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CANADA

REFORMING TRANSITION FROM MILITARY TO CIVILIAN LIFE

Report of the Standing Committee on Veterans Affairs

Emmanuel Dubourg, Chair

OCTOBER 2024
44th PARLIAMENT, 1st SESSION

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NOTICE TO READER

Reports from committees presented to the House of Commons

Presenting a report to the House is the way a committee makes public its findings and recommendations on a particular topic. Substantive reports on a subject-matter study usually contain a synopsis of the testimony heard, the recommendations made by the committee, as well as the reasons for those recommendations.

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has the honour to present its

SIXTEENTH REPORT

Pursuant to its mandate under Standing Order 108(2), the committee has studied the transition to civilian life and has agreed to report the following:

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LIST OF RECOMMENDATIONS

As a result of their deliberations committees may make recommendations which they include in their reports for the consideration of the House of Commons or the Government. Recommendations related to this study are listed below.

Recommendation 1

That, regardless of the type of release, the Canadian Armed Forces release members only once:

- **their access to a family physician has been confirmed by the relevant provincial authorities;**
- **Veterans have been informed of all career transition programs and all applications for such programs have been adjudicated;**
- **SISIP disability benefit claims have been adjudicated and, if applicable, vocational programs have been approved;**
- **all decisions regarding all applicable VAC programs and services have been made; and**
- **they have received a copy of their service records. 18**

Recommendation 2

That the Department of National Defence amend the eligibility criteria for the Service Income Security Insurance Plan (SISIP) vocational rehabilitation program to make it available only to veterans whose medical release was not due to service..... 23

Recommendation 3

That the Canadian Armed Forces sign a memorandum of understanding with the Royal Canadian Legion to enable Legion’s service officers to be embedded within the transition centres. 26

Recommendation 4

That the Canadian Armed Forces ensure that victims of sexual misconduct can present the facts promptly to someone outside the chain of command, and that this testimony can be used to support claims for benefits and services that may later be filed with Veterans Affairs Canada..... 28



REFORMING TRANSITION FROM MILITARY TO CIVILIAN LIFE

INTRODUCTION

In a 2015 report of the Office of the National Defence and Canadian Forces Ombudsman,¹ estimates showed that approximately 5,500 members of the Canadian Armed Forces (CAF) were released each year. Since then, despite a stable military workforce, this number has increased by approximately 50%. When he appeared before the Committee in February 2024, Stephen Harris, the Assistant Deputy Minister of Service Delivery at Veterans Affairs Canada (VAC), said that, in the last 10 years, an average of 8,200 CAF members release on a yearly basis.² Of this number, between 2,000 and 2,500 are released for medical reasons,³ which represents between one-quarter and one-third of all releases, depending on the year. This proportion is significantly higher among women in the military, exceeding 40%.⁴

This means that more CAF members are making the transition to civilian life each year, and a higher proportion of them are being released for medical reasons. This increase in turnover within the CAF has led to increased pressure on VAC, which is receiving a higher number of applications for disability benefits and requests for adapted services for veterans who experience difficulties during their transition.

According to data from 2016, approximately one-third of veterans had trouble adjusting to civilian life.⁵ According to data published in 2019, this proportion had increased

1 Office of the National Defence and Canadian Forces Ombudsman, *Canadian Armed Forces best positioned to determine Public Service priority hiring for releasing members*, January 2015.

2 ACVA, *Evidence*, 12 February 2024, Steven Harris, Assistant Deputy Minister, Service Delivery Branch, Department of Veterans Affairs, 1110.

3 In 2015, this number was 1,500 according to an analysis of the National Defence and Canadian Armed Forces Ombudsman: <https://www.canada.ca/en/ombudsman-national-defence-forces/reports-news-statistics/investigative-reports/simplifying-service-delivery-model/home.html>.

4 ACVA, *Evidence*, 1 June 2023, *Lieutenant-General Lise Bourgon (Acting Chief of Military Personnel, Canadian Armed Forces, Department of National Defence)*, 2005.

5 Van Til L., Sweet J., Poirier A., McKinnon K., Sudom K., Dursun S. and Pedlar D., *Well-being of Canadian Regular Force Veterans: Findings from LASS 2016 Survey*, Charlottetown, P.E.I., Veterans Affairs Canada Research Directorate Technical Report, 23 June 2017.



to 39%.⁶ Surprisingly, more than half of these veterans were not medically released.⁷ They left the CAF primarily because their contracts were up, they were retiring or their Reserve Force voluntary service commitments had come to an end. These statistics demonstrate that the reasons CAF members experience difficulties during the transition to civilian life are complex and varied and cannot be simplified to whether or not they were injured.

To address this increase and the growing complexity of needs, in 2019 VAC and the CAF began testing a new transition model that would integrate VAC staff within CAF transition centres to provide assistance to CAF members before their release date. According to Mr. Harris, this approach affects releasing members and “will be fully operational by the end of 2024.”⁸

The Committee undertook its current study on the transition to civilian life in order to follow up on the implementation of this new model. In total, 22 individuals appeared before the Committee at four meetings held between February and April 2024.

The study showed that the key difficulties associated with the transition to civilian life are related to the capacity of the provinces and territories to provide health care services in a timely manner, particularly access to a family doctor. These difficulties affect all Canadians, and therefore the solution to these problems cannot be tailored specifically to veterans. However, veterans should not be disadvantaged by the fact that doctors will refuse to see them because of the additional burden of VAC forms. In order to work within the boundaries of the federal government’s jurisdiction, it is important to optimize what services are offered before CAF members become veterans, in the months before they are released. The CAF are solely responsible for health care services provided to serving CAF members, which is the primary avenue for federal government involvement in this area.

The key recommendation of this report, which echoes many previous reports, is that CAF members not be released until they have obtained access to a physician and all their applications to VAC for services and compensation have been adjudicated. Until recently released veterans have timely access to the health care services they need, any other changes to the transition process will have only a limited effect. Committee members,

6 ACVA, *Evidence*, 12 February 2024, Steven Harris, Assistant Deputy Minister, Service Delivery Branch, Department of Veterans Affairs, 1110.

7 ACVA, *Evidence*, 1 February 2018, Dr. David Pedlar (Scientific Director, Canadian Institute for Military and Veteran Health Research), 1145.

8 ACVA, *Evidence*, 12 February 2024, Steven Harris, Assistant Deputy Minister, Service Delivery Branch, Department of Veterans Affairs, 1110.

like many specialists and stakeholders before them, believe that this change would radically transform the process of transitioning to civilian life and would also mitigate a significant number of difficulties that veterans must face in the years immediately following their release.

We would like to thank all those who participated in the study, and we hope that the Government of Canada will have the boldness to seriously consider the importance and relevance of making this change, which will likely make the transition to civilian life easier for generations of veterans to come.

MEDICAL RELEASE PROCESS

Although those who leave voluntarily often face difficulties, the majority of VAC clients are medically released CAF members. When a member suffers an injury or illness, whether or not it is related to their service, it can lead to a medical release if their condition means they cannot deploy with their unit in the long term. This is in line with the military principle of “universality of service.” Their release also means that the responsibility for rehabilitation and compensation is transferred from the Department of National Defence (DND) to other stakeholders, in particular VAC and the Service Income Security Insurance Plan (SISIP). The process that is set in motion when a member is injured or becomes ill is complex, and there are a large number of programs to support the transition of injured CAF members.

Regular Force members are not subject to the *Canada Health Act*, so the CAF provides the health care they would otherwise have received from provincial systems. Reserve Force members are still covered by provincial and territorial health care. Ambulatory care, which requires only short-term hospitalization, is provided by a network of approximately 40 military clinics serving military bases and wings. When a military member’s health problems require care that these clinics cannot provide, they are referred to the appropriate civilian resources. When a case is complex and various disciplines are involved in the member’s care, their treatment is monitored by a case manager, usually a specialized nurse who is integrated within a military clinic.

For mental health services, DND has established a network of seven Operational Trauma and Stress Support Centres (OTSSCs). They are located on military bases and their clients are primarily serving military personnel. They operate differently than the operational stress injury (OSI) clinics established jointly by DND and VAC, whose clients are primarily veterans. Under a tripartite agreement, both clinic types can serve active and veteran members of the CAF and the Royal Canadian Mounted Police (RCMP).



Once a CAF member's medical condition stabilizes, usually after a few months, a six-month "temporary medical category" is assigned so that the progression of symptoms can be assessed. A temporary medical category may be renewed if a definitive prognosis cannot be made. A "permanent medical category" will be assigned only when the member's condition has completely stabilized and it is possible to identify which tasks they could continue to perform and which tasks they could never perform again due to their medical condition.

It usually takes at least two successive six-month temporary medical categories before a solid prognosis is made, ensuring that a permanent medical category can be assigned. In certain complex cases, it may take up to two years before a permanent medical category is assigned. This decision may be contested by the CAF member in question.

When the permanent category assigned guarantees that the individual is able to perform the duties associated with their military occupation, they can rejoin their unit. In cases where an illness or injury results in more severe limitations, the Military Careers Administration will determine whether the principle of universality of service is met. Under this principle, serving military members must be able to deploy with their unit to a theatre of operations at short notice. If a member cannot be deployed due to a health issue, with no reasonable expectation of recovery, they will be medically released.

It is possible that the individual could continue to work for the CAF for a period of up to three years following this determination, even if they do not meet the requirements for universality of service. After this period, there is another six-month period that completes the transition to civilian life.

Based on the nature of the injury or illness, the time it takes for their medical condition to stabilize, the complexity of their rehabilitation needs and the availability of civilian resources after release, a member's transition process will usually take more than two years, and in some cases may take up to five years from when the injury or illness occurred.

Once the decision has been made to medically release a military member, the transition to civilian life usually begins six months before the anticipated actual release date. For cases deemed to be complex, which account for between 10% and 15% of medical releases, the first step is to draw up an "integrated transition plan" involving the individual, their family members if applicable and a military case manager who is familiar with their medical file. At this phase, a VAC case manager may also begin playing a role in developing the transition plan. For non-medically released CAF members and

for reservists, it is more difficult to have a clear picture of the transition services available in the months leading up to their transition.

The Need for a Personalized Approach

“Once you’re out of the system, you’re on your own.”

Mr. Steve Turpin (As an individual), ACVA, *Evidence*, 26 February 2024, 1235.

Statistics about the transition to civilian life encompass an enormous range of individual details that are lost when they are distilled into a percentage. Although these figures do not make sense of the problems, nor do they provide adequate solutions, they are useful in that they identify the problems in a manner that cannot be disputed. John Senior summarized the most significant statistics when he appeared before the Committee:

For example, in a life after service survey from 2019, 39% of people reported difficulty adjusting to civilian life, medical releases were 49%, depression was 33% and not being employed in a civilian workforce was 43%. Compared to the 2016 life after service survey, there was a drastic increase in retirement, not working in civilian employment and chronic conditions such as PTSD. There is a much higher increase in participation in VAC programs. Compared to the non-military-related age and sex comparison, there are much higher chronic pain issues—which are twice as high—and PTSD is 26 times more likely. Depression is nearly twice as high, anxiety is three times as high and regular activity and limitations are three times more.⁹

Given that transition difficulties are not always associated with health issues, it is important to be aware of unique aspects of life in the military in order to understand the scope of these difficulties. Ms. Hughes explained as follows:

During service, support was available to them. They knew where to go to ask questions and seek help. Professional development occurred throughout military training, deployments and postings. They were scheduled for them. They were told where and when to go, how to get there, what to wear, how to style their hair, etc.¹⁰

When military members become civilians again, they are no longer in a highly structured environment, which can leave them feeling adrift. It will vary depending on their gender, age, length of service, family circumstances, state of health and personality, as well as the region they want to settle in, what they want to do there and whether they have the

9 ACVA, *Evidence*, 26 February 2024, Mr. John Senior (Veteran, As an Individual), 1220.

10 ACVA, *Evidence*, 26 February 2024, Ms. Carolyn Hughes (Director, Veterans Services, Royal Canadian Legion), 1215.



means to achieve their goals. For many CAF members, losing that sense of belonging and of participating in a greater mission is a change that affects every facet of their new life.

If health problems are added to the mix and military members must also navigate the labyrinth of VAC programs and deal with the inadequacies of health care systems, the transition process can become a series of obstacles that every individual has to overcome in their own way. Mental health issues can also result from deployments, sexual assault or other factors. Military members in transition are not always aware of these issues while they are still serving, and the challenges may become apparent only when they no longer have access to the support system that mitigated the symptoms. In this case, they may experience stigma, which could lead to a feeling of isolation in a society where the unique aspects of military life are not well known.

Participants in the Veterans Transition Network highlighted this disconnect between military life and civilian life in the theatre production *Contact! Unload*. Philip Lopresti was one of the main actors. He made the following statement:

The needs of the military place a great amount of pressure on its members to conform to and adopt a particular way of thinking and operating. While this mindset may allow its adopters to succeed within the military, it also creates barriers to transitioning back to civilian life when a soldier's military career has ended.¹¹

This conformity prized by military culture includes some positive aspects, according to Mr. Lopresti, but when CAF members become civilians and need to choose their own path, they may need support. However, asking for help is often seen as a sign of weakness. "Avoidance of therapy is one of these behaviours," said Mr. Lopresti. "When undertaken, [therapy] often involves disclosing weakness or problems, which for many is threatening to their identity as a soldier and may promote further emotional isolation."¹²

There is no one-size-fits-all solution, no magic formula. That is why it is important to recognize CAF's and VAC's willingness to implementing a transition process that is personalized, flexible and inclusive, whose only eligibility criterion is to be a CAF member in transition. However, CAF members in transition must have easy access to the resources that will help them find their way once they have become veterans.

11 ACVA, *Evidence*, 29 April 2024, Mr. Phillip Lopresti (As an Individual), 1110.

12 ACVA, *Evidence*, 29 April 2024, Mr. Phillip Lopresti (As an Individual), 1110.

The Importance of Family

During her appearance before the Committee, Rima Aristocrat, President of TeKnoWave Inc., advocated for better integrating family members during the transition process:

It's not only veterans. Their families are unsung heroes. They sacrifice so much for them. What do we do? Once a year we say thank you to them. What about the rest of the time when they cannot afford to pay rent? What about the times when they cannot feed or clothe their children? What about the times we have to pick up homeless veterans who are freezing out on the streets?

There's no excuse for it. Our country is too great. We are too powerful. We are too kind to let this happen. In this room, you have the power to make changes. Let's do this together. It's so important.¹³

According to the constitutional division of powers, the responsibility for providing services to veterans' family members falls primarily to the provinces. However, if it can be justified that such programs are necessary for the well-being of veterans, certain ad hoc federal measures can be put in place. Accordingly, family members are always invited to take an active role in the veterans' rehabilitation program. If a military member is medically released, their family members are eligible for certain services through CAF's [Military Family Resource Centres](#). These services include the following:

- practical guides for caregivers that are looking after individuals with operational stress injuries;
- training in mental health first aid; and
- the Couples Overcoming PTSD Everyday (COPE) program.

The VAC Assistance Service provides up to 20 hours of psychological support for family members of CAF and RCMP veterans. There is no cost for this service, and the veteran themselves does not have to be an existing VAC client. It is a flexible service that ensures that a family member can obtain immediate support in case of an emergency or can obtain a referral to a mental health professional. In its [2021 report on caregivers](#), the Committee had recommended better promotion of this service, which appeared to be underused. The government did not table a response to this report due to the dissolution of the House of Commons on August 15, 2021.

13 ACVA, *Evidence*, 29 April 2024, Ms. Rima Aristocrat (President, TeKnoWave Inc., As an Individual), 1235.



CANADIAN ARMED FORCES TRANSITION CENTRES

According to the DND website, there are 27 Transition Centres divided into nine regions within the Canadian Armed Forces – Transition Group. Previously known as Integrated Personnel Support Centres, these transition centres are part of the CAF's efforts to decentralize transition services so that releasing members have access to a one-stop shop for services. According to Commodore Bouchard, all 27 centres are fully operational since 1 April 2024.¹⁴ Services are currently available only to releasing members of the Regular Force, but in the future Reserve Force members will be able to use these services as well. According to CAF representatives, the new services offered in the Transition Centres will be available to all releasing members of the Regular Force, regardless of the reasons for their release.¹⁵

Since 1 July 2015, VAC has obtained the legislative mandate to work with military members while they are still serving. VAC case managers were integrated within the Integrated Personnel Support Centres, which then became the Transition Centres. All the VAC assessment processes and applications for benefits can be undertaken there.

Once these transition centres were established, VAC partnered with the CAF in 2019 to develop a joint transition process with a more coordinated approach. According to Jane Hicks of VAC, the department is now systematically notified when members are releasing.¹⁶ The difference of this new approach is that the centres are available to all veterans, when before they were available only to medically releasing veterans. As VAC representative Mr. Harris explained, it is an ambitious objective:

We want to make sure that people don't tell us six years later that they didn't have a good experience. We want them to contact us immediately during their transition to civilian life. Having said that, I acknowledge that there will always be a large number of people who will come back to see us after their transition. However, I want to be sure that most of the problems are solved during the transition.¹⁷

14 Senate Subcommittee on Veterans Affairs, *Evidence*, 22 May 2024, Commodore Daniel Bouchard (Commander, Canadian Armed Forces Transition Group, Canadian Armed Forces, Department of National Defence).

15 ACVA, *Evidence*, 12 February 2024, Commodore Daniel Bouchard (Commander, Canadian Armed Forces Transition Group, Canadian Armed Forces, Department of National Defence), 1105.

16 ACVA, *Evidence*, 12 February 2024, Ms. Jane Hicks (Acting Director General, Service Delivery and Program Management, Department of Veterans Affairs), 1125.

17 ACVA, *Evidence*, 12 February 2024, Mr. Steven Harris (Assistant Deputy Minister, Service Delivery Branch, Department of Veterans Affairs), 1225.

It is a worthy goal, and the Committee members support it wholeheartedly. However, it remains to be seen whether the many restrictions associated with the administration of public programs will make it possible to achieve the goal in a reasonable time frame.

Digital Transition Centre

With the Transition Centres fully operational, the hope is that positive changes will ensure a smoother transition for a large number of veterans. The CAF has also established the [Digital Transition Centre](#). Its objectives appear to be less ambitious, even though it is being presented as a major innovation. In fact, it is simply a web page with links to transition-related services.

The first link on the page is “Book a consultation with a Transition Advisor.” Following the links to the next web page leads to a list of Transition Centres, and visitors who select one are then invited to click a link entitled “Book an Appointment,” at which point they are taken to a web page with the contact information for that Transition Centre. Members can call or send a letter to the centre, but there is no option to send an email or to fill out a form to leave their contact information and availability. It is not a true online booking system. The second link on the home page simply directs the visitor to VAC’s online services through the [My VAC Account](#) portal.

On the Digital Transition Centre home page, there are six other links under the heading “Services and information.” The first is a link to the same [list of Transition Centres](#) that is provided when visitors follow the “Book a consultation” link. The second leads to [transition-focused events](#). At the time of writing, it provided a disorganized list of 19 events taking place in the next 12 months:

- Dates for eight sessions of the Career Transition Workshop that will take place throughout the year—seven at the Borden base and one at the Valcartier base—as well as a short description of the session contents;
- Dates for five sessions of the My Transition Seminar – General (Borden, Greenwood, Gagetown, Saint-Jean-sur-Richelieu and Shearwater);
- Dates for four sessions of the My Transition Seminar – Medical (Greenwood, Borden, Saint-Jean-sur-Richelieu and Shearwater);
- Date for one session of the My Transition Seminar – Executive in French (Ottawa); and



- A link to the list of 2019 online presentations that were used for the previous transition seminars, which were formerly called Second Career Assistance Network (SCAN) seminars.

It is not clear how the content of these seminars differs from what was offered previously as part of the SCAN seminars. It is also unclear whether these sessions will be offered only at the six transition centres listed, or whether they will be offered at the 21 other bases as well.

The third link on the Digital Transition Centre home page, entitled [Translate your military skills, training, and experience to civilian equivalencies](#), provides links to two automated tools that were already available previously. The first tool provides an unstructured list of 131 military occupations, sometimes very general, such as “Armour” or “Medical,” and sometimes very specific, such as “Airborne Electronic Sensor Operator.” Each occupation is then matched with one or more career options found on the Government of Canada’s Job Bank. For instance, if a visitor selects “Airborne Electronic Sensor Operator,” they are given a list of six career options with job descriptions and a link to apply for related jobs in Job Bank. The second tool provides, for the same 131 military occupations, a list of training programs that recognize certain skills, allowing veterans to obtain a diploma or accreditation more quickly.

On the “Translate your military skills” page, a third link entitled [Jobs for veterans](#) directs visitors to the Job Bank website. As of 3 April 2024, clicking the link yielded 27,425 results out of a total of 161,603 job offers available on the site. It does not identify what criteria were used to narrow the results.

The fourth link on the Digital Transition Centre home page takes visitors to [online transition training](#). Access is restricted to authorized users, so it was not possible to view the contents. According to the [Government Response to the Committee’s report entitled National Strategy for Veterans Employment](#), it is “a self-directed E-learning course aimed at preparing members for their military to civilian transition.”

The fifth home-page link directs visitors to a [Military to Civilian Transition services directory](#). It is based on the seven domains of well-being agreed upon by the CAF and VAC: purpose, finances, health, life skills, social integration, housing and physical environment, and cultural and social environment.

For example, to describe [Finances](#), it states: “Sufficient finances are associated with independence, healthy lifestyle choices, access to health services, quality of housing, family stability, and avoidance of debt.” However, when a visitor clicks on the link that claims to provide access to this range of services, the only content on the web page is

three links to VAC services and programs and one link to download the “My Transition Services” mobile application developed by the CAF. The app does not provide any new content. It provides links to the same resources as the Digital Transition Centre, but organized differently.

The sixth and final link from the Digital Transition Centre home page is entitled [Request for Release](#), and it simply directs the visitor to the general CAF website on the military release process.

The limited scope of the web page entitled “Digital Transition Centre” conflicts with the glowing description given by the government in the [Government Response to the Committee’s report entitled National Strategy for Veterans Employment](#):

The Digital Transition Center (DTC) is a virtual ‘one-stop shop’ available via internet for research and initiating contact with a guided support team. From the DTC, a member has access to the My Transition Guide, My Transition 101 Course, an appointment scheduling tool, and a link to the My VAC Account Website. The member also has access to the full complement of the ‘My Transition Seminar’ (formerly known as Second Career Assistance Network (SCAN)). The DTC will be the location to populate their personalized, individual transition plan and receive comments and advice from CAF and VAC professionals.¹⁸

In fact, the Digital Transition Centre is nothing more than a web page that provides links to existing web pages. While it is useful to provide centralized access to these resources, no new content is provided.

The Transition Interview

Voluntarily releasing members are encouraged to participate in a transition interview. It includes a survey administered by a VAC employee in an effort to determine whether the member could have health needs that have not yet been identified. Transition interviews are mandatory for medically releasing members. According to Ms. Hicks:

First of all, we’re notified of their release. Once they go through a transition interview, then there’s a screening tool to identify their risk of release. If everything seems fine, then they are lower risk. Those who are medium and higher will be scheduled for a 30-day post-release follow-up. We would follow up with the veteran to see how they’re

18 Veterans Affairs Canada, [Government Response to the Standing Committee on Veterans Affairs’ Twelfth Report](#), 16 February 2024, p. 14.



doing, how they're tracking and go from there. We also make sure they know that, if they need assistance, they can come back to us.¹⁹

At that time, military members can request a copy of their medical file, which can sometimes expedite the processing of requests for services and financial benefits.

POST RELEASE

Veterans' access to programs after their release is largely determined by whether or not they were medically released and whether their medical release was related to their military service.

Access to a Family Physician

“All these fine programs are of little use if veterans aren't able to tick box 1, meaning have access to a doctor. To access a program, you have to have a doctor. It's that simple.”²⁰

According to the evidence heard by the Committee since it was established in 2005, access to a family doctor has consistently been the primary obstacle for veterans seeking to access VAC programs and services. It is also a common complaint for a large number of Canadian citizens. The Government of Canada is responsible for providing health care to CAF members for the duration of their military service. Once a military member becomes a veteran, the provinces must take over. CAF doctors can offer prescriptions valid for two years at the time of transition for those who release for medical reasons.²¹

VAC obviously doesn't have the capacity to find veterans a family doctor. However, many of its programs require the recipient either to have a medical diagnosis already or to have a form signed by a doctor. This requirement is one of the key reasons for the delays that affect access to VAC services. However, doctors sometimes consider these forms to be an additional burden, and will refuse to take on veterans. Luc Fortier's experience is a good example, and his story deserves to be told in his own words. His testimony covers

19 ACVA, *Evidence*, 12 February 2024, Ms. Jane Hicks (Acting Director General, Service Delivery and Program Management, Department of Veterans Affairs), 1215.

20 ACVA, *Evidence*, 14 February 2024, Mr. Luc Fortier (Quebec command Vice-President, Royal Canadian Legion), 1755.

21 ACVA, *Evidence*, 14 February 2024, Mr. Luc Fortier (Quebec command Vice-President, Royal Canadian Legion), 1800.

many of the points that have caused so much frustration among veterans for so many years:

When I got out of the military, I got a ton of prescriptions, and they were useless. Unless we have a doctor or an organization to help us, we can't get them renewed.

...

When a request is made to Veterans Affairs Canada, the requests are accepted most of the time, but the response doesn't necessarily reflect the actual extent of the injury. So the decision will be appealed.

Again, the appeal process requires you to have a doctor. So you can check off the appeal process, so to speak, and you wait.

It's the same thing with Manulife. When you leave the system, you're told that you're covered by Manulife for two years, but Manulife doesn't answer the telephone. The company sends you an email 18 months later to say that you have to go back to work, unless you have a doctor who says otherwise.

I don't have a family doctor, so I lost my coverage.

Making appointments with a doctor is another mess. You're told to call a certain number, which is the rapid access office.

Once we get an answer, and I emphasize "once we get an answer", we're asked all kinds of questions about the reason for our request. Once the information is gathered, we're told that a doctor will call us the next day, that we must wait for the call and, above all, that we must not miss it.

If no doctor calls us the next day, especially if the person is like me and is experiencing anxiety, it's hell. You walk around in circles, pace back and forth, look at the phone. You don't even want to move for fear of missing the phone call. If the doctor doesn't call the next day and you have to start over the next day, you give up. I did it twice, and then I gave up. Try to imagine what it's like not being able to go and see a doctor because the process is unbearable.

...



What I'm looking for as an injured veteran, and what most veterans are looking for, is a solution so that our injured veterans can take care of themselves instead of gritting their teeth and using alternative medicines, which aren't necessarily legal.²²

A number of solutions were proposed, such as allowing military doctors to continue offering their services to veterans until the provincial system comes through.²³ This would require the provinces' consent, since the CAF would be providing medical services to individuals under provincial jurisdiction. It would of course free up resources in the provincial health care systems, but it would also add thousands of new requests per year to the workload of CAF medical personnel, who have no jurisdiction in this area and who would be taking on this role only to make up for the shortcomings of the provincial systems.

Other veterans have turned to private clinics as a solution. However, this option is not available to all veterans, and in many cases, it does not yield better results. As Mr. Fortier stated, "we're often told to go to a private clinic. I did, and I brought my medical file, but I was told that they couldn't accept me as a patient because it was too complicated, even though I paid out of my own pocket."²⁴

In its response to the report on the National Veterans Employment Strategy, the government mentioned a new telemedicine program that would give recently released veterans access to a family doctor for one year. It is meant to give them time to secure an actual family physician:

[The] Veteran Family Telemedicine Service Pilot ... is available to medically released Veterans and their families who released on or after January 3, 2021. The service gives families who do not yet have a Family Physician a one year license to access a nationwide Telemedicine Service 24 hours a day at no cost to the Veteran or family members.²⁵

22 ACVA, *Evidence*, 14 February 2024, Mr. Luc Fortier (Quebec command Vice-President, Royal Canadian Legion), 1800–1805. See also the comments of Mr. Mark Meincke (Corporal (Retired) and Host, Operation Tango Romeo, Trauma Recovery Podcast for Military, Veterans, First Responders and Their Families, As an Individual), ACVA, *Evidence*, 29 April 2024, 1130; and Mr. Steve Turpin (As an Individual), ACVA, *Evidence*, 26 February 2024, 1235.

23 ACVA, *Evidence*, 14 February 2024, Honorary Lieutenant-Colonel Sandra Perron (Founder and Chief Executive Officer, Pepper Pod), 1645.

24 ACVA, *Evidence*, 14 February 2024, Mr. Luc Fortier (Quebec command Vice-President, Royal Canadian Legion), 1815.

25 Veterans Affairs Canada, [Government Response to the Report on the National Strategy for Veterans Employment](#).

On the surface, this option could certainly help mitigate the main transition difficulty for medically released members. Jane Hicks outlined the characteristics of the program: “It includes prescriptions, referrals and whatnot.”²⁶ However, she added an important caveat: “telemedicine is not designed to fill out forms for disability benefits and things like that. It’s really for primary, acute health care.”²⁷

This program is welcome, but its potential contribution is limited. Mr. Fortier shared about his experience with it: “We’re also told that there is an app for our phones called Maple. You can use it for free for a year. If you ever have a medical problem, all you have to do is use it and see what the results are. I did because I had a major medical problem, and I was told to go see my family doctor. It’s a bit annoying.”²⁸

As the Committee has recommended numerous times, the simplest solution that would not require constitutional talks to be reopened would be for the CAF to refrain from releasing any members until all conditions are in place to make their transition as seamless as possible. This recommendation was made in a [2016 report released by the National Defence and Canadian Armed Forces Ombudsman](#). The report stated:

It is recommended that the Canadian Armed Forces retain medically releasing members until such time as all the benefits and services from the Canadian Armed Forces, Veterans Affairs Canada, and Service Income Security Insurance Plan have been confirmed and are put in place.

The same recommendation was also made by Ms. Hughes:

Given the severe shortage of health care providers across Canada, many are not receiving the necessary care post-service, as they wait for years to find a family doctor. Immediate and continuous treatment must be required before someone can achieve their new normal. Inadequate delays in health care, whether mental or physical, only serve to exacerbate symptoms and put the longer-term care of veterans and their families at risk.

26 ACVA, *Evidence*, 12 February 2024, Ms. Jane Hicks (Acting Director General, Service Delivery and Program Management, Department of Veterans Affairs), 1130.

27 ACVA, *Evidence*, 12 February 2024, Ms. Jane Hicks (Acting Director General, Service Delivery and Program Management, Department of Veterans Affairs), 1130.

28 ACVA, *Evidence*, 14 February 2024, Mr. Luc Fortier (Quebec command Vice-President, Royal Canadian Legion), 1800.



As I'm almost at time, the main point that I want to bring up is that nobody who is severely injured or ill should be released from the military until their supports are in process. That includes doctors and other such supports.²⁹

Delaying release would allow time for military physicians to sign all the necessary forms and for VAC to make decisions about matters such as income replacement, which would ensure that veterans could plan for their future like any other person facing a major life change. The Committee can only reiterate this recommendation:

Recommendation 1

That, regardless of the type of release, the Canadian Armed Forces release members only once:

- **their access to a family physician has been confirmed by the relevant provincial authorities;**
- **Veterans have been informed of all career transition programs and all applications for such programs have been adjudicated;**
- **SISIP disability benefit claims have been adjudicated and, if applicable, vocational programs have been approved;**
- **all decisions regarding all applicable VAC programs and services have been made; and**
- **they have received a copy of their service records.**

Programs available to all Veterans

Career Transition Services

Since 2006, career transition services have been available to veterans who are not participating in the VAC Rehabilitation Program. These services were redefined several times before the current Career Transition Services program was rolled out in 2019. [VAC's policies](#), which were reviewed in April 2023, now clearly state that serving CAF members are eligible and that veterans are eligible "not only on their initial transition

29 ACVA, *Evidence*, 26 February 2024, Ms. Carolyn Hughes (Director, Veterans Services, Royal Canadian Legion), 1215-20.

out of the CAF, but also at any point where they may be faced with the transition from one type of employment to another.” The services include three components:

- labour market information;
- career counselling; and
- job-finding assistance.

[Agilec](#) is the subcontractor that has provided these services since 2018. The [Committee’s report on the national strategy for veterans’ employment](#) noted that an evaluation carried out in 2022 by VAC found that satisfaction rates for this program were subpar. Nevertheless, the contract with Agilec was renewed in 2023. The Committee had recommended “[t]hat Veterans Affairs Canada review its Career Transition Services program and the terms of the contract with its supplier to ensure that Canadian Armed Forces members, Veterans and members of their families receive these services at the level of quality they are entitled to” (Recommendation 9).

In its [response to the Committee’s report](#), the government stated that it agrees with this recommendation. It glossed over the fact that its own evaluation had highlighted low satisfaction rates with the career transition services provided by Agilec and instead boasted about the success of another program, the Education and Training Benefit.

Education and Training Benefit

Since 2018, the Education and Training Benefit (ETB) has given veterans who were released after 1 April 2006, and who are not already participating in the VAC Rehabilitation Program, access to funding to help pay for tuition, course materials, related fees and living expenses. Similar benefits were available previously, but eligibility was restricted to veterans already participating in the Rehabilitation Program or to medically released veterans. The maximum amount is \$46,196 for veterans who served between 6 and 12 years and \$92,392 for veterans who served for 12 years or more. Unlike the similar SISIP benefit available during the 24 months following a medical release, veterans are eligible for the ETB up to 10 years after their release, with no restriction based on the type of release. According to the [Public Accounts of Canada](#), 2,219 Veterans received this benefit in 2021–2022, for a total cost of \$25.7 million.



Evaluations of the program have been positive, and witnesses who appeared before the Committee confirmed those conclusions.³⁰

In its [report on the national strategy for veterans' employment](#), the Committee had raised the issue of reservists' eligibility. At present, only members of the Supplementary Reserve are eligible for the ETB. These members are veterans who have agreed to be available in case their expertise can be of use in a CAF operation. Other reservists are not eligible for the ETB because they are still serving members and are eligible for CAF training programs. The Committee had recommended expanding the ETB eligibility criteria to include other reservists. The government responded that it was "tak[ing] note of this recommendation."

The Committee had also called for the eligibility criteria to be expanded to include veterans who had not yet accumulated the required six years of service to qualify. In its response, the government took note of this recommendation but did not respond to it.

Community Programs

Several witnesses suggested that the government could be more open to incorporating community programs that would positively support VAC's mission. Rosemary Park of Servicewomen's Salute Canada stated:

I speak about being bold and not relying on Veterans Affairs to chart a course. I say this based on the knowledge I have gained from my 20 years of uniformed service and my now 32 years of community service in the non-profit sector.

...

If we think of this as a national action plan, I am mystified to not see this third sector strategically, intentionally and operationally brought into Veterans Affairs Canada's and the Canadian Armed Forces' thinking, veteran and citizen engagements and civil society applications.³¹

Sandra Perron, founder of the Pepper Pod, underscored the importance of the community sector, particularly for female CAF members and female veterans:

30 See for example: ACVA, *Evidence*, 14 February 2024, Dr. Darryl Cathcart (Education Consultant, As an Individual), 1710; and 14 February 2024, Honorary Lieutenant-Colonel Sandra Perron (Founder and Chief Executive Officer, Pepper Pod), 1645.

31 ACVA, *Evidence*, 14 February 2024, Ms. Rosemary Park (Lieutenant-Commander (Retired), Founder, Servicewomen's Salute Canada), 1650-55.

Men in the Canadian Armed Forces often have a larger network. They have more colleagues, and they engage in activities with them on a regular basis. They'll go out for a beer or play golf, for example. Their social network is very well developed.

However, women ... don't encounter many women during their career, so they have fewer opportunities to form friendships with other women.

...

Women need deeper friendships. Over time, they move away from that side of their career that involves forming friendships with women.

...

We [at the Pepper Pod] offer women transitioning out of the military to meet a new group of women. They sit down together for a weekend and they talk about their stories. They tell their stories. They're very vulnerable. So they forge a very deep friendship within this new group.

...

That said, women veterans sometimes get together just to pick blueberries, and other times to go on adventures.³²

The Veteran and Family Well-being Fund provides funding to community organizations and research institutions, but that funding is tied to the delivery of specific projects over a period of no more than five years. That makes it difficult for the organizations and the department to develop structured long-term partnerships with community organizations, like the relationship with the Royal Canadian Legion, which has lasted for more than a century. Like any other organization, the Legion is eligible to receive one-time funding to implement a specific project. But, pursuant to a service agreement, it can also access information, with the veteran's consent, that will help with completing disability claims and other paperwork. The Royal Canadian Legion receives no financial compensation for this work, but this arrangement enables it to supplement the department's work in a more permanent way than through specific projects.

32 ACVA, *Evidence*, 14 February 2024, Honorary Lieutenant-Colonel Sandra Perron (Founder and Chief Executive Officer, Pepper Pod), 1715.



Rehabilitation Programs

The Service Income Security Insurance Plan's Vocational Rehabilitation Program

In the six months preceding their medical release, and in the 24 months following their release, the CAF member/veteran has access to vocational rehabilitation services from SISIP. These vocational rehabilitation services are intended not to help veterans acquire new skills, but rather to enhance the transferable skills they acquired during their military service and provide recognition for them. The vocational rehabilitation program covers the cost of tuition and books up to \$32,000 and also provides a number of monthly allowances for supplies, dependent care, Internet, travel assistance and dual residency for the duration of the program. SISIP does not provide any medical or psychosocial readaptation services.

SISIP provides all medically released veterans with disability benefits equal to 75% of their Canadian Armed Forces (CAF) salary for 24 months following their release, whether or not the medical release is related to their military service. If, after 24 months, SISIP determines that the veteran has a permanent total disability, this benefit may continue until the veteran reaches the age of 65.

Veterans Affairs Canada's Rehabilitation Program

The SISIP disability benefits program makes no distinction between a medical release that is "service-related" and a medical release that is not. Furthermore, the SISIP rehabilitation program covers only the vocational component of the transition. This was one of the main reasons behind the [Veterans Well-being Act](#), which was passed in 2005 and came into force the following year. It enabled VAC to create a rehabilitation program that includes the physical, psychosocial and vocational components of the transition and to offer income replacement for those enrolled in the rehabilitation program. This means veterans without a medical release, who are ineligible for the SISIP program, would qualify. This program was primarily intended to support veterans experiencing mental health issues whose symptoms appeared post-release.

Pursuant to section 8(1) of the [Veterans Well-being Act](#), rehabilitation services may be provided to a veteran "who has a physical or a mental health problem resulting primarily from service in the Canadian Forces that is creating a barrier to re-establishment in civilian life." Serving CAF members can apply for it in the months leading up to their

release, but the rehabilitation program will not begin until they are released.³³ Vocational assistance services may be offered to spouses if it is determined that the rehabilitation measures available to the veteran will not lead them to be gainfully employed. Vocational assistance may also be offered to veterans' survivors.

According to [VAC data](#), among the 142,033 VAC clients in December 2021, about 14,685 were participating in the Rehabilitation Program, or about 1 in 10. These veterans have more complex cases and receive support from departmental case managers.

Interactions Between the Vocational Component of Veterans Affairs Canada's Rehabilitation Program and the Service Income Security Insurance Plan's Vocational Rehabilitation Program

If the health issue for which the medical or psychosocial rehabilitation service was provided creates barriers to returning to the workplace, a vocational rehabilitation component will be added to the veteran's VAC rehabilitation plan. However, veterans are not eligible for these services if they are already receiving SISIP rehabilitation services. For medically released veterans, the vocational component of VAC's Rehabilitation Program is available to them only after the 24-month SISIP eligibility period has elapsed, if the barriers to re-establishment in civilian life are still a factor. This 24-month waiting period does not apply to eligible veterans who were not released for medical reasons.

This waiting period could limit VAC's ability to offer veterans complete, coherent rehabilitation programs. The Committee has repeatedly recommended harmonizing the VAC and SISIP vocational rehabilitation programs. Once again, the Committee recommends:

Recommendation 2

That the Department of National Defence amend the eligibility criteria for the Service Income Security Insurance Plan (SISIP) vocational rehabilitation program to make it available only to veterans whose medical release was not due to service.

Income Replacement Benefit

When a rehabilitation plan is approved by VAC, the veteran becomes eligible for the Income Replacement Benefit. Since October 2016, this benefit has provided veterans

³³ ACVA, *Evidence*, 30 January 2023, [Ms. Jane Hicks \(Acting Director General, Service Delivery and Program Management, Department of Veterans Affairs\)](#), 1545.



with 90% of their pre-release income for the length of their rehabilitation plan. If VAC determines that they are not participating actively in their rehabilitation program, veterans can lose that benefit. Medically released veterans are already eligible for 75% income replacement under SISIP. In those cases, VAC covers the difference, which is 15%. Before 2016, both SISIP benefits and VAC benefits covered 75%. Since 2016, in order to benefit from the 15% top-up provided through the Income Replacement Benefit, medically released veterans receiving SISIP benefits have had to demonstrate that their medical release was related to their military service. This determination, which is made by VAC and not CAF, is partly responsible for the increase in the number of applications and backlogs that followed.

In some circumstances, the Income Replacement Benefit may continue to be paid out after the rehabilitation plan has been completed. In that case, the veteran must establish “[diminished earning capacity](#),” meaning that the veteran is “incapacitated by a permanent physical or mental health problem that prevents them from performing any occupation that would be considered to be suitable gainful employment,” according to VAC’s [document 995](#), which outlines the department’s policies for its rehabilitation and vocational services.

Rehabilitation Services for Veterans Medically Released for Reasons not Attributable to Service

Prior to 1 April 2024, section 9 of the *Veterans Well-being Act* allowed certain veterans to access rehabilitation services even if the problems affecting their transition to civilian life were not service related. It was considered likely that these veterans could experience service-related problems later on. This section was repealed by section 127 of the *Budget Implementation Act, 2018, No. 1*.

Prior to October 2016, the cost of this measure was low because the SISIP already covered the corresponding income replacement benefits for all medically released CAF members. In October 2016, when VAC’s income replacement benefits were increased from 75% to 90% of pre-release income, veterans were still eligible for rehabilitation services. This meant they could also receive the 15% difference paid by VAC even if their rehabilitation needs were not service related. For an insurance program like the SISIP, such an expense might have been justified by increasing premiums accordingly, but VAC’s program is fully taxpayer funded. On 1 April 2019, the department therefore [terminated the income replacement benefit](#) for veterans whose medical release was not service related, though it continued to offer them rehabilitation services until 1 April 2024.

ADMINISTRATIVE BURDEN OF VETERANS AFFAIRS CANADA'S PROGRAMS

Complaints about red tape at VAC are nothing new. For the past 15 years or so, however, the department has been making considerable efforts to streamline its forms and administrative procedures. These improvements seem to have had little impact on veterans' experiences. One of the reasons for this, as has been noted above, is the number of existing programs. There are different criteria for each program, the same terms are defined differently depending on the program, and sometimes there is overlap. The balance between making public spending accountable and ensuring veterans have access to services does not yet seem to have been struck.

Marc Meincke, host of the podcast Operation Tango Romeo, explained that post-traumatic stress disorder could make this feeling worse. He did not spare the Committee itself, criticizing its burdensome procedures:

One reason that access is difficult is that for post-traumatic stress disorder, one of the symptoms is a sense of being overwhelmed, especially with administrative burdens. As an example, even to join you here today, the bureaucratic process was significant. It's overwhelming for many.

For me to access my email at Veterans Affairs Canada, I can count the number of steps. At one point, it was up to 16 steps. I think we're down to nine right now. I have to click nine different things just to read an email. Things like that are simply overwhelming for many. That's one of the examples of where we can do better.³⁴

One of the reasons is that the names of programs are changing all the time. There are adjustments to them, and you can't keep track. The only way to have any clue.... I liken it to a bunch of sixth graders teaching each other sex education. They really don't know what they're talking about. That's what it's like trying to navigate VAC. It's constantly changing, and just as soon as you have a relationship with a caseworker, they quit or get fired, and then you have a new caseworker. I think I've been through four or maybe five since 2017.³⁵

The complexity of the programs is apparently challenging for even the most seasoned public servants. Veterans are not specialists in public administration. When they transition to civilian life, all aspects of their everyday life are disrupted. If the

34 ACVA, *Evidence*, 29 April 2024, Mr. Mark Meincke (Corporal (Retired) and Host, Operation Tango Romeo, Trauma Recovery Podcast for Military, Veterans, First Responders, and Their Families, As an Individual), 1120.

35 ACVA, *Evidence*, 29 April 2024, Mr. Mark Meincke (Corporal (Retired) and Host, Operation Tango Romeo, Trauma Recovery Podcast for Military, Veterans, First Responders, and Their Families, As an Individual), 1130.



department's statutory obligations prevent it from radically streamlining its programs, then the administrative burden should be offset by offering far more support to help veterans navigate the quagmire of programs.

VAC confirmed that members of its staff would be present to support intervention as early as possible. Philip Lopresti suggested having "someone like a paraprofessional" guide veterans through their transition: "someone consistent who will guide you through that transition, whether it's to access resources through VAC or any other organization."³⁶ Support of this nature would undoubtedly be less intimidating than support from departmental staff.

Under the former transition process, members of the Royal Canadian Legion were embedded in the Integrated Personnel Support Centres and would help transitioning members fill out benefits applications, remind them to request a copy of their medical records and warn them about challenges they could face if they chose certain paths. These services were provided through a memorandum of understanding with the CAF. According to Carolyn Hughes, there is currently no such agreement in place for the transition centres.³⁷ Luc Fortier, Quebec Command Vice-President of the Legion, stated that he had proposed a partnership to the CAF transition group, but no agreement had been signed yet.³⁸

In recognition of the added value of the expertise provided by the Legion's service officers, the Committee recommends:

Recommendation 3

That the Canadian Armed Forces sign a memorandum of understanding with the Royal Canadian Legion to enable Legion's service officers to be embedded within the transition centres.

When people imagine what the transition to civilian life might look like, they typically picture a CAF member who is injured and then undergoes several evaluations, after which a decision sadly has to be made to release the person for medical reasons. Or they may envision a CAF member who has finished their period of engagement after serving a decade or more and who opts to tackle new challenges or be more present for their

36 ACVA, *Evidence*, 29 April 2024, Mr. Phillip Lopresti (As an Individual), 1145.

37 ACVA, *Evidence*, 26 February 2024, Ms. Carolyn Hughes (Director, Veterans Services, Royal Canadian Legion), 1215.

38 ACVA, *Evidence*, 14 February 2024, Mr. Luc Fortier (Quebec Command Vice-President, Royal Canadian Legion), 1820.

family. People can easily imagine the support that the transition centres could offer for the many cases that fit the mould of the typical transition. However, what about situations where the transition process is completely atypical?

Committee members were stunned and appalled by the testimony of Stephanie Hayward. She left the CAF after a few months of service after being raped by eight men. She was 19 years old: “I never had transition services when I was released from the military. My human rights and my employment rights were extremely violated. I was silent out of fear that I would be killed, raped again or put in military corrections.”³⁹

How should a transition or process be approached in such a case? As the Committee explained in its [June 2024 report on women veterans](#), the immediate care provided to victims of sexual trauma within the CAF is deficient. In such cases, victims experience a serious criminal act but are unable to obtain immediate support or report their attackers:

Well, the problem with my situation was that because it happened in the military, I wasn't able to access any victims' services in civil life. I couldn't access anything. I was basically told to go to the military to ask for help, and then I did. There were multiple times over the span of 11 years that I asked for help. I begged for help. I was homeless in a pregnancy shelter and it was asking for help from Veterans Affairs, and they said I wasn't eligible for any benefits and wouldn't even let me apply.⁴⁰

The upcoming changes to transfer sexual assault cases to civilian courts are certainly necessary, but they do not mitigate the challenges of immediately caring for a person in distress who is afraid to report their own colleagues. As the Committee also noted in its report on women veterans, “[t]he establishment of the Sexual Misconduct Support and Resource Centre (SMSRC) and its independence from the chain of command has had no effect on reporting.”

The two missing elements that need to be implemented in order to facilitate the provision of care are proximity and speed. Despite the best of intentions, anything that resembles an administrative structure established by officers within the CAF could appear suspicious to a person who has just experienced sexual trauma. All military personnel should therefore know one female non-commissioned member in their unit who is identified as the point of contact, a trusted individual to whom any situation related to sexual misconduct can be reported immediately without risk and who has full immunity from any disciplinary measures potentially resulting from this responsibility.

39 ACVA, *Evidence*, 29 April 2024, Ms. Stephanie Hayward (As an Individual), 1225.

40 ACVA, *Evidence*, 29 April 2024, Ms. Stephanie Hayward (As an Individual), 1245.



The creation of a point of contact could also help with the second essential element: speed. Speed is important and directly affects VAC's ability to adequately deal with requests related to sexual misconduct. Not only should it be possible to report a situation to a trusted individual, but the situation should also be documented as soon as possible in order to support service requests that could be submitted at a later date. Stephanie Hayward stated that VAC officials did not believe her:

They think it must be fabricated, because it couldn't happen on Canadian soil. This is something you hear about in a third world country. This couldn't possibly happen here, as if I must be blowing it out of proportion; I must be making it bigger than it is.⁴¹

VAC adjudicators liberally apply the principle of the benefit of the doubt under the law. This means they grant the greatest possible credibility to any evidence submitted to them. However, evidence does need to be submitted. The existence of a trusted person within a military unit who could corroborate the facts and present notes taken during the initial report could enhance VAC's treatment of requests related to sexual misconduct. The Committee therefore recommends:

Recommendation 4

That the Canadian Armed Forces ensure that victims of sexual misconduct can present the facts promptly to someone outside the chain of command, and that this testimony can be used to support claims for benefits and services that may later be filed with Veterans Affairs Canada.

CONCLUSION

According to Statistics Canada, in 2021, there were 97,625 members in the Canadian Armed Forces. Each year, approximately 8,200 members leave the military and return to civilian life, with 2,000 to 2,500 of them doing so for medical reasons. It is estimated that approximately 40% of these 8,200 members will experience difficulties during the transition. More than half of the veterans who will encounter difficulties are not medically released. This shows that the causes of difficulty experienced during the transition to civilian life are complex and varied and cannot be simplified to whether a CAF member was injured or not.

To respond to the growing complexity of veterans' needs, VAC and the CAF have begun rolling out a new transition model. This model takes the form of 27 transition centres that were fully operationalized in 2024. The present report highlights certain concerns

41 ACVA, *Evidence*, 29 April 2024, Ms. Stephanie Hayward (As an Individual), 1305.

about the level of preparedness of the initiatives involved in this new transition model. These initiatives are being presented in a way that could create unrealistic expectations that will overshadow the real progress they represent.

For example, the [Digital Transition Centre](#) was portrayed as a major innovation, when in fact it is merely a web page containing a haphazard assortment of links to transition-related services. It claims to be a portal for booking a consultation with transition specialists, but it only provides a link to the contact information for the transition centres. There is no form for scheduling an appointment or even an option for sending an email. The Digital Transition Centre home page also lists tools that are supposed to make it easier for veterans to translate their military skills to civilian equivalencies, yet these tools yield only a chaotic jumble of keywords. It is hard to imagine them helping anyone plan a civilian career.

The complex interactions and areas of overlap between the rehabilitation programs offered by the SISIP and by VAC were pointed out when the *Veterans Well-Being Act* first came into force in 2006. The overlap is still present today and became even more complex when the Pension for Life program was introduced in 2019. For instance, the vocational component of VAC's rehabilitation program is limited because the SISIP program takes precedence during the 24 months following a medical release. Rather than harmonize the programs, the CAF and VAC created new ones tailored to increasingly specific needs based on eligibility criteria detailed in new forms. The objectives of these programs are certainly commendable, and some are appreciated by veterans, but they add to the feeling of drowning in red tape that veterans have complained about many times.

The main observation stemming from the study on the transition is that the primary difficulties related to CAF members' transition to civilian life do not involve the service delivery model so much as the ability of the provinces and territories to provide health services on a timely basis, especially access to a family doctor. VAC's pilot project allowing medically released veterans to book a virtual consultation for one-time needs is laudable, but the scope of this service remains limited.

The federal government's key leverage in this area is that the CAF has total responsibility over health services provided to serving military members. The federal government loses this authority once military members become veterans. It is therefore vital to optimize the services offered to them in the months preceding their release.

The main recommendation of this report, echoing the many reports that have come before it, is that military members should not be released until they have secured a doctor and all claims and service applications submitted to VAC have been adjudicated.



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Unless and until recently released veterans have timely access to the health services they need, the impact of all other reforms to the transition process will necessarily be limited. We hope that the Government of Canada will be bold enough to seriously consider the importance and relevance of this change, which would likely promote a seamless transition for all future generations of veterans.

We would like to thank all the veterans who testified before us, the members of community groups, and the representatives of VAC and the CAF, who, despite the criticism they receive from veterans and from the Committee, continue to devote all their energy to improving veterans' well-being to the extent that the laws passed by the Parliament of Canada allow.

APPENDIX A: LIST OF WITNESSES

The following table lists the witnesses who appeared before the committee at its meetings related to this report. Transcripts of all public meetings related to this report are available on the committee’s [webpage for this study](#).

Organizations and Individuals	Date	Meeting
<p>Department of National Defence</p> <p>Cmdre Daniel Bouchard, Commander, Canadian Armed Forces Transition Group, Canadian Armed Forces</p>	2024/02/12	82
<p>Department of Veterans Affairs</p> <p>Steven Harris, Senior Assistant Deputy Minister, Service Delivery Branch</p> <p>Jane Hicks, Acting Director General, Service Delivery and Program Management</p> <p>Mark Roy, Area Director Central Ontario</p>	2024/02/12	82
<p>As an individual</p> <p>Darryl Cathcart, Education Consultant</p>	2024/02/14	83
<p>Pepper Pod</p> <p>Lcol (H) Sandra Perron, Founder and Chief Executive Officer</p>	2024/02/14	83
<p>Royal Canadian Legion</p> <p>Luc Fortier, Quebec command Vice-President</p>	2024/02/14	83
<p>Servicewomen’s Salute Canada</p> <p>Rosemary Park, Lieutenant-Commander (Retired), Founder</p>	2024/02/14	83
<p>Survivor Perspectives Consulting Group</p> <p>Donna Van Leusden Riguidel, Director</p>	2024/02/14	83

Organizations and Individuals	Date	Meeting
As an individual Vicky-Lynn Cox, Aircraft Structural Technician Susan Pollard John Senior, Veteran Steve Turpin	2024/02/26	84
Royal Canadian Legion Carolyn Hughes, Director, Veterans Services	2024/02/26	84
True Patriot Love Foundation Nick Booth, Chief Executive Officer	2024/02/26	84
As an individual Rima Aristocrat, President, TeKnoWave Inc. Stephanie Hayward Phillip Lopresti Mark Meincke, Corporal (Retired) and Host, Operation Tango Romeo, Trauma Recovery Podcast for Military, Veterans, First Responders, and Their Families	2024/04/29	91
Helmets to Hardhats MGen (Ret'd) Paul Bury, Director	2024/04/29	91

APPENDIX B: LIST OF BRIEFS

The following is an alphabetical list of organizations and individuals who submitted briefs to the committee related to this report. For more information, please consult the committee's [webpage for this study](#).

MacDonald, Paula

National Council of Veteran Associations in Canada

Respect Forums

REQUEST FOR GOVERNMENT RESPONSE

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

A copy of the relevant *Minutes of Proceedings* ([Meetings Nos. 82 to 84, 91 and 103 to 105](#)) is tabled.

Respectfully submitted,

Emmanuel Dubourg
Chair

Common – Sense Conservatives Supporting Veterans in their Transition to Civilian Life

Once again, the Liberal Government and the latest report from the Standing Committee on Veterans Affairs fails Veterans by completely missing the mark and ignoring the real concerns brought forward by the men and women who selflessly served Canada. The Liberals excuse for ignoring Veterans concerns is that this is an issue which could be examined in perpetuity as the evolving nature of the modern world and work force will undoubtedly continue to present new challenges to Veterans in transition. Therefore, the Liberal Government and their NDP and Bloc partners have attempted to absolve themselves of any responsibility to Veterans, but Conservatives wholeheartedly reject that Liberal premise and table this dissenting report to be a voice for Veterans, so their concerns don't get swept under the rug yet again.

The position of the current Liberal Government is that because the transition process is something that is prone to changes in the future, it is hopeless for the government to try and improve certain conditions as they currently exist. Conservatives reject this line of thinking and condemn it as a weak attempt to avoid accountability to Canada's Veterans. After 9 years of the NDP/Liberal Government, Canadian Veterans have never faced more uncertainty in their transition from the RCMP and Canadian Forces into civilian life. Record high inflation, caused by irresponsible government spending resulted in a cost-of-living crisis which has put more Veterans on the street and at food banks than at any other time in Canadian history.

Furthermore, the Liberal Government's addiction to spending and growing the government continues to place administrative burdens on Veterans and the medical service providers that seek to support them in their transition.

Within the Standing Committee on Veterans Affairs, the Liberal members and the other parties that support them, deliberately neglected to address the immediate issues that Veterans have been raising for years. Conservatives do not accept that there is nothing the government and Veterans Affairs can do to make immediate and positive changes to the transition process for those who have served Canada and their families.

There are obstacles that stand in the way of a smooth transition for the men and women who serve Canada. Obstacles like excessive paperwork burdens on medical practitioners disincentivizing them from working with Veterans. Or the incoherent timeline and process to access education and training benefits once a member has decided they want to release. Even the lack of Veterans who are involved in the process to help pass on their experience to those navigating the transition process for the first time. These are all obstacles that the government has put in place and can remove immediately to instantly improve the lives of our Veterans.

Common Sense Conservatives believe that the reports which go to the House of Commons should reflect the voice of Canada's Veterans, not the voice of the Liberal Party and its senior bureaucrats. Veterans transitioning to civilian life need a sense of purpose to drive them forward, not more photo ops and empty announcements from the government. As long as the Liberal Government and its NDP/Bloc supporters continue to stand in the way of Veterans, the process of transitioning to civilian life will be filled with unnecessary stress and hardship.

Veterans Helping Veterans

Conservatives understand that Veterans understand other Veterans best. The loss of military culture is one of the largest adjustments and changes for Canadians transitioning from the Armed Forces into civilian life. Having a strong Veterans presence within the department of Veterans Affairs would help create a culture that puts the needs and concerns of Veterans first rather than bureaucratic processes and red tape. Despite the previous Conservative Government legislating priority hiring for Veterans in the public service, the current Liberal Government never implemented the program. The result is that Veterans Affairs Canada consists of thousands of bureaucrats with less than 5% of them being Veterans. Additionally, there are many Veteran owned and operated businesses and non-profit organizations across Canada that work tirelessly to serve their fellow Veterans through peer support programs and initiatives. The success and positive feedback on many of these programs is a testament to the effectiveness of having Veterans helping each other and working together on common goals. This is a lesson that the Liberal Government has overlooked for years. Considering these facts Conservatives present the following recommendations:

The Liberal government has failed to prioritize the hiring of Veterans and should ensure that more are hired to work at Veterans Affairs Canada, where they can use their shared experiences to better serve their fellow Veterans. The government needs to set and pursue Veteran hiring targets to increase the number and proportion of Veterans working within Veterans Affairs Canada and report on this annually to the Standing Committee on Veterans Affairs.

That the Liberal government recognize the value of Veteran led peer support programs and do more to encourage this model for Veterans going through their transition which directly makes them more employable and allows them to use their unique skills and training within the civilian work force.

Fast tracking Security Clearances

Members of the RCMP and Canadian Armed Forces have typically been subject to extensive vetting and background checks. Time and time again our Veterans proved their loyalty to Canada as they were entrusted to use sensitive data to perform their jobs. A bottle neck in

obtaining security clearances means many businesses have positions they cannot fill and productivity is lost. The Liberal Government has ignored the proposals from Veterans to create a process that recognizes that Veterans are trusted members of society who have already held security clearances. Therefore Conservatives propose the following recommendation

The government should develop a preferential system to fast track the acquisition of security clearances for Veterans who held clearances in the past to enable a seamless transition for Veterans.

Continuity of Medical Care

There are gaps which exist in the medical coverage for Veterans transitioning to civilian life from the military. These gaps not only cause undue stress and hardship, but they are the result of the Liberal Ministers not working together to help those who served their country.

The report correctly mentions the difficulty Canadians have in finding a family doctor, but then says there is nothing that Veterans Affairs Canada can do to address this! Conservatives will remind the government that the administrative burden that is placed on family doctors who take on Veterans as patients is actively discouraging other doctors from doing the same. With the current doctor shortage in Canada, the last thing a Veteran and their doctor needs is mountains of paperwork, especially for those cases when the Veteran already had a diagnosis or prescription from medical professionals within the Canadian Armed Forces.

The solution to eliminating this unnecessary burden on Veterans and their doctors is to have National Defence and Veterans Affairs carry over the diagnosis and prescriptions that Veterans received while serving in the CAF to Veterans Affairs. This would ensure a continuity of care for our Veterans as well as eliminating the need for Veterans to reprove their injuries or be reassessed before being able to resume their treatments once they release. With this in mind, Conservatives propose the following recommendation:

Veterans Affairs Canada and the Department of National Defence should immediately synchronize their policies to recognize medical work that has been done by one department with the other to eliminate the unnecessary steps Veterans must face to continue their treatment plans for service related injuries.

Harmonization of Training Qualifications

Perhaps one of the most short sighted and damaging practices of the Canadian Armed Forces is depriving its members of industry recognition which limits their employability in the private sector. The rationale behind this was to prevent a “brain drain” or loss of talent to the private sector considering the Canadian Armed Forces pays substantial sums to train Canadians in everything from heavy equipment operation, carpentry, cyber security, project management,

etc. Despite other allied nations having demonstrated the success of offering training free of cost in exchange for service and recruitment benefits, Canada has maintained a policy of retention through sabotage by refusing to provide industry certifications and courses to its members.

This means that when members of the CAF begin to transition to the civilian world, many have years of experience in a field, but no recognized industry certifications meaning they have to waste time and money to write entry level certifications in fields they may have decades of experience with. In light of this, Conservatives propose the following recommendation:

The Department of National Defence needs to harmonize training certifications in the Canadian Armed Forces with civilian qualifications, allowing Veterans to easily transfer their skills to civilian workplaces. The Liberal Government needs to end the gate keeping which is denying service members proper certifications in an effort to limit their employment options outside of the CAF.

Access to Education

Despite the Liberal Government promising that no Veteran would be released from the Canadian Armed Forces before all of their benefits and entitlements were in place, there still exists policy gaps which prevent service members from applying or beginning programs until certain amounts of time have lapsed. This effectively contradicts the Liberal promises and has gone ignored for the past 9 years since the promise was made. An example of a better approach is the United States' GI Bill which opens funding for educational programs and degrees to members while they are still serving. This allows their members to apply for schools and programs and have the funds necessary to do so before they release, rather than waiting months for a release before having to apply for the benefits which can cause up to a year in delays.

Further to this, there are members of the Regular Force who transfer to the Primary Reserve Force so that they can pursue civilian employment or full-time schooling. These members are not permitted to access the education training benefits since they are still considered serving members. This leads to these members releasing completely and causes the military to lose precious knowledge, skills, and experience that they so desperately need in the midst of the recruitment and retention crisis. Conservatives propose the following recommendation to address this issue:

Veterans Affairs Canada and the Department of National Defence need to cooperate to close the post-service employment gap experienced by Veterans by enabling them to access education and training programs immediately upon receiving their release date from the Canadian Armed Forces. The Education and Training Benefit needs to become available to Veterans as soon as they are informed of their release date by the Canadian Armed Forces

and Education reimbursement programs need to be made available to members of the Regular Force transitioning into the Primary Reserve Force.

Conclusion

In conclusion, Conservatives believe that the report tabled deliberately attempted to downplay the role that the government plays in the transition process for Veterans. The government continues to portray the issue of transition as an abstract that cannot be easily addressed, but Conservatives have been listening to Veterans and we know that the current government is only getting in the way of Veterans when they attempt to transition.

How is a Veteran and their family expected to successfully transition and adjust to a new life and culture, when Veterans Affairs Canada bombards them with relentless paperwork? Such bureaucracy unnecessarily waste Veterans time and cause them undue stress. This is why the report the Liberals and their supporting parties tabled is so insulting to Veterans. The Liberal government continues to fail our Veterans and their families.

A Canadian Forces member can receive a diagnosis from a CAF doctor and a prescription for a lifelong condition, but upon releasing from the forces, VAC will not recognize the diagnosis or prescription and subject a Veteran to more assessments and then burden family doctors with excessive paperwork, driving most family doctors to the point they will refuse to take on Veterans. The same Liberal government will then turn around and issue a report stating that there is nothing they can do when it comes to improving what Veterans go through since health care is a provincial issue.

Canadian Veterans and their families are sick and tired of a government that talks the talk, but then forgets them when they need it. The Liberal Government continues to cause institutional trauma for Veterans and service members and still can't seem to figure out why there is a massive retention, recruiting, and morale issue in the CAF and Veterans community. Conservatives are listening and will continue to demand better for those who risked everything serving Canada.

New Democrats demand dedicated transition services for MST survivors

Supplementary Report of the New Democratic Party (NDP)

The topic of transition to civilian life after service in the military has been studied many times in Parliamentary committees. In addition to this study by the Standing Committee on Veterans Affairs (ACVA), the Standing Committee on National Defence (NDDN) conducted a study in this 44th Parliament entitled, *“Military Health System and Provision of Health and Transition Services under the Canadian Forces Health Services Group,”* which was presented to the House on November 24, 2023.¹ In the 42nd Parliament, ACVA conducted the study, *“Barriers to Transition and Measurable Outcomes of Successful Transition,”*² and in the 41st Parliament, ACVA conducted the study, *“Continuum of Transition Services.”*³

Even though there have been numerous studies on this topic, there has been almost no consideration for providing services for the needs of transitioning military members who have experienced military sexual trauma (MST) and this must be addressed. This gap was clearly outlined through the testimonies of Veterans Stephanie Hayward and Vicky Lynn Cox. Ms. Cox explains how she was not supported through her transition.

“It was not until the announcement of Operation Honour in 2015 that I finally felt empowered to come forward and report the incidents I had endured. After reporting four cases, instead of receiving individual support for my recovery, I was abruptly pushed toward a transition out of the military, all while my perpetrators remained unpunished. Overall, the transition unit provided inadequate support, leaving me ill-prepared for civilian life and exacerbating the toll on my physical and mental health and that of my family.”⁴

Her negative experience was underscored by the testimony of Ms. Hayward who gave a suggestion on how an MST survivor could be supported at the time of transition.

“Maybe we should have someone actually talk to somebody, sit down with them if they're a victim of sexual assault within the Canadian Armed Forces and make sure they're entitled to the right to appeal or to make a separate application to somebody who's a third party. I just know that for 11 years I was barred from even applying for benefits, so I can imagine how many lives we have lost of women who didn't make it through.”⁵

¹ [NDDN - Canadian Armed Forces Health and Transition Services \(ourcommons.ca\)](#)

² [ACVA - Barriers to Transition and Measurable Outcomes of Successful Transition \(ourcommons.ca\)](#)

³ [ACVA - Continuum of Transition Services \(ourcommons.ca\)](#)

⁴ [Evidence - ACVA \(44-1\) - No. 84 - House of Commons of Canada \(ourcommons.ca\)](#)

⁵ [Evidence - ACVA \(44-1\) - No. 91 - House of Commons of Canada \(ourcommons.ca\)](#)

In their testimonies, both Veterans gave many examples of how they were badly treated upon transitioning to civilian life and the negative outcomes that behaviour created for them and their family members.

New Democrats believe the Government must address the systemic gaps in support services for military personnel and their families to ensure a smoother transition to civilian life and to mitigate the adverse effects of military service. We agree with the recommendations contained within this report and suggest one more recommendation to address the gap with respect to transitioning MST survivors.

Recommendation

That the Government of Canada establish dedicated sexual misconduct services and supports at transition centres, accessible to both members and their families.

With this recommendation, the NDP prioritizes the well-being of Veterans to honour their service and to uphold the values of equity, dignity, and respects within our armed forces.