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# Standing Committee on Veterans Affairs

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Chair: Marie-France Lalonde





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• (1630)

[*Translation*]

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

Welcome to meeting No. 27 of the House of Commons Standing Committee on Veterans Affairs.

Before I begin, on behalf of the entire committee, I would just like to take a moment to point out that, earlier this week, we learned that the human remains discovered in Loos-en-Gohelle, France, are those of Private Albert Henry Detmold.

[*English*]

At the age of 33, on August 15, 1917, he was killed in action while digging a trench on the first day of the Battle of Hill 70. Despite the efforts of his comrades amid mustard gas attacks, he was never recovered.

[*Translation*]

Discovered in August 2020 during an excavation, his remains were not formally identified until December 2025.

[*English*]

More than 100 years after his passing, the identification of Private Detmold highlights the importance of reuniting fallen soldiers with their family, military unit and country.

I thought it was important today that we start by remembering the sacrifice of Canadians who still have not been identified and family who are still grieving.

I just wanted to share this, lest we forget.

Thank you very much.

[*Translation*]

Pursuant to Standing Order 108(2) and the motion adopted by the committee on November 25, 2025, the committee is meeting on its study of the follow-up to the contract for rehabilitation services awarded to Partners in Canadian Veterans Rehabilitation Services, or PCVRS.

[*English*]

Today's meeting is taking place in a hybrid format, pursuant to the Standing Orders. Before we continue, I would ask that all in-person participants consult the guidelines written on the cards on the table. The measures they refer to are in place to help prevent au-

dio and feedback incidents and to protect the health and safety of all participants, including the interpreters.

You will also notice a QR code on the card, which links to a short awareness video.

[*Translation*]

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

Before speaking, please wait until I recognize you by name.

For those in the room, you can use the earpiece and select the desired channel for interpretation.

A reminder that all comments by members should be addressed through the Chair.

[*English*]

For members in the room, if you wish to speak, please raise your hand. The clerk and I will manage the speaking order as best we can, and we appreciate your patience and understanding in this regard.

[*Translation*]

I would now like to welcome our witnesses for the first hour of the meeting.

From the Office of the Veterans Ombudsman, we welcome retired colonel Nishika Jardine, veterans ombud, and Mr. Duane Schippers, deputy veterans ombud.

We will begin with the ombud's presentation and then move on to a series of questions from committee members.

Colonel Jardine, you have the floor for five minutes.

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

Thank you for inviting us to share our observations on the contract for rehabilitation services awarded to Partners in Canadian Veterans Rehabilitation Services.

[English]

Since the implementation of the contract in November 2022, we have received 100 complaints about PCVRS, which is less than 2% of the overall complaints we received during this time period. Most of these, we referred directly back to the department, as VAC must be given the opportunity to correct an issue first. Where we did investigate, we found unfairness in six cases. Five were resolved based on our intervention, and one was resolved by the department before we could approach it. Importantly, these six validated complaints did not point to any underlying systemic issues; rather, they were specific to individual circumstances.

I have been keeping a close eye on the complaints we receive about PCVRS for any pattern that would indicate a systemic unfairness in the way rehabilitation services are being provided by the contractor. This said, I can tell you that I have heard numerous informal complaints about PCVRS, both from veterans and mental health treatment providers. Veterans primarily complain about communication issues or delays that lead to confusion about next steps, timelines and program requirements, or the poor communication skills of some PCVRS staff. They have also spoken to me about the volume of assessments they are asked to undertake. It can take hours to fill out the survey questionnaires, or it is retriggering them, as they are being asked to retell the story of their trauma to multiple different assessors even though the information is readily available in their file. For example, some survivors of the LGBT purge have complained to us about the manner in which they were approached and how it triggered the especially traumatic feelings of being interrogated by the Canadian Forces.

However, for us to undertake a systemic review, we rely primarily on evidence we gather from formal complaints that point to a potential barrier to equitable access to the programs and the benefits provided in legislation for our veterans and their families. I have encouraged and continue to encourage veterans to submit formal complaints to our office when they feel they are being treated unfairly.

I would add, we know that the department's audit and evaluation division recently completed an evaluation of the rehabilitation program, which benefited from access to veterans' files, something our office has been blocked from for the past few years. That said, I look forward to seeing how the department addresses the audit and evaluation division recommendations, some of which are focused on ensuring that the program targets veterans who are suitable candidates for rehabilitation and to consider alternate supports for those veterans who are not.

Over the past three years, I have grown concerned about what I have been seeing and hearing with respect to the rehabilitation program writ large. We have many questions around the construct of the program and the manner in which it is delivered. For example, are veterans who have no realistic prospects of returning to the workforce enrolled in the rehabilitation program primarily to secure the income replacement benefit? Are rehabilitation outcomes improving? Are veterans getting better? Are more veterans returning to work? Is the PCVRS contract saving taxpayer dollars over and above what VAC was paying for the delivery of rehabilitation services prior to the implementation of the contract, and are veterans getting better service?

We will continue to monitor the complaints we receive related to PCVRS and the rehabilitation program and will address them on an individual basis. We will certainly launch a systemic review if we identify evidence of trends that could indicate a systemic problem with the administration of the rehabilitation program. To date, this has not been the case.

Ultimately, our common goal must be to ensure that programs are designed and administered to best serve our veterans to successfully transition from military to civilian life.

[Translation]

Thank you, Madam Chair.

• (1635)

[English]

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

I will now start our first round of questions of six minutes.

We will go to Mr. Richards.

**Blake Richards (Airdrie—Cochrane, CPC):** Thank you.

I appreciate your opening remarks. You mentioned off the top that you've had about 100 complaints about PCVRS, which is about 2% of the total complaints you had in your office over that period of time. I think what I am hearing from you is not that there aren't systemic issues but that there are not enough complaints to indicate systemic issues. Is that a fair characterization?

**Col (Ret'd) Nishika Jardine:** No. Madam Chair, I would ask you not to interpret it that way.

What I am saying is that among those hundred complaints, the six in which we found unfairness did not indicate a systemic problem so that we could say there was a common thread running through them. I don't need more than one complaint to indicate that there may be a systemic issue, and some of our reviews have been based on just one complaint or one observation.

**Blake Richards:** That's fair.

I have two streams of follow-up on that. I'll start on the one side and then come back to the other.

The first is that we heard a number of times on Monday—I'm sure you watched—from VAC officials, PCVRS and associated officials. They quoted a survey of participants in the program saying that, of those who had finished the program, 74% said they had an improved quality of life.

It turns out that there were about 732 surveyed out of over 23,000 participants, which was less than 3% of the veterans involved in the program. Would you say this is enough to indicate that the program has been a success, or is it not enough of a sample size? What are your thoughts on that?

• (1640)

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

I'm not the one to ask about the survey, because we were not part of it, and we didn't participate in or see it.

However, in terms of satisfaction, are you asking if veterans are satisfied with the program?

As I said in my statement, I have met many veterans across the country, and the ones who are happy with the program don't come up to me. They don't come and say they're delighted. They just don't.

What we hear—obviously, as the ombud, I'm here to hear the complaints—is many who informally say to me they're unhappy, for whatever reasons they raise. Therefore, I am unable to speak to the survey. I can only tell you what I've heard informally.

**Blake Richards:** That's fine.

Let me go down the other stream of thought that I had. You mentioned the things you hear informally, and granted, I would agree it's probably no different for us. We hear from the veterans who are not happy with the situation. That's not unfair. What we hear from those veterans certainly seem to me to be systemic types of issues.

You mentioned the reassessments that are constantly being done. I would call this a systemic issue. We also hear about the fact that there is already this big bureaucracy at VAC they have to deal with, and now there is a second, overlapping bureaucracy, and they can't figure it out. In fact, I think even the two bureaucracies sometimes have trouble figuring out who's responsible for what, so how is a veteran supposed to know? This seems like a systemic issue as well.

The third one that we hear is quite often more from service providers, and it's also from veterans, about the fact that they can't work with the service provider they choose because they're not enrolled in the program. We've heard over and over that they can just go ahead and enrol, but that's certainly not the experience that we're hearing from the service providers.

I wonder if you have any thoughts about that. Would you consider those systemic issues as well? Do you have any recommendations for what could be done to improve this?

**Col (Ret'd) Nishika Jardine:** When we are looking for a systemic problem, it's in terms of fairness. There is a program in place, veterans have access to this program and there isn't anything we've perceived in the complaints we've received and looked at that indicates an unfairness in access.

We hear about the assessments. To me, for a service provider to understand what they can deliver to the veteran and how they should design a program of services to help the veteran, there needs to be an assessment. The amount of assessment and all of that is... How do I say that the amount of assessment they're doing is incor-

rect? There have been only three formal complaints to us about the assessment itself that we could say were unfair.

**Blake Richards:** Related to this, we've seen an announcement of a bunch of cuts at the bureau of pensions advocates. I think the concern we have is that 89% of the time veterans get a better result than what they got to begin with. This ties in to these assessments. I'm curious about what your thoughts are around those cuts at BPA and the wait times this that will mean for veterans. Are you concerned about these things and what can be done about them?

**The Chair:** I'm very sorry. That will be for the second round.

On this, I will allow Mrs. Hirtle to speak for six minutes.

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

Good afternoon, Colonel Jardine and Colonel Schippers. It's nice to see you back with us again.

Colonel Jardine, can I clarify how long you've served as Canada's veterans ombud?

• (1645)

**Col (Ret'd) Nishika Jardine:** I completed an initial five-year mandate and was reappointed for another three years in November 2025.

**Alana Hirtle:** Wonderful. Can I confirm that there has been an Office of the Veterans Ombud in Canada since 2007?

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

**Alana Hirtle:** It has been nearly two decades.

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

**Alana Hirtle:** Then this office isn't new, and you're not new to the role.

**Col (Ret'd) Nishika Jardine:** I believe I'm getting close to saying I understand what I'm doing.

**Voices:** Oh, oh!

**Alana Hirtle:** I wasn't going to ask it that way, but thank you. Would it be fair to say that you are there, your team is there, to hear from veterans and raise their concerns to the minister when, in your opinion, something is wrong—or going well, I suppose?

**Col (Ret'd) Nishika Jardine:** Our focus is on fairness. I will confess to you that it can be frustrating, because I see and hear the frustration out there. However, our focus is on fairness. In order for me to be credible.... To sit here, explain and share what I'm doing on behalf of the veteran community, I have to be credible. Therefore, I stay within the guidelines and the mandate provided to me, which is that if I make a recommendation to the minister, it should be based on evidence, and it is there to resolve an unfairness that may create a barrier for veterans to access the benefits and services that have been put in place.

**Alana Hirtle:** Excellent.

May I confirm that you have been following the implementation of the Veterans Affairs Canada rehabilitation services and vocational assistance program, or RSVP, since its inception?

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

**Alana Hirtle:** Can I confirm that the program was intended to address concerns such as regional and access disparities, language-based options and a host of other veteran-outcome-centred concerns that might have been present for veterans in past iterations of rehabilitation services offered by VAC? That was a really long sentence. Would you like me to repeat it, or are you good?

**Col (Ret'd) Nishika Jardine:** No, that's fine. I understand the purpose of the rehabilitation program as written in legislation. That is the extent of what I would say I understand.

**Alana Hirtle:** Can I confirm that in your role as the veterans ombud, you would look at the program with a critical lens that asks what is the stated intention and what are the outcomes?

**Col (Ret'd) Nishika Jardine:** I regret that this is not the case. I'm not here to second-guess what Parliament has put in place as programs and benefits for Canada's veterans and their families. I'm here when a veteran, in certain circumstances—so not the disability claim, for example—is seeking or receiving benefits from Veterans Affairs, and they receive a decision or have an interaction with the department that feels not right to them. They get a decision that they feel is unfair, and then they feel they've been treated unfairly. They can come to our office. This is what we will look at.

**Alana Hirtle:** That makes sense. In your experience, is it accurate or fair to say that all veterans are united in their priorities and their perspectives?

**Col (Ret'd) Nishika Jardine:** I would say that's a sweeping statement, Madame. I think all veterans want to move on with their lives as they return to civilian life. They want to receive benefits if they've been injured or made ill during their service. They know the department is there to provide those to them, and for those who are seeking those benefits, they want to take advantage of them.

**Alana Hirtle:** Would it be better or more accurate to say that the term “veterans” encompasses a broad range of individuals at a variety of stages in their lives who have a range of priorities and challenges they're addressing in their transition to civilian life?

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

**Alana Hirtle:** That would be more accurate. Okay.

Why is it better to take the view of nuance and variety rather than to paint every veteran with the same broad brush and then lump them all together without distinction?

**Col (Ret'd) Nishika Jardine:** I'm sorry. I don't quite understand what you're asking.

• (1650)

**Alana Hirtle:** Why is it better to indicate that there are nuances and differences among veterans instead of painting them all with one brush?

**Col (Ret'd) Nishika Jardine:** I truly beg your pardon. I don't think this is the case. I don't know what you're referring to or in what context. I'm sorry.

**Alana Hirtle:** That's okay. I'm just looking for clarity on whether it's better to consider them all as individuals rather than to lump them all into one category.

**Col (Ret'd) Nishika Jardine :** Every veteran comes forward with their circumstances. Certainly, we listen to each veteran when they come, and we listen to their circumstances. You're absolutely right. Every veteran has their own circumstances.

Thank you.

**The Chair:** Thank you.

I apologize to all of you, always, if I have to interrupt you. I want to make sure we're on time.

Madame Gaudreau will be addressing you in French. I invite you to choose the interpretation and make sure that you can hear Madame Gaudreau well before we start her time.

[*Translation*]

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

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

Thank you to the witnesses for being here.

Contacting an ombud is a last resort. I'm very aware that that was mentioned. It is a way for people, including veterans, to report things that are not working.

On your website, it says that there are long timelines and delays due to a high volume of complaints. Since you are the veterans' last resort, I put myself in their shoes and wonder what message we are sending them by saying, “Sorry, this is the last option, but it may take a long time.”

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

[*English*]

You're asking what veterans feel when they look at our website—the office of last resort. We aim to get back to veterans as quickly as possible. We also have a service standard.

We had the message up on our website. I'm not certain that it is still there today, because we cleared our backlog. It was done only as a way to manage their expectations. We're very careful about when we put up such a message. It is done when the backlog is at the point that it may take us longer to get back to them. We endeavour to meet the need as best we can.

[Translation]

**Marie-Hélène Gaudreau:** Are you lacking financial or human resources? The goal is to provide services in a timely manner. There can be technical elements as well.

Do you have everything you need to do your job properly?

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

[English]

We have managed to deliver our service within the budget we have been given and with the resources we have been given. Could we use more? Absolutely.

**Duane Schippers (Deputy Veterans Ombud, Office of the Veterans Ombud) :** I would add one thing. Unlike a number of other statutory ombuds, even federally, we don't have the ability to compel production of documents or access to files to do systemic reviews. We don't have this automatic authority. That would be an incredibly helpful tool to have. We rely on the co-operation of the department to obtain information, but this often comes to us in the form of delays due to redactions that they will apply. We won't get access to a complete file, for example, for a systemic review.

[Translation]

**Marie-Hélène Gaudreau:** Okay.

First of all, I just want to say that at 2:00 this afternoon, on the French website, it said that there were delays. I wanted to bring that to your attention.

If I understood correctly, compared to other ombuds, you lack elements to take action, including technical resources or elements that would help you do your job better.

**Duane Schippers:** We lack statutory powers, but not necessarily human resources.

• (1655)

**Marie-Hélène Gaudreau:** That brings me to the use of subcontractors. Sometimes it happens within the government, but in this case subcontractors are used. How do you take action with them when they are outside the government? That worries me.

[English]

**Col (Ret'd) Nishika Jardine:** You're asking how a contracted service can do the job. In terms of the contract and the cost of the contract, it is beyond what we can look at.

[Translation]

**Marie-Hélène Gaudreau:** You don't take action to check their work. You do reports.

Do you believe that today's Veterans Affairs Canada system fully respects the dignity, fairness and rights of veterans? You mentioned 100 complaints. Do you think there's a gap between what's being

promised and what they're experiencing? They are given a lot of promises. You are the voice of our veterans.

[English]

**Col (Ret'd) Nishika Jardine:** Does VAC do its job of delivering services in accordance with the Veterans Bill of Rights? I believe that these are good people. These are good people trying to do their very best for veterans and their families. Do they get it wrong sometimes? Yes. That's why we're here. I advocate and have been advocating for the department to communicate with veterans in a better way, a more plain language way, straightforward and direct. I would say their biggest downfall is that, while they do such good work, the communication with veterans sometimes gets in the way of that perception, and I have advocated on that since I began.

[Translation]

**Marie-Hélène Gaudreau:** I only have a few seconds left. As I understand it, I won't say that it's a systemic problem, but there's obviously a process missing. Everyone has good intentions, but in reality, some people fall through the cracks, and for some it can be very serious.

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

We'll now go to the second round of questions.

Ms. Wagantall, the floor is yours for five minutes.

[English]

**Cathay Wagantall (Yorkton—Melville, CPC):** Colonel Jardine, I want to say that I really appreciate what you do. Very often in my office, we hear things. I'm able to send them to you. You have often given me more clarity and an ability to communicate with a veteran who may be apprehensive about doing it directly, so I appreciate what you do.

In regard to PCVRS, I am hearing a lot of complaints. One of the biggest is that they are required to do this assessment or they can't get in the program. They are very worried about their IRB. In one case specifically that we heard about last meeting, they don't get to see their assessment. They get some feedback verbally, but they don't actually see it. One fought to see it but signed off knowing that it had already been sent out, as they say, to whoever they are deeming should be the providers. Is this something you feel a veteran should come to talk to you about?

**Col (Ret'd) Nishika Jardine:** Absolutely.

**Cathay Wagantall:** Okay. You talk about informal complaints, and you get them, but you can't act on them.

**Col (Ret'd) Nishika Jardine:** It is far more helpful if a veteran comes to us directly. We've heard from many service providers. They relay the frustration of the veteran, and I ask them to please ask the veteran to come to our office so that I can hear it directly.

**Cathay Wagantall:** I have a question on this. If they're talking to you informally within your responsibilities, can you suggest to them that they consider submitting a formal complaint to you?

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

**Cathay Wagantall:** You can. Okay.

**Col (Ret'd) Nishika Jardine:** I do it every time.

**Cathay Wagantall:** Okay. We could certainly do more to support your getting the help for them that they need.

You mentioned an audit, and I want to bring this up again. I think we talked about it a bit previously. Was it PCVRS that did an audit?

**Col (Ret'd) Nishika Jardine:** It was Veterans Affairs itself. Its own audit and evaluation division did an evaluation of the rehabilitation program. It has six or seven recommendations to which we are very keen to see how the department responds.

**Cathay Wagantall:** Okay, so, this isn't a case.... When you said that you can't get access to the files, I was assuming you meant a veteran's files. However, if a veteran wants you to see his or her files, that's okay, but you're not getting access. The department is auditing itself, but you don't have an opportunity to review it.

• (1700)

**Col (Ret'd) Nishika Jardine:** When we do a systemic review, for some of them, it would be that we can't proceed unless we get a statistically relevant number of veterans' files that meet the criteria we're looking for so that we can do the review based on the systemic thing we are looking for. The department's audit and evaluation had access to veterans' files. We have been cut off from access to veterans' files for the past three or four years.

**Cathay Wagantall:** How does this happen?

**Col (Ret'd) Nishika Jardine:** We were told it's a privacy issue. This had not been the case for the previous 10-something years or whatever. We've been working hard to try to overcome this, but we've not been successful.

**Cathay Wagantall:** This has been brought up often as a recommendation: that every veteran should have the option to sign off on the availability of their file. Then it is neither here nor there; it is something that whatever department—or whatever it is—should have access to. Perhaps this needs to be recommended once again.

I have one more question if I have time.

**The Chair:** You have one minute.

**Cathay Wagantall:** Oh, I do. That's perfect.

We've talked previously about the spouses and families' right to have access to support specifically for mental health needs. Does that fall under PCVRS, or does it fall under the other program?

**Col (Ret'd) Nishika Jardine:** The rehabilitation program delivered by PCVRS is solely for the veteran—

**Cathay Wagantall:** Okay.

**Col (Ret'd) Nishika Jardine:** —and in some cases for survivors.

**Cathay Wagantall:** Do you mean “survivors” as in surviving veterans or survivors of—

**Col (Ret'd) Nishika Jardine:** It means a widow or widower and some spouses.

**Cathay Wagantall:** This is interesting, because I have found out about it as well. The number of survivors that exist is significant. The number that have gotten assistance through PCVRS is very minimal. That's just an interesting point.

I guess my time is up, but thank you very much. That's helpful.

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

Now we'll go to Mr. Casey for five minutes.

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

Welcome, Colonel Jardine.

In 2023, this committee did a study on the PCVRS contract—which was, at the time, brand new—and offered 10 recommendations to government. Recommendation 10 was directed at your office. I completely understand that your office is not obligated to take direction from the committee; that's not how it's structured. I expect you're aware of it, but—if I may—the recommendation from that report was “That the Office of the Veterans Ombud be asked to publish a report in one year's time on the [effects] the contract has had on Veterans, VAC employees, and service providers.” There was a government response to the recommendation.

My first question for you is whether any such report was published.

**Col (Ret'd) Nishika Jardine:** No.

**Sean Casey:** Why not?

**Col (Ret'd) Nishika Jardine:** First of all, we can't do anything with respect to VAC employees or service providers, and with respect to the contract, there is nothing inherently unfair or systemically unfair about the department choosing to deliver a service or a benefit under legislation by using a contractor.

In the complaints we've received, we have not found a common thread of unfairness, of a barrier to access to the program. The assessments, for example, are, I would say, an irritant; I know that's not the right word. I'm not meaning to minimize it. I know they're deeply frustrating to veterans, and they can be retriggering. However, in and of themselves, the assessments aren't a barrier to the program. I did not find in all this time a common thread that would say there's an unfairness here, a systemic problem, that we need to investigate.

**Sean Casey:** Thank you.

Of the 100 complaints you received, six of which you looked into—I know I'm not phrasing that correctly, so I'll get you to correct me—how many of those six came from members of Parliament around the table?

• (1705)

**Col (Ret'd) Nishika Jardine:** I'm sorry. I do not know how many would have come through your offices.

**Sean Casey:** That would also go for the 94 that didn't merit being further examined. Is that right?

**Col (Ret'd) Nishika Jardine:** It's not that they didn't merit being further examined. It's that, for more than half of them, we reconnected them back to the department. They hadn't already complained to the department, and the department is usually able to resolve them. The rest of them didn't proceed or whatever.

When the veteran comes to us, we don't ask them, "Did it come through your member of Parliament?" That part I'm unaware of—if they had been to one of your offices first.

**Sean Casey:** Therefore, it could have been none or it could have been all.

**Col (Ret'd) Nishika Jardine:** Absolutely.

**Sean Casey:** Okay. Thank you.

I understand you've done some advertising to try to get feedback from veterans. You mentioned earlier that you had something on your website.

**Col (Ret'd) Nishika Jardine:** We put out social media posts. When I'm out talking to veterans during my town halls, I always encourage them, and ask them, whenever I hear a service provider or someone say there's a problem, to submit a complaint to us.

**Sean Casey:** I had a look at your social media. On your Instagram post, you received exactly no public comments. On your Facebook post, you had 38 likes, 33 comments and 31 shares. Three of the comments were positive. Three were negative. A few were on different topics, including—I'm sorry—criticizing your own office.

Have you followed up on any of those, including the positive comments?

**Col (Ret'd) Nishika Jardine:** Go ahead, Colonel Schippers.

**Duane Schippers:** If someone has a specific complaint, we will follow up off-line with them and ask them to submit a complaint to our office. We don't go online in front of everyone else and do it that way.

**Sean Casey:** Thank you.

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

[*Translation*]

We'll now go to Ms. Gaudreau.

[*English*]

Mrs. Gaudreau will ask a question in French.

[*Translation*]

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

**Marie-Hélène Gaudreau:** I am really concerned about the consequences of the budget cuts that were announced. We've heard from the Bureau of Pensions Advocates and others. This is a very serious matter. There are already backlogs, and more are anticipated for April.

Will you be ready to absorb that pressure? Do you think you will suffer the consequences of that?

[*English*]

**Col (Ret'd) Nishika Jardine:** The Bureau of Pensions Advocates is closely related to the Veterans Review and Appeal Board. There's a bright line between the work they do and the work we do. No one needs to go to the Bureau of Pensions Advocates to complain to our office. There is no impact from anything to do with the bureau or the Veterans Review and Appeal Board and our office. There's zero overlap between our two mandates.

[*Translation*]

**Marie-Hélène Gaudreau:** I may have misunderstood what you said in your opening remarks.

What are the main complaints you receive? Are they about timelines? Are they about the quality of services?

[*English*]

**Col (Ret'd) Nishika Jardine:** The top complaint we receive today is about the denial of treatment benefits.

Second to that—it has slipped down to second place—is the wait times for the disability claim, which we can't help with but we can look into. Often we're able to help the veteran understand why, perhaps, their claim is on hold, which maybe they weren't aware of.

The number one complaint we receive is about the denial of treatment benefits. Let's say the disability claim for a veteran's right knee is approved. They get an approval on the claim. Their doctor prescribes something for them as treatment, but the department denies them access to the treatment or they don't reimburse the treatment. That's the number one type of complaint we receive.

• (1710)

[*Translation*]

**Marie-Hélène Gaudreau:** In fact, I would like us to have all these details for the report to be submitted as part of our study. That would give us a better understanding so that no one can say that this is a systemic problem.

Thank you, Madam Chair.

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

[*English*]

We have Mr. Viersen for five minutes.

**Arnold Viersen (Peace River—Westlock, CPC):** Thank you, Chair, and thank you to the ombudsmen for being here today.

One thing you mentioned earlier in your comments was that you felt frustrated sometimes by being shackled in what you can and cannot do. If fairness is the thing, where is your opportunity to advocate for veterans broadly? Do you have that?

For some other ombudsmen, that's their role. One of the last pieces of it is to advocate and speak on behalf of veterans broadly. Do you have that as part of your mandate? I couldn't find that online.

**Col (Ret'd) Nishika Jardine:** I do not. My mandate is very clear. It is strictly to do with a veteran's interaction with Veterans Affairs Canada.

Please don't tell me that I'm now allowed to advocate for veterans.

**Voices:** Oh, oh!

**Duane Schippers:** I've been telling her for years that she's not allowed to do that.

I think you'll find that for most ombuds offices, notwithstanding that it might say they can advocate for whatever constituency, it's advocating for fairness for that constituency. There's some standard ombuds training offered by Osgoode Hall in Toronto and that kind of thing. Virtually every ombuds office in the country participates through that process.

**Arnold Viersen:** You cannot make judgments on decisions that governments have made, essentially.

**Duane Schippers:** If they're unfair, we'll talk. For example, we brought forward the retroactivity provisions in the budget bill because they were unfair. Unfortunately, no amendments were offered to the budget bill to get rid of them. To my understanding, it's now in the Senate.

We found those to be unfair, as they would affect a group of Canada's most seriously ill and injured veterans who are in long-term care.

**Arnold Viersen:** One of my frustrations with the PCVRS is around this exclusivity clause as part of the contract. Now I'm seeing that this is part of the "fix the fairness" piece. If some people could stay with their old provider and some went with the PCVRS, there is an opportunity for unfairness there.

I'm wondering why the exclusivity clause was in there. Why did we push everybody into the Lifemark system at the moment? Did you investigate that at all?

**Col (Ret'd) Nishika Jardine:** If I may, if you have a disability claim, let's say for mental health, and it's approved, you now have treatment benefits for your mental health for the rest of your life. You can choose the provider you want. That is one set of benefits. The rehabilitation program is a completely separate set of benefits. There's no overlap between those two.

The rehabilitation program exists to help a veteran return to being employed in civilian life. It's to move forward in their civilian life, earn an income and return to that way of living. If they feel that they have a barrier to this, the program is there for them. For the details of the contract, you would have to ask the department.

The issue primarily lies, in my opinion, in that it is connected to the income replacement benefit. There's a connection there. There can be problems.

With respect to the providers and how the PCVRS contract is designed, if providers choose not to be part of it, it's their choice. The veteran still has access to their own provider if they have a mental health claim, and they are entitled to treatment for the rest of their life. It's a separate matter.

This rehab program is meant to be short-term. It's two years at the most, and then they move on to a different assessment to see whether they leave the program or whether they are deemed to have a diminished earning capacity, which is when they receive the income replacement benefit for life.

The construct of the program and the way those two pieces are connected—the income replacement and the participation in the rehabilitation program—is often the thing I hear about from veterans. The audit and evaluation focused on that.

• (1715)

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

I'm very sorry, Mr. Viersen. I was looking at our witness just to make sure she slowly finished her thoughts.

Again, Colonel, I'm sorry about that. Thank you very much.

Now, I will have five minutes for Mr. Oliphant. Welcome.

**Hon. Robert Oliphant (Don Valley West, Lib.):** Thank you, Madam Chair, and thank you to the staff of the ombuds office. I'm having déjà vu all over again.

How independent do you feel your office is from the minister?

**Col (Ret'd) Nishika Jardine:** I feel I am completely independent.

**Hon. Robert Oliphant:** Do you report to the minister or to Parliament?

**Col (Ret'd) Nishika Jardine:** I report to the minister.

**Hon. Robert Oliphant:** I would take a moment then to remind the committee of Bill C-607, a bill I presented in 2010 that advocated for you to be reporting to Parliament. I may someday, in my old age, bring it back.

I say that out of huge respect for your office. I don't think there's any more important office in the Government of Canada than your office. The work you do is tremendously important, and it has to do with the sacred covenant we have with enlisted people, who have joined the Canadian Armed Forces and have served the country. They absolutely have the rights that are declared in the Veterans Bill of Rights.

Part of your mandate comes from the bill, which doesn't just talk about fairness; it also talks about dignity and respect. I wanted to get that on the record as well because it's about more than just fairness and procedural fairness. It's about ensuring that the department treats our veterans with respect and dignity.

I sound like an opposition member right now.

**An hon. member:** We love it.

**Hon. Robert Oliphant:** Having been the critic for Veterans Affairs, it's in my blood. In addition, being the member of Parliament for Sunnybrook and the veterans facility, which I believe is Canada's foremost centre for veterans care in the country, will do that.

All of this is to say that a program may not be perfect. It may be able to be improved. Do you have the ability to make recommendations in a letter to the minister based on your general experience of the complaints, either pursued or resolved, about potential improvements that could be made to any program offered by the government?

**Col (Ret'd) Nishika Jardine:** We did a report in January 2021 on the mental health supports for families. I was not the ombud at the time the work was done. The investigation was done to come up with this recommendation, which requires legislative change.

Since then, we've not made any recommendations that require legislative change. Everything has been focused on VAC policies. If we found something we felt required our attention, and there was an unfairness that was deeply problematic to the veteran community, then, with care, we would undertake this kind of investigation. It would take time and resources, and the level of investigation would have to be exacting in order for me to find there was an unfairness I could point to and say to the minister, "This is an unfairness. This is the effect it's having, and here's our recommendation."

**Hon. Robert Oliphant:** Do you have the liberty to do that?

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

**Hon. Robert Oliphant:** With respect to this particular contracted service, at this point, the committee has concerns. Some veterans have concerns. They have been raised. Are they at the level of a systemic problem, or is there work that could be done to improve the program?

**Col (Ret'd) Nishika Jardine:** I wish more complaints came into my office so that I could say, "Here is an unfairness, and it's an unfairness that is clearly systemic. It's not just based on the individual circumstances of the person who's complained to us."

That would feel a lot better, quite frankly. However, the fact is that it's a contract, and we have just not found that common thread. We haven't seen it yet.

• (1720)

**Hon. Robert Oliphant:** That's good news. It's sort of frustrating that you're dealing with piecemeal, one-on-one issues or problems. However, the metanarrative, the large story is that this is fixable, and tweaks could be done to make this program work.

**Col (Ret'd) Nishika Jardine:** The thing I am most deeply concerned about is the construct of the rehabilitation program in the legislation. The department's own audit and evaluation did the work to look into this, and it's come up with recommendations that put the finger on the systemic problem in the construct of the program itself, regardless of how it is delivered.

**Hon. Robert Oliphant:** I could go all day.

**The Chair:** I know.

Colonel Jardine, thank you very much.

Members, we'll complete the first round. We have another guest coming after.

On behalf of the committee, Colonel Jardine, thank you for joining us.

[Translation]

Thank you again for your service to Canada.

[English]

Mr. Schippers, it's always nice to see you.

On that, I will suspend to say goodbye.

• (1720)

(Pause)

• (1730)

[Translation]

**The Chair:** I call the meeting back to order.

I would now like to welcome the witnesses for the second hour of the meeting.

We have with us the Honourable Jill McKnight, Minister of Veterans Affairs. She is accompanied by Nancy Gardiner, deputy minister, and Jane Hicks, acting senior assistant deputy minister, service delivery.

Welcome back, Ms. Hicks.

We also have Pierre Tessier, assistant deputy minister, chief financial officer and corporate services.

Mr. Tessier, it's always a pleasure to see you.

We also have Mitch Freeman, acting assistant deputy minister, strategic policy, planning and performance branch.

[English]

Mr. Freeman, it's also nice to see you.

[Translation]

Minister, welcome to the committee. You will have five minutes for your opening remarks. We will then proceed to a round of questions from committee members.

**Hon. Jill McKnight (Minister of Veterans Affairs):** Thank you, Madam Chair.

Colleagues, thank you for the opportunity to appear today.

[English]

As you know, the mandate of Veterans Affairs Canada is to support the well-being of veterans and their families. It is also to promote the recognition and remembrance of the achievements and sacrifices of those who have served Canada in times of war, military conflict and peace. This obligation is fulfilled in part through a range of programs and services that the department manages and delivers.

[Translation]

These can include disability or financial benefits; pension, education and training assistance advocacy; and, of course, rehabilitation programs.

[English]

As veterans release from the military, rehabilitation is particularly important. For many, it is the bridge between service and the next stage of their lives. Through clinical treatment, psychosocial supports and vocational rehabilitation services, veterans can manage service-related injuries and illnesses, restore their independence and pursue new opportunities in their communities and the civilian labour market.

While my department undertakes broader efforts to modernize how programs and services are delivered, the rehabilitation program will also benefit from these efforts. Whether introducing new digital tools and technologies to help staff make decisions more effectively, simplifying processes or updating systems, each modernization is done to ensure that veterans receive care and support in the most timely, efficient and coordinated way possible. In this context of modernization, Partners in Canadian Veterans Rehabilitation

Services, PCVRS, was awarded the contract to deliver the rehabilitation services and vocational assistance program, RSVP, in 2021.

Having one national contractor administer the comprehensive medical, psychosocial and vocational rehabilitation services provides opportunities for improved performance measurement and standardization across the entirety of the program. It has now been over two years since the PCVRS contract became fully operational. During this period, we have seen significant progress in standardizing care, expanding access and implementing new tools and technologies to support both veterans and staff.

At the same time, we recognize that a change of this scale requires ongoing assessment and feedback to ensure that the new model is meeting expectations. This study is therefore welcome and important.

From our data, we can see that, while many veterans are pleased with the program under PCVRS, others have raised concerns. We are listening. The service delivery model was designed with quality and performance as priorities. The new quality management and performance measurement framework offers daily reports on contractor and VAC performance while measuring the quality of services provided. Additionally, participant feedback is collected at three points throughout the participants' rehabilitation plan on various components of the service delivery experience.

With the contract approaching the end of its initial five-and-a-half-year term, I have instructed my department to conduct an independent review of the rehabilitation program and PCVRS. The goal of this review will be to enable data-driven decision-making and identify how we can best serve veterans in fulfilling their rehabilitation goals. We value any and all input we receive from veterans and will always strive to make sure that this issue is addressed. In doing so, we also recognize that veterans are not a monolith and that individual experiences vary. Responding to the diverse needs of veterans across the country is an iterative process and one we are committed to getting right.

I also want to make clear that, under the PCVRS model, the role of VAC case managers has not changed. They remain pivotal in the rehabilitation program and continue to be the final decision-makers for all case management services, including rehabilitation. Case managers are at the core of the department's support to veterans and their families, providing essential guidance and assistance. Their authority as decision-makers continues under the current service delivery model. Recommendations from PCVRS inform the process and do not override the decisions or expertise of the case managers.

The delivery and billing of rehabilitation services are managed by the external contractor, as was also the case prior to the PCVRS contract.

Madam Chair and members, Veterans Affairs Canada continues to work with PCVRS to refine service processes, improve the transition experience and tailor support to the unique needs of each veteran and family member.

• (1735)

Above all, frontline services remain accessible, personal and responsive to the individuals' needs.

[Translation]

Going forward, service modernization will continue to ensure that programs are sustainable, reliable and truly focused on veterans.

[English]

Canada's veterans and their families deserve a modern, effective and accessible support system. The rehabilitation program delivered by PCVRS is one important step in the continuum of care, but it is only one part of a broader effort to transform and improve every aspect of our service delivery and care.

[Translation]

I welcome your comments and recommendations as we continue this work together.

[English]

I'm happy to take your questions. Thank you.

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

[Translation]

Thank you, Minister.

I have to say that your French is getting much better. I personally thank you for speaking to us in the language of Molière today.

We will now begin the first round of questions.

[English]

For six minutes, we have Mr. Richards.

• (1740)

**Blake Richards:** Minister, would you characterize the rehabilitation contract with PCVRS as a success?

**Hon. Jill McKnight:** The results show that 74% of participants indicate there has been improvement, and I believe this shows there are 26% whom we can continue to work with and enhance service delivery for.

**Blake Richards:** The number you cite is based on 732 participants out of almost 24,000 participants, or less than 3% of the total participants. It includes, I believe, only the veterans who have managed to complete the program. A lot of reasons have been enunciated quite clearly in this committee, and elsewhere, for why it doesn't happen in many cases. Would you say that's a sufficient number to call this a success?

**Hon. Jill McKnight:** The number is driven by data and by responses from veterans who have participated in the rehabilitation program, and it is information that we did not have under the previous model.

**Blake Richards:** In an article in the Toronto Star this week, they really summed this up very neatly in a sentence or two. They found that "some veterans facing severe mental-health issues are drowning in the program's bureaucracy, being pressured to change service providers, given inadequate care and facing threats to their benefits." The veterans "said their health worsened as a result."

Hearing that, based on the Toronto Star investigation, does it sound like a success?

**Hon. Jill McKnight:** Each veteran across Canada each has their own unique experiences. Every single one of them will have encountered different experiences and different conditions. There are many factors in this. As I mentioned, 74% of respondents have indicated there's been an improvement in their overall well-being. I also acknowledge that it means there are 26% whom we can continue to work with, to do better for and to enhance the program for.

**Blake Richards:** It sounds to me as though you are saying they experienced it differently, which we recall a former prime minister of your party saying as well. Anyway, let's dig into some of the details of what's behind the article.

Service providers are saying that they can't provide the services they used to provide or would like to provide to veterans. Veterans have been telling us the same thing: they can't get access to the providers they want. We were told over and over again by your officials and the PCVRS and affiliated officials the other day that veterans can apply and become part of the program.

Well, we have the following information from a fairly major service provider. They first submitted their application on February 15, 2023, and finally, on June 27, 2025, they were accepted into the program. That was 28 months later, after dozens of exchanges back and forth and all kinds of paperwork. Then they found out that because they're considered an out-of-network provider, there are not going to be any referrals coming to them.

This clearly tells us that what we were told is completely inaccurate. Does this sound like success to you?

**Hon. Jill McKnight:** Madam Chair, through you, I have not spoken with this particular provider. I don't have the information that has been referred to, but I have departmental officials here who can speak to the specifics of that, as they would have more details.

**Blake Richards:** We had a chance to speak to them the other day, and we weren't given very accurate information, so we'll skip that. This provider is a very—

**Hon. Jill McKnight:** I'm sorry—

**Blake Richards:** Hold on. Let me finish.

It's a very significant provider that I'm referring to. They haven't given me the permission to share their name, but they're a very significant provider, so if they took 28 months, I can only imagine what a small service provider that wants to help a few veterans in their local area would experience.

It's not working. Veterans are not getting access to the providers they want to be able to access. You mentioned there's going to be some kind of a review before the contract is renewed, and I really hope this is going to be given a serious look, because there's a problem here.

We even heard the Lifemark folks themselves the other day acknowledge, after what they've heard from this committee, that there's clearly a problem in saying when the comment was made that it should be an "and" and not an "or" in there, clearly seeing that it's an "or" now.

Let me move to the communication. Regarding the recommendations that this committee put forward a couple of years ago, we were told, fairly inaccurately, that they had all been implemented. The union was one of the groups that was supposed to be better consulted with. There's a recent example that clearly shows this hasn't happened. When I asked the head of the Union of Veterans' Affairs Employees a couple of weeks ago at another parliamentary committee whether he was consulted before cuts to the Bureau of Pensions Advocates were made, "Absolutely not" was his answer.

I should say that we had a national management-union meeting on January 15, and no one told us that the Bureau of Pensions Advocates was going to be cut, even though they knew it.

• (1745)

**The Chair:** Thank you very much, Mr. Richards. I have to interrupt you.

I would like to go now to Mrs. Hirtle for six minutes.

**Alana Hirtle:** Thank you, Madam Chair.

Good afternoon, Minister, to you and your team. It's lovely to see you here today.

Minister, you've just provided a significant update on the status of the rehabilitation program, and this proposed review will be very informative as you chart your next steps. Can you elaborate on this decision for us?

**Hon. Jill McKnight:** Yes. Thank you, MP Hirtle.

The commitment to ensuring that veterans receive the care, services and benefits for which they are eligible is the core. I've been consistent in this message. This is why I wake up every day.

We know there are opportunities for continual improvement. As I mentioned in my previous answers, many are having success, but not all, and we can continue to do that. Important independent review is going to be undertaken, which will allow us to look at the metrics we've been collecting, look for where those can continue to improve, look for tangible ways this can be done and then make decisions on how we can proceed.

**Alana Hirtle:** Thank you.

It bears asking this: Why are you taking this step? Does undertaking this review call into question the program, as the opposition has argued?

**Hon. Jill McKnight:** No, it doesn't. It is in response to the opportunity for continued growth and improvement. There are veterans who are having success in the program, and there are those who are not, which means that there is an opportunity for us to continue to grow and to serve the community of veterans with their rehabilitation needs.

**Alana Hirtle:** That's excellent. Thank you.

Minister, can you explain the purpose of the Veterans Affairs rehabilitation services and vocational assistance program and how it relates to today's topic of PCVRS?

**Hon. Jill McKnight:** Certainly.

The RSVP, which is the veterans services rehabilitation program, is a comprehensive and holistic approach to supporting a veteran through their rehabilitative journey. This includes the medical, the psychosocial and the vocational needs. As it relates to PCVRS, the provider of the rehabilitation program, it is the service delivery organization that delivers the program as part of a three-tier approach, including the veteran, the VAC case manager and the RSS from PCVRS.

**Alana Hirtle:** Thank you.

From your perspective, do the commitment and range of supports to the veteran who is transitioning to civilian life start and stop at PCVRS?

**Hon. Jill McKnight:** No, they do not start and stop at PCVRS. They are part of a continuum of the journey that a veteran goes on.

As each individual's veteran experiences are unique and different to their service, so too is the rehabilitation they will go through based on their unique experiences. This is not a one-size-fits-all program. This program gets customized to the needs of the individual veteran.

• (1750)

**Alana Hirtle:** Yes, of course. Thank you.

Minister, you've spoken before about things being "veteran-centred" and "veteran-focused". Can you clarify how this is relevant to your assessment of the rehabilitation services and vocational assistance program?

**Hon. Jill McKnight:** When something is veteran-centric, the veteran is at the core of it. It is about taking their individual experiences and personalizing the rehabilitation services to support them. The goals are based on their health and their capacity at the time. It is very much about tailoring to the veterans' needs and their readiness. To me, this is the core of being veteran-centric: The veteran is at the foundation of it all.

**Alana Hirtle:** Extrapolating from that, in your conversations with veterans across Canada on the topic of veterans, is it, in your experience, fair to say that all veterans are united in their priorities and their perspectives?

**Hon. Jill McKnight:** I have had conversations with veterans from British Columbia to the Atlantic coast. We were recently together at an event with veterans.

I have come to see that each veteran is unique. There are sometimes common themes, which is to be expected, but the experience of each individual veteran and the contributing factors are unique to the individual. I have not seen a consistency with every veteran.

Yes, there are times when there are common themes.

**Alana Hirtle:** That makes sense. Would it be more accurate or fair to say that the term “veterans” comprises a wide range of individuals at varying stages in their lives, with different priorities?

**Hon. Jill McKnight:** Yes, very much.

**Alana Hirtle:** Thank you.

**The Chair:** That's excellent. Thank you, Minister.

I'm going to invite everyone to put their earpiece on. Madam Gaudreau will be addressing you in French.

Thank you very much.

[*Translation*]

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

**Marie-Hélène Gaudreau:** I also need to acknowledge this step forward. I'm very pleased that the minister spoke in French. Well done. I wanted to acknowledge that. I have been practising my English for six years.

First of all, I want to make sure of something concerning the numbers. It is claimed that 74% of respondents said that services had improved. However, unless my figures are wrong, based on the number of respondents, the figures I have show that 732 out of 23,000 people answered the survey. We have to be careful how these figures are interpreted, because not all 23,000 veterans were surveyed. I have some concern about that.

That said, I've just learned some things from the audit, and I have absolutely no doubt about the desire to help the cause of veterans.

My first question is this: According to the department, when will you get the information needed to reach a conclusion? Were you given a timeline? The goal is that it takes a year, and then it starts all over again; it's a cycle. Has the department given you a timeline?

[*English*]

**Hon. Jill McKnight:** I will have to come back to you on the specifics of the timeline.

[*Translation*]

I apologize for answering in English.

**Marie-Hélène Gaudreau:** That said, the purpose of our current study is to find elements, and we are also asking the witnesses to suggest improvements.

If I understand correctly, your wish, as part of the audit, is that we continue our important work.

[*English*]

**Hon. Jill McKnight:** The study the committee is undertaking here is incredibly important because it helps to give insight. The testimony of the witnesses can give insight into areas of the review—and I'm not sure if it's a translation thing—it's an independent review that we will be undertaking. This will give the opportunity to perhaps give direction for things we look at in addition to many elements that will be identified by Veterans Affairs Canada.

• (1755)

[*Translation*]

**Marie-Hélène Gaudreau:** I think I have a minute of speaking time left.

**The Chair:** You have three minutes left.

**Marie-Hélène Gaudreau:** That's great.

At the last meeting, I proposed that we hear from more witnesses on this study. There weren't enough. We added a meeting. What I understand is that it would be relevant. The goal is not to make a big production of it. My role is to help the veterans who approach me every week in my office. A more in-depth study could contribute to the audit. That's my current understanding.

[*English*]

**Hon. Jill McKnight:** I would turn it back to the chair for the committee to give direction or to lead the conversation with regard to the number of meetings. I can say that we will be undertaking the review and looking at this. At any time, I would certainly encourage any of our colleagues to reach out to our office when there are cases. When somebody is coming forward with a concern, we welcome you to reach out to our office so that we may offer assistance in connecting with the appropriate person. You mention that you have veterans reaching out to you; I would encourage you to connect with our office so that we may help support in connecting those veterans with individuals to help them with any concerns.

[*Translation*]

**Marie-Hélène Gaudreau:** I hope you will hire people. You may get a lot of calls, because people listen to us.

I have 15 seconds of speaking time left and I'm going to ask one last question. I would like to know if you are aware that 300 cases are being cancelled in April because cuts are being made to the lawyers who provide support to veterans. Were you aware of that?

[*English*]

**Hon. Jill McKnight:** I believe this is starting to move away from the topic that we are here today to address—the PCVRS—which is the invitation that I received today.

[*Translation*]

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

[*English*]

I will now go to our second round.

Mr. Tolmie, you have five minutes, please.

**Fraser Tolmie (Moose Jaw—Lake Centre—Lanigan, CPC):** Thank you, Minister, for being here today and for taking our questions. I'd like to talk about the PCVRS contract, and I'd like to ask you who designed the assessment. Was it VAC approved?

**Hon. Jill McKnight:** Could you clarify, please, what you mean by the assessment?

**Fraser Tolmie:** It is the assessment the vets have to go through. Who approved the assessment?

**Hon. Jill McKnight:** That is a question for which I would turn to the department officials who specialize in that part.

**Fraser Tolmie:** Okay, that's fine. I think I already have the answer. This obviously had to be approved by your department. What I hear is that it's your department, your survey, and that there's going to be an independent review. Who's doing the independent review?

**Hon. Jill McKnight:** I don't have a specific name for you at this time, but it will be an independent review so that it is objective.

**Fraser Tolmie:** Could we as a committee pick the independent reviewer so that we could have some impartiality?

**Hon. Jill McKnight:** That would not be appropriate, but we will be looking for an impartial review of the program.

**Fraser Tolmie:** I would argue that it would be very appropriate, that we would get an independent voice who would actually give us some facts. We've got 25% of the people who have been surveyed unhappy with the service they've received. In fact, I hear that the witnesses who have gone through this assessment have spent more time in assessments than they have in care, and that they're experiencing institutional harm. They don't feel safe coming forward, so their voice is our voice. We're here to say that there are a lot more people who are unhappy. What would you have to say to them?

• (1800)

**Hon. Jill McKnight:** Through the chair to my colleague, there are a couple of things I'd like to address in there.

First, you mentioned that things are taking longer. With this particular RSVP program, things are actually happening, on average, quicker. Intake is happening, on average, within 24 days, assessments made within 33 days and treatment beginning within 21 days.

**Fraser Tolmie:** You say you're going to be reviewing the contract. Are you going to withhold performance bonuses based on the information you're receiving from the news media, like the Toronto Star—

**Hon. Jill McKnight:** I'm sorry, which performance bonuses are you speaking about?

**Fraser Tolmie:** Does PCVRS not receive performance bonuses?

**Hon. Jill McKnight:** This is about reviewing the overall program, undertaking a review of the program and, by extension, looking at the service delivery of the program.

**Fraser Tolmie:** Are we not going to hear of any performance bonuses being given out to PCVRS then?

They've already received performance bonuses, according to the information I've received. With the number of complaints I've re-

ceived concerning this contract, I wouldn't be giving them performance bonuses. Because of this review, are you going to give out performance bonuses or are we going to be saying no?

**Hon. Jill McKnight:** Through you, Chair, I would encourage any members of this committee who are receiving complaints to reach out to our offices so that we can do the follow-up. I have heard reference to a number of complaints being brought to members of this committee, yet when I look at my office, we are not receiving those complaints, which makes it very difficult to follow up on them.

Veterans have multiple options. They have the option of reaching out to their case managers. They have the option of reaching out to the ombud, and they have the option of reaching out to my office or to the office of their local MP. If those messages are not coming to us, I can't look into it.

**Fraser Tolmie:** I appreciate the public service notice, but the thing is, veterans don't trust the Veterans Affairs department and they don't trust that in going to you, they're going to get an answer. They're very upset. That's what sanctuary trauma is. That's what institutional harm is.

**The Chair:** Mr. Tolmie, I apologize sincerely. I have to move on.

We have Mr. Casey for five minutes.

**Sean Casey:** Thank you, Madam Chair, and welcome to all of our witnesses.

I offer a special welcome to the newly minted deputy minister, Ms. Gardiner. Welcome to the committee. We very much look forward to working with you. Congratulations on your posting.

Minister, on February 23, we heard from a veteran by the name of Tim Laidler. He said, "In Canada, if you're injured, they will pay for you to get retrained, but only back to the salary level at which you left the military."

Is this true?

**Hon. Jill McKnight:** That is inaccurate. We will work to support the individual veterans with the rehabilitation plan that best meets the needs with where they are today and with their readiness to do so. For some veterans, it may look like returning to something similar to what they had done previously, which may give alignment on a wage. For other veterans, it could look different if they're pursuing that which falls within what best suits them today.

It is always going to be based on what vocational training is best suited to the needs of the veteran. There is a hierarchy of standards for return to work, which is one of the premises of the vocational program.

**The Chair:** I will have to interrupt the proceedings at this point. The bells are ringing. My understanding is that it is a 30-minute bell. I would like to continue for 15 minutes, possibly, if it's—

• (1805)

**Hon. Robert Oliphant:** I can't give consent for that. I can give it 10 minutes, because I have a commitment.

**The Chair:** Okay.

We'll do....

**Blake Richards:** You would have had to be there at that time anyway.

**The Chair:** I will suspend.

• (1805) \_\_\_\_\_ (Pause) \_\_\_\_\_

• (1806)

**The Chair:** I call the meeting back to order.

We will have 10 more minutes to continue our proceedings. Now we're at three minutes and 22 seconds.

Mr. Casey, the floor is yours.

**Sean Casey:** Thank you, Madam Chair.

Madam Minister, the next couple of questions I'm going to ask should probably be answered by your staff. Please take no offence to that; the Conservatives didn't seem particularly interested in hearing from the staff, although they were asking questions that would have best been answered by the staff.

Ms. Hicks, one of the things we heard earlier was how Mr. Richards wasn't satisfied with the accuracy of the information you gave when you last testified. He said that what you said about the recommendations in the last meeting was inaccurate.

I would ask whether you've reflected on the testimony you gave last time and if there's anything you would like to add or correct, based on Mr. Richards' non-specific assessment of your testimony.

**Jane Hicks (Acting Senior Assistant Deputy Minister, Service Delivery, Department of Veterans Affairs):** I would say the testimony I provided was accurate. In fact, there was consultation with the union on the PCVRS contract, and that is ongoing. We meet on a monthly basis, so there is ongoing engagement.

I would like to clarify one point with respect to providers about veterans not being able to use their providers. With providers, we add to the team. There's a rehabilitation team added to the veteran's care team. There are additional providers. This is what we work towards.

**Sean Casey:** Thank you.

Can anyone speak to the statistical significance of the sample, which was criticized? Can anyone speak to this?

**Jane Hicks:** If we're referring to the 732, it is not accurate to say it's 732 of 23,000. We did not survey 23,000 people. We started surveying....

There have been 23,000 people referred to PCVRS. They're at various stages of the rehabilitation program, so it is a small sample, but it is not of 23,000.

**Sean Casey:** If it's not 23,000, what is it?

**Jane Hicks:** I don't have a specific number, but it is a much smaller number.

**Sean Casey:** Thank you.

Going back to you, Minister, I understand you said earlier you have not had any complaints referred to you with respect to PCVRS service by anyone on this committee.

**Hon. Jill McKnight:** We have not heard from the MP office of any of the members of this committee. We have had a few inquiries from the offices of members of Parliament, but none of them are members of this particular ACVA committee.

• (1810)

**Sean Casey:** Is there a range of issues for which you would be approached by members of Parliament, on this committee or otherwise?

**Hon. Jill McKnight:** Yes. We have received a number of inquiries and outreach from members of Parliament on a variety of topics relating to veterans when a veteran has contacted them, and they have referred their case on. Those are looked into and responded to by members of my staff.

[*Translation*]

**Sean Casey:** Are you finished?

[*English*]

Thank you.

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

[*Translation*]

Ms. Gaudreau, you have two and a half minutes.

**Marie-Hélène Gaudreau:** Thank you, Madam Chair.

Minister, I have a request. I would really like to have the exact number. Certainly, if it's 2,500 people instead of 23,000, that's a big difference. I'm sure you know that. Great.

Here's my only question. Since last fall, we have met with psychologists, sexologists and researchers. I'm sure you're aware of that. They are speaking out against the program. When we had our meeting, it was clear that there was agreement, although there are a lot of things to add. However, it seemed fine all the same.

We don't ask people to exaggerate, but when we hear from them, they tell us that they've had to describe their problems two, three, four or even five times. We talked about centralizing case managers. Those are facts.

I wonder if you're aware that there are people who are re-traumatized through the rehabilitation process.

[*English*]

**Hon. Jill McKnight:** In some of the conversations I have had with veterans throughout the last 10 months, they have mentioned telling their story more than once. This would be in relation to PCVRS but also to a number of experiences that they have gone through during their process of transitioning out from CAF.

We are taking the steps we can to reduce this impact. Ensuring that veterans are at the core of the work being done is our priority. Part of that is working to do the best we can to support a veteran in this process. This is a really key component.

[Translation]

**Marie-Hélène Gaudreau:** I only have 20 seconds left, Minister.

It's about doing what you can. The heartfelt plea we are hearing is, "Wake up and do something!"

**The Chair:** Ms. Gaudreau, I'm so sorry. It doesn't happen very often, but you're over time.

**Marie-Hélène Gaudreau:** I was at 34 seconds.

**The Chair:** I'm so sorry, but I want to be respectful to everyone.

**Marie-Hélène Gaudreau:** I just want to help the minister help veterans.

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

[English]

Madame Wagantall, you have two and a half minutes, please.

**Cathay Wagantall:** Thank you so much, Madam Chair.

Minister, thank you for being here.

We have had conversations with your bureaucrats in regard to what's working with PCVRS and what isn't. A number of veterans have come to me concerned about the assessment that is done at the beginning. They do not get to see it. I have one who specifically reached out very concerned because he was told the news that he wouldn't get his IRB if he didn't do this assessment. He gave them a great deal of information, even about family members and dynamics, that ended up in his report.

The only reason he knows this is that he absolutely insisted on signing off on it, which makes sense to me for any veteran. However, we found out he was signing off on it after they had already given it out.

Will this independent review ensure that the dynamic is being reassessed and that veterans get to see what is expected of their outcomes and ensure that information is not handed out to providers or anyone else within PCVRS before they have the opportunity to read it and sign off on it? Please make sure that this is part of your independent review, because an independent review means that most of your information cannot come from PCVRS, which is doing the job that is being reviewed. I would ask that you please consider that. That's my first request.

The second thing is that we were told today that the rehabilitation program was available to spouse widowers, to other members and their partners, but they had to be widowers. Yet another report says that spouses of seriously injured veterans and survivors are permitted to participate in the VAC rehabilitation program. What is the answer? Can spouses also...? I'm seeing a nod. Is that correct?

• (1815)

**Hon. Jill McKnight:** Madam Chair, I would like to make sure we have explained this, so I will turn to the officials to answer.

**Cathay Wagantall:** I have very little time. Just simply, is it a yes or a no that spouses can participate?

**Jane Hicks:** Yes, they can in certain instances.

**Cathay Wagantall:** They can in certain instances. There we go. As of March 31, 2024, out of 180,006 VAC clients, of which 12,609 were on rehab, only 55 spouses and survivors were approved. How many spouses and survivors applied, and why were only 55 approved? Quite often veterans cannot work, and it goes to the spouse. Do you have those numbers, please? How many applied as spouses and survivors?

**Hon. Jill McKnight:** Madam Chair, I would turn to officials.

**Cathay Wagantall:** If you don't have the answer, you're welcome to please provide it to me.

**The Chair:** Mrs. Wagantall, thank you very much. We would certainly appreciate it if the committee could receive those numbers.

You have two and a half minutes, Ms. Hirtle.

**Alana Hirtle:** Minister, as it relates to this program, how are the strengths and challenges of the program being reviewed to ensure the best health outcomes for veteran participants?

**Hon. Jill McKnight:** Madam Chair, there are a number of measures that VAC monitors regularly through the program as it relates to performance, to service quality, to participant progress and to outcome. Veterans Affairs also tracks service timelines, progress and completion rates, health and well-being outcomes and participant feedback. This will form the base for the review, and then we will determine where we go beyond this to look at the program and its delivery overall.

**Alana Hirtle:** I understand.

What would be the most likely result for the collective veteran access to rehabilitation services if the PCVRS contract were to be cancelled, as has been called for by some?

**Hon. Jill McKnight:** If the contract in place right now were to be cancelled, it would be detrimental to veterans.

**Alana Hirtle:** Would you describe this as being in the interest of delivering the best possible outcomes for the largest group of veterans with respect to their health and well-being?

**Hon. Jill McKnight:** Delivery in the best interest of veterans ensures that a continuum of care and access to support through rehabilitation remains available. That is in the best interest of veterans.

**Alana Hirtle:** Absolutely.

Would you describe the view that all or nothing is an accurate assessment of where the program and the delivery stand today?

**Hon. Jill McKnight:** That is not an accurate assessment.

**Alana Hirtle:** Do you believe that, while there are veterans who feel they aren't well served by the program, the responsible thing to do would be to identify where gaps exist and address them, rather than to presume the entire system is broken?

**Hon. Jill McKnight:** As the evidence has shown, the program is not entirely broken. There are veterans who are having successful experiences, and there are veterans for whom the experience can be better. Now we can take this information, continue to improve the rehabilitation program and look at the delivery of the program to best meet the needs of veterans.

**Alana Hirtle:** Thank you, Minister.

**The Chair:** Madam Minister, thank you very much for being with us.

For those who are celebrating, I wish you all a happy Easter.

We're not going to see each other for approximately two weeks. Our next meeting will take place on Monday, April 13, 2026. We will resume our study on barriers to entrepreneurship among veterans.

Is it the will of the committee to adjourn the meeting?

**Some hon. members:** Agreed.

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