognition is there.

**The Chair:** Ms. Wagantall, I'm sorry to cut you off, but your time is over. It was only five minutes, so maybe on the next round you will be able to ask your question again.

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

**The Chair:** You're very welcome.

Now I'd like to go to Sean Casey for five minutes, please.

I'm going to ask the clerk if he's in the room.

• (1345)

**The Clerk of the Committee (Mr. Cédric Taquet):** Mr. Chair, if you want, we can suspend for one minute or 30 seconds to let Mr. Casey connect to the meeting.



**The Chair:** Okay, perfect. The meeting is suspended for one minute. Thank you.

• (1345)

(Pause)

• (1345)

[*Translation*]

**The Chair:** We are resuming, and it is now Mr. Casey's turn.

You have five minutes to ask the witnesses your questions, Mr. Casey. Go ahead.

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

[*English*]

Technology's great when it works, and sometimes the old stuff works better than the new, so here we are.

Ms. Jardine, thank you very much for being with us. I trust you're settling in to your new role.

One of the things you asked us to do in your opening remarks—and, I think, once since—was to ask the department for information with respect to those waiting for a decision on their initial applications, to get a look at those numbers.

Indeed, it isn't a problem for the committee to do that, and I take your point that we should be interested in that, but if this is something that merits remarks in your opening statement and is something you've reinforced, I question why you haven't done so. I had a look at your mandate. It appears that it would be within your mandate to review existing and systemic issues.

Number one, I would ask why you haven't asked the department for these numbers, to enable you to dive deeper into it. Two, could you comment generally on the level of co-operation and the level of information flow that you have with the department? I wonder whether this could be indicative of a bigger problem.

• (1350)

**Col (Ret'd) Nishika Jardine:** Let me take the second part first. Since I have taken up this role—and thank you—I have found that the working relationship that I have with the department and that my staff have with the department is for the most part collegial and mutually respectful.

We do ask for data. At times, the department simply can't give us that data because they don't collect that data. A consistent theme in the recommendations that we make is that the department look to collect disaggregated data so that it can find out as much as possible about the diverse populations it serves.

For example, in this report that we have upcoming, one of the key findings was that there was insufficient data for us to even make any findings. We're unable to tell you how bad the problem is or how far it extends, because the data is simply not available. Our understanding is that the department doesn't collect that data. I would ask the committee to refer the question of why that is or what can be done to the department.

With respect to the number of initial applications and who is waiting for treatment, again it's a question of data. I'll ask my col-

league, Duane, who probably has a much greater understanding of how we ask for data, to provide a bit more background on that.

**Mr. Duane Schippers:** Mr. Casey, we absolutely receive data on turnaround times, and specifically on the question of first applications. [*Technical difficulty—Editor*] depending on who you ask. The department reported certain data to this committee and used a different method of calculation from the one we use. It's important that the committee be able to compare apples to apples and oranges to oranges when looking at the data.

We look at first applications. The department looks at all applications. That includes second applications, which are typically much faster, and “red-zone” applications, which are fast-tracked right from the start because the veteran might be over the age of 80 or might be so seriously injured that it's obvious that assistance is needed rapidly. We do have those data. It gets even more complicated if you look at, for example, average wait times compared to median wait times.

The point we're trying to make is that there's no doubt that francophones wait longer than anglophones and women wait longer than men, and if you're a francophone woman, you wait longer than everyone else. That hasn't changed, but the gap is narrowing.

VAC is looking at data month to month. We look at it year to year, so we'll be looking at it again this year, comparing the year ended March 31 to last year's wait time. We get a full year's worth of data, and we can see the improvement year over year, to the extent that there is improvement. We know there have been a number of initiatives, but we need to look at the actual numbers to see what that means.

**Mr. Sean Casey:** Thank you.

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

[*Translation*]

The next two members will have two and a half minutes of speaking time each, starting with Mr. Desilets.

Over to you, Mr. Desilets, for two and a half minutes.

**Mr. Luc Desilets:** Mr. Schippers, I appreciate the information you've provided.

Once again, I'm a bit shocked to hear you say that the department doesn't collect those data. Are we to understand that, at the very least, it reviews and analyzes the data available at the library?

**Mr. Duane Schippers:** Is the question for me?

**Mr. Luc Desilets:** Yes.

[*English*]

**Mr. Duane Schippers:** They collect the data.

• (1355)

[Translation]

Certainly, the electronic data exist, but here's the question:

[English]

What are you comparing it to? The data is different, depending on what factors are involved. What Colonel Jardine was talking about in terms of not collecting data is if they collect data for men, women, francophones and anglophones, where there's a gap would be for data on indigenous veterans. Do indigenous veterans wait longer than others or not? Does it matter where you live, if you're in a more remote location versus an urban centre? It's those kinds of additional factors. Does it matter if you're LGBTQ? Do you wait longer than someone who isn't? That data isn't collected, so you can't compare it. That's the data that's missing, but the basic data on language and gender is collected and we do have that.

The big issue is whether we are comparing things in the same way. If you add in all applications versus only first applications, you're going to have some different answers as to the progress that's being made.

[Translation]

**Mr. Luc Desilets:** I understand that, but it doesn't strike me as that complex of an exercise. I know you've asked for the data previously, but wouldn't it be possible to get a table twice a year that showed how many applications were outstanding, how many were first, second and third applications, and what the average and median wait times were? That would make it possible to track the situation over time.

We have indeed received data. We even met with department officials three weeks ago, but I feel as though I was taken for a ride.

Mr. Schippers, why isn't this done?

**Mr. Duane Schippers:** I don't have a good answer for you, Mr. Desilets.

It's actually the department's responsibility to provide the committee or the public with the information, if I'm not mistaken. What our office does is provide an update in our annual report

**Mr. Luc Desilets:** I understand exactly what you're saying, Mr. Schippers.

Since I'm just about out of time, could you—

**The Chair:** Unfortunately, Mr. Desilets, your two and a half minutes is up. I have to stop you there.

**Mr. Luc Desilets:** The chair has cut me off.

**The Chair:** I do want to take a moment to let the committee know that I signed the letter that was sent to the department to get clarity on the very data we are talking about.

We now go to Ms. Blaney for two and a half minutes.

[English]

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

Speaking of data, we heard from multiple witnesses earlier this week. We heard from the LGBT community that on none of the forms were they asked that question. People who are willing and

happy to identify don't even have the opportunity to identify, which means we don't have that data. This is very concerning.

My next question is around the caregivers. We know that so many of them are doing a lot of the work. What I heard in the last response was really important; that is, that the government is benefiting from the free labour of the caregivers.

We could explore that a bit more, because we know that the eligibility criteria are very narrow. They don't look at the key things. You said right here in your report that caregivers are taking on the veteran's share of the child care, elder care, cooking, shopping, laundry, baking, appointments, and providing all that psychological support, and that those things just don't qualify.

Could you talk about the impact this has on the family and on the veteran?

**Col (Ret'd) Nishika Jardine:** I think an example may help to clarify this or to give you a better understanding.

The caregiver recognition benefit is for the caregivers of veterans who are the most seriously injured. What about the veteran who can use a spoon and a fork to feed themselves—which is one of the activities of daily living—but cannot go out of the house to go and buy the groceries? That falls upon their family members or whoever is providing care for them.

How do we define “family”? How do we define who is a caregiver? We feel there may be a great deal of unfairness here, and it will be the focus of one of our upcoming investigations.

I hope to be able to report more fulsomely at that time.

• (1400)

**Ms. Rachel Blaney:** I find this really compelling, because I remember, in our study on caregivers in the last Parliament, talking about how families were dealing with huge psychological trauma that most trauma experts would struggle with, yet the families were left carrying that. There is no support for that. Loved ones often can't even work outside of the home, because they have all the work inside the home.

I hope that study looks at that as well.

Thank you for your work.

**The Chair:** Thank you so much, Ms. Blaney.

Now let's go over to Ms. Anna Roberts.

The floor is yours for five minutes.

**Mrs. Anna Roberts (King—Vaughan, CPC):** Thank you, Mr. Chair.

First of all, thank you very much for your service.

I received a call from a constituent outside of my riding who has tried on numerous occasions to get through, calling my staff and explaining his story over and over again. The trauma that it puts on our veterans to go through that process, I think, is unacceptable. There's another thing that we're missing out here, which is that my staff get emotionally involved with these individuals.

We heard from witnesses earlier this week that they would not recommend that anyone join the forces. I think that's a poor example of how we are dealing with situations.

Do you not agree that the collection of data will assist the department in improving areas that could speed up the care of our veterans? This would identify the areas of weakness so that we could work on improving the efficiency of service. Let's be honest, without the data, how can we identify areas that need assistance?

I think it's an important part. Do you feel that way?

**Col (Ret'd) Nishika Jardine:** I do, very much. In fact, I would strongly encourage the committee to ask the department exactly those questions. Ask the department to tell you how many veterans are waiting for decisions on their first applications. How many of those veterans don't have easy access to health care? How many of those veterans are in financial hardship? How many applicants are still serving?

When you are still serving in the CAF you have access to an outstanding health care system that's provided by the Canadian Armed Forces. Are those [*Technical difficulty—Editor*] so they're not being addressed prior to the veteran who has in fact been released from the CAF and does not have access to these supports? I would absolutely encourage this.

That is exactly my message: Please ask the department for more granularity in the information it provides to you, so that you can focus your attention where it is really [*Technical difficulty—Editor*] issue.

**Mrs. Anna Roberts:** I have a constituent whose son is going to be joining the military to do his medical training through there, because he feels that it is important to understand the effects that it has on our veterans. Let's be honest, unless you walk the path, you don't understand what the individual's going through, and I think it's very important to see that.

Would you say this is an important avenue that we could tackle to ensure that we get the right, proper, medically trained doctors, nurses and home care individuals? Would that benefit our veterans in your opinion?

**Col (Ret'd) Nishika Jardine:** That's a complex question, Mr. Chair.

The way the department resources its medical and expert staff is certainly something that is outside of my mandate to respond to.

I will agree, of course, that having served in the Canadian Armed Forces, or even the RCMP, gives you that perspective that you can get only by having worn those combat or RCMP boots.

**Mrs. Anna Roberts:** I would like to suggest that maybe we look at and take some of this information and, if we can get that data, bring it to the table so that we can ensure that our veterans are not being left behind. I've heard in these past couple of weeks that

sometimes they're so desperate that in the end, suicide is the only way to get out. I really don't think that we're doing our veterans justice. That's something we need to look at, and I appreciate your honesty and your time. I would definitely look at that.

• (1405)

**Col (Ret'd) Nishika Jardine:** Thank you.

**The Chair:** Thank you so much, Ms. Roberts.

Now we go to Wilson Miao for five minutes, please.

**Mr. Wilson Miao (Richmond Centre, Lib.):** Thank you, Mr. Chair, and thank you to both witnesses for joining us today and for the service your office has been providing to our veterans.

Last month, on the 23rd, our government announced an investment of \$139.6 million to extend staff who are working on the backlog by an additional two years. What effect have you seen this having on the backlog so far, and what more needs to be done? What should VAC be focusing on in the coming months?

**Col (Ret'd) Nishika Jardine:** We are, of course, encouraged by everything and anything that goes to helping the department have the resources it needs to address not only the backlog but the processes by which decisions are made, by all the tools they use to make those decisions and all the supports and programs they provide to ensure that gender-based analysis is done on policies prior to their being put into place.

We remain very much encouraged by what we see. However, there are the gaps in wait times between males and females and anglophones and francophones, and we don't even know what the impacts are on rural and urban or indigenous and non-indigenous. There are so many other demographic factors that we are uncertain of and can't see the answers to. All I can say is that we remain encouraged and we hope to see that these things continue to improve and that the gaps continue to lessen.

**Mr. Wilson Miao:** Apart from the analytics that we should be getting the data from, what does VAC need to focus on in the long term, rather than the short term? These numbers will continue to build up. Are you hearing of more issues arising in recent months from veterans?

**Col (Ret'd) Nishika Jardine:** The number one role of the ombud's office is to receive and respond to complaints from individual veterans. We continue to receive those complaints every single day. Where we see that there is a systemic issue, when we see complaints that come in that are similar or that have similar aspects, that will trigger for us a systemic investigation.

All I can do, Mr. Chair, is to shine a light where we see, perceive or find gaps and barriers to equitable access to the programs and benefits that the department provides.

We receive briefings from the department on how it's doing its work and, again, we remain encouraged by what we hear. We know that there is still a lot more work to do, and we will continue to remain alert for systemic gaps and do our best to bring those to the attention, not only of the department, but to Canadians and our veteran population.

**Mr. Wilson Miao:** Do you see other issues that your office will be wanting to explore in the coming months to address these?

**Col (Ret'd) Nishika Jardine:** Yes. Absolutely. We have a list of investigations that are ongoing and investigations that we expect to conduct over the next period of time.

**Mr. Wilson Miao:** Thank you very much for that.

Thank you, Mr. Chair. I'm finished with my questions.

**The Chair:** Thank you so much, Mr. Miao.

Right now, I'm pretty sure that MP Fraser Tolmie would like to ask you some questions as well, Colonel Jardine.

Mr. Tolmie, go ahead, please.

**Mr. Fraser Tolmie (Moose Jaw—Lake Centre—Lanigan, CPC):** Thank you, Colonel Jardine, for your service. Thank you for joining us today.

Mr. Schippers, congratulations on your new position.

I'd like to address a couple of things that were said earlier on. I felt that earlier in the questioning, we were failing to recognize that the ombud report is an independent report. You're actually providing a report card concerning how well Veterans Affairs is performing.

I felt that there were maybe some comments made earlier on that suggested you were there to direct Veterans Affairs, when actually you're there highlighting some of the issues. I know you could expand on that relationship a bit.

Could you please expand, then, on your relationship with Veterans Affairs, on some of the recommendations you bring forward, and on how well they respond to those?

• (1410)

**Col (Ret'd) Nishika Jardine:** It is certainly a challenge for me. I think one of the most important things for me to do is to help people understand what an ombud's office does. We walk an extremely narrow lane. All I can do is [*Technical difficulty—Editor*] on where I see unfairness or inequity. That is all we can do.

I offer my recommendations. We do our very best, our utmost, to ensure that the recommendations we make to the department are realistic and achievable. We understand that in some cases they require legislative change, which is, as you know, over to the government. We know that sometimes we need to make those recommendations. We make them thoughtfully and carefully.

Since I've arrived, whenever I submit a report, I ask explicitly for the minister to respond to my recommendations: Do you agree? That is all I can do. I look to others to reinforce these recommendations or to take the necessary steps to put them in place.

Again, this is my role. It's a very narrow role. It is a fantastic job. I enjoy it thoroughly. It is so rewarding to be able to point out, "Here's a problem, and here's how we suggest that it can be fixed." When those recommendations are taken up and implemented, it is an extremely rewarding [*Technical difficulty—Editor*].

**Mr. Fraser Tolmie:** Thank you for that answer. I just wanted to make sure this committee understood that we're not here to portion the blame on the report you've produced, which is a very good report, and that your job there is not to direct Veterans Affairs. Your job is to bring this report card to us and highlight the issues. Our job is to face the challenges, bring some of these recommendations forward and make sure they are priorities not only within our budget but also within our mandate.

Clearly, one thing that screams out to me in your report is that money doesn't solve the problem. We should be focusing on the clients more, and obviously building personal relationships, which comes down to customer service. Would you agree with that?

**Col (Ret'd) Nishika Jardine:** I absolutely would.

**Mr. Fraser Tolmie:** Thank you.

I want to circle back to a comment made earlier on by my colleague Mr. Caputo. Your office first recommended triaging veterans back in 2018, almost four years ago. Are you aware of any progress in terms of Veterans Affairs—not the ombudsman but Veterans Affairs, as I've clearly pointed out—implementing a process to deal with that?

**Col (Ret'd) Nishika Jardine:** I need to refer to my notes on this. I'll probably ask Mr. Schippers to jump in and help me with this, as it was before my time.

We did indeed make this recommendation to triage applications. I must acknowledge it has been partly implemented by the department. The department triages the applications of veterans who are 80 and over, or who self-identify as having a life-threatening condition. However, what is missing is the proactive triage I spoke about earlier.

How can the department find out more about the applicant that would help it to determine whether the application should go to the front of the line or wait until other more important or pressing applications are considered?

Perhaps I would ask Mr. Schippers if he can add...or not.

• (1415)

**The Chair:** No. I'm sorry, Colonel Jardine.

**Mr. Fraser Tolmie:** I think we're getting the red card.

**The Chair:** Yes, exactly.

We'll go to Mr. Rogers, for five minutes.

**Mr. Churence Rogers (Bonavista—Burin—Trinity, Lib.):** Thank you, Chair, and welcome to our guest. It's great to hear your perspective on many of these issues.

I would like to focus along the lines of what might be potential solutions to all the problems that have been identified. As you said, Colonel Jardine, let's not get lost in the numbers. I'm looking for maybe some suggestions or solutions you might be able to propose to improve the system.

I'll ask you this first question. Do you believe that VAC has the tools to address issues relating to the backlog and inequality with the resources it currently has, or do you foresee it needing to modernize, further streamline, or even look for ideas outside of the box, or from other jurisdictions, that are not being used currently to address some of these issues now and into the future?

**Col (Ret'd) Nishika Jardine:** It's not my role or mandate to tell the department or to offer to the department how it should do its very important work. Where we see gaps, we will do a systemic investigation, which we advise the department we are doing. We keep the department fully engaged. As we work through our research and collection of data, we work with the department to confirm that the findings we've made are indeed valid. Again, we do our best to make the best recommendations.

That is the extent to which I can answer your question. We are, again, always alert to where we see gaps. All I can do is point to the gap [*Technical difficulty—Editor*]. That is the extent of my mandate.

**Mr. Churence Rogers:** I appreciate your role and mandate. I'm just looking for any suggestions or solutions that might resolve some of these issues.

I recently met with the ombudsman for National Defence, Mr. Gregory Lick, to hear all of the services that are offered. Throughout the meeting, he frequently spoke about how much both of your offices collaborate and work together to address issues for both veterans and those in active service.

Can you elaborate on this relationship and, specifically, on how you address concerns together on particular issues of inequality and backlog?

**Col (Ret'd) Nishika Jardine:** A veteran, of course, is a person who yesterday served in the Canadian Forces or served in the RCMP. That person has not changed by having simply been released from the Canadian Forces. The needs that person had yesterday are the same needs that person has today, and in fact, they are even greater today.

I'll invite Mr. Schippers to speak to how, at the staff level, those offices may collaborate more. With the pandemic, I have not had a chance to travel or to meet very often with Mr. Lick. We share concerns around the transition piece. That's probably where I'll leave it.

I'll ask Mr. Schippers if he can offer anything at the staff level about how the collaboration works.

**Mr. Duane Schippers:** Mr. Rogers, in response to your question, we have collaborated on that transition piece with the DND ombudsman. We also work with DND on approaches. We've talked to them about potentially doing outreach events together on bases where those opportunities arise.

There are other things that link into the VAC determination. For example, if medical doctors at CAF were able and willing to make

a determination of a service-related illness, that would transfer over into the VAC side of events. That is more in the DND/CAF ombudsman's bailiwick, but from our perspective something like that would have an impact on the veteran population. Those are just a couple of examples.

• (1420)

**Mr. Churence Rogers:** Thank you very much.

Mr. Chair, am I done?

**The Chair:** Yes, you're done. I'm sorry.

Right now, we're going to have two quick rounds of questions from our colleague Luc Desilets, followed by Rachel Blaney.

[*Translation*]

Mr. Desilets, you have two and a half minutes for your questions. Go ahead.

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

Ms. Jardine, I'm glad that you have the exact same concerns we do about the numbers and what they mean. That is the information that will truly reflect the suffering of veterans. We can never lose sight of that. That brings me back to what you said at the beginning of your opening statement: look at the man, the woman, the person behind the veteran and understand what they are going through. The figures may also help dispel the cynicism people have about the system.

I do want to tell you, however, that three weeks ago, the department gave us data that did not at all match what we received from the Library of Parliament. I agree that the department should be made to collect more detailed data, disaggregated data, but that will require establishing some criteria. I am wholly in favour of collecting more detailed data that could be analyzed using the same methodology year after year.

Is there something we should add to our report in that regard, Ms. Jardine?

[*English*]

**Col (Ret'd) Nishika Jardine:** Yes, Mr. Chair. Again, I would strongly encourage the committee to ask precise questions and ask for much more detail, as I have stated a couple of times already. Ask who we are looking at. Ask who these veterans are. Ask what their circumstance is. Then, I believe the committee could focus in on those veterans who are the most in distress and who need the department's help the most.

Quite simply, that is my perspective on this issue. I am really focused on those people, those veterans who do not have access to the health care treatment they need.

[Translation]

**Mr. Luc Desilets:** I think the report should take something else into account. You talked about veterans who had submitted their first application. You brought that to our attention, and I think it's an important point. The suffering of a veteran returning from combat is not the same as the suffering of another veteran. Applications should be processed according to predetermined priorities. I really appreciated learning about that, and I think it needs to be reflected in our recommendations and in progress summary tables that we can track over time.

I think I still have five minutes, Mr. Chair.

**Voices:** Oh, oh!

**The Chair:** Thank you, Mr. Desilets. You definitely saw the red card.

[English]

Right now, I would like to invite MP Rachel Blaney for two and a half minutes, please.

**Ms. Rachel Blaney:** Thank you, Chair. I guess it is a testament to how much we enjoy the presence of these particular witnesses and the great work they are doing that everybody would like more time with them.

Reflecting on what we have heard today, I just want to thank this office for its work and for how committed it is to just having a space for reviewing justice for veterans, as well as for the fact that it is nonpartisan, that it is not a branch of the government. I really appreciate what Mr. Tolmie said and apologize for some of the tone I have heard here today.

I have a question specifically on the office's report from June 2021 on the VAC-funded peer support for veterans who have experienced military trauma. I am just wondering if there's any update that could be provided to this committee. Could you let us know how things are going? This issue continues to be a considerable concern for many of us, and we want to see action. I am curious whether there's any update you could share.

• (1425)

**Col (Ret'd) Nishika Jardine:** I am sorry. I did not think to ask for an update from the department on the progress they are making in setting up the peer support. However, I know that at the moment we published our report, progress was under way. They have a joint working group between Veterans Affairs and the Canadian Armed Forces. To me, that is very encouraging.

I've heard from.... It's not just 700 who are...I won't say satisfied, but encouraged by what they are hearing and what they are seeing in terms of progress.

What I can do is ask our office for an update from our perspective and ensure that you receive that as quickly as possible.

**Ms. Rachel Blaney:** I would really appreciate that.

I have a few seconds left.

What I hear again and again from this...and when I look at the status update and the report card, it seems to me that the gender-based analysis—you mentioned in some of the reporting that that is

still not being done—really needs to be done. A lot of the challenges I see here are either for female-identified veterans or for roles that are traditionally female that are not being cared for, both for the veterans and for their loved ones.

I would love to see some sort of report on that, talking about how they're going to take that seriously and start addressing these issues in a meaningful way. I thank you for doing your work to continue that.

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

We started the meeting with questions from Mr. Frank Caputo. Let's go back to him now for five more minutes.

**Mr. Frank Caputo:** Thank you, Chair—I appreciate it—and Mr. Desilets.

I want to go back to my initial line of questioning. I believe that my colleague, Mr. Samson, and I want the same thing. It should be a bipartisan issue, but we may take different avenues.

I keep going back to this notion of triage and proactive triage. I'm struck by something from earlier on in my career. I was a federal parole officer before I embarked on a career in law. I remember that within five working days of their admission, you had to see a federal inmate face-to-face. The reason was to look them in the eye and see what was going on. In other words, we don't trust people to check a box saying, "I don't have feelings of self-harm," or "I don't have immediate needs." That's the problem I have with having just a check box system. It's one thing to tick a box. It's another to look somebody in the eye and ask, "What are your needs right now?"

When we talk about proactive triage, then, my question, in a roundabout way, is this. We've talked about looking past the numbers. What better way is there to look past the numbers than to look somebody in the eye? Is that human interaction not what we need at this point? If we give it to federal inmates, why don't we give it to veterans?

**Col (Ret'd) Nishika Jardine:** I would agree with you in the sense that most veterans.... Here's something I heard from the RCMP Veterans' Association that applies to military veterans. We have served, and we expect that to go a long way to explaining when we tell you that we're broken. We don't do very well at complaining. We don't go to seek health care. So many of us grew up in the Canadian Forces with this credo—and you'll have to forgive a touch of crassness, but that's the soldier in me: "Suck it up, Buttercup." We don't complain. We push through the pain. We put service above self, and when we are released from the CAF and we come to the department and say, "I served and I am broken," we expect that to go a very long way to explaining what the problem is, and then to being heard and understood.

Some of the complaints I've heard from veterans are, "If I could just speak to somebody..." or "If I didn't have to fill out these forms..." or "I don't even understand these forms." I would agree with you, from my personal perspective, that that human connection will always be valued and will make a difference.

At the same time, I believe this would be a recommendation I would make to the department: Consider how this can be done. Consider how you could provide a better service if we understood the mentality of veterans, and that it should be enough for me to tell you that I served and I'm broken.

• (1430)

**Mr. Frank Caputo:** Through the chair, I appreciate your candour. It's really important, because you can't really tell a check box on a form that you're broken, and conversely, a check box on a form can't see that you're broken. That's one of the biggest problems I really see with this.

I wonder if we might actually see a greater efficiency, because when you talk about triage, not everybody needs the immediate service as you, as the ombud, have stated. There are people who have benefit packages, who've already gotten a second job. That person might be able to wait for their service, but what about the person who is struggling with PTSD, who might have other things going on in their life, sometimes exacerbated by their experience in the Canadian Armed Forces? They need help right now, so you get them their help right now.

I will just leave you with that. Thank you for your work, and thank you for your candour today.

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

Now I invite MP Rechie Valdez for five minutes, please.

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

Colonel Jardine and Mr. Schippers, thank you for your time today and for providing all your testimony.

Colonel Jardine, I really appreciate that you've been providing us with the true, what I consider very human, aspect of who VAC supports every day.

Referring to your progress report, I've noticed that since 2017 you've made an increasing number of recommendations to the VAC. What are the changes you've observed over the years and the types of issues that have contributed to that increase year after year?

**Col (Ret'd) Nishika Jardine:** That's an excellent question. I'm going to ask Mr. Schippers to provide what will probably be a better answer than I can provide, given the short time I've served as the ombud.

**Mr. Duane Schippers:** I'm not sure I'm going to provide a better answer, but I'll try to provide an answer.

You're going to see an increasing number of recommendations just because we've continued to do more reports over that period of time. Up until 2017-18, we picked a lot of low-hanging fruit, which would largely be focusing on the financial compensation for veter-

ans. Successive governments acted over time on a number of those recommendations.

Since 2018, we've moved more into the tougher pieces, the inequities, whether they are sex-based inequities or condition-based inequities. We're looking at the situation of families. We've expanded some of the things we look at and I think that really accounts for the changes.

What we see is that the implementation of recommendations comes in bulk packages. When they're legislative or regulatory, it takes time for these things to make it onto the legislative agenda and to get Parliament's attention, so they come in batches. You'll see a bunch of recommendations dealt with at some point, and then it will take a few years before there's the political ability to do a bunch more.

We're always hopeful that those recommendations are going to be implemented, but we turn it over to you and your colleagues to move forward the ones you believe, considering all the other challenges and things that have to be balanced by parliamentarians, should advance.

• (1435)

**Mrs. Rechie Valdez:** Thanks very much for answering that question so well.

You spoke about families. I know, even just myself, that we have colleagues here whose children are serving today, so I want to really hear about the specific gaps you've been hearing about from families, and what you're hearing from the calls that are coming in.

**Col (Ret'd) Nishika Jardine:** A big one is mental health supports. As we know, mental health is certainly front and centre in people's concerns today. With the pandemic, we all understand so well how important mental health is, the concept of resilience, and just how difficult some things are and how they impact us.

As I've said before, when a member serves, their family also serves. Understanding the impact of service on families I don't think can ever be underestimated. Where families need mental health support in their own right, we strongly encourage the minister and the government to look at how they can extend this support to spouses, ex-spouses and children whose mental health is impacted by the service of their soldier, sailor or aviator. This is really important, and it deserves a great deal more attention.

**Mrs. Rechie Valdez:** Can you also elaborate on the sentiment that you've heard from women who have been waiting for assistance? You get to speak to them, so I really want to hear that.

**Col (Ret'd) Nishika Jardine:** Could you perhaps give me a little more?

I hear from veterans. I hear their concerns, and those are unique to their cases.

We did a women's forum last spring. I think one of the big issues is that the way women get broken—pardon me for being so blunt—by service in the Canadian Forces or the RCMP is different from the way men are broken. What we are encouraging the department to do is to use that gender-based analysis lens and put all of their policies and adjudication tools through that so that they can better meet the needs of women and females specifically.

**The Chair:** Thank you, Colonel Jardine.

Now let's start the last round of questions. One member from each party will be able to ask questions, including Mr. Desilets.

Let's start with Ms. Cathay Wagantall for five minutes.

Go ahead, please.

**Mrs. Cathay Wagantall:** I just want to make a comment about something you said when you started this afternoon. You said that VAC reports its backlog and wait times as an average of those for all claims that are being considered—first applications, reassessments and expedited claims by “red zone” veterans who are over the age of 80 or who have a life-threatening health concern.

I understand the need to focus on first applications. Are you referring to new veterans' first applications or to those of any veteran who has come to that point in their life where they now have an injury that is unbearable due to service, but who cannot get the ear of VAC, that benefit of the doubt, and are continuing to have to go through multiple claims, efforts, appointments with doctors, analyses and yet not getting the response they need from VAC?

I heard this two weeks ago. An individual in desperation stated to me that they feared they were going to be left for the red zone. This red zone thing is brand new to me. How does one end up in the red zone? Does it happen the first time I need hearing aids because I'm over 80, or do we have people who are suffering long term, waiting for that care?

• (1440)

**Col (Ret'd) Nishika Jardine:** As far as I understand it, the red zone means that if you are over 80 years old, your claim is expedited. If you self-identify as someone with a life-threatening condition—for example, you may be in palliative care—then your claim is pushed to the front of the line. It's given priority treatment.

What I mean by the first application is that it is the very first time that you, whether you're still serving or you're a veteran, put in a claim based on a condition that is disabling to you. It could be your knee, your hearing or whatever it is. There are myriad conditions that are service-related. It's the first time you put in that claim. There is a lot of information you must provide in that claim. You have to make the connection to service. You need a diagnosis. If you don't have a family doctor, it's difficult to get that diagnosis; in fact it can be almost impossible.

That's what I mean by first application. It's that first time someone makes an application. If they are not over 80 years old or they don't self-identify as being in a life-threatening situation, then they just join the queue.

Reassessments happen once an application [*Technical difficulty—Editor*] and the department has said, “Yes, you have a problem with your left knee. We agree that's a problem, and here's the as-

essment we've made.” They will do a reassessment a couple of years down the road. Those go through fairly quickly.

The wait time for a reassessment or a red-zone application is really short. The amount of time it takes to do that is really short, and that drives down the average number that you're hearing. You're not hearing what the true problem is, in my opinion. This is Nishika Jardine's opinion. The people who put in that first application could do so before they leave the service. It could be right after or 50 years down the road for that first application.

**Mrs. Cathay Wagantall:** Okay, ma'am, but you talk about even for yourself.... I know that you don't go to the doctor unless you absolutely have to. It's the “suck it up, buttercup” thing, which men go through too. Then they have trouble getting it through to VAC that this incredible back pain they have is related to their service; they've just applied for that care—it's been five years—and they're now being called on again to go and get professional feedback.

We're now just coming out of COVID and they can't get an appointment for two more years. This is unacceptable.

**Col (Ret'd) Nishika Jardine:** This is the scope of the problem. This is exactly where my concern is, and I thank all of you so much for being seized of that matter.

**The Chair:** Thank you so much, Ms. Wagantall. You still have 30 seconds.

**Mrs. Cathay Wagantall:** I have trouble on Zoom in telling when my time is up. I should track myself. I'm sorry.

I appreciate that. I'll give my time to someone else who would like to go forward with another question.

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

Now let's go to MP Darrell Samson for five minutes, please.

**Mr. Darrell Samson:** Thank you very much, Mrs. Wagantall, for your 30 seconds. It's much appreciated. If you had known that I was following, I'm not sure that I would have gotten it, but that's okay. I appreciate that.

**Mrs. Cathay Wagantall:** Of course—no problem.

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

My question is again on this triage. The concept is interesting. My colleague, Mr. Caputo, mentioned that as well. Having someone now wait 16 weeks or three years because they have a pension and they have some of the benefits prior to...is a different conversation, but I don't think we're inventing anything new.



Are you aware that in 2019 it was in the minister's mandate letter that there would be contacts made? That's why we've seen a lot of contacts. Throughout COVID, I think it was 15,000 or more. All those who had a caseworker got a call, I believe. Would you like to share your perspective on that, please?

• (1445)

**Col (Ret'd) Nishika Jardine:** The veterans who have a caseworker are those who are in the rehabilitation program or who already have a disability claim approved and need more assistance. Mr. Schippers can correct me if I have that wrong.

What we're talking about is the time it takes for the department to actually make the decision on the disability claim. The disability claim is the gateway into the department and into having stable and consistent access to funded health care treatment.

I distinguish between those two things. The people making the decisions are the adjudicators [*Technical difficulty—Editor*] for veterans who are already in the system, as it were.

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

Mr. Rogers has a follow-up question.

**Mr. Churence Rogers:** Thank you, Mr. Samson, and thank you, Chair.

I'm not sure if this question is directly in your shop or not, but I'm just wondering how your office works to prevent issues relating to the backlog that we've heard about or the other concerns around equal treatment. Can you predict or see trends early in some of the things that might be happening, and how do you relay these concerns so they're addressed as soon as possible to avoid a further amplification of the problems?

**Col (Ret'd) Nishika Jardine:** We do this in two ways. First and foremost, when an individual veteran or serving member comes to us with a complaint about their difficulty with the department, in order to resolve that complaint we must interact with the department to bring it to their attention. At every level, my staff can work across with the person in the department who can help to fix the problem.

If they're unable to do so, it comes to Mr. Schippers. Mr. Schippers will go across at his level to try to correct the problem. Sometimes it comes right to me, and I will write a letter to the deputy minister outlining the issue and making a recommendation as to how the complaint can be resolved.

We do this on a daily basis. This is the bread and butter of an ombud's job. We do it every single day for veterans and serving members. Any client of Veterans Affairs can come to us when they have a complaint. We bring that to the attention of the department because they're the ones who can fix it.

The second way we do this is with our systemic investigations. Where we see that there may be a systemic problem or a systemic inequity that is causing a barrier to the benefits and services or equitable access to benefits and services, we will launch a formal investigation. We do research with data from the department. We go into the department and understand the policies. We make findings and then craft recommendations that we believe will resolve the

systemic issue. We report on those in our annual report and in our report card.

Those are the two ways in which we work on a daily basis with the department to identify gaps and barriers for veterans.

**Mr. Churence Rogers:** Thank you very much for that. I appreciate that answer.

I'm done, Mr. Chair.

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

[*Translation*]

Mr. Desilets, you have two and a half minutes. Go ahead.

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

My question is for Ms. Jardine.

I want to start by thanking you, because you made me realize something extremely important when you answered Mr. Caputo's question. I'm talking about the importance of the connection with the client. I now understand that case managers are some of the only professionals providing assistance to people who do not meet their clients face to face. They don't really have a connection with their clients. I realize that now, and it makes no sense, really.

I'd like your opinion on something. This week, the committee heard from a peer support worker who has helped 1,200 veterans with the application process over the past 12 years, as a volunteer, I might add. She recommended the department create liaison officer positions so that veterans had a reliable and stable point of contact throughout the case management process. The veteran would know more about the status of their claim, and feel supported and reassured throughout the process.

I'd like to know your thoughts on this. Is it a feasible and credible option?

• (1450)

[*English*]

**Col (Ret'd) Nishika Jardine:** Very quickly, the people who step forward to help veterans [*Technical difficulty—Editor*] are saints.

The Royal Canadian Legion does this and has done this for decades. There are many individuals across this country, like the people you have heard from, who step up and try to help their colleagues with their claims because they have some experience with it. They are saints for doing that, because the process is not as clear as we would like it to be.

Getting the information and providing a fulsome answer... I alluded to this before. When they have served, veterans believe that they should have only to say, "I served. Here was my occupation. I am broken and I need help." However, the process and the paperwork that's required needs far more than that. These people who help are truly providing a service of gold.

I commend them. Everyone in my office commends them for the work they do.

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

I now invite Ms. Blaney for two and a half minutes. Please go ahead, Ms. Blaney.

**Ms. Rachel Blaney:** Thank you, Mr. Chair.

I really appreciate this conversation. My question is for both of you—whoever you feel is the best person to answer.

I have heard from many veterans that they now feel like they are going to an insurance company, where they are continually having to prove it, again and again. That is the feeling they have. I have heard this so many times: "We're proving it again. We're fighting again. It doesn't feel like a place where you go to get help; it feels like a place where you go to fight."

I also want to add that the issue with My VAC Account continues to be another concern. Often, the veterans are told, "Only you can use that." There's a big process if they want somebody else to be able to access it for them. When you're dealing with multiple levels of trauma and multiple levels of physical health, you just don't have the time.

I find it confusing. I work with veterans quite a lot. Depending on where they are, it can take me an hour just to get them to calm down enough to have a conversation from which we can take action. If you keep putting them in a position where, when they call, it takes an hour to calm them down... We've worked with veterans who are told, "We don't answer your calls anymore." I don't understand that at all. They served our country and they are told, "You can't call here anymore, because you're abusing our people."

I'm just wondering if you've heard anything similar. Do you have any suggestions about whom we may want to call to this committee, in order to address it?

**Col (Ret'd) Nishika Jardine:** I can say two things.

First, I absolutely share your concern about veterans who are frustrated, who perhaps have mental health issues, and who are unable to provide the information required in a calm and collected manner because they are so frustrated and perhaps suffer from mental health issues. I have raised this concern directly with the department. I share that concern in my own office, as well.

The second thing—and I would like to make this point—is that the government has made a change, coming on April 1, to extend mental health treatment benefits to a veteran who has [*Technical difficulty—Editor*] a mental health [*Technical difficulty—Editor*]. I would urge the government to go one step further and provide the exact same consideration and benefit to veterans who come forward with any disability claim condition. It will go an immense way to covering the gap that is created simply by releasing them from the Canadian Armed Forces.

• (1455)

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

[*Translation*]

**The Chair:** Thank you for your input.

Colonel Jardine, on behalf of the committee members and myself, I want to thank you for your participation today and for your service in the armed forces. Thank you as well for all the work you are doing to help veterans.

I want to remind everyone, Ms. Jardine, that you are a retired colonel and the veterans ombud. I imagine you noticed that the committee members and I did our best to say "veterans ombud".

[*English*]

I would also like to say thank you to Mr. Duane Schippers, the deputy veterans ombud.

[*Translation*]

Ladies and gentlemen, I want to ask—

**Mr. Luc Desilets:** I have a point of order, Mr. Chair.

**The Chair:** Go ahead, Mr. Desilets.

**Mr. Luc Desilets:** Before you adjourn the meeting, I was wondering whether it would be possible to have that fine letter you wrote to the Minister of Veterans Affairs added to the digital binder, please?

**The Chair:** That's an excellent suggestion, Mr. Desilets. The letter is being translated as we speak, and once that's done, it will go out to all the committee members.

Seeing no objections, I'm going to adjourn the meeting, but first, I want to thank the clerk, the analyst, the interpreters and all of the technical staff for supporting the Standing Committee on Veterans Affairs.

The meeting is adjourned.

Thank you and see you next time.







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