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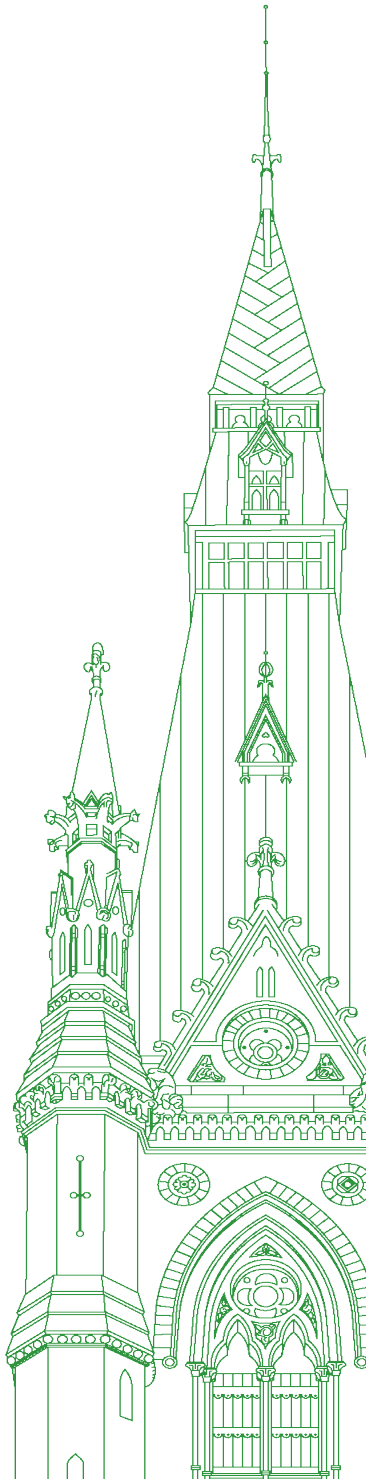

Chair: Marie-France Lalonde

Standing Committee on Veterans Affairs

Wednesday, June 10, 2026

● (1625)

[*Translation*]

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

[*English*]

Members, since the bells are ringing, I would like to propose, with your permission, that we listen to our witnesses, suspend to vote and then we will come back. I would need unanimous consent for that.

Some hon. members: Agreed.

The Chair: That's perfect.

[*Translation*]

Welcome to meeting number 38 of the House of Commons Standing Committee on Veterans Affairs.

Pursuant to the motion adopted on November 25 2025, the committee is meeting to study the monitoring of the rehabilitation services contract awarded to Partners in Canadian Veterans Rehabilitation Services, or PCVRS.

Today's meeting is taking place in a hybrid format, pursuant to the Standing Orders. Members and witnesses can attend in person or remotely using the Zoom application.

To ensure an orderly meeting, I'd like to outline a few rules for witnesses and members: Before speaking, please wait until I recognize you by name; if you're participating by video conference, click on the microphone icon to activate your microphone; and please mute yourself when you're not speaking.

[*English*]

We have our panel of witnesses for the PCVRS study.

We have Eric Vila, as an individual, by video conference. We have, from the Union of Veterans' Affairs Employees, Toufic El-Daher, national president, and Martha Josephian, case manager and alternate vice-president.

The bells are ringing, so we will give you five minutes each, and then we will suspend, go vote and come back for the rounds of questions.

Go ahead, Mr. Vila, for five minutes, please.

Eric Vila (Kinesiologist, As an Individual): Thank you, Madam Chair.

Good day to my fellow witnesses and members of the committee.

My name is Eric Vila. I'm a kinesiologist with Lifemark Health Group. I have nearly 10 years of experience in the health and fitness industry, specializing in functional training, strength and conditioning and high performance. I am accredited with the British Columbia Association of Kinesiologists and certified as a Work-Well functional capacity evaluation evaluator.

Additionally, I currently serve as a reservist in the CAF with the 5th Field Artillery Regiment. This experience has offered me an opportunity for a greater understanding of the challenges faced by veterans and members of the armed forces, both during their service and while seeking rehabilitation services.

In my role as a kinesiologist, I provide exercise-based services aimed at improving my clients' function. Some participants undergo a kinesiologist-led assessment to evaluate their current functional capabilities and limitations, which allows us to develop an appropriate rehabilitation plan. Given the unique circumstances that may bring a veteran into this program, the care that I provide is tailored to each participant, focusing on functional rehabilitation through guided movement and exercise. I address movement-related injuries and conditions within my clinical scope of practice, while clinical diagnoses are for the appropriate treating professionals to make.

I collaborate with an interprofessional rehabilitation team that includes physiotherapists, psychologists, occupational therapists and registered clinical counsellors. Kinesiology plays an essential role in this therapeutic alliance.

It's important for the committee to understand that our focus within the rehabilitation program is on providing function-based rehabilitation. This approach often differs from the more traditional diagnostic rehabilitation or assessments veterans may have experienced previously. Function-based rehabilitation for veterans aims to restore or improve independent functioning to the extent possible in the roles at home, in the community and at work.

As clinicians, we always have a duty to assess the participants' current functional state. This ensures we understand them holistically, tailor assessments and treatments appropriately and avoid treatments that could potentially cause further harm. In order to limit the number of new assessments veterans have to experience and build upon existing information, we always encourage participants to share previous assessment reports with us should they consent to do so.

To provide context, when veterans are referred to the rehabilitation program, their VAC case manager identifies their eligible health problems. These are the specific areas we as clinicians are authorized to assess and address within their approved rehabilitation plan.

While VAC's rehabilitation program is focused on these eligible conditions, we strongly encourage participants to continue receiving services from their existing providers for any non-eligible health problems. Those services would be outside of the rehabilitation program and covered by their Medavie Blue Cross benefits. This ensures comprehensive care while maintaining the program's specific mandate for functional rehabilitation.

As an active reservist, I have the opportunity to serve my country. As a kinesiologist, I have an opportunity to support those who have served by providing critical services through their rehabilitation journey. I've had the privilege of working alongside many wonderful and amazing veterans and have witnessed first-hand the benefits of this program.

Thank you for your time and for the opportunity to share insights into the important work being done to support our Canadian veterans.

● (1630)

The Chair: Thank you very much, Mr. Vila, and thank you for your service to Canada.

I would like to invite Mr. El-Daher for his five minutes.

Toufic El-Daher (National President, Union of Veterans' Affairs Employees): Chairperson and members of the committee, when we talk about the PCVRS contract, we are not simply talking about a service delivery model. This is a matter of trust, expertise and responsibility toward our veterans.

Since the implementation of the PCVRS contract, we have witnessed a fundamental and troubling shift in how rehabilitation services are delivered to our veterans. This shift comes at the expense of those who know these veterans best: the case managers at Veterans Affairs Canada.

These professionals are not interchangeable. They possess unique expertise developed over years at the very heart of the public system. They understand invisible injuries, trauma and military realities. They do not simply manage files. They support lives.

Let me ask a simple question: Why was this internal expertise pushed aside in favour of a privatized model?

What we see on the ground today is clear. We see veterans lost in a fragmented system. We see inconsistent rehabilitation pathways. We see delays, duplication and, far too often, a loss of trust.

Meanwhile, case managers—the real experts—are relegated to administrative coordination rather than professional intervention. This is a step backward, not progress.

We were promised efficiency. We were promised improved accessibility. What our members are seeing is increased complexity, diluted responsibility and a loss of coherence in care. Let's be honest: When services are fragmented, the veterans pay the price.

I also want to highlight a reality that we cannot ignore. The employees of Veterans Affairs Canada are still there every day trying to make this model work. They absorb the problems. They compensate for the gaps. They strive to maintain the level of service our veterans deserve, despite the obstacles, but they should not have to fix a system that was poorly designed.

This committee must ask fundamental questions. Is this model truly putting veterans at the centre of decision-making? Are we fully using the expertise that already exists within VAC? Most importantly, is this system actually better than the one we had before? Today, everything indicates that the answer is no.

Let me be clear. We are not here to defend the status quo. We are here to defend a fundamental principle: Veterans deserve the best possible service, not an administrative experiment.

What we are asking for is reasonable but urgent. Restore a central role for our case managers at Veterans Affairs Canada, seriously consider not renewing the PCVRS contract, end the fragmentation of services and, above all, listen to those at the front lines: the employees of VAC and the veterans themselves.

Right now, we risk losing something precious: a system built on expertise, human connection and trust. Once that trust is broken, it is very difficult to rebuild.

In conclusion, veterans deserve a system that is coherent, humane and effective, and the employees of Veterans Affairs Canada are ready and able to be the foundation of such a system. This is why we are calling for the non-renewal of the current private contract and for the repatriation of rehabilitation services back into VAC, as they were before.

The expertise already exists with Veterans Affairs Canada, and it must be fully utilized rather than outsourced. I therefore invite the ACVA committee to seriously consider the issues raised today and to work with us to improve this system in the best interests of those who have served our country.

Thank you.

● (1635)

The Chair: Thank you very much.

I will now suspend.

We'll see you shortly.

● (1635)

_____(Pause)_____

● (1705)

[*Translation*]

The Chair: I call the meeting back to order.

[*English*]

We will start with our first round of questions. Each member will have six minutes.

We will start with Mr. Richards for six minutes.

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

I appreciate your testimony today.

I have several questions for you. I'll start with this. This committee, about four years ago, just before the implementation of this, did a study and made a lot of recommendations about the concerns we were hearing at that time, including from the union and, of course, from veterans and their families and others as well. My sense is that essentially that report and the recommendations it made were just ignored.

I'd like to ask you a few questions about some of the specific recommendations and get your sense as to whether that's the case and whether there's still some work that needs to be done to improve that.

I think the first one is just around confusion. During that study, there was a lot of talk about the confusion about what the roles were. You addressed it a bit today. I think you're unhappy with how it all shook out. There seemed to be, at the time, a lot of confusion about what the roles would be.

I would say that what we've heard during this study from veterans is that there still seems to be a lot of confusion. They say they used to be able to just talk to a case manager, and they could solve their issues for them or at least try. They feel that's no longer the case. Would you agree? Would you agree that there's still a lot of confusion about what the roles are and what the roles should be?

● (1710)

[*Translation*]

Toufic El-Daher: Yes, absolutely.

The problem is veterans feel lost and don't know where to turn. Do they have to call Veterans Affairs Canada, their case manager, Lifemark or PCVRS, Partners in Canadian Veterans Rehabilitation Services?

The system is really too big; veterans need stability and support. They shouldn't have to repeat their stories three to five times; it makes them relive their trauma.

That's why I say there's definitely a problem. Honestly. We propose solutions to senior management, the deputy minister and the assistant deputy ministers, but they don't seem to understand the reality on the ground. Unfortunately, there's a complete disconnect.

[*English*]

Blake Richards: You say you've sent some solutions. What are those solutions?

[*Translation*]

Toufic El-Daher: One of the solutions is to give case managers a key role once again. Right now, yes, they have a role, but I say that with air quotes, because, quite often, they feel pressured to sign a rehabilitation program with Lifemark. Case managers have studied in health, they have a university education; there's a code of ethics behind that. They feel trapped and forced to accept these programs. That's why I say one of the solutions is to give back this essential role to Veterans Affairs case managers and stop doing business with a third party.

We propose these kinds of solutions, but the employer refuses. The employer is really relying on PCVRS, and, unfortunately, I don't think our employees and our members feel supported. They feel abandoned by the employer. Unfortunately, it seems the employer relies more on PCVRS employees and rehabilitation service specialists than on our case managers.

[*English*]

Blake Richards: The other area we heard a lot about at the time and which there were several recommendations in that report about centred around communication and consultation and the lack thereof. Whether it be with the union, with veterans and their families, with Veterans Affairs employees or service providers, we are continuing to hear those issues four and a half years later.

Would you agree that lack of consultation and communication is still a problem? I think I asked that in light of the cuts that were made to the bureau of pensions advocates. I know that some of the concerns that you raised were about not being consulted or communicated with about those changes. I want your thoughts on that consultation and communication piece, how important it is and whether you think it's still something that's lacking in Veterans Affairs right now.

[*Translation*]

Toufic El-Daher: If we're consulted? Frankly and honestly: No. They meet us. I have monthly meetings with the acting assistant deputy minister, Ms. Jane Hicks. I can also meet with her whenever there's an emergency. She's really very open.

With respect to the PCVRS contract, I have monthly meetings with her replacement, Ms. Pamela Harrison. The problem is when we tell the employer there's a problem with the contract, they ask us for specific cases and names of veterans, but the issue isn't case-specific; the issue is with the structure. We can't always cite specific cases. There's a structural problem with this company, which means it won't get resolved. To solve the problem, the employer wants us to give it names or specific cases, otherwise, it won't move forward. Unfortunately, they don't understand that there's a structural problem behind this contract.

[*English*]

Blake Richards: Thank you very much. I appreciate your frankness and time today.

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

Go ahead, Mr. Casey, for six minutes.

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

Thank you to the witnesses for being here today.

I'm going to stay with the union and Mr. El-Daher.

Sir, I can tell you that at the national headquarters of Veterans Affairs, there was much joy upon your election, as you know.

Can you describe for me what the state of communication and co-operation is between you, as a newly elected president, and management, as well as between you and the union members at the national headquarters?

● (1715)

[*Translation*]

Toufic El-Daher: Thank you for the question. I appreciate that.

Since my election in October 2023, I've had a certain style of leadership. I'm a very positive person. I like to collaborate and participate. That's how I work. I'll be very honest with you, I have a very good relationship with the employer. We communicate very well, whether it's the HR director or the new deputy minister, Ms. Nancy Gardiner. We get along well. Although we don't always agree on the contract-related issues, that doesn't mean we don't get along.

I'm talking today about the problems we're having with the contract, but I'll be transparent and honest: Communication with senior management at Veterans Affairs Canada is very good, because we're honest with each other. We're transparent, and we can be truthful with each other. Is the issue being resolved? Unfortunately not. It's very political for them as well. When you ask for money, for example, for the Bureau of Pensions Advocates, that's political. They'd have to ask for money at the national level or whatever. All that to say communication is good, but the department could do more.

I think that answers your question.

Sean Casey: Thank you for that. Frankly, it's encouraging.

You're against the role of a third-party service provider, am I correct?

Toufic El-Daher: Basically, what we're asking is to go back to what it was. Veterans used to get rehab programs prepared by case managers, and they were getting paid by the Blue Cross.

Sean Casey: Okay.

Toufic El-Daher: It was perfect. Now, case managers don't know where to turn. They don't know what their responsibilities are anymore. They're confused. Their role isn't fully defined in this contract. They're scared. I'll be honest with you: They're afraid that, within a year or the next few years, they'll be replaced by rehabilitation service specialists, who do the same job and have a very similar role. That's a major fear.

[*English*]

Sean Casey: In your solution, we would have Blue Cross back in the picture playing the role they did before. We would switch from one third party provider to the one that was there before PCVRS.

Is that what I'm to understand?

[*Translation*]

Toufic El-Daher: I've been with Veterans Affairs Canada since 2003. We had a treatment authorization centre for those who were there back then. It was responsible for Veterans Affairs Canada's 15 care programs. Unfortunately, it was privatized and taken away from Blue Cross, as you know.

What I'm proposing is to terminate the PCVRS contract in partnership with Lifemark and give it back to Blue Cross, allowing veterans to choose which service supplier they want. Unfortunately, that's not the case at the moment. The company imposes suppliers on veterans, pressuring them to choose one of their suppliers and preventing them from continuing with their own suppliers.

My ideal solution is to go back to the way it was when Veterans Affairs Canada had its authorization centre in Charlottetown that ran the pharmacy unit and the dental unit. Everything was there, but unfortunately, it was privatized.

Sean Casey: Aren't you concerned about a disruption in the continuity of services for veterans who now use the program?

Before you answer, I should mention that, in 2021, there were 600 clinics. Now, there are 1,200 clinics. Your solution is to terminate the contract, which means finding a place for the 23,000 veterans who have been receiving services since 2023 and replacing the 1,200 clinics or finding another solution. Is it really possible to terminate the contract in a short time frame without interrupting the continuity of services for everyone?

● (1720)

Toufic El-Daher: I'm willing to take that risk. At the end of the day, it takes political courage. It takes courage to act so veterans are treated well. I'll say it again: Under this contract, veterans are not being fully taken care of. Leaving a veteran behind is a failure.

Sean Casey: Thank you.

The Chair: Thank you.

[*English*]

Mr. Vila, Madam Gaudreau will address you in French.

[*Translation*]

Ms. Gaudreau, you may go ahead for six minutes.

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

Mr. El-Daher, why did the department decide to privatize the services? Did they give you any information or an explanation?

Toufic El-Daher: Unfortunately not.

The union found out from members and the news that the department was going to privatize physical and mental rehabilitation services. Vocational rehabilitation was already being provided externally, so that's fine, but we didn't know about the mental and psychological rehabilitation services.

Marie-Hélène Gaudreau: You were told that's how it would be from then on, full stop.

Toufic El-Daher: That's correct.

Marie-Hélène Gaudreau: Let's go back in time for a moment.

For any project or contract, adjustments need to be made, even in-house. What adjustments should the department have made, instead of contracting out the services and escaping any responsibility if problems arose?

Toufic El-Daher: I think one of the major, long-standing problems we've had at Veterans Affairs Canada is the lack of resources.

Two former deputy ministers had promised us that case managers would have 25 cases. Unfortunately, we're nowhere near that. This past March 23, I heard the employer say that it was close to the target, but from what I'm hearing, caseloads are between 40 and 45 cases. That's a far cry from the target.

Veterans Affairs Canada needs more resources and new case managers. VAC's role and the outside company's role really need to be defined. Right now, three parties are involved, Blue Cross, Lifemark and Veterans Affairs Canada. If it's confusing for us, imagine what it's like for veterans.

Marie-Hélène Gaudreau: When it comes to service delivery, everyone has their strengths. It's clear this isn't the government's strong suit, regardless of the party in power. Here's what worries me: there is no regard for the person in all this. Is it all about administration and quotas?

Could you talk about the strain you're under?

Toufic El-Daher: There are still a lot of administrative requirements, unfortunately. I've been with Veterans Affairs Canada for 24 years, and it keeps saying it wants to streamline and eliminate red tape. Unfortunately, the reality is there's still a lot of red tape. It's not true that case managers no longer do administrative work, that all they do is case management. The fact is that's not true.

What's going to happen? We don't know. We're scared and we're anxious, because we need more resources. However, we are seeing the employer use PCVRS more and more, unfortunately, so that adds to the anxiety weighing on our members. Employees are wondering what will happen to them in the coming years, whether they'll still be there.

Marie-Hélène Gaudreau: Were you told there would be an independent impartial review? My understanding is that the contract will be up for renewal soon, so I'm wondering whether anything is in motion. Is a report coming? When will the contract be renewed? Did they say anything to you?

● (1725)

Toufic El-Daher: We had an in-person national meeting with the employer's representatives on May 28, in Charlottetown, and they told us they would be looking for an independent reviewer in the coming weeks. The contract ends in December, at the end of the year, but we all know what's going to happen.

Marie-Hélène Gaudreau: What's going to happen?

Toufic El-Daher: I'm pretty sure the contract will be renewed, with or without the review. The department has put $570 million into the contract, with an option for an additional two years, if I recall correctly.

Marie-Hélène Gaudreau: When it comes to the administration of these services, we're being told not only that the service delivery expertise is not there, but also that decision-making is based on how much money has been put in, not on the quality of the service provided. That seems to be the case everywhere. My office is turning into a Service Canada and Canada Revenue Agency office. What's your view?

Toufic El-Daher: I agree. I'll repeat what I said earlier. The experts are at Veterans Affairs Canada. The rehabilitation service experts at PCVRS don't have the same education. They don't have the skills to treat veterans with trauma. In some cases, our case managers have to call the rehabilitation service experts to tell them how to talk to the veterans they're going to call. That's ridiculous.

Marie-Hélène Gaudreau: It's not consistent, then.

Toufic El-Daher: No, not at all. They don't have the same skills or education. What they really do is administration, but the government treats them like case managers. It's unbelievable.

Marie-Hélène Gaudreau: I have just 20 seconds, so next time, I'd like to discuss the possibility of using existing resources to do a complete 180.

Thank you, Madam Chair.

The Chair: Thank you, Ms. Gaudreau.

[*English*]

Now we'll start our second round.

For five minutes, we have Mrs. Wagantall.

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

The PCVRS contract cost taxpayers over $600 million for five years. You could put through a lot of training for a number of new case managers with that kind of money, yet the Lifemark officials told this committee just a couple of months ago that the program was still in its infancy and that's why there were issues.

I don't know if you're aware that Lifemark is responsible for determining and signing up providers through PCVRS. Loblaw and Mr. Galen Weston purchased Lifemark for $845 million and are now a major footprint in this business of physiotherapy and rehabilitation.

I have just learned that there are two kinds of providers: affiliates and out-of-network providers. I had some providers in my office a while back who were part of a big clinic, and I said, “Okay, so you're all set up there. Are you part of PCVRS?” They said no. I asked why. They said there were two reasons. They said, “We have so many veterans and responders that come to us and we have people that we take care of.”

The second reason was the contract. The contract required them to sign a right of first refusal to Lifemark, so that if they did want to sell their business, they had to notify Lifemark, put it in writing and propose. Then Lifemark would have 30 days to respond. It's right in the contract, which I have. During that time, they try to come to an agreement. If no agreement is signed within 30 days, the affiliate is free to look for other buyers. For 180 days, the affiliate can market and sell the business to a third party, but only on terms that are the same as those offered to Lifemark. The third party buyer cannot get a better deal than Lifemark.

I don't see a service here that is set up with veterans as the priority.

It's the same thing with the Veterans Transition Network. They signed up as an out-of-network provider. They got a call finally, two years later, saying that because they were out-of-network, they couldn't be given any clients.

As case managers, is this what you hear from veterans? What's your perspective on that?

Martha Josephian (Case Manager and Alternate Vice President, Union of Veterans' Affairs Employees): As a case manager in London, Ontario, my colleagues and I regularly see the impact of veterans not being able to select their provider of choice. They may be working with a clinic or a specific individual, a physiotherapist, and they are not able to continue working with that individual once they're on the rehab program with PCVRS. There's a lack of choice there, and it really impacts their recovery and their wellness. I consistently hear that concern from clients and that it is an ongoing issue.

● (1730)

Cathay Wagantall: We had a stakeholder testify yesterday who is part of Lifemark, and they indicated that they can use their previous provider in a parallel way. Can you explain that to me? How do you pay two different providers to meet your need and you supposedly say, “This is what I need”?

Martha Josephian: This speaks to the confusion that veterans experience. They can access services through PCVRS for their eligible health conditions, the health conditions they are on the rehabilitation program for. Other health issues they would, as you say, in parallel seek assistance and treatment through their A-line benefits and also possibly through the public service health care plan. It becomes very fragmented, and it's very confusing for clients.

Cathay Wagantall: Right. When he was saying, “Oh, no, no, they can have that care parallel”, and I said, “Well, you're providing the same service from two different places”, it was not clarified that it wasn't for the same injury.

Martha Josephian: It isn't. That's right.

Cathay Wagantall: If they said, “Well, yes, you have that there, but I have this provider over here that does that, and that's who I want to work with”, they do not have that option if they are assessed and put through Lifemark. Otherwise they lose their IRB and are removed from the program.

Do you hear that as well?

Martha Josephian: There are concerns we see where, if clients choose to not pursue treatment through PCVRS, their IRB benefits, income replacement benefits, can be terminated for what we call non-participation. That is an aspect that is very concerning.

Cathay Wagantall: Okay.

The Chair: You have 20 seconds.

Cathay Wagantall: A woman talked about her knee injury. She had help through PCVRS, and then they said they couldn't help her anymore until she had a knee transplant, but she was too young. The care ended. Is that what would happen under the other program? You need to continue that care until you can have a knee transplant, would you not think?

The Chair: I apologize, but I'm at the five-second extension.

You can answer yes or no, and then I'll move on.

Martha Josephian: Yes.

The Chair: Thank you very much.

[*Translation*]

Ms. Auguste will be speaking in French as well.

Please go ahead, Ms. Auguste. You have five minutes.

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

Mr. Vila, the PCVRS program is meant to provide veterans with a multidisciplinary approach. A number of witnesses have stressed the importance of good service coordination. We've heard that coordination can be a challenge when a case involves a number of different professionals. In your practice, what is the best way to ensure that physical and mental health professionals work together effectively? How do we really ensure good coordination between the various service providers?

[*English*]

Eric Vila: I'm fortunate that the clinic and space I work in is down the hall from many of the other practitioners and clinicians I work alongside, physiotherapists, psychologists, clinical counsellors and such, in order to maintain a continuity or an easy transition between the different aspects of rehabilitation. A lot of the time it's simply walking the client down the hall to their next appointment with the following clinician to give a quick debrief of what's happening and what we've talked about.

Obviously, as a kinesiologist, my scope is quite narrow to the physical function side of it, but alongside that, through conversations with a client during a session, they often start to share their life experiences beyond that. That stuff, although it's not something I necessarily can tackle as a clinician, I can pass along to the appropriate clinician if the client allows me to.

As well, we do a lot of charting, and we keep a record of the things that we treat our clients with—for me it's the physical exercises—but also the subjective things, the things the client shares, how they're feeling and things outside the program that are affecting their life. Again, it's perhaps not something that I myself can treat, but within an interdisciplinary setting, our other clinicians perhaps can tackle those at the same time.

● (1735)

[*Translation*]

Tatiana Auguste: Thank you.

You said you're fortunate that you work down the hall from other service providers, but that isn't the case for all veterans. The committee has heard a lot of concerns about regional access to services and the availability of professionals. It's harder for veterans in rural areas to access services.

In your experience working with veterans, how do those barriers limit their ability to access physical rehabilitation services quickly, and how can we improve that?

[*English*]

Eric Vila: Thank you for the question. It is a very relevant one, for sure.

For context, the clinic where I work is in Victoria, B.C., fairly close to the naval base, CFB Esquimalt. Many of the veterans we work with come from there or the air force up the island. There are also many veterans who choose to live in rural areas for various reasons. That can definitely be a hindrance to their participation in the program.

I can think of this example: I have worked with a number of clients in the past, and I do currently, who live up the Malahat, a highway on Vancouver Island. They have to drive about an hour or so on the side of a mountain. It's nothing scary, but it is quite a distance to travel to the city we're in. A lot of the time, there are clients who are unable to do that, whether it's due to time constraints, financial restrictions or perhaps even weather.

We offer services virtually to try to reach those veterans. We provide them with virtual kinesiology, virtual mental health support and even virtual physiotherapy. I recognize, though, that sometimes there is a bit of a gap between in-person and virtual visits. We're fortunate to have a technology like this so we can converse and provide these services. Often, though, especially for services such as physiotherapy, which is much more tactile and hands-on, it can be difficult to serve our veterans that way.

[*Translation*]

Tatiana Auguste: Thank you.

The Chair: Thank you, Ms. Auguste.

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

Marie-Hélène Gaudreau: Thank you.

When services are contracted out, the rationale is completely different. It's about cost effectiveness, accountability, and, in many cases, it's about restrictions. It's upsetting and shocking every time I hear that, because a company has an agreement with us, it will leave us high and dry if we don't deal with it. That's unacceptable.

A department provides service to the public. It develops expertise. It's in full control. Departments themselves certainly have accountability requirements.

What can we take away from the Lifemark contract?

Toufic El-Daher: What you are saying about the department is true. Honestly, I am so proud to have worked for the Department of Veterans Affairs for 24 years. Now, yes, I am a national union representative, but I used to be a veterans services officer. People take great pride in working for a department. There's a sense of appreciation. We have a very meaningful mission. Veterans Affairs Canada upholds very strong values. That's something all employees share.

That's why we are sad to see what is happening with the contract, because our veterans are paying the price. When access is an issue, for example, veterans no longer know which door to knock on. So what happens? They stop knocking on doors and stop asking for services. They are fed up with having to fill out all the administrative forms they are asked to complete and with having to repeat their story over and over to every new person they speak with. This constantly retraumatizes them. That's what is happening, and I am convinced we are losing veterans.

However, I remain confident. Veterans Affairs Canada will work collaboratively to find a solution.

● (1740)

Marie-Hélène Gaudreau: Yes, but that's the issue.

Toufic El-Daher: To do this, it will take more than just Veterans Affairs. It will take the government. It will take a prime minister who is willing to provide funding. It will also take the support of the majority of the people on this committee.

We are going to try to find solutions, but it doesn't look promising.

Marie-Hélène Gaudreau: It takes political will—

Toufic El-Daher: Exactly.

Marie-Hélène Gaudreau: —to help and to make things better.

Toufic El-Daher: Yes, absolutely.

Marie-Hélène Gaudreau: Thank you, Madam Chair.

The Chair: Thank you very much.

[*English*]

We'll go to Mr. Richards for five minutes.

Blake Richards: Thanks.

In reflecting on the conversation that you and I had and that you had with Mr. Casey earlier, I think I was hearing that there was some communication that's been occurring, but in the sense of "We'll sit down in the same room with you" and not in the sense of "We'll actually listen to your concerns and try to do something about them." It's like, "Yes, we'll sit down. We're always willing to have a meeting," but then the meeting ends, the action isn't taken and the concerns aren't addressed and dealt with. Your advice isn't being taken, I guess.

Is that a fair assessment of what we've seen here?

[*Translation*]

Toufic El-Daher: When we bring up a specific case, the department will address it. They take it very seriously, and they resolve it.

That said, there are several issues. We are talking about what needs to be fixed. For example, we should stop pressuring our case managers to accept a plan that is unacceptable. Often, we are asked for the name on the file, but we don't want to disclose it. We tell them about a major problem, but we are unable to provide examples.

We are unable to resolve these issues because we are always being asked for specific examples. We are asked to address each case individually. But that is not how we are going to solve a structural problem, as I said earlier.

[*English*]

Blake Richards: That's understood. I think that's exactly what I was referring to. It's great to be able to deal with the specific cases, but it's the systemic issues that you're talking about, and those aren't being addressed.

Is that what I'm hearing?

Toufic El-Daher: Yes.

Blake Richards: Okay.

That leads me to the other thing I want to ask about. When you appeared before another parliamentary committee a while back—I think it was earlier in the spring—you talked about the effects of the cuts at the bureau of pensions advocates. The minister has since made a claim to the contrary that, no, in fact, these aren't cuts at all.

I want to give you an opportunity to respond to that, because we're hearing there are no cuts here, and you're telling us there absolutely are cuts. In fact, I think you used the words "devastating cuts".

Are these cuts, and what are the effects of them?

[*Translation*]

Toufic El-Daher: I am telling you: There have been cuts. Several dozen employees had to leave their jobs. We kept a few employees—seven or eight—but we do not know how they were chosen.

There's obviously an impact: Veterans Review and Appeal Board hearings are being postponed by several months. In addition, there are tens of thousands of cases pending; I believe there are 25,000 or 27,000. These are facts. There will be repercussions for our veterans if we are unable to resolve this.

I believe that, within a few months, Veterans Affairs Canada will have no choice but to rehire staff, because it will be unable to reduce the wait times for our veterans. Our veterans are waiting at least six months. There have been cuts across the country, but they have really been felt in Edmonton.

[*English*]

Blake Richards: I've heard veterans say they're being told that the bureau can't even take on their cases. They just don't have the people.

Delay itself can be denial, and I think that's what we're seeing there, at the very least, when they're not able to have an advocate work for them. When you talk to organizations like the Legion, they're saying they're already planning on having to hire more people to do the job that should have been done by other people. They have to fill it, because the government's made these cuts. It's a pretty big struggle.

Ms. Josephian, in terms of service providers and access to them, a lot of veterans say when they're in more remote areas or further from a major centre, they're not really able to get.... It might be an hour's drive in some cases to go see one of the providers they're being pushed to by the PCVRS system, or they may have a smaller provider that they've worked with before or something that's a bit more tailored to their specific needs and they're being cut off from those kinds of things.

Can you speak to that? Is that something you're seeing as well? What kind of impact does that have when they're no longer able to work with a trusted provider? What does that do to a veteran when they go down that road?

● (1745)

The Chair: You have 10 seconds.

Martha Josephian: Services in remote areas are a challenge. There's no doubt about it. We are seeing clients who have a chosen provider they've worked with for some time who are not able to access services through that provider if they're not willing to be on board with PCVRS.

The Chair: Thank you very much.

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

Braedon Clark (Sackville—Bedford—Preston, Lib.): Thank you very much, Madam Chair.

Thank you to all of our witnesses for being here this afternoon and for indulging us through our votes and so on. I appreciate it.

Mr. Vila, my understanding is that in addition to being a kinesiologist, you are also a reservist. Is that correct?

Eric Vila: Yes, that is correct.

Braedon Clark: How long have you been a reservist?

Eric Vila: I've been a reservist for just under a year.

Braedon Clark: In that case, I think you're unique in a very good way, because over the course of this study and in other studies we've done at this committee, one of the issues we've often heard from veterans is that they feel, when they're dealing with the department or whatever the case might be, that the person they're dealing with doesn't necessarily understand them as veterans. They don't understand the military and they don't understand the culture, and that can mean a whole bunch of different things.

I'm curious about your experience thus far. You've only been a reservist for a year, but in that period of time, how, in your view, has your work and experience as a reservist helped you in your work dealing with veterans in your clinic?

Eric Vila: It has helped quite immensely, especially on the relational side from clinician to client. It's actually one of the reasons that I decided to work with this specific Lifemark clinic. Being so close to the military base, I knew that they did work with PCVRS and veterans and, obviously, as a reservist, that's quite close to home in my heart.

I find that in having that shared experience with veterans, perhaps I'm not the same rank, the same trade or the same branch, but I understand just a little bit of that side of them, that window of their experience. It's allowed me to connect relationally with them. As a kinesiologist, I'm getting people to move their bodies in ways that they don't want to because of physical pain and the other loads, mental and emotional things, that they're carrying as well, so often they're quite physically guarded.

I have found that by sharing the information that I am a reservist, I'm not saying that I'm better than them or know exactly what they're experiencing, but I can understand a little bit of what they've gone through. It has allowed them to experience a space where they feel safe and maybe a little bit more understood than in other spaces with someone who hasn't experienced the CAF.

Braedon Clark: It's not necessarily that it changes your approach or the work you're doing; it's kind of the ultimate icebreaker and a great way to build trust and camaraderie. Would that be a fair way to summarize it?

Eric Vila: Yes, it would be. It is a great way to, like you said, break the ice. I tend to not open with the line, “Hey, I'm also a serving member,” because I also recognize that some individuals have had not-so-pleasant experiences with the military. Building that clinician-client relationship and using that not as a tool to manipulate but a tool to enhance that rehabilitation relationship can be quite useful.

Braedon Clark: That's wonderful. Thank you very much, and thank you for your service and the work that you're doing with veterans all the time. I appreciate it.

Mr. El-Daher, I think one of the hardest parts of this study and all the studies that we do is trying to find the balance between the stories and the experiences that come to us from veterans, which are foundational and should be the core of so much of the work we do, and the broader policy, the data and the scientific, if I can say that, implications of what we try to do.

Are you aware of any large-scale data collection effectiveness study or work that has been done on the PCVRS's work so we can balance out the experiences of the veterans with some kind of systematic approach?

● (1750)

[*Translation*]

Toufic El-Daher: There may indeed have been a study. What I can tell you is that, based on what I hear from my members across the country—I speak with many of them—we don't understand the reality of veterans' lives. We don't know what veterans, war veterans and their families are going through. We don't have that expertise.

When I was hired at Veterans Affairs Canada in 2003, we went through months and months of training. I was a veteran services officer; I wasn't even a case manager. Imagine all the training we need to take care of our veterans. Partners in Canadian Veterans Rehabilitation Services does not offer this type of training. Let's be clear: They may have a few days of training, a week at most, and that's it. They have no expertise when it comes to veterans. My employer confirmed this to me. They don't have as much training as we do. Does that mean they aren't competent? I am not attacking them.

Personally, I want our veterans to receive the best services. That's why I am here. I am not here to criticize anyone; I am here for our veterans and our members.

The Chair: Thank you very much.

[*English*]

We have about five minutes. I want to make sure the witnesses are comfortable with staying.

What we'll do is go two minutes and two minutes, then one minute for Madam Gaudreau.

Mr. Viersen, go ahead for two minutes.

Arnold Viersen (Peace River—Westlock, CPC): Thank you, Madam Chair.

Mr. El-Daher, it sounds to me like you're recommending not renewing the PCVRS contract.

Could you state that clearly for the record?

[*Translation*]

Toufic El-Daher: Based on what I'm hearing from our members, yes, we are asking that the contract not be renewed, and we are asking that our case managers be reinstated, as was the case before this contract was awarded.

[*English*]

Arnold Viersen: Okay.

It sounds to me like the challenge we're facing is that PCVRS has been using government funding to build an empire of clinics across the country. Rather than focusing on serving members, they have been focusing on building an empire. That's not a problem to do, but it's a very frustrating thing when it seems that there's an exclusivity clause in the contract. Now, we've been assured that this doesn't exist.

Can you confirm or deny this exclusivity? How does it work with PCVRS?

I'm sorry. You have less than one minute to explain that.

[*Translation*]

Toufic El-Daher: Basically, the only thing I can say about this is that there is an exclusive list of providers. That means that, in many cases, our veterans have to deal with Lifemark's provider. They cannot choose their own provider. So, yes, there is an exclusivity clause in most cases.

[*English*]

Arnold Viersen: Is that part of the contract?

[*Translation*]

Toufic El-Daher: I don't know, but I could provide an answer later. I would be happy to read it and then send it to you.

[*English*]

Cathay Wagantall: They aren't exclusive.

Arnold Viersen: However, they are enforcing it as if it were.

[*Translation*]

Toufic El-Daher: Yes. They say no. I listened to them. They say that's not the case. However, the reality on the ground is that our veterans have no choice.

[*English*]

Arnold Viersen: Thank you very much.

The Chair: Thank you, Mr. Viersen.

[*Translation*]

Ms. Gaudreau for one minute.

Marie-Hélène Gaudreau: We all want our veterans to get good service.

What do we need for that to happen and for things to go back to the way they were? How can we develop our internal competency? That's a huge question.

Toufic El-Daher: That's a huge question, indeed, especially with only 30 seconds left.

What we really need is to go back to a people-centred approach, to the way we used to treat veterans. However, handing over responsibility for physical and psychological care to a billion-dollar corporation takes us away from Veterans Affairs Canada's very mission. We are a department dedicated to recognition, and we're not going to help veterans through a for-profit company.

Let’s give the power back to our in-house case managers. Let's fix what went wrong with Blue Cross. That way, we will be able to set things right. We won't be able to fix everything, but it will be a lot better than it is today.

Thank you.

The Chair: Thank you very much.

[*English*]

For the last two minutes, we have Mr. Casey.

● (1755)

Sean Casey: Thank you, Madam Chair.

I'll go back to you, Mr. El-Daher.

In your opening remarks, you indicated that the question should be asked whether we are better off, and that “everything indicates...no.” Have you conducted any surveys or obtained any empirical evidence, or is that based solely on anecdotes?

Cathay Wagantall: Veterans aren't anecdotes.

Sean Casey: Could we have Ms. Wagantall take the stand?

Cathay Wagantall: I would. Can I?

Sean Casey: It seems she'd like to testify.

The Chair: Please, let's be respectful.

There was a question.

[*Translation*]

Toufic El-Daher: Basically, Mr. Casey, I rely on what I hear from my members across the country and on the surveys of veterans that the department shares with us. I believe that 72% or 74% of veterans are satisfied with VAC. To me, that's not enough. What do we do about the remaining 26% or 24%?

So, when I say no, you understand, like me, that not everything is going wrong. However, we want to address the issues so that our veterans are treated well and are taken care of. That is what we are asking for.

[*English*]

Sean Casey: Prior to the PCVRS contract, the time from intake to treatment was 224 days. Now it's 110. When we revert, are you satisfied with the time from intake to treatment of 224 days?

[*Translation*]

Toufic El-Daher: Honestly, I pay close attention to the numbers. I could tell you plenty of stories about statistics and how you can twist them to mean whatever you want. I know that there are even veterans currently accepted into the PCVRS program who are waiting two to three months before receiving care, so please excuse me: I'm not saying everything is going wrong, but there are problems and we want to fix them.

I want to work with the department and with everyone here in the best interests of our veterans. That's why we're here. You are the Standing Committee on Veterans Affairs.

I will say it again: our internal employees are best equipped to resolve this.

The Chair: Thank you very much. I am so grateful to you.

I would like to thank all the witnesses for their flexibility. I know we had to change the schedule.

[*English*]

Mr. Vila, thank you very much again for joining us. Thank you for your service.

[*Translation*]

Ms. Josephian and Mr. El-Daher, thank you very much.

This concludes our study on the monitoring of the rehabilitation services contract awarded to PCVRS.

The committee will now continue in camera.

The meeting was suspended.

[*Proceedings continue in camera*]