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Chair: Marie-France Lalonde



Standing Committee on Veterans Affairs

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• (1535)

[*Translation*]

The Chair (Marie-France Lalonde (Orléans, Lib.)): I call this meeting to order.

Welcome to meeting number 16 of the House of Commons Standing Committee on Veterans Affairs.

[*English*]

Today, we're meeting for two hours to consider the supplementary estimates (B), 2025-26, and today's meeting is taking place in a hybrid format, pursuant to the Standing Orders.

Before we continue, I will ask our in-person participants to consult the guidelines written on the cards on the table. These measures are in place to help prevent audio feedback incidents and to protect the health and safety of all participants, including the interpreters.

[*Translation*]

To ensure an orderly meeting, I would like to outline a few rules for witnesses and members to follow.

Before speaking, please wait until I recognize you by name. For those participating by video conference, click on the microphone icon to activate your mike. Please mute yourself when you aren't speaking.

For interpretation for those of you on Zoom, you have the choice at the bottom of your screen of floor, English or French. Those in the room can use the earpiece and select the desired channel.

As a reminder, all comments by members and witnesses should be addressed through the chair.

[*English*]

Allow me to welcome the Honourable Jill McKnight, Minister of Veterans Affairs, who is joining us for the first hour of this meeting. She is joined by Christine McDowell, acting deputy minister; Steven Harris, senior assistant deputy minister of service delivery, who is joining us by video conference; Pierre Tessier, assistant deputy minister of the chief financial officer and corporate services branch; and Mitch Freeman, acting assistant deputy minister of the strategic policy, planning and performance branch.

Thank you for taking the time to appear today.

We will begin with the opening remarks.

Minister McKnight, you will have the floor for five minutes. Thank you very much for joining us today.

Hon. Jill McKnight (Minister of Veterans Affairs): Madam Chair, members, I'm pleased to join you today to discuss the supplementary estimates (B) for Veterans Affairs Canada.

Since my last visit to the committee, I've had the privilege of participating in commemorative ceremonies and events across Canada, before, during and following Veterans Week and Remembrance Day. Each experience was a powerful testament to the strength and sacrifices of our veterans, broadening my perspectives and filling me with an even greater sense of respect and reverence. Canada owes a debt of gratitude to all those who have worn and wear the uniform. The Government of Canada remains steadfast in its responsibility to deliver the care, benefits and recognition that our veterans and their families deserve.

Through these supplementary estimates, you will see that expenditures for Veterans Affairs Canada will increase by \$14.2 million over the forecasted amounts. I would also like to speak to items in budget 2025 that directly relate to Veterans Affairs Canada and veterans. Through this budget, we are delivering on our commitment to Canadians when they elected this government: spending less on government operations so we can invest more in Canadians, including our country's veterans.

We are taking concrete steps to ensure that veterans receive the compassionate, timely support they deserve. With budget 2025, our new government is investing \$184.9 million over four years, starting in 2026-27, and \$40.1 million ongoing to stabilize the disability benefits service delivery system. This investment includes \$24 million, over two years, to modernize IT infrastructure and operational processes to manage increasing demand. Budget 2025 reflects the government's firm commitment to providing veterans with responsive and accessible benefits in a timely manner, backed by permanent funding in the years ahead.

Additionally, the budget aligns the reimbursement rate under the cannabis for medical purposes program with current market prices. To be clear, we are protecting access to medically authorized cannabis for those who are qualified to claim it. The adjustment does not impact veterans' authorization for reimbursement, eligibility for the benefit or the daily gram limit. On a cash basis, the adjustment will save \$127 million annually. In line with public sector accounting practices, future savings must be recognized immediately with changes to the benefits that impact long-term liabilities owed by the federal government. As such, budget 2025 accounts for \$4.23 billion in savings, the long-term impact of the reimbursement rate change. With the adjustment to the reimbursement rate of the cannabis for medical purposes benefit from \$8.50 to six dollars per gram, the actual impact to Veterans Affairs Canada's annual budget remains less than 2% on a cash basis. Veterans can and should be assured that no reductions to any other service, benefit or program are included in these savings.

I would also like to address the proposed amendments to the Pension Act, the veterans well-being regulations, the Department of Veterans Affairs Act and the veterans health care regulations, which are included in Bill C-15, the budget implementation act. The amendments to the Pension Act will clarify that "province" does not include Yukon, the Northwest Territories or Nunavut for an annual adjustment method for disability pensions and related benefits.

The BIA is also updating the rules to make it clearer how annual adjustments are calculated for the former earnings loss benefit. Additionally, it clarifies how the maximum monthly charge for accommodation and meals is calculated in the long-term care program. Taken together, these updates make the calculation methods easier to understand and remove any confusion about how they should be interpreted. Overall, they will offer veterans more clarity and transparency. These updates do not change how benefits have been calculated in the past, nor will they have a retroactive approach for the reimbursements that have been paid.

● (1540)

We are updating definitions in the legislation to reflect Veterans Affairs Canada's practices. Canadian Armed Forces members, CAF veterans and their survivors will continue to receive the same benefits they are currently receiving. The same formulas will continue to be used when calculating these benefits.

Under the Pension Act, CAF veteran pension increases will continue to be calculated as they have been, using the higher of the consumer price index or the wage rate increase. This is exactly as it was prior to the introduction of the budget implementation act.

Finally, Madam Chair, I will add one last update. I am pleased to share with the committee that, effective immediately, a diagnosis of Gulf War illness will be accepted as part of a disability benefits application. While Veterans Affairs Canada has always accepted claims from veterans for illnesses and conditions related to their service in the Gulf region, the recognition of Gulf War illness was only recently added to the international classification of diseases, which provides some guidance used to inform decision-making.

Over the last months, I've had the honour of speaking with Harold Davis and Mike McGlennon, respectively president and vice-president of the Persian Gulf Veterans of Canada, as well as

colleagues from the House and the Senate. I would like to thank them all for their strong advocacy.

I encourage any veteran who has a diagnosis of Gulf War illness or related conditions to reach out to Veterans Affairs Canada if they believe they have conditions that were not previously recognized.

Colleagues, thank you, and I'm happy to take your questions.

The Chair: Thank you very much, Minister.

I have to say that the last part of your announcement is, I think, for many of us who had the pleasure of listening to some of those veterans, very good news, if I may say so.

Just before we start the round of questioning, I want to make sure that all questions are addressed through the chair. I always say that Christmas and the holiday season are on the way, so let's make sure that we have a very good meeting today.

On this, I will invite Mr. Richards to speak for the first six minutes.

Blake Richards (Airdrie—Cochrane, CPC): Minister, how many times did you and the Prime Minister meet to discuss the portions of the budget related to Veterans Affairs prior to its introduction?

Hon. Jill McKnight: The budget process was a comprehensive process that had a lot of engagement, with many individuals providing input on the needs of Veterans Affairs Canada and on how we could best support veterans.

● (1545)

Blake Richards: How many times did you and the Prime Minister meet to discuss the Veterans Affairs portions prior to its introduction?

Hon. Jill McKnight: Again, there were numerous meetings to discuss the needs of the portfolio and how we could best address those, and as we've seen—

Blake Richards: Were there numerous meetings between yourself and the Prime Minister?

Hon. Jill McKnight: There were numerous meetings to discuss the needs of the portfolio.

Blake Richards: In those meetings, was it you who advised the Prime Minister to make such deep cuts to Veterans Affairs?

Hon. Jill McKnight: I disagree with your comment about cuts. This is actually an investment in Veterans Affairs of \$184.9 million with ongoing funding of \$40.1 million to follow.

Blake Richards: I will tell you that veterans across this country are concerned, because they're hearing about the cuts. They're worried about the fact that your government hasn't been transparent about what those cuts will be, and that leaves them concerned for their services and benefits. Could you perhaps give some transparency and accountability to veterans right now and tell them what those cuts will be?

Hon. Jill McKnight: There will be no cuts to benefits or services for veterans. There is an adjustment that is being made to the rate of reimbursement for medical cannabis, from \$8.50 to six dollars per gram. There are no cuts to benefits and services.

Blake Richards: Okay. You actually are asking veterans to believe that cutting the rate of reimbursement on a \$245-million-a-year program will amount to \$4 billion over four years. I don't think any veteran will believe that. I don't think we'll get a different response from you on that, so I'll move on.

I have another thing I want to ask you about. We've heard a number of different areas of concern where there has been some indication of what your government's going to do. I want to ask you about a couple of them.

The first is with regard to vulnerable veterans in long-term care. Due to a mistake, I think an honest one, made by your department, those vulnerable veterans were overcharged for their long-term care. The response by your government was to sneakily put into, say, page 375 of the BIA a retroactive change to the legislation that would ensure that those veterans continue to get shortchanged. On the other hand, we have disabled veterans who, again due to a mistake by your government, were overpaid on IRB. Now they're getting bills for tens of thousands of dollars in many cases, going back six or eight years, and being expected to repay those immediately. These are veterans who are vulnerable. They're on a fixed income. They may be dealing with mental health injuries. This might drive them right over the edge.

The commonality in both these cases is that veterans are the ones who are getting screwed. That's the commonality in those cases.

I guess I have to ask, why is it your government's reflex to always make veterans pay for your mistakes?

Hon. Jill McKnight: As I articulated in my opening comments and as I have said, there are no cuts or changes to the benefits and services veterans receive.

Blake Richards: Are you telling me that the bills these veterans are receiving for tens of thousands of dollars are going to be wiped out, then?

Hon. Jill McKnight: If a circumstance has changed in a veteran's life, such as a change in their income level from a variety of sources, then there may be times when an adjustment is made. As such, there may be communication with a veteran. I encourage any veteran who has a question about the services and benefits they're receiving and the financial elements to reach out to Veterans Affairs to speak to their specific individual case.

Blake Richards: Well, I will certainly encourage veterans to do that, but I can tell you that this is a problem that is affecting many veterans. We've heard often in this committee about sanctuary trauma. This is another example of that sanctuary trauma. Your govern-

ment is imposing these kinds of things on veterans, and they're having massive impacts on their mental health. I certainly hope it won't lead to another veteran suicide, because that is the kind of concern I'm hearing out there.

Let me turn to something else. This is in regard to your plans to move to utilization of AI in processing veterans' claims. The government's own algorithmic impact assessment says that the new AI system will apply consistency, compliance and financial efficiency filters. That means that's coming before human review.

We already hear from many veterans who say there isn't enough humanization in Veterans Affairs. Can you explain in plain language to this committee and to veterans how what you're looking to do differs from the idea of an automated denial of benefits?

• (1550)

Hon. Jill McKnight: The use and implementation of AI as a tool can help with the administrative roles of—

Blake Richards: I'm sorry to interrupt, but there's not much time left.

The Chair: Mr. Richards, do you want an answer?

Blake Richards: I don't have enough time to listen to something that's not going to really respond, so—

The Chair: Actually, you do not have any more time, Mr. Richards.

Blake Richards: You just interrupted me, Chair. I do have time.

The Chair: You have over six seconds already on the clock additional—

Blake Richards: Well, I do have time.

The Chair: Mr. Richards, your time is up. Thank you very much.

I will pass it over to Mrs. Hirtle for six minutes.

Alana Hirtle (Cumberland—Colchester, Lib.): Thank you, Chair.

Good afternoon, Minister. Thank you for being here today.

There has been some misunderstanding and perhaps some miscommunication or mis-characterization of what budget 2025 does and doesn't include. Let's just put it on the record here, right now: Does the \$4.23-billion figure outlined in budget 2025 represent a cut to services or benefits for veterans?

Hon. Jill McKnight: No, it does not.

Alana Hirtle: Lovely.

Are you cutting the cannabis for medical purposes benefit for veterans?

Hon. Jill McKnight: We are making an adjustment to the rate of reimbursement on a program basis, from \$8.50 to six dollars per gram for cannabis for medical purposes.

Alana Hirtle: Thank you. I'll wait and ask the other members here about the accounting aspect of that later.

Parliamentary Secretary Casey and I met recently with some Gulf War veterans. I'm very interested to hear more. Would you expand on the new medical recognition?

Hon. Jill McKnight: As I said, I am pleased to be able to announce this change for the recognition of a service-related condition to better align with other nations and the international classification of diseases that recognize Gulf War illness. While illness and injuries related to the Gulf War have been recognized for several years, this formal recognition validates the lived experiences of the Gulf veterans and highlights the importance of continuing to provide clear and accessible pathways to benefits.

I thank the members of the Persian Gulf Veterans for their advocacy on this issue and the continued opportunity to engage with them.

Alana Hirtle: Absolutely. Thank you.

Budget 2025 does outline \$184.9 million, a four-year commitment and a further investment of \$40.1 million ongoing to modernize delivery at Veterans Affairs.

What do these investments mean for the staff at Veterans Affairs Canada who are currently working on the front line of service delivery?

Hon. Jill McKnight: This investment means that we will be able to invest part of it in the modernization and tools to support the incredible individuals who are delivering frontline services to our veterans, thereby allowing them the capacity to continue engaging with the increasing number of clients who are coming forward.

Most importantly, the \$40.1 million ongoing is a long-term investment that will allow us to continue to deliver the highest level of service to our veterans and to respond to their needs with long-term certainty.

Alana Hirtle: I will dip a little bit into the accounting aspect then, as we're well ahead of our time.

To the best of your knowledge, are the accounting rules used to track and outline the accrued savings unusual in any way?

Hon. Jill McKnight: No, these are not unusual rules or accounting methods. They are methods that are used consistently throughout the public service, recognizing the full value of the long-term liability at the start end and then the impact that it has in the long term.

You mentioned that you will perhaps be asking questions of the officials, who may be able to expand further on that part of it. I have the utmost confidence that this is a standard practice across the public service and is in line with standard accounting practice.

• (1555)

Alana Hirtle: To the best of your knowledge, is this a new accounting practice?

Hon. Jill McKnight: To my knowledge, no, this is not a new accounting practice. This is a practice that is standard procedure in the public service.

Alana Hirtle: It's not a new accounting practice. It's not unique to this department. It is across the federal public service and through the federal government.

Do you know if this accounting practice is exclusive to Canada?

Hon. Jill McKnight: I do not know specifically. I would defer to the chief financial officer to speak to the specifics of that, as that is their expertise.

Alana Hirtle: That's wonderful. Thank you. We'll have more of those questions.

The Chair: You have 20 seconds.

Pierre Tessier (Assistant Deputy Minister, Chief Financial Officer and Corporate Services, Department of Veterans Affairs): The accounting practices are common in North America and throughout.... There are no differences. They're very common.

The Chair: Thank you very much.

Minister, this is not your first committee. As you know, Madame Gaudreau will be asking questions in French. We know that, through the interpretation, sometimes it takes a few extra seconds.

Please go ahead, Madame Gaudreau.

[Translation]

Marie-Hélène Gaudreau (Laurentides—Labelle, BQ): Thank you, Madam Chair.

Thank you for being here, Minister. It's really important to follow up.

I have a few questions for you, but first I'd like to ask you if you've had the time, with your busy schedule, to follow the committee's recent meetings.

Hon. Jill McKnight: Thank you for your question.

[English]

I will answer in English. Thank you.

I receive regular updates from ACVA committee members, from department officials and from my team who attend the meetings on what has been transpiring in the meetings, what is being discussed and the information that is being presented.

Thank you.

[Translation]

Marie-Hélène Gaudreau: We've heard good news about medical cannabis and veterans with Gulf War syndrome, for example. Since a lot of people are listening to us, including veterans, I'd like to ask you if announcements about other issues are being prepared, after all the meetings we've had.

[English]

Hon. Jill McKnight: The announcements that I have today are the recognition of the Persian Gulf illness and the investment and ongoing investment in the stabilization and modernization of the service delivery. Those are good-news stories, as this allows us to ensure that veterans receive the care they need and deserve in a timely and accessible fashion.

[Translation]

Marie-Hélène Gaudreau: Several veterans have told us that they felt abandoned, given their health and the special circumstances of their cases, which are sometimes very difficult. They told us that, at the time, there were hospitals where they could see a doctor and receive care. We've heard that over and over again.

Is there any hope that hospitals will be reopened for veterans?

• (1600)

[English]

Hon. Jill McKnight: I recognize and appreciate the frustration that exists when veterans cannot access the care they need, perhaps because they don't have a family doctor or for a number of other reasons. I acknowledge that veterans have experiences that are unique to their circumstances. Having an individual who's familiar with that can provide specific insight into the needs of veterans.

We are going to continue to ensure that veterans have access to the best possible care that they can.

As you know, health care is a provincial responsibility, so that engages working with the provinces and territories to ensure that veterans have access to that care.

[Translation]

Marie-Hélène Gaudreau: Compassion fatigue has been recognized. This can happen when there are many cases and a lack of staff or, as is often the case, a lack of experience. We also found that private contractors were often used. Witnesses said that private contractors, such as Lifemark, a company owned by Loblaw, were not really specialized.

Can we hope that a program will be put in place or, at least that an announcement will be made for the thousands of organizations that need a specialized doctor or an increase in their funding, for example? I could make a list. About 50 of them tell me that they could remedy the situation, but that they need the department's help.

What do you say to them?

[English]

Hon. Jill McKnight: Again, ensuring that veterans have access to care to meet their needs is the top priority. You made reference to some of the service providers that are out there. The connection for veterans there is making service available on a much broader scale. It's connecting veterans with 12,000 health professionals across the country to enable them to access the health care and make it available to them.

There is ongoing training, engagement and continued improvement, which happens in all cases.

[Translation]

Marie-Hélène Gaudreau: Thank you very much, Madam Chair.

The Chair: Ms. Gaudreau, I want to congratulate you on respecting your time so impeccably. I have to admit that it's truly impressive.

[English]

We go now to Mr. Richards for five minutes.

Blake Richards: Thanks.

I'll pick up where we left off before we were cut off.

That same algorithmic impact assessment that I referred to earlier states that veteran input data errors may negatively affect outcomes.

Why is that burden being placed on disabled veterans to provide absolutely perfectly formatted medical and administrative data? Clearly, that's just going to mean more delays and denials for veterans.

Hon. Jill McKnight: I believe you're circling back to the use of technology and AI to supplement.

Blake Richards: Yes.

Hon. Jill McKnight: With the engagement of these tools, we are assisting with some of the administrative aspects of it so that the frontline individuals who work with veterans have expanded capacity to engage with veterans.

Blake Richards: When it says that veterans' input data errors may negatively affect outcomes, when I hear "negatively affect outcomes", that means to me—if you think otherwise, I'd love to hear it—more delays and denials for veterans. If that form isn't perfectly filled out and the AI doesn't get it... This is already a challenge for veterans, who find that they're delayed and there's always a return of a medical form because a doctor didn't quite fill it out right. This is already a problem, and it's saying this could get worse with the use of AI.

What do you say to veterans? They fear this is going to mean more delays and denials, and they're probably right.

• (1605)

Hon. Jill McKnight: My engagement with veterans is around how we support them to equip them for this process to reduce barriers, which I believe goes back to part of what you've referenced, but then also how we look at our processes on the other side to ensure that we are using our resources to the maximum capacity to be available to work directly with veterans.

I believe it's a multi-faceted approach of working to improve the system overall.

Blake Richards: I don't know that that's going to give veterans any more confidence that they're not going to face worse delays and denials, but I guess we'll have to agree to disagree on that one.

I'm going to turn the rest of my time over to Mrs. Wagantall.

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

We have had testimony recently on suicide among veterans. Through the current study on preventing such suicides, we learned that our province of Saskatchewan Legion command is funding veterans' costs for a successful cutting-edge new treatment regime for PTSD, called SEPTRE. VAC has refused to fund it.

We need to provide what veterans feel works. Are you prepared to listen to veterans on programs that they want to see included in veterans' supports as options with those providers that are within the Partners in Canadian Veterans Rehabilitation Services? Are you open to hearing and suggesting moving forward with ones they feel are very effective?

Hon. Jill McKnight: Engagement with veterans is a huge part of what goes on, and meeting their needs for care, specifically with regard to PTSD, is the first priority.

Cathay Wagantall: Can I ask further, then, if any of them have suggested programs to you that are not included as options for them in PCVRS.

Hon. Jill McKnight: The department is continually reviewing new and emerging treatments and the science that goes with them.

Cathay Wagantall: Can I ask where that list of treatments is? Is it possible for veterans to see all of those options? Would we, as the committee, be able to see which providers PCVRS is using at this time?

Hon. Jill McKnight: I don't have that information with me right now, but I would be happy to follow up with you.

Cathay Wagantall: Will you provide it to the committee?

Hon. Jill McKnight: I will certainly come back with an update.

Cathay Wagantall: A list.

Hon. Jill McKnight: I will come back with an update of the information that is available.

The Chair: I would now like to pass the floor to MP Casey for five minutes.

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

Welcome, Madam Minister.

In his first round of questions, Mr. Richards alleged that veterans have been overpaid and are now receiving bills for tens of thousands of dollars for repayment of their IRB. Is there anything introduced in the budget that would warrant a repayment demand of veterans, on the part of the department, for the IRB?

Hon. Jill McKnight: No, there was nothing in the budget that would demand a repayment.

Sean Casey: Minister, you were invited here to talk about the estimates, so why don't we do that for a couple of minutes?

In supplementary estimates (B), there's \$10.5 million for the federal health claims processing services contract to ensure the continued delivery of health care authorization. Can you tell us a bit about that?

• (1610)

Hon. Jill McKnight: Thank you.

We are ensuring that we are able to deliver the supports and services that every veteran who comes forward with a request needs. This ensures that we will have the available funds to meet those needs.

Sean Casey: As it is often the case with Veterans Affairs, these increases requested through the supplementary estimates are the result of the benefits being statutory and a right. Nobody who applies can be told, "We're out of money." There's an obligation to pay, so we have to accurately estimate how much to pay, and sometimes that requires an adjustment.

Is that a fair summary of why we are where we are?

Hon. Jill McKnight: Yes, that is a fair summary.

As you mentioned, a veteran who comes forward will receive the care, whether they come forward today or 10 years from now. When a veteran comes forward with a need, we will be here to meet their needs and deliver the benefits and services.

As you said, the estimates are a best guess based on how many individuals are going to come forward, so it is necessary to make adjustments to make sure we are responding to the needs of the veterans who are coming forward.

Sean Casey: Thank you, Minister.

The other two specific items in the estimates speak to advertising initiatives to make families and their caregivers aware of programs, as well as money specifically targeted toward peer support for victims of sexual misconduct or military sexual trauma. Can you speak to those two things that appear in supplementary estimates (B)?

Hon. Jill McKnight: Thank you for the question.

You mentioned the money for advertising. That is to engage with veterans and their family members on the benefits and services that are available to them. Referring back to the conversation we just had, we want to ensure that veterans who have a need for benefits or supports are accessing them and coming forward to receive them. This includes initiatives to communicate with veterans to ensure that they are aware of what's available and how they can come forward to receive it.

The second thing you referenced was the funding for peer support, specifically for victims of sexual misconduct and military sexual trauma. That support is undertaken in partnership with the Department of National Defence as we support individuals who have had experiences with military sexual trauma. We are ensuring that the peer support program is there to provide services for those individuals.

Sean Casey: One other thing I wanted to clarify from the first round of questions is the allegation that veterans continue to over-pay for long-term costs. My understanding is that the allegation is currently being tested in court. Has the court resolved that question yet?

Hon. Jill McKnight: I do not believe so.

Sean Casey: I believe you are right. The very question that is asserted as a fact is still being litigated.

Hon. Jill McKnight: That's correct.

Sean Casey: Thank you.

[*Translation*]

The Chair: Ms. Gaudreau, you have the floor for two and a half minutes.

Marie-Hélène Gaudreau: Thank you very much, Madam Chair.

What really touched me in the testimony we've heard over the past few weeks is that a number of witnesses have told us that they no longer trust Canada's promises.

You must be discouraged, Minister, when you hear this statement from veterans, right?

[*English*]

Hon. Jill McKnight: Canada is here to support our veterans. Our veterans have given an incredible amount for our country, and we are here to support them. If there is a disconnect, then there's an opportunity for us to continue the relationship to show that support to them.

• (1615)

[*Translation*]

Marie-Hélène Gaudreau: I would so much like to ask Santa Claus to bring us a magic wand to do a complete 180°.

You will recall, Madam Chair, that the majority of witnesses said it was like a contract management department. We need a department that shows compassion for our veterans. That's my hope, and I would very much like to see it happen.

As you know, we've had a dozen or so veterans affairs ministers in 10 years. We can't perform miracles, but I'm thinking of veterans right now.

Minister, I'd like to know what your priorities are, because we know we're not going to be able to change everything. Even if veterans are told that everything will be fine and that there will be services, they no longer have confidence. I'm not targeting you when I say that. I'm saying that they no longer trust their system.

What would you say to them in terms of concrete short-term goals?

[*English*]

Hon. Jill McKnight: First, I would like to acknowledge the incredible individuals who are the frontline workers who work with our veterans. These are individuals who show up with compassion and care and just the most warmth on a continuing basis, working with individuals, as you've mentioned, who have faced some traumatic things, such as individuals around them who may have attempted or died by suicide.

matic things, such as individuals around them who may have attempted or died by suicide.

[*Translation*]

Marie-Hélène Gaudreau: Thank you, Minister.

[*English*]

The Chair: Madame Gaudreau is her own timekeeper, I have to say.

[*Translation*]

Thank you very much, Ms. Gaudreau.

Thank you, Minister.

[*English*]

We will now have MP Tolmie, I believe, for five minutes.

Fraser Tolmie (Moose Jaw—Lake Centre—Lanigan, CPC): Thank you, Madam Chair.

Thank you, Minister and witnesses, for joining us.

Through you, Madam Chair, we recently had a witness complain that every time he calls Veterans Affairs concerning his file, he gets a different caseworker and therefore has to start his process from the start every time he calls.

I've been on this committee for four years, since I was elected in 2021. You are the fifth Minister of Veterans Affairs in the four years that I have been here, and the ninth Minister of Veterans Affairs since the Liberals were voted in back in 2015.

What message does this send to the veterans who have had nine ministers in 10 years and five in the last four years? What kind of care are you giving veterans? What kind of attention and what kind of priority are you making veterans?

Hon. Jill McKnight: Ensuring that veterans have access to timely and compassionate care is what I am focused on every day right now.

You mentioned that there has been a turnover of ministers, and that is accurate. What has been consistent, though, are the individuals I referenced in my remarks just a moment ago, the compassionate and incredible individuals who are engaging on a day-to-day basis: the team with Veterans Affairs, the case managers who are working with the veterans one-on-one on a daily basis. That is the key, and that's part of why we are making the investments with the budget: to be able to continue that care for veterans.

Fraser Tolmie: Madam Chair, with all due respect, this feels like an *I Love Lucy* rerun, because I've heard this from every other minister who has sat in here.

What do you expect to accomplish in the time that you are here? You've talked about timely and compassionate care. That's the same thing I heard from the last minister and the minister before that, and we've not seen a change. We've not seen compassionate care. What we've seen are witnesses coming forward complaining that they're not getting compassionate care. How do you expect to change this after nine years—pardon me; after 10 years?

Hon. Jill McKnight: The experiences that I've had in my travels differ from yours. I have had numerous veterans speak to me about the engagements that they've had with Veterans Affairs and with the individuals who are working directly with them in positive experiences.

You asked about how we will continue to improve upon that. That's part of why we're investing in the modernization. It's so that we can—

• (1620)

Fraser Tolmie: I appreciate that answer, Minister, but with all due respect, if you're just getting the fluff from people who are saying that everything's good and you're not listening to what's going on here in this committee and what's bad, you're never going to fix the problems that the veterans are dealing with.

What are you going to do to fix the problems that the veterans who have been coming here are dealing with? Are you talking to them?

Hon. Jill McKnight: I am talking to veterans with a variety of experiences. I am talking to those who have had positive experiences and I'm talking to those who have faced some challenging circumstances. I am speaking with individuals on our advisory committees, who come with their lived experiences and the experiences of those around them. I'm going out and visiting locations where veterans are coming together to give feedback.

I had a recent opportunity in Calgary to meet with a number of veterans when I made a visit there, and there were both positives and opportunities for improvement—

Fraser Tolmie: Thank you.

We've had a witness who couldn't even get a ramp for a wheelchair, and she has asked for people to go and visit. I'm very happy to get her address and send you there, so that she can share the experience that she's had.

The experiences that veterans are having are not good, and we need to see a change. What kind of change are you going to bring to this table here?

Hon. Jill McKnight: Change will come with the investment in veterans—sustainable, long-term investment that is ongoing—so that we can continue the progress we are making.

The Chair: Thank you very much, Minister.

Now we will go to Mr. Clark for five minutes.

Braedon Clark (Sackville—Bedford—Preston, Lib.): Thank you very much, Madam Chair. Thank you, Minister and officials, for being here today.

Minister, I know that you've been staying fully abreast of what's been going on in this committee and within the department. When you were in my riding the day before Remembrance Day, we had a meeting with the organization that, as you say, had lots of good things to say but some things that needed to be improved as well. When you're dealing with an organization as complex and big as Veterans Affairs, that's to be expected. I think that's mature and responsible, and that's what Canadians would expect from all of us.

We've heard about service delivery and the need for veterans to get the best possible care, which I know you agree with. It's something that has come up during the study that we're doing right now on suicide prevention, and this is reflected, I think, directly in the budget, with a \$185-million investment over four years for service delivery, so I'll give you an opportunity to speak about how you think that will improve the service delivery model for veterans across the country.

Hon. Jill McKnight: The opportunity to engage in the experiences that veterans have with the individual frontline staff is at the core, as is making capacity available to engage with more veterans, as I said, through the use of modern technology and the incorporation of technology to support those activities.

In terms of the specifics of how that would roll out, I would turn to the department officials who will be implementing those specific steps to speak to what that will look like.

Braedon Clark: I will certainly ask about that in the second hour as well. Thank you, Minister.

I also wanted to make sure we had a chance to clarify some of the discussion around the \$4.2 billion in the budget. You mentioned in your opening remarks, I believe, that you see that as savings over time as opposed to cuts. I think that's a meaningful distinction, and it's an important distinction. We've heard this referenced on the floor of the House today and in social media. We need to be as accurate as possible for veterans. I think that's really key.

Minister, could you explain for me, for the committee and for veterans how you see that figure? When you say you see it as savings, what exactly do you mean by that?

• (1625)

Hon. Jill McKnight: Thank you for the opportunity to provide more clarity around that.

This is an adjustment to the rate of reimbursement for medical cannabis to be in line with market rates. As I said, we are not changing who qualifies for it. We're not changing how much they receive. We're not changing any of those elements of this. This isn't about an adjustment that then has long-term implications when we look at the accrual process; I'm sure others will get into the specifics of that.

In making this adjustment, the impact is significant and allows us to ensure we are not cutting any benefits for veterans. They will continue to receive the benefits and services they have been receiving to ensure we are able to meet the needs of all veterans who come forward.

Braedon Clark: To characterize that as a cut in core programs or services for veterans would be inaccurate, in your view. Is that right?

Hon. Jill McKnight: That is correct. To characterize it as a cut would be inaccurate.

Braedon Clark: I think I have about a minute left, Minister, and you only have a few minutes, so I wanted to give you a chance in this last minute here to clarify, touch on or highlight anything you wanted to correct or amplify that has come up over the last hour.

Thank you.

Hon. Jill McKnight: Certainly. Thank you very much for that.

One of the items I didn't have a chance to speak to that I would like to is the acknowledgement of Persian Gulf illness. One of the other elements that the Persian Gulf veterans have also been working with Veterans Affairs on is the commemoration of the 35th anniversary of the Persian Gulf War, which will be taking place in the new year. Again, that speaks to the acknowledgement of modern-day veterans and that the department is working closely with those veterans on that for the new year and the 35th anniversary.

Braedon Clark: Thank you.

The Chair: On this good news, I must say thank you very much for providing us with this update. I think the Persian Gulf veterans will be very happy, and we should amplify your news today, Minister.

Thank you on behalf of our committee for joining us, and merry Christmas and happy new year. We wish you the very best, and I have a feeling we'll see you some time next year, Minister.

Thank you very much for coming today.

On this note, I will suspend.

• (1625) _____ (Pause) _____

• (1630)

[*Translation*]

The Chair: I now invite members to return to their seats so we can begin the second hour of our meeting.

The Department of Veterans Affairs will be with us for the remainder of the meeting.

[*English*]

Before starting our second round of questions, I will remind members that we have two items in the Supplementary Estimates (B) that this committee may wish to vote on, so about 10 minutes before the end of this meeting, I will dismiss our witnesses so we can proceed to the votes.

We will now start our second hour of questions and answers with the witnesses from the Department of Veterans Affairs.

[*Translation*]

I would like to welcome the witnesses.

We're going to go right into questions and answers, witnesses.

We'll start with Mr. Viersen for six minutes.

[*English*]

Arnold Viersen (Peace River—Westlock, CPC): Thank you, Madam Chair. I want to thank the witnesses for being here.

To carry on with my colleagues' comments around veterans in long-term care, folks have approached me saying there are over 100 cases where a veteran has been moved from one long-term care facility to another, and it's splitting up marriages, or spouses are being left behind in another care facility.

Are you aware of this?

Christine McDowell (Acting Deputy Minister, Department of Veterans Affairs): Certainly, we know that families are very important to the care of our veterans, and ensuring that those families have the support that they require in order to support the veterans is critical, particularly as veterans age into long-term care.

For specifics on the cases, perhaps I'll turn to senior ADM Steven Harris, who is joining us.

Steven Harris (Senior Assistant Deputy Minister, Service Delivery, Department of Veterans Affairs): I'd answer by saying this. Admissions to long-term care facilities are done based on provincial decision-making. We can define eligibility for veterans who are eligible for long-term care, and we often work with local facilities to make sure that families can be kept together in institutions where that's possible.

As you might expect, sometimes veterans have different levels of care needs and other things that may be difficult.

Long-term care is a very challenging space across the country. There may be gaps in availability in terms of accessible beds and other things, but we work with families quite deliberately to make sure that if families—husbands and wives who are partners—want to remain together, we're able to work with facilities to help support them.

Arnold Viersen: Is there a particular contact person or area that we should be pursuing with these cases?

Steven Harris: In any case where there may be a challenge, I would suggest that members raise that directly with the minister's office. The minister's office will work with the department, and the department will be happy to work with long-term care facilities and families who are expressing this concern.

Arnold Viersen: Turning to the headlines that have been created around the Veterans Affairs ministry, in budget 2025 it's been reported that \$4.2 billion in cuts will be coming to Veterans Affairs. Now, we've heard previously from witnesses that 95% of the budget goes to veteran services or payments.

Can you explain to us how this is going to work and where those savings are going to come from?

• (1635)

[*Translation*]

Christine McDowell: Madam Chair, I thank the member for his question.

[*English*]

I think the minister covered the reimbursement rates for cannabis for medical purposes in her remarks and that the overall accrual costs represent savings rather than cuts to any programs that veterans are accessing. Perhaps I'll turn to Pierre Tessier, CFO, to respond to the question in more detail.

Pierre Tessier: Just to elaborate on the actual \$4.2 billion, really the most appropriate reflection of the impact is in the budget. There were two numbers in the budget. There was \$4.2 billion and \$129 million ongoing. The \$129 million ongoing is less than a two per cent reduction in the budget overall, and the way to characterize that and the way that I see it—because accrual accounting is not simple as we look at it—is that you characterize the \$129 million over a 30-year period, which gets you to approximately \$4 billion and that, when there's a change to the program, the change has to be reflected in a four-year period, which you see in the budget currently.

These calculations of accrual accounting are done through the office of the chief actuary, which is an independent organization responsible for completing all analysis for the Government of Canada on all these types of pension programs.

Arnold Viersen: You're saying that a \$250-million program will have a slight reduction over the next four years. You're going to count that as a \$4.2 billion.... That doesn't make any.... I guess over 30 years, \$129 million per year makes it \$4.2 billion, but how come it's being reported in the 2025 budget?

Pierre Tessier: Just to continue to clarify, if there's a change to the program once the budget is passed, we have to reflect those numbers in a four- to five-year period, because those costs are no longer amortized over a 30-year duration—

Arnold Viersen: I mean, it sounds to me like the government wants the headline to be that we're being fiscally responsible, but we're not actually doing anything. It doesn't feel like there's much taking place on this. It's not real.

Pierre Tessier: The reduction in programs is the ongoing cost of \$129 million.

Arnold Viersen: It's \$129 million. All right. I'm glad we've cleared that up. Thank you.

The Chair: Thank you, Mr. Viersen.

[Translation]

I'll now give the floor to Ms. Auguste for six minutes.

Tatiana Auguste (Terrebonne, Lib.): Thank you very much, Madam Chair.

I'd like to thank all of you for being here today.

As my colleague mentioned earlier, 94% of Veterans Affairs Canada's budget goes to veterans.

I would like to know how this new budget will affect your operations. Is about 94% of the budget actually still going to veterans?

[English]

Christine McDowell: In fact, as we have talked about, budget 2025 actually is an investment in the care that we are providing veterans: \$184.9 million to allow us to continue the care that we are providing and stabilize those resources to the benefit of veterans.

Additionally, there is \$40.1 million to allow us to carry out modernization to our service delivery model to better allow us to serve those veterans who are coming in increasing numbers, as we look at our caseloads. It allows us to make sure that we have services and

benefits offered to veterans in a timely, convenient and accessible manner.

Again, I would remind folks that 94% of our budget, of our operations, actually goes directly to veterans.

Thank you.

• (1640)

[Translation]

Tatiana Auguste: You're confirming that 94% of that budget will also go directly to veterans.

[English]

Christine McDowell: That is correct.

[Translation]

Tatiana Auguste: Thank you very much.

Last week, we heard from francophone veterans who told us about services in French.

I'd like to know what the status of French-language services is at the moment.

What percentage of people speak French at Veterans Affairs, and how quickly can francophone veterans receive services?

Christine McDowell: Madam Chair, I thank the member for her question.

Accessibility and inclusivity in both official languages are very important to us at Veterans Affairs Canada.

[English]

In fact, we have undertaken over the past few years very direct and intentional efforts to make sure we have a balance of outcomes for anglophone and francophone clients and veterans.

In terms of our overall performance, perhaps I will turn to you, Steven, to provide some more detail there, but we certainly have been very pleased with the efforts and the results.

[Translation]

Steven Harris: Thank you very much.

Regardless of where veterans are in the country, they can receive services in French. We have service contracts with suppliers who offer services in French. At our call centre, we respond to requests from francophone veterans. A range of programs are also available in person or online.

We have French-speaking suppliers, employees and nurses. Other people also make decisions on veterans' applications, regardless of whether they were submitted in English or in French.

Any issue can be brought to our attention. We have the workforce to respond to it within Veterans Affairs, anywhere in the country. With the service contracts we have, we can help people find jobs or assist them with any kind of treatment. We always have the ability to help francophone veterans.

Tatiana Auguste: Perfect. Thank you very much.

Earlier, with the minister, we discussed the use of AI at Veterans Affairs Canada.

I'd like to give you the opportunity to clarify a little more about how you're going to proceed.

Christine McDowell: Thank you for the question.

Artificial intelligence is a tool we could use to help our employees do administrative tasks.

[*English*]

Allowing those tools to be used to support our staff with administrative tasks, as the minister mentioned, actually frees up capacity for us to work directly with our clients and our veterans, providing that more human touch. We are publishing on the AI registry all those instances where we are using AI in the department. This is to ensure that Canadians know how AI is being used, and it is very much in support of activities. We want to assure veterans that there is no instance where AI, for example, is being used to make decisions about individual cases. It is a tool to support administrative activities.

[*Translation*]

Did you have anything to add, Mr. Tessier?

[*English*]

Pierre Tessier: No. That's fine.

[*Translation*]

Tatiana Auguste: I'll use my remaining 10 seconds to thank you for answering my questions.

The Chair: Thank you, Ms. Auguste.

Ms. Gaudreau, you have the floor for six minutes.

Marie-Hélène Gaudreau: Thank you very much, Madam Chair.

I will continue to talk about French.

Ms. McDowell, do you have any statistics or data indicating that veterans were able to express themselves in the language of their choice? It's all well and good to say that services are offered in French; that's easy.

• (1645)

Christine McDowell: Thank you for your question.

We are building a workforce primarily in bilingual regions. Being able to speak both official languages—English or French—is a skill required for the job.

As Mr. Harris mentioned, we're able to work in both official languages and offer our services in French anywhere in the country.

Marie-Hélène Gaudreau: I'd like to have the statistics. Let me explain why.

I'm caught up in it myself. Veterans tell us that they want to speak French because it then becomes easier for them to express their many emotions.

[*English*]

I've even learned English since 2019, because—off the record—a lot of people speak English.

[*Translation*]

So please don't make me believe things. I need statistics, because we speak differently in French. We express our emotions differently. We're talking about people who have suffered trauma.

I need statistics because, seriously, I have serious doubts. I experience it too. When I speak my language, I lose time because people don't understand me. You're very good in French, but sometimes people don't even understand my question or they don't use their earpieces. So I'm thinking of veterans who need treatment in their language, even if they're bilingual.

That felt good.

Christine McDowell: I understand what you just said. Bilingualism is a value of the public service, so it's acceptable for francophone veterans to have the opportunity to speak and explain their situation well in French. We can provide the statistics regarding our workforce.

Marie-Hélène Gaudreau: Everyone has their skills, and those skills are exceptional when we're talking about medical care and health care.

When it comes to our veterans, there really is a gap between understanding the problem and obtaining the treatments required. Several of them told us how simple it was before, because the hospital understood where they were coming from and also understood that what they were experiencing was different. Honestly, it was unanimous. They've all asked for a service delivery that is unique to them.

Is there anything planned? Otherwise, we're not going to get there. We can't interfere in provincial jurisdictions unless we give money. However, as we can see, the money isn't coming.

What should we tell them? Do we abandon them when they finish their service and leave them to fend for themselves in their province? Or are we going to truly invest and acquire built capital with resources to help them continue their life journey and enable them to have a life?

[*English*]

Christine McDowell: Madam Chair, we certainly understand and do not want to have veterans placed in an environment where they're feeling abandoned as they consider their options as they transition, whether it's a provincial jurisdiction or a federal jurisdiction.

[*Translation*]

I will let my colleague Mr. Harris give you a more specific explanation.

Steven Harris: We have clinics in each province that offer specific services to Canadian Armed Forces members and veterans, namely the operational stress injury clinics. They provide treatment, they understand the difficulties associated with traumatic injuries, and so on, so we've invested in the provinces to ensure that veterans can get direct service in person.

I can also talk about the great difficulty of having a hospital in Montreal, which isn't in a rural area or elsewhere in the province, to support veterans who don't want to leave the Quebec City or Saguenay region to get a service. They want to be at home. We also have former veterans hospitals that have been transformed into long-term care centres of excellence to support veterans.

In many places in Canada, we have direct access so that veterans can get the care they need in person. However, the challenge is that we can't set up a large network of hospitals across Canada.

• (1650)

Marie-Hélène Gaudreau: That's virtual.

In closing, I'd like to get a list of those clinics because a lot of people call us, and we want to refer them.

Thank you.

The Chair: Thank you very much, Ms. Gaudreau.

[*English*]

Mrs. Wagantall, go ahead for five minutes.

Cathay Wagantall: Mr. Harris, hello.

In the supplementary estimates (B) 2025-26, \$10.5 million are allocated to “funding for the federal health claims processing services contract”.

When I see “processing services contract”, is that referring to PCVRS, Lifemark and Loblaw's getting additional funding in addition to the \$500 million over five years to run that program, or is it actual funding going to assist veterans through the providers that give them the care? Which of the two is that, please?

Steven Harris: It is in fact neither. It is in fact a separate contract that we have with Medavie Blue Cross, which does health claims processing services for veterans. In other words, like a health care plan, they process claims that veterans will have when they go and see providers for treatment or for their medications, for example.

Cathay Wagantall: Is this more money for that particular contract?

Steven Harris: It is more money for that contract based on a transition that's coming through from a current contract to a future contract.

Cathay Wagantall: Great, thank you. That clarifies it for me.

Budget 2025 provides additional expenditures of \$184.9 million over four years—that's roughly \$46 million—to retain staff who were temporary and brought in to help reduce backlogs and now are brought on as full-time staff. How many full-time staff will be hired? Are they all from that original group that has had at least some training as temporary help?

Mr. Harris, do you know the answer to that one as well?

Steven Harris: I'm happy to answer.

Approximately 300 staff would be the subject of that. It's a variety of staff who work in different areas in the department. Fundamentally, it is focused on people who make decisions around disability benefits, but it would include—

Cathay Wagantall: Okay, it's various staff.

Where do caseworkers fit into this scenario? I don't think they're the ones who process disability claims. Are they the ones who do that?

Steven Harris: No, they're not. This is a separate form of staff who do disability benefits adjudication and claims.

Cathay Wagantall: Do they get the information from those caseworkers?

Steven Harris: The actual applications come into the department from a veteran directly. They would go directly to a disability benefits team that will review the application claim.

If somebody has a claim for a knee that was injured during their service, they can submit a claim to receive disability benefits.

Cathay Wagantall: Our veterans always talk about their caseworkers: how wonderful they are or how difficult they are. They give that feedback.

I'm not really understanding the hierarchy of how this all works and what is the purpose of caseworkers versus the bureaucrats who do the processing of the disability claims, Mr. Harris.

Steven Harris: I'm happy to take a moment to explain it.

Case managers work directly with veterans on a range of issues that they may be facing, whether they need assistance with a variety of programs or with rehabilitation and whether that's access to a treatment centre or something else.

The disability adjudication folks are the ones you would commonly refer to as and note as related to what was frequently called the “backlog”. It's the backlog of applications that come in and are first applications that veterans may make to Veterans Affairs to access either compensation or treatment for their illness or injury.

• (1655)

Cathay Wagantall: I appreciate that. Thank you.

What was the rationale in the midst of a huge backlog to completely change the process of service providers through this organization of PCVRS? What was the rationale behind making that significant change to the way that veterans communicate, which is no longer with VAC but with a different, third party group? What was the rationale for doing that?

Again, this is for Mr. Harris, please.

Steven Harris: I'll try to explain. Those are in fact two different things.

The rehabilitation program is quite separate from disability benefits. The rehabilitation program is in fact the one that is related to PCVRS, to which the member is referring. There's no backlog—

Cathay Wagantall: There's no backlog there.

Steven Harris: There is no backlog there, no.

Cathay Wagantall: Thank you.

I want to thank Mr. Harris for being so patient. I know he would love to spend a great deal more time trying to explain how complicated and convoluted this sounds when it comes from me.

Thank you very much.

The Chair: Ms. Wagantall, thank you very much.

We're now at Mrs. Hirtle for five minutes.

Alana Hirtle: Thank you, Madam Chair.

Good afternoon again, folks.

I'd like to come back to the accounting aspect of the \$4.2 billion, where that's coming from and how it is accounted for. I believe that accrual-based accounting was used in budgets between 2009 and 2015, but perhaps my colleagues across the way weren't familiar with it at the time.

I have a background in business, and I'm quite accustomed to balance sheets and this kind of accounting, but perhaps, Monsieur Tessier, you could take a bit of time to explain what accrual-based accounting is and why it's important around the savings we're going to see through the cannabis pricing.

Pierre Tessier: Accrual accounting is about long-term fiscal planning for the government. That's the basis. Our programs at Veterans Affairs Canada are quasi-statutory in nature and reflect veteran entitlements for compensation and health and financial supports when they need them. That's extremely important as a basic principle. Accrual accounting around our programs represents a lifetime cost that the Department of Finance must plan for today to ensure there's sufficient funding for when a veteran will require these benefits.

Each program is forecasted in terms of costs for the programs and in terms of the number of veterans that would apply for them over the long term. The savings specifically in the budget reflect the reduced obligation that government needs to plan for over the long term, which can now be reinvested, so that difference from eight dollars or so per gram to six dollars represents the savings.

Alana Hirtle: That's clear as a bell. Thank you. That was great.

Our government is making historic investments in CAF, which will eventually result in more veterans over the years to come. Can anybody tell us how this budget will make sure the capacity will be created to serve more Canadian veterans in the future?

[*Translation*]

Christine McDowell: Thank you for your question.

Investments in the Canadian Armed Forces will certainly take into account our objectives for veterans—

[*English*]

That's at the individual level, but it's also overall at the departmental level. The increase in salary, of course, will be reflected in future benefits. We're also planning for what that increased level would look like in the future for Canada's future veterans. How do we adapt and adjust our service delivery models to make sure that the care veterans depend on will be there in the future as well?

Perhaps I'll turn to Steven so that he can talk a bit more about that and about how we are preparing for those investments and those eventual veterans.

Steven Harris: Thank you, Deputy.

We're working closely with our Canadian Armed Forces counterparts on their recruitment and their retention, and ultimately preparing for what would be an increase in veterans who may need to come to us for benefits and services as well. As has been noted a few times over the course of this meeting, we are trying to put in place better processes to help support all of the veterans who might need our assistance, including through transition, through an application process and through internal processes that help speed up both decision-making and access to benefits and treatments.

We're continuing to work with our CAF colleagues to ensure that they have the support they need and to make sure that growth in their area is something that we are going to be able to support as well.

● (1700)

Alana Hirtle: Thank you.

I'll pivot slightly for my last question. At an event last month celebrating women veterans, the members of this committee in attendance heard about the need to tailor benefits for women. Are there aspects of services that can be tailored to women veterans in advance of this budget or as part of this budget?

[*Translation*]

Christine McDowell: Thank you for your question.

[English]

Certainly, we are actively engaging with our women veterans right across this country, including with members of the women veterans council. We're looking at engaging women more broadly to ensure that their lived experiences are reflected in the services and benefits we offer. Those perspectives are very, very valuable. We have specifically undertaken a GBA+ analysis of our programs and benefits. We've updated our table of disabilities and our EEGs to reflect their experiences.

The Chair: Thank you very much.

[Translation]

Ms. Gaudreau, you have the floor for two and a half minutes.

Marie-Hélène Gaudreau: Thank you, Madam Chair.

My question is for you, Mr. Harris.

Did you note that I would like to know where the clinics are across Canada, from coast to coast?

Steven Harris: I can certainly send you that information.

Marie-Hélène Gaudreau: That's excellent.

It would be good to have the data on the veteran and family well-being fund, both in Quebec and elsewhere.

Do you have any data on veterans whose first language is French? Do you have that information?

Christine McDowell: Mr. Harris, do we have data on veterans' first language?

Steven Harris: We have a lot of data on the first official language of veterans.

As for the veteran and family well-being fund, my colleague Mitch Freeman could answer you.

Marie-Hélène Gaudreau: What is the percentage of francophone veterans in Quebec?

Mitch Freeman (Acting Assistant Deputy Minister, Strategic Policy, Planning and Performance Branch, Department of Veterans Affairs): Thank you for the question.

I don't have that information with me right now, but I'm happy to provide it to the clerk.

Marie-Hélène Gaudreau: I'd also like to know what percentage of the budget is invested in the veteran and family well-being fund in Quebec. So we'll have a lot of numbers, and we'll be able to do an analysis.

I have one last question. Why are we still doing business with contractors who don't necessarily have the required expertise? Organizations like the Pathways tell us that a little more money is one thing, but that medical resources are also needed. Why aren't we doing more business with duly authorized organizations?

Christine McDowell: Thank you for your question.

Mr. Harris, can you answer it?

Steven Harris: I work with a number of organizations that support veterans, not only through the well-being fund, but also direct-

ly to meet the various existing special needs of our clients, in other words, veterans.

However, it also requires expertise. I don't want to say that the organizations you refer to don't have expertise, but we need people with medical expertise, a specialty and all kinds of things. It's ideal if they have a medical specialty and if they specialize in veterans' history—

The Chair: Thank you very much.

I'm so sorry, Mr. Harris. I can't let you know it's over without interrupting you. I apologize.

• (1705)

[English]

The Chair: We go to Mrs. Wagantall for five minutes.

Cathay Wagantall: Thank you very much, Chair.

Mr. Harris, graph 1 of the departmental plan 2025-26 indicates the department's total budget will decrease this next year by \$2.2 billion. Can you just very briefly give me a couple of sentences: Is that due to Pension Act war veterans passing on and the need for those dollars to no longer exist in that way?

Steven Harris: Madam Chair, I might just ask my CFO colleague to take that question.

Pierre Tessier: There are two key factors that demonstrate why you see the decrease to \$5.6 billion. The first was that we had temporary funding that was planned to end in March. The second one was no ongoing update to our quasi-stat previously, in the way our funding is booked. These two items have been addressed. Specifically, it's the ongoing funding, the \$184.9 million over four years—that's one part of it—and the \$40 million ongoing, that will enable us to process more disability claims as they come in, and the—

Cathay Wagantall: I appreciate that. It's a good answer.

Very briefly, in 2021 a recommendation was accepted by the government that it would provide mental health care funding for family members in their own right, so it was agreed to. I understand VAC can't do anything about that without a legislative change. Has any work been done to determine the costs involved in something like that? Were there any recommendations made to the government in coming to a decision on what they agreed to bring in with legislation? I don't know who should answer that.

Mitch Freeman: Certainly, there has been lots of work on making sure that families have mental health care, to the best of our ability, inside of the current legislative framework, as you've highlighted, and a consideration on how to evolve that into the future is work that is under way. There's no direction at the moment, and that would, ultimately, be a change of that legislative framework.

Cathay Wagantall: It would have to come from the government wanting to have the legislation to kick off that process of determining how that would fit into the overall budget of VAC.

Mitch Freeman: Certainly, it would have to be a conversation around a legislative change. That would be a decision of Parliament.

Cathay Wagantall: Has nothing been done on that to date?

Mitch Freeman: I would say that I've not seen anything tabled in Parliament for that type of decision.

Cathay Wagantall: Okay. Thank you.

I'm sorry. I'll pass it on to...

The Chair: You still have time.

You have two and a half minutes, Blake.

Blake Richards: I have a question for whoever's most appropriate to answer it....

Ms. McDowell, with regard to the veterans employment and homelessness strategies, can you tell me what the cost, to date, of each of those two programs has been, and then, also, the metrics to determine success for those two strategies?

Christine McDowell: Certainly, both of those programs are very important and critical for veterans.

In terms of homelessness, no veteran should be homeless in this country. We take that very seriously and are working with our partners at Housing, Infrastructure and Communities Canada to implement the veteran homeless program.

Blake Richards: I'm sorry. I don't mean to interrupt. I mean, I agree with you—we both agree on the importance of the strategies—but I have a very limited amount of time that I'm provided. You know the chair will cut me off if I use it.

I just need to know what the cost to date for the two programs is and what the metrics are for success. I have one follow-up question as well.

Christine McDowell: For those specifics, I'll turn to Mitch Freeman, who can talk about the cost and the metrics.

Blake Richards: Perhaps, while you answer, just in case there isn't enough time, could you tell me exactly, or at least give me some kind of an idea, how many veterans have found jobs through the employment strategy and how many veterans have found housing through the homelessness strategy?

Mitch Freeman: I will speak quickly.

I can speak only to the homeless. My colleague, Steven Harris, could speak to the employment numbers.

The homelessness program is approximately \$79.1 million over the life course of that particular project. It has, since its inception through to March 2025, assisted over 1,400 veterans and helped find secure housing for 233.

• (1710)

Steven Harris: I would say the cost of the national veterans employment strategy is internal costs: FTE costs, employee costs in terms of developing the strategy, consultations and things of that

nature. About seven or eight FTEs are involved in developing the strategy.

Regarding the output from it, there's lots of employer engagement. There's lots of help for veterans to find jobs who work through our career transition services—2,100 a year—and we've had engagement with 7,000 participants through webinars that help to find employment and direct interviews with individuals.

The Chair: Thank—

Blake Richards: Sorry, but can he give us an idea if we know how many have actually gotten jobs? We didn't get the answer.

The Chair: Thank you very much Mr. Harris. I really appreciate it.

I apologize again.

Next is Mr. Casey for five minutes.

Sean Casey: Thank you, Madam Chair.

Deputy McDowell, the new money in the budget was \$184.9 million with \$40.1 million ongoing. Can you or someone on your team provide a breakdown of those funds?

Christine McDowell: Absolutely. Perhaps I'll turn to Steven to talk about how the \$184.9 million will be used for the stabilization of our service delivery network.

Steven Harris: The breakdown of the \$184 million would be \$40 million on an annual basis in place for employment, essentially stabilizing, on a permanent basis, staff who work directly in disability benefit adjudication and related areas. That's \$40 million on an annual basis and ongoing.

The rest of the money above the \$160 million that would account for is related to service modernization. We had a couple of answers earlier in this session that talked about what service modernization is: improvements to internal IT systems, improvements to processes and other things that will help us serve veterans in a much better way by offering more rapid and efficient service and providing them with the ability to get the services as quickly as possible as well.

That is innovation from an automation point of view, helping to make things move automatically in the department to allow for faster decision-making and easier access to benefits and services for veterans. These things will be implemented over the course of the next two fiscal years. That starts April 1 next year, pending overall approval and review, and that will immediately help to assist veterans in accessing services in a simpler way.

Sean Casey: All right. My next question is about how you measure client satisfaction. We have had a steady parade of witnesses come before the committee, invited by the Conservatives, who have told us some pretty horrific things about their treatment and the impact of the treatment that they have had or are perceived to have had from Veterans Affairs.

I want to know if this is a representative sample of the clients you serve. Tell us how you measure the satisfaction of the people who call in to receive services, and tell us what information comes out of those measurement mechanisms.

Christine McDowell: Feedback from veterans is absolutely crucial to what we do. It's crucial to any service department. We're taking that feedback on board, even if it's anecdotal.

We also have a number of systematic ways of collecting that feedback, including a national veteran survey that is carried out. We seek feedback, as I mentioned, from advisory groups as well. We also carry out, as I mentioned, surveys. We engage directly with under-represented groups and take their feedback on board. That feedback is collected, and it shapes the way we deliver services and the way we provide the benefits that we offer.

I'll turn to Mitch.

Perhaps you can talk about some of the national client surveys that we carry out.

• (1715)

Mitch Freeman: Certainly. Thanks so much for the question. I certainly offer to my colleague to add any particular items.

There is a national client survey that's completed every two years. It goes out to a subset of Veterans Affairs clients who are statistically relevant to create the same sample group.

I don't have the exact numbers. I suspect that ADM Harris does with respect to overall satisfaction, but the process is such that a statistically relevant sample is out, and veterans respond to that survey every two years.

Sean Casey: Were there any district offices closed in this budget?

Christine McDowell: There were not.

Sean Casey: Thank you.

The Chair: Thank you very much, Mr. Casey.

On this note, I will complete our time, and I would like to say thank you very much to our witnesses.

I will ask to suspend very briefly, so we can say proper goodbyes to all of you.

Certainly, on our behalf, we would like to say thanks, merry Christmas, happy holidays and the very best happy new year to all of you.

• (1715)

(Pause)

• (1720)

The Chair: We have a few important parts of this committee to entertain. Thank you very much to all of you.

I have questions to ask this committee.

Does the committee wish to vote on the supplementary estimates now?

Some hon. members: Agreed.

The Chair: There are two votes in the supplementary estimates (B) for 2025-26.

Unless anyone objects, I will seek the unanimous consent of the committee to group the votes together for a decision. Is there unanimous consent to proceed this way?

Some hon. members: Agreed.

An hon. member: On division.

The Chair: That's carried on division.

Shall both votes referred to the committee in the supplementary estimates (B) 2025-26 carry?

DEPARTMENT OF VETERANS AFFAIRS

Vote 1b—Operating expenditures.....\$12,309,816

Vote 5b—Grants and contributions.....\$1

(Votes 1b and 5b agreed to on division)

The Chair: Shall I report the votes back to the House?

Some hon. members: Agreed.

The Chair: Thank you very much.

Before I seek a motion to adjourn, I would like to ask if the committee is willing to adopt a budget. I think, because of the last meetings, that we did not adopt the budget for the study on the supplementary estimates (B) that just took place. The budget was shared with all of you by the clerk on Thursday, November 27. It was a small amount, but I have to have this adopted.

Is it the will of the committee to adopt the budget?

Some hon. members: Agreed.

The Chair: Thank you.

Blake Richards: How interesting it would be to find out what the heck we're doing at this point.

The Chair: Those are very important procedural aspects of my role.

[*Translation*]

Our next meeting will be on Thursday, December 4, 2025. We will resume the study on suicide prevention among veterans. We have witnesses in the first hour. The second hour will be in camera to give instructions to our analyst for the drafting of this report.

Does the committee wish to adjourn the meeting? Yes?

The meeting is adjourned.

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