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Chair

Mr. Neil Ellis

Standing Committee on Veterans Affairs

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• (1535)

[English]

The Chair (Mr. Neil Ellis (Bay of Quinte, Lib.)): I call meeting 121 to order.

Today we have witnesses from the Office of the Veterans Ombudsman: Craig Dalton, veterans ombudsman; and Sharon Squire, deputy veterans ombudsman and executive director. Welcome to both of you.

We'll open up with your testimony. Thank you.

[Translation]

Mr. Craig L. Dalton (Veterans Ombudsman, Office of the Veterans Ombudsman): Mr. Chair, committee members, thank you for inviting me here today and for providing me with the opportunity to share the results of our 2019 Office of the Veterans Ombudsman Report Card.

[English]

As mentioned, I'm joined here today by the deputy ombudsman, Sharon Squire.

Excuse me if I go back a bit to first principles, as this is my first time to appear before you. As you're aware, the Office of the Veterans Ombudsman has really a two-part mandate, and the first and most important part of that mandate is to respond to individual veteran's complaints, or complaints raised by spouses or survivors. The second part of our mandate is to recognize and identify issues that may be affecting more than one veteran, therefore representing perhaps a systemic issue. Under our mandate, we have the opportunity to investigate those issues and, where appropriate, make recommendations to VAC to improve programs and services. That's really where the report card comes in and that's why we're here today.

This is the third year that our office has released the report card. It was first released in 2017. The report card is a tool for us that allows us to capture, track and report publicly on recommendations that our office has made to Veterans Affairs Canada to improve programs and services.

The report card allows us to do a couple of things as we report publicly. The first is to acknowledge progress that's been made, and in fact to celebrate where changes have been made to programs and services to the benefit of veterans and their families. More importantly, from our office, it allows us an opportunity, on a

regular basis, to shine a light on areas that we think still need some attention, and that's what the report card this year does.

I'd just like to share a few highlights with you, if I may.

Three areas where we've seen progress this year, progress that we believe will be well received by veterans, are as follows. The first is that veterans will now be able to retroactively claim reimbursement for treatment costs to the date of application as opposed to the date of decision for disability award and now pain and suffering compensation applications, which we believe is a significant improvement. The second is that, at the age of 65, all veterans who have a diminished earning capability assessment will now receive 70% of their income replacement benefit, which is very important in terms of financial security post-65. The third is that it's good to see movement on issuing of veterans' service cards, which the veterans community has been calling for, for quite some time.

We do like to acknowledge and recognize these improvements that have been made.

As I said, it's also an opportunity for us to shine a light on areas that still need some attention. As of the point of reporting this year, there are still 13 OVO recommendations that have yet to be addressed. The majority of those recommendations relate to the two areas that we hear about most commonly in complaints from veterans. They are in the areas of health care supports and service delivery.

In releasing the report card and sharing it with the minister, I took the opportunity to highlight three of those recommendations that we think would warrant attention as a matter of priority. They are as follows.

The first is expanding access to caregiver benefits, which is something we hear and continue to hear about on a regular basis from veterans groups and veterans advocates.

The second is covering mental health treatment for family members in their own right. Having had the opportunity in my first few months to meet with a number of veterans, and spouses in some cases, and to hear about some of the circumstances and challenges that family members, and in particular children, face when dealing with having a parent who was injured or is severely ill as a result of service, makes me wonder whether or not we're doing all we can do to support children and families. We think that's an important area.

The last is to provide fair and adequate access to long-term care and, to a lesser extent, the veterans independence program.

Those are three areas that we believe are important and I highlighted those to the minister. We will continue to follow government's actions in response to our recommendations and will continue to report publicly to you, the committee, and to Canadians on progress as needed.

As I mentioned earlier, I'd also like to take this opportunity to share my priorities with you, after having spent six months on the ground now and having had the opportunity to speak to a number of veterans, a number of veterans groups and advocates. We've taken some time to identify the priority areas that we think need to be addressed next. Again, these aren't ideas that we came up with sitting and talking amongst ourselves. This is what we hear from veterans who phone our office and from veterans groups and advocates. I'd like to share those priorities with you briefly.

● (1540)

The first priority, from my perspective, goes back to the key component in our mandate, and that's providing direct support to veterans and their families when they believe they've been treated unfairly. We're still a fairly young office, and our front-line staff have done very good work to this point in time. However, based on what we've heard from veterans and what we hear through our client satisfaction surveys, we have some work to do to make sure that we deliver an even better service and that we clarify what our mandate is, what we do and what we don't do, so that veterans who need our help will actually come to us. This is a significant priority for me and our number one priority.

Additional priorities include health care supports. As I mentioned earlier, this is the area that we receive complaints about the most. I'm led to believe that this area has not been looked at in quite some time, so we want to help move things forward in this regard by taking a broad look at VAC health care supports to identify areas we think might need some attention.

Third would be transition. I think we're all well aware of the importance of the transition process and ensuring that veterans and their families are well set up for post-service life. This is an area that continues to, thankfully, gain a lot of attention. We're particularly interested in looking at the area of vocational rehabilitation and the programs and services that help veterans find purpose in post-service life.

As we do this work—and we've also heard this through engagement over the last number of months—there are a few groups that we believe need to be considered a little more closely and a little more deliberately. They include women veterans. I've had the chance to speak to a number of women veterans and women's advocates. It's clear that a number of the programs and services they have access to were not designed specifically with women service members in mind or women veterans in mind. This is an area that we think is going to require significant focus going forward.

Second are veterans of the reserves. We've received a number of complaints, again related to specific programs. In looking into those complaints, it's become clear that, while the program is well intended, well designed and works well for regular force veterans, that's not always the case for reservist veterans. We think there's enough of an issue there to broaden that scope a bit and make sure

the programs and services that are being provided adequately take into account the unique nature of reserve component service.

The last priority—and I mentioned this earlier—is families. Just in the brief amount of time I've been here speaking with veterans and families, we believe that this is another area we need to look at a little more closely to make sure we understand what the impacts on families, particularly children, are and that we have programs and services that adequately take this into account.

The last piece I would mention is just a bit of ongoing work that we initiated a number of months ago in terms of conducting a financial analysis of the pension for life. That work is more than just a financial analysis. We're going to monitor the implementation, and we are monitoring the implementation with a view to producing a report sometime late this year or perhaps even early 2020, after we've had time to watch it be implemented and get a sense of what the impact is on the ground.

Thank you very much for the opportunity to share an overview of the report card and also speak to some of our priorities going forward.

I'd be happy to take any questions, if there are any.

The Chair: We'll begin with Mr. McColeman.

Mr. Phil McColeman (Brantford—Brant, CPC): Thank you, Chair.

Thank you for coming today, Mr. Dalton and Madam Squire.

I wonder if you've had any feedback since the announcement of pension for life. In a recently published news article, there's an advocate veteran named Medric Cousineau, who mentions that, through his analysis, some of the most needy veterans will not be receiving the same level of benefits that they were prior to the new veterans pension plan scheme. Have you had any occasion to speak with veterans, or have veterans come to you to express any views on this matter?

● (1545)

Mr. Craig L. Dalton: In general terms we did not receive the anticipated degree of calls from veterans related to pension for life. The majority of our calls were related to seeking to understand the program, particularly for those who were transitioning from the Veterans Well-being Act to pension for life.

We did receive a number of complaints related to the timeliness of the payout for the supplementary relief benefit, and we're looking at that.

We did receive a couple of concerns about perhaps some unintended consequences of changing programs from non-taxable to taxable and how that may impact a number of veterans, but we haven't worked those cases through with them.

I've met with Mr. Cousineau and I would say, first off, that the information he has shared is accurate and I think it corroborates what the Parliamentary Budget Officer has reported in terms of the financial comparison of the three benefit regimes that are now in existence, and it aligns with the work we've done in our financial analysis to date.

I would say that it almost defies simple comparison from one benefit regime to another benefit regime. In our work early on, we did note the implication for the most ill and injured veterans who, under pension for life, as it is written today and is being implemented today, would be less well off financially than they would have been under the Veterans Well-being Act.

I would also say that when I look at the three benefit regimes now, it's pretty clear that we have veterans under each of those benefit regimes who are not being treated the same way, even though they might suffer the same level of injury and they might have similar needs. That's certainly an issue that we'd like to see addressed moving forward.

Mr. Phil McColeman: As the ombudsman, when people—meaning veterans—call you about this particular issue, just to take it one step further, are you aware of the complexities of determination, of the types of changes and how they will affect...? Are you clear in your mind, do you have a policy that is laid out and that you understand so that you can obviously have a conversation in a fulsome and educated way?

Mr. Craig L. Dalton: Yes. We did a significant amount of preparation of our staff to be able to respond to veterans, both before April 1 and after April 1. In fact, we published what I think is a very effective graphical explanation, which we have here and could share with you, to help veterans understand the transition.

Mr. Phil McColeman: Great. Yes.

Mr. Craig L. Dalton: Having said that, it's complicated.

Anytime you transition from a suite of six or seven programs into three, you're going to have some complicated issues to try to explain to folks, but we continue to work through that.

Mr. Phil McColeman: Okay.

Going back to your testimony, you said there were 13 recommendations not acted upon. Were those out of the auditor's report? You had mentioned the name of the report.

Mr. Craig L. Dalton: No, those are 13 recommendations that our office has made over the course of the time that we've been in existence.

Mr. Phil McColeman: I wanted to clarify that.

You articulated three to us today that you feel should take priority. Will you advise the minister of the fact that you would like action on these three?

Mr. Craig L. Dalton: Yes.

Mr. Phil McColeman: How important are the other ones, the other 10?

Mr. Craig L. Dalton: That's both an interesting and a difficult question. They're all of relative importance.

We make these recommendations fully aware of the context in which the department receives them, which is that we're not the only organization that's looking at veterans programs and services and making recommendations to the department.

They get their guidance in the form of ministerial mandate letters, as you would know, and from time to time, direction from government and from the minister. Our recommendations are taken

into account as they decide what it is they're going to focus on in terms of program changes and when they're going to do that. We need to be aware of that, which is why we took the step to try to highlight those three because those are the three that we hear about most frequently from veterans.

• (1550)

Mr. Phil McColeman: Of the three, you mentioned that number one is caregiver benefits.

Mr. Craig L. Dalton: Yes.

Mr. Phil McColeman: I just returned with a veteran's son whose father had passed away recently. He's Métis and there was a wonderful ceremony of him giving to the Juno Beach Centre his dad's uniform and his medals and everything to be on display at the Juno centre.

I had some extended conversations with him on the way back about the fact that he had been the principal caregiver of his dad over the last number of months of his life and that he, of course, had to rearrange his life significantly to be that principal caregiver.

Are these the types of situations you're talking about, where often people...? I know it well from the disabled community, where a parent will have to quit their job to take care of a loved one who has a severe disability or was born with a severe disability. Are these the types of situations you're hearing about, or could you give us your examples of the kinds of things you hear?

Mr. Craig L. Dalton: That's very much what we're hearing. The first thing we hear about is just general access under the program—in particular, individuals with mental health diagnoses who might not qualify under the current eligibility criteria. It's a very complicated set of criteria based on the activities of daily living, and I won't get into it, but the number one complaint is just eligibility. If you look at the number of people who are in receipt of it, it certainly begs the question of whether the eligibility criteria make sense and whether they allow adequate access to the program. That's the first thing we want to look at.

An example that was shared with me recently by a veteran was that, under the eligibility criteria, you have to demonstrate that you are challenged in meeting a number of those activities of daily living. There are four, I believe. He used the example of eating and, yes, this individual can physically eat. However, to be able to eat, you have to shop, you have to drive a car, you have to go to a place where there are crowds and you have to be able to prepare that meal. There's the question of whether you have the capability versus the capacity. We think that needs to be looked at.

The second piece that has also been shared with us is when families have to readjust because the burden sharing of running and operating a home—everything from buying groceries to cooking meals to taking kids to soccer to doing whatever it is parents normally do—gets disrupted, and some spouses have had to take significant pay cuts and in some cases quit jobs. That is something we also hear about and it's also an aspect we think should be looked at.

Mr. Phil McColeman: Thank you.

The Chair: Thank you.

Mr. Eyolfson.

Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.): Thank you, Mr. Chair.

Thank you for coming. There are so many things to go through, and I understand it's a very complicated thing to wade through all this. Thank you for all your work on this.

Among the things that have been done when we talk about service delivery... As you know, we reopened nine of the veterans service centres and then opened an additional one. Have you had any feedback on the ability of veterans to receive their services since those have been reopened?

Mr. Craig L. Dalton: I have not, in the time I've been here, but I'll just check.

Ms. Sharon Squire (Deputy Veterans Ombudsman and Executive Director, Office of the Veterans Ombudsman): No.

Mr. Craig L. Dalton: No.

Mr. Doug Eyolfson: There's another issue that has come up: the earnings loss benefit being increased to 90% of the pre-release salary. Have you had feedback on the impact? Is this something that's working very well for veterans? Do you find their lives or their financial situations improving with this?

Mr. Craig L. Dalton: I've had no specific feedback from veterans, but certainly that was something that had been called for by veterans groups and advocates for quite some time.

Mr. Doug Eyolfson: Thank you.

There's also what's called the re-establishment and compensation regulations change. It talks about costs with post-secondary education. The goal of this was to make sure that all costs related to post-secondary education are paid. Are you receiving feedback on how well that is working and the impact that is having on veterans?

Mr. Craig L. Dalton: Again, I'm sorry, but I have no specific feedback. Perhaps when we're out meeting we should be looking for some of this, but people typically call us when they're unhappy. We do know that this is a change that our office had advocated for, so we were quite pleased to see it implemented.

Mr. Doug Eyolfson: Thank you.

Some mention was made of the pension for life. I just wanted to understand. You said under certain regimes there were certain veterans who, with a similar disability, might be treated differently. With which regimes are you comparing it?

• (1555)

Mr. Craig L. Dalton: If I could refer to the Parliamentary Budget Officer's report, it speaks to three regimes: the Pension Act regime, the Veterans Well-being Act regime up until March 31, 2019, and pension for life, post-April 1 of this year.

Our analysis to date—and this is why it makes it very complicated to have an informed discussion about this issue—has looked at 10 scenarios. We've conducted this analysis a number of times after changes were made to the Veterans Well-being Act to try to demonstrate what the impact of those changes would be, or would have been, to veterans. What our analysis has shown to date—and we just received it back from an actuary to confirm that we're doing things the right way—is that some veterans do better under pension for life, some veterans do better under the Veterans Well-being Act

and some veterans do better under the Pension Act. Clearly, we have three regimes and different outcomes for individuals with similar needs under each of those regimes.

Mr. Doug Eyolfson: I know we only have had it since April 1, but are there any indications of what changes might be advised to help correct those, or do we just need more time?

Mr. Craig L. Dalton: I think we need more time, but it's good to point out that we're talking about financial compensation here. Certainly, the Veterans Well-being Act and the pension for life are much broader than financial compensation. I think it's important to take that into account as well when we consider whether those three regimes are effective or not.

But no, we have not done any work specifically to look at what might be done to address the fact that we now have three regimes.

Mr. Doug Eyolfson: What would you name specifically as the programs beyond the compensation? You said that there are things beyond financial compensation that are helpful.

Which programs do you refer to as being beneficial?

Mr. Craig L. Dalton: They are the broader focus on veteran well-being, things such as vocational rehabilitation and the changes that you noted in terms of pooling educational funds, the education and training benefit. There have been a number of changes that take the focus away from being purely on financial security—which is clearly of significant importance—to looking at broader well-being, taking into account that 75% or so of veterans who are medically released as a result of illness or injury have a disability of below 25%, so they are individuals who would be looking for that support to transition and find a new way forward post-service.

Mr. Doug Eyolfson: Did you hear from anyone stating that if they were partially disabled—say 25% disabled—they would still need a pension equivalent to full-time work? Was there any feedback saying that's what was needed?

Mr. Craig L. Dalton: We haven't received any feedback in that regard.

Mr. Doug Eyolfson: Okay, thank you.

Could you expand on the caregiver recognition program and the compensation with that? Have you heard anything as to the impact that's had on our veterans?

Mr. Craig L. Dalton: It's been highlighted as an area that needs to be looked at, primarily in terms of access. The question is whether it is accessible enough. If you do a raw look and compare the caregiver recognition benefit to the attendance allowance, which is a similar benefit that existed under the Pension Act, you'll see that on a rough order of magnitude—and I hesitate to use statistics—7% to 8% of veterans who were in receipt of a disability pension would have had access to attendance allowance. It's less than 1% for those who are pension award recipients.

There does certainly appear to be a discrepancy in access or eligibility between those two programs, and eligibility is the main thing that folks tell us they'd like us to look at.

Mr. Doug Eyolfson: Thank you.

The Chair: Thank you.

Ms. Blaney.

Ms. Rachel Blaney (North Island—Powell River, NDP): Thank you so much, both of you, for being here, and thank you for the great work you're doing. I can't imagine it's easy.

One of the things my office is hearing a lot from veterans is that they're being told to expect wait times and that those wait times are going to get worse. We know the government has raised its investment. I'm just wondering if you have any idea what the breakdown is here.

Mr. Craig L. Dalton: We conducted some work, an analysis, into wait times late last summer because it was the number one complaint we did receive, and it's still the number one complaint. That report and work resulted in a number of recommendations to Veterans Affairs, particularly in relation to francophone veterans and women veterans and the fact that their wait times appeared to be longer. It's clearly an issue and clearly it's not acceptable for anybody, let alone veterans.

We hear two things. The first thing we hear from veterans is not necessarily about the amount of time they wait, but that they would like to be given a clear answer when they apply as to how long it will take for their case to be adjudicated. I met with a veteran last week who's been waiting 18 months, and his file has been at the same level for over a year, with no real information being provided. There's a frustration component.

From my perspective, I think the most important thing—and our office has stressed this for a while—is treatment. While the file is being adjudicated and there's a delay for whatever reason, some veterans will be able to access treatment, while others won't, for a variety of reasons. It could be financial. There could be a number of reasons. We'd like to see veterans having access to treatment as soon as possible. Perhaps we need to look at providing treatment from the date of application and not placing that burden of adjudication and how long it takes on the backs of the veterans. Put it on the back of the system and allow the veterans to access treatment as soon as they apply.

In terms of the approval rates, if you look at mental health diagnosis as an example, or PTSD, you'll see that first-time applications are approved at a rate of about 96%, and then those that might not be approved, that go to the Veterans Review and Appeal Board, are approved at some 40% on the first time through, and then 22% on the second. You could ask why we don't just approve 100% right away, and then look at perhaps an audit function at the other end.

There may be some risk in finding a way to allow veterans to access treatment right away, but I think the risk of having them wait far outweighs that.

• (1600)

Ms. Rachel Blaney: Thank you.

You also talked about providing mental health treatment benefits to family members in their own right, and you've mentioned a couple of times children specifically. As a member who represents a more

rural and remote community, I hear from veterans that sometimes accessing services for themselves and their families is even more difficult because of where they're located. I'm just wondering if you could speak to what needs to change so that we can see these families getting the support they need.

Mr. Craig L. Dalton: In terms of family support generally, I think it's about understanding what their needs are and understanding what's currently provided and where the gaps are. We still have to do that work, but anecdotally, having met with and discussed this with veterans, I would say that it does appear that there are children in particular who are suffering as a result of the lack of access to treatment.

The rural and remote piece is a further complication of that, if you will. It is on the list—and thank you for raising it—of things we do want to look at. I'm not sure when, specifically, we're going to be able to get there, but it is something that we intend to look at. Again, we will speak with veterans who live in those environments and scenarios to understand what their challenges are and to understand where we can make recommendations to address them.

Ms. Rachel Blaney: Another thing you mentioned here, for childless CAF members, was designating a family member for the death benefit. I see that this is something that is important, but no progress has been made. I'm just wondering if we know what the barrier to this is. It seems commonsensical to me that there be a process for that. Not every human being in the world chooses to have a child and we can't leave those folks out. I'm just wondering if you could speak to that.

Mr. Craig L. Dalton: That benefit was designed to acknowledge the loss of care and companionship, which could be provided and received or given through a relationship with a parent, for example, especially in the sandwich generation in which many people find themselves today. We do believe that should be addressed.

I'm not sure if we have received a specific response from VAC as to why that hasn't been addressed. I would note that this is the third year we've produced this report card. As we have gone through it this year, it has been clear that, going forward, we need to clearly identify whether or not the recommendation has been accepted, and if so, what the timeline for implementation might be. We'll strive to do that going forward.

Ms. Rachel Blaney: Another point that was talked about was applying once for all benefits. I see there's been some partial implementation of that. I'm just wondering if you could speak to what's slowing it down. Is there a clear understanding? I see some progress, but we're not all the way there yet. What's the gap?

• (1605)

Mr. Craig L. Dalton: I'm going to ask Sharon if she has anything to add, and if not, I won't put her on the spot.

Ms. Sharon Squire: VAC has improved a lot of its processes, including items on the My VAC Account, so that they don't have to replicate some of their tombstone data and things such as that. I think, *au fur et à mesure*, they're gradually starting to do that but it's just not available for everything yet.

Ms. Rachel Blaney: Thank you.

The Chair: Thank you.

Mr. Bratina.

Mr. Bob Bratina (Hamilton East—Stoney Creek, Lib.): Thank you both for coming in. Thank you for your service. I have in my office the Hamilton flag that hung in Kandahar. I gratefully received that. The veterans mean a lot to all of us who are here at the committee. We appreciate the fact that you've taken over this difficult portfolio.

Let me ask you this. I worked, in 45 years in the private sector, at nine companies with 17 managements. Every time the management changed, something happened. Did you find, when you came into the office, that you needed to do a lot? Were you satisfied with the way the systems were? Did you rearrange the furniture, get a better coffee machine? I'm being facetious, but you know what I'm getting at.

Mr. Craig L. Dalton: Yes. Based on what I heard from the staff, first off, and then from veterans groups and advocates, we'd almost arrived at a point, as an office, where we needed to stop and take a look at the good work that had been done and the contributions that our office had made, in concert with a number of other veterans groups and advocacy groups. The recommendations that are contained in that report are shared and often echoed by others in the community.

I think we also realized that we had to look forward and ask ourselves where we might best be able to add value to the veterans community. A large number of the recommendations we've made and that have been acted upon by VAC are in the area of financial security, not surprisingly. If and when those are addressed, where do we go next?

I would say that I think it's a good time for our mandate to be reviewed. That's what I'd like to see happen, and I'd like to see that done externally. We're going to do that internally as part of the first audit of our office, but I think that after 12 years in operation, it's probably time for the work to be done.

Mr. Bob Bratina: How would you suggest that be done? You said not internally but externally.

Mr. Craig L. Dalton: Yes. I suppose there are a number of ways to do that. I would welcome, for example, the Auditor General having a look at our office and asking such questions as, "The office has been in existence for 12 years. Is it achieving the outcomes that were expected? Does the mandate make sense?" I would share with you that we have a very narrow mandate. We also live and work in an ecosystem in Veterans Affairs where veterans have a number of mechanisms available to them to appeal decisions. For certain things, they go to the Veterans Review and Appeal Board. For others, they come to the ombudsman. For others still, they go to the department for first- and second-level review. When you look at our client satisfaction survey results, and based on what I've heard from veterans, I think that's confusing and frustrating for veterans.

Another thing that concerns me is that when I meet with people, they tell me a story, and when I ask them why they didn't come to us with it, I hear, "We don't think you can help us. We don't think you have the teeth you need." Some veterans advocates have raised the issue of trust, so when I hear that there's concern in the veterans community about folks coming to us as a result of our mandate, that causes me some concern.

Mr. Bob Bratina: In interacting with veterans, how often do you have to tell them that you don't do that or you can't do that or they need to...? That must be the frustrating part of your job. I guess it relates to the mandate that you're talking about.

Mr. Craig L. Dalton: Yes, certainly. Our front-line staff do a great job there. There's certainly value, which our staff take quite seriously, in this notion of being able to help that veteran, when they call, in something that we would call a "hot hand-off"—not saying that it's not in our mandate and that we don't do this, but getting them to the organization or the office that might be able to help them with it.

Our office stats are quite interesting. We had roughly 1,600 calls last year into our office. When you look at the number of final complaints that get actioned inside our mandate, it's quite an interesting number.

● (1610)

The Chair: It's now Ms. Ludwig's turn.

Mr. Bob Bratina: Okay.

Thank you.

Ms. Karen Ludwig (New Brunswick Southwest, Lib.): Thank you, Mr. Chair.

Mr. Dalton, thank you for your very important work. You mentioned transition. Did you come across or did you hear anything about the feedback on the transition side from people who had acquired a trade when they were with the Department of National Defence, made the transition to civilian life and had their skilled trade recognized in a civilian company?

Mr. Craig L. Dalton: I haven't in my time with the office, but from previous experience, I'm aware of those challenges in licensing, even from province to province, and in translating some of the skills that are acquired in uniform, and how they're acquired, into civilian qualifications. To my understanding, it has been a long-standing issue.

Ms. Karen Ludwig: Along with that, did anything come out regarding PLAR, prior learning assessment and recognition, and how to compare apples to apples?

Mr. Craig L. Dalton: I have not been involved in that to any great degree. I would refer you to the CAF-DND ombudsman. We appeared before the government operations committee not long ago, and they responded to a question around PLAR and the issue in general of qualifications transferring.

Ms. Karen Ludwig: Okay.

Ms. Sharon Squire: I think that's also something that the new transition group at CAF is looking at, in co-operation with VAC. I think that's part of their long-term plan.

Ms. Karen Ludwig: We heard from veterans before the committee that this was a concern. In terms of looking at the value they feel after they've finished their active service, not to have their skills recognized is pretty defeating, in many aspects.

Mr. Craig L. Dalton: Yes. Absolutely.

Ms. Karen Ludwig: I've visited a couple of family resource centres with the minister over the last couple of years. I'm wondering if you've heard any feedback on the significance of the changes with the family resource centres for families.

Mr. Craig L. Dalton: In terms of making them accessible to veterans for that two-year...?

Ms. Karen Ludwig: Right.

Mr. Craig L. Dalton: I haven't received any specific feedback. I'm not sure if the office has.

Ms. Sharon Squire: I know that when we've visited in the past, that access certainly has been something that people have wanted too.

I think one of the questions I have around this goes back to the rural and remote locations. Those family resource centres, which do great work, are fixed, in a sense. I know that some of them have outreach programs and they try to provide services remotely, but I've wondered whether they're able to cover that veteran footprint well enough. We have not looked at that yet.

Ms. Karen Ludwig: Okay, thank you.

I thank my colleague Ms. Blaney for raising the rural divide. I represent a riding in New Brunswick. We have 75% of the training grounds, so a number of members in active service eventually end up.... As much as Gagetown is supposed to be the hottest place in Canada in the summertime, a lot of them make their way back. In rural communities with fewer than 5,000 people—some less than 1,000—some of them talk about using My VAC for finding services, but there is a certainly a challenge in rural communities to reach out.

Mr. Craig L. Dalton: Yes.

Ms. Karen Ludwig: You mentioned, Mr. Dalton, about the long wait times being an issue, but when you spoke with people, maybe it was not that great of an issue. If they had regular updates on their cases—regular feedback—would that offer some...? Would regular feedback on where the case is in the system be of value?

The second part of my question is this: Has the reinstatement of a number of front-line service workers made a difference in terms of the level of satisfaction?

Mr. Craig L. Dalton: I should clarify my remarks and say that it's not that veterans tell us it's not an issue. It clearly is and it's the number one complaint we receive, but in talking to some veterans who were frustrated, what they have expressed is that, rather than be given an average adjudication time or processing time for whatever disability they are applying under, they would like a more personalized, meaningful number.

If they can't be given that, given that the average is 28 weeks, they don't find it overly helpful. It just adds to the frustration.

As I mentioned earlier, I certainly haven't been privy to any feedback on the impact of those additional people being hired or those additional sites or locations being opened. I don't know if the office has received that or not.

Ms. Sharon Squire: No, other than that they now have different mechanisms for support—there's guided support, self-support and the traditional case manager, and I know they are trying different

streams to help people—we haven't heard many comments either way.

Ms. Karen Ludwig: I want to go directly to your statement regarding female veterans. Why do you think that is a greater issue?

We heard before the committee that even among veterans who become homeless, the challenges seem to be greater for women. If you look at this longitudinally, how do we better address the needs of women veterans?

● (1615)

Mr. Craig L. Dalton: There are number of experts and very informed advocates in that space who I would encourage you to contact. We can get you some contact information from them.

What they have shared with us is that women are less likely to identify as veterans, not just here in Canada but in other countries as well, and less likely to come forward with the issues they may be facing. We want to engage women veterans to add to that conversation and try to shine a light on the reasons for that.

Ms. Karen Ludwig: Great.

Is that the end of my time? Thank you.

The Chair: Ms. Wagantall.

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

Thank you both for being here.

I apologize for being a little late and missing some of the content. Hopefully my questions make sense.

First of all, under “Health Care and Support”, we're talking about this having been achieved to allow veterans to be compensated retroactively to the date of application under the Pension Act and the re-establishment of the compensation act. We know that the number of people waiting for decisions has ballooned to over 40,000. There are at least 3,000 cases that are very serious scenarios and they haven't received responses yet.

I've heard from a number of them who were concerned. They wanted to get their applications in before April 1 to get care. Of course, April 1 was when the new pension came in and we're aware now that there are some issues around getting the same amount of support as before in different ways.

Did you hear any feedback from veterans about concern that, basically, there was no retroactive opportunity? They put their request in, but they don't qualify under the new system.

Mr. Craig L. Dalton: I just want to make sure I understand your question. Complaints that there was no retroactive...?

Mrs. Cathay Wagantall: For earnings loss benefit and CIA....

Mr. Craig L. Dalton: I see. No, we have not received any complaints yet that I am aware of around that issue, but the implementation of it is something that is part of our monitoring. It is something we will look at.

Mrs. Cathay Wagantall: Thank you.

In regard to ensuring all VAC benefits are in place at time of release, this was a recommendation from this committee. We really felt that, if you're going to be medically released by DND, they already know why you are released, so there isn't a need for that extra angst of going through it all again with VAC.

It says it's in process but I don't understand what is still not happening that could enable them to get all of the things, like their housing, school for their kids, finding a job or getting into school. Those are all dynamics to create a structure for them going forward.

What is missing at this point in time to enable that to take place?

Mr. Craig L. Dalton: From our perspective right now, the best thing I could offer would be to refer that question to CAF-DND and Veterans Affairs to speak about the work they're doing to close the seam, and the work that the CAF transition group has initiated. Clearly that's not the case now and that can't happen quickly enough.

We've had the opportunity to meet and speak with some CAF leadership around the pilot they're conducting to ensure that in fact happens but I would note that it's a long process. One of the things they've been clear to express to us is that we need to manage expectations around how quickly they can put that in place, but it can't happen soon enough.

Mrs. Cathay Wagantall: Thank you.

In terms of long-term care, I had the privilege of going to Moncton and meeting with eight of our Legions there. One of the biggest concerns to them was around the long-term care at St. Anne's and their veterans' health centre in Moncton. There was an agreement made with the provinces and they feel that the federal side is not being upheld. Are you hearing feedback on that at all in terms of concern over long-term care?

Mr. Craig L. Dalton: We're following that. We have not received—to my knowledge, anyway—any specific complaints, but we're following the conversations between the federal and provincial levels of government. We have also spoken to a number of veterans and a number of Legion representatives who have raised similar issues elsewhere. We'll continue to follow those conversations.

I think the thing that's expressed to us most frequently about long-term care is how complex a program it is and how difficult it is for staff, let alone veterans and their families, to understand 28 different eligibility areas and the 32 regulations governing the program. The good news is, in responding to the report we shared with the department, they indicated to us that they're going to initiate a redesign of the long-term care program—

•(1620)

Mrs. Cathay Wagantall: Simplify, simplify, simplify....

Mr. Craig L. Dalton: —which would be very welcome.

Mrs. Cathay Wagantall: Number six, under “Financial Security”, states:

Conducting a comprehensive review, including consultations with Veterans' stakeholders, to determine what the appropriate maximum amount should be to fairly compensate Canadian Armed Forces members and Veterans for pain and suffering resulting from an injury or illness in service to Canada

That was checked off in 2018 and again in 2019. It's already been done, yet I just wonder about “consultations with Veterans' stakeholders”. You're indicating that it happened. Did you consult any of those who were consulted in that particular group?

I know there's a concern around the fact that the maximum so often is something so unreasonable and unreachable for the majority who truly do end up with the most injuries.

Mr. Craig L. Dalton: Am I looking at the right one, Sharon?

Ms. Sharon Squire: Yes, it's right here. It's for “pain and suffering”.

Mr. Craig L. Dalton: Okay.

What was the question?

Mrs. Cathay Wagantall: Did you talk directly to the veterans who were part of that determination where they came to the decision that, yes, it's been taken care of?

Mr. Craig L. Dalton: I'm going to consult with Sharon for a second, if I could, because I wasn't here for that process.

Ms. Sharon Squire: What that was is that we did a study and compared court settlements and worker's compensation across the country to come up with a figure. We did consult with veterans as well. We adopted the maximum through the courts, in essence, so yes, we did consult.

Mrs. Cathay Wagantall: Is there a minimum?

Ms. Sharon Squire: There is a maximum.

Mrs. Cathay Wagantall: A maximum that a veteran can receive....

Ms. Sharon Squire: It's based on your level of disability.

Mr. Darrell Samson (Sackville—Preston—Chezzetcook, Lib.): It's based on a percentage.

Mrs. Cathay Wagantall: Yes, I understand that, but when we look at it, in some cases, remember, it's based on how many years you've served and how many limbs you've lost to determine what your benefits are going to be by the time of pension and whatnot. For anyone at any stage, usually it's the ones who are the boots on the ground that face the most opportunity to have a complete life change due to injury, yet they are lower down in the ranks.

Ms. Sharon Squire: In this case, the disability award, though, is based on your percentage of disability and not your years of service.

The Chair: Thank you.

Mr. Samson.

Mr. Darrell Samson: Thank you very much, both of you, for being here today.

Mr. Dalton, you're in your new position, and of course you're in the learning curve. We'd like to know where you're at in that curve, so I'll throw a couple of quick questions to you.

I'm still puzzled—I mean, it's going to take a while for me to come out of it—as to why the former government eliminated the ID cards. I heard very often how important that was to veterans. We've finally brought it back. Can you give me any comments on what you've heard since we brought it back?

Mr. Craig L. Dalton: I have not received any comments since I've been in the office on the veterans' ID cards.

I will defer to Sharon to see if she has heard anything, but I haven't.

Mr. Phil McColeman: I have a point of order.

There are some things I will accept as matters of, I suppose, perspective or understanding politically, but on the characterization that we cancelled a card, we didn't cancel a card. The former government never cancelled a card.

Mr. Doug Eyolfson: That's debatable.

Mr. Phil McColeman: I just point that out.

The Chair: Mr. Samson.

Mr. Darrell Samson: Thank you.

Mr. Dalton, you mentioned how veterans had mentioned how important it was and they would like to have it. Is that correct?

Mr. Craig L. Dalton: Yes. That's based on previous work the office had done.

Mr. Darrell Samson: The need was strongly indicated there and you're saying you haven't heard anything since so we're assuming things are running nicely.

Mr. Craig L. Dalton: That's right.

Mr. Darrell Samson: My colleague mentioned as well the pension for life and quoted Mr. Cousineau. I know him very well, of course, and he's a very important individual in the veterans community who has helped me and others understand some of the challenges. He did indicate that the Parliamentary Budget Officer's report seemed to indicate that up to 3% to 5% of most injured veterans could maybe receive that.

Are you aware that the Prime Minister a week and a half ago in the House of Commons said that no single veteran would lose? Are you aware of that?

• (1625)

Mr. Craig L. Dalton: Yes. It would be very encouraging to see that reflected in program changes going forward.

Mr. Darrell Samson: Very good, the work is being done.

I heard a lot when I was there on marriage after 60. Have you heard about this? Many veterans expressed to me the need to make changes to the rule that was in place, which was very difficult—no benefits, pension, etc., to a spouse or partner and whatnot.

Are you aware that in the last budget it was dealt with and money has been put forward on that front?

Mr. Craig L. Dalton: We noted in the last budget that there had been money allocated to marriage after 60. What we don't know yet is how that money will be distributed to veterans or survivors and what the program might look like. We have had concern expressed to us around what that program might look like.

Mr. Darrell Samson: Good. We will wait for your suggestions.

You talked about reservist veterans and how you wanted to focus on them somewhat. Are you aware that our government added reservist veterans under the education and training program, the \$40,000 and \$80,000? Are you aware that now the reservists are included in there?

Mr. Craig L. Dalton: Yes.

Mr. Darrell Samson: What do you think of that? Do you think that's a really good decision?

Mr. Craig L. Dalton: One of the complaints we received from reservists was related to how their time served in qualifying for that benefit is computed. It's one of the areas we're going to look at.

Mr. Darrell Samson: Is it good news so far as we announced it?

Mr. Craig L. Dalton: The program is good news. How it plays out for reservists is something we plan to look at.

Mr. Darrell Samson: Absolutely.

You talked about transition being a very important piece. We know we have a joint committee between DND and Veterans Affairs to make it seamless. One recommendation that came from your office I understand, as well as from our committee, and which was really important in that seamless effort, was the navigator initiative.

Can you comment on how it's going?

Mr. Craig L. Dalton: Sharon mentioned this earlier and it's really part of the transition group stand-up and pilot, where the intent is to provide different levels of support to veterans depending on how much support they need, but it's still in the pilot stage.

Mr. Darrell Samson: Do you have any comments on how the pilot's going?

Mr. Craig L. Dalton: No, we haven't had a chance to visit the pilot yet, but it's still quite early.

Mr. Darrell Samson: Okay.

My next question is about children. You talked about how you would like to do more research about the children of veterans. I think that's a very important theme. I was doing some door-knocking yesterday and that was brought to my attention as well.

Do you have any vision around that? Do you have any ideas of where you might go and do some work around that topic? It is crucial. We know that when a veteran deals with tough issues, so does the family and the children.

Do you have any ideas, if you were going to write a scope on how you might print something up as a reflective white paper or something? I don't know. I'm just throwing things out there.

Mr. Craig L. Dalton: No. We're at the point of starting to scope so we recognize it because we've heard from veterans that it's an issue, but apart from anecdotal stories, we haven't had a chance to really examine this in a deep way.

We're going to do that work first. We're going to do a qualitative study. We're going to ask for veterans and their families to share their experiences with us. Once we've done that and we can identify where gaps might exist, then we will be in a position to make recommendations where appropriate.

Mr. Darrell Samson: On the transition one, in the last budget as well, it's very important to note that also includes non-injured veterans. What do you think of that, Mr. Dalton?

Mr. Craig L. Dalton: Within a week or two of being appointed, I had the chance to attend the transition group's stand-up. Having myself transitioned, I think the notion that we should be having all of the programs and services in place at the time of release and we should be doing everything we can to ensure that serving members and their families can transition successfully is a great idea. What we have to do, though, is to do it. We have to get there.

•(1630)

Mr. Darrell Samson: What is your opinion on universality?

The Chair: I'm sorry, Mr. Samson. You're out of time.

Mr. Kitchen.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Thank you, Mr. Chair.

Thank you both for being here today. I'm sorry we didn't get to meet last week, but for me it's fortunate because I couldn't have been here last week. I'm glad I'm able to be here and hear from you today, so thank you.

VAC has said to us that it has started to hire more veterans case managers. I'm wondering, from your point of view, first, whether you agree with that, and second, whether that should be implemented more quickly and whether you have heard from veterans on that very issue.

Mr. Craig L. Dalton: I'll take the last one first, if I may. I have heard, in talking to some veterans—and these are some of the more complicated cases that are confronting veterans and their families—from those who have expressed some frustration regarding access to case managers. In some cases veterans have “graduated” from that program, if you will, and no longer have a case manager. I would simply say that for any veteran and veteran's family who are struggling to navigate their new reality and to get the programs and services they require, that support should be provided in as comprehensive a way as possible.

I do not have an update in terms of progress on the initiatives you mentioned. I'd refer you to VAC for that.

Mr. Robert Kitchen: Having veterans as the case managers, do you see that as an asset?

Mr. Craig L. Dalton: Having veterans as the case managers...?

Mr. Robert Kitchen: Yes. That's what I was referring to. Sorry, I went too quickly there. I mean having veterans as case managers.

Mr. Craig L. Dalton: No, I don't have an opinion on that. I have heard anecdotally that sometimes it works really well. Certainly somebody who has walked a particular journey, you would think, would be helpful.

Mr. Robert Kitchen: Okay. Thank you.

We did a study on homelessness. The committee did a study on homelessness, and I'm interested in hearing from you as to the discussion on that point, on what the ombudsman may have been approached on or heard about on those avenues. Any comments you could make on that would be appreciated.

Mr. Craig L. Dalton: I would first off commend you for the work on that important issue. It is an issue that we hear about from stakeholders, particularly those who are engaged at the coal face, if you will, in supporting homeless veterans. I would note that it was our office, a number of years ago, just after it was established, that largely started the conversation around the fact that there was homelessness amongst the veterans population and that it needed to be addressed.

Mr. Robert Kitchen: I've heard from one or two veterans on the issue of veterans who were captured or ordered to surrender in previous theatre situations. I'm wondering whether the issue of veterans sitting in a situation in which they have been captured and held for less than the specified 30 days, as is set there, has been brought up to you. If it has, what have you done about it? What steps along those lines would you suggest that we as government should be taking when we're dealing with a veteran who may have had to surrender and be held captive for, say, 15 days?

Ultimately they were captured for one day but, who knows? The torture from one day may be worse than the torture in 15 or 30 days or vice versa, and we don't have that answer. I'm just wondering if you have any comments.

Mr. Craig L. Dalton: It's not an issue that's been raised with us since I've been here. I'm not sure if it's an issue that's been raised.... It doesn't appear to be an issue that has been raised with us, but I would encourage you, if you're speaking to veterans who have concerns in that area, to please refer them to us. We'd like to speak to them.

Mr. Robert Kitchen: There is a concern that if they are not held that they aren't receiving the benefits that those who were being held for 30 days are, and that those who were held for maybe 15 days are not getting the same type of compensation.

Mr. Craig L. Dalton: We'd certainly like to speak to those individuals to better understand what those situations might be and, if appropriate, to make recommendations in that regard.

Mr. Robert Kitchen: As you've heard from many of us, there has definitely been a backlog. There are 40,000, and every year it's getting more and more, and we're seeing 3,000.... Some are more urgent than others, but ultimately every year it seems to be taking longer and longer for our veterans to get services.

What would you suggest VAC could be doing to improve that number, to bring it down versus taking it up?

• (1635)

Mr. Craig L. Dalton: Yes, it's clearly a very big issue and one that nobody would accept.

I would just highlight a recommendation that we have made to VAC, among a number of recommendations, around triage. It is that, when veterans apply, cases be triaged to determine who is most in need, so that veterans who need immediate access to care or might be in financial difficulty or might be aged or might be terminal, in some cases, get the support they need as quickly as possible.

VAC has done some good work in that regard, but we think that triage needs to be taken a little further and it needs to be clearly explained to the veterans community so that when they apply, they share all the information they can share that might help them avail themselves of a quicker process if it's needed.

I'll defer to VAC, and I know they have testified before you on the stats and the reality with the number of increased applications, the increased production. That's their story to tell and I'll let them tell it. But clearly I have nothing more sophisticated or intelligent than to say that we need to find something disruptive or it's not going to change. We'll be at the whim of the number of applications that come in.

The one thing I think we should look at, and I mentioned it earlier, is granting access to treatment right away. When you look at the approval rates for the disability claims that VAC processes, they're very high and the PTSD one jumps out at me. If we're at 96% or 98% after reviews are taken into account, why do we have a six- eight- or 10-week process? If you have the diagnosis, it's clear and you have that medical assessment, you should get immediate access to treatment.

I don't know what that would look like. We haven't done any work in that regard, but I think treatment would be the most important thing for veterans to get access to, so that they don't become more unwell.

The Chair: Thank you.

Ms. Blaney.

Ms. Rachel Blaney: I just want to go back to the reservist veterans. You spoke to the fact that what's maybe working well for the veteran community doesn't necessarily mean it's working well for the reservist community.

I'm just wondering if you could highlight what the difference is.

Mr. Craig L. Dalton: Yes, I could give you an example. There is the income replacement benefit, which is a very good program, formerly the earnings loss benefit. The education and training benefit is another one.

There are certain eligibility criteria for those programs. The time of service is calculated differently for regular force members and reserve force members. We've received a couple of complaints related to what is now the income replacement benefit that suggest that, not intentionally but when those eligibility criteria were developed, they ultimately resulted in what is an unfair scenario for reservists.

I can give you a quick example. For regular force members who are released medically after 30 years of experience and are eligible for the income replacement benefit, that income replacement benefit will be calculated based on their salary at the time of release.

In the case of some reservists who go on and come off of different classifications of service, different types of service, which is very complicated, they may suffer an injury.

For that regular force member, that initial injury may have been suffered 15 or 20 years previously, but may have been aggravated to the point where they could no longer serve and there might be diminished earnings capacity.

For a reservist, that individual may have suffered an injury 15 or 20 years earlier at the rank of corporal, and may have released at the rank of chief warrant officer because they were no longer able to serve. Their income replacement benefit is based on rank and salary at the time of injury. You advance 15 years and you have a wife and two kids, a mortgage and perhaps are putting kids through school and those types of things.

That's one example of a really good program for which it appears, in the cases that have come before us, that we'd probably need to look at the eligibility criteria.

Ms. Rachel Blaney: Thank you.

One of the things you said in your report is that health care and support continues to be one of the biggest challenges. I look at the report card and I see there was improvement in one. One is improving but the rest are still a significant challenge.

You talked about the children getting mental health support. I'm looking at some of these and they seem like real practical steps: eliminate the inconsistencies; merge programs so there is a continuum of care as opposed to having all these separate parts.

I'm just wondering if you have any understanding of what the barrier is, what resources the department might need.

Mr. Craig L. Dalton: I suspect it's capacity to manage change and to tackle these recommendations. As I mentioned earlier, if you look at the recommendations that have been implemented, you see it tells a bit of a story. I think the focus has been on addressing financial security after the transition from the Pension Act to the Veterans Well-being Act. At least the recommendations we've made have been knocked on the head.

I think that's what it is. We recognize that these recommendations need to be put in the broader context of what's on the department's work plan, but our job is to continue to shine a light on them and maybe to do a little more homework and make a more compelling case. I think that's probably the reason.

• (1640)

Ms. Rachel Blaney: Thank you so much. I believe that's my time.

The Chair: Okay. That ends it for today's testimony.

Mrs. Cathay Wagantall: Can I ask one more question since we have an hour to go?

The Chair: Yes. Sure, that's not a problem.

Mrs. Cathay Wagantall: It's one area that was missed out on. We heard testimony that VAC was directing veterans to outside service providers when they called for emergency fund assistance. One million dollars was set aside from VAC, which is great, to deal with emergency cases, but the case managers were instead referring them to Veterans Canada down the street here in Ottawa because they could respond so quickly. I just wonder about your perspective in seeing the big picture like you do.

What is VAC's role and what should be the role of these amazing organizations that are very effective? They know the veterans and they serve 365 veterans in their first year of service, and none of that money has come through VAC. They don't let them end up in an overnight place. They move them right away to a hotel. They know what they need to do to make sure they don't fall into that cycle.

In all that you do, what do you see in the relationship there between these organizations that veterans will flock to because word of mouth says they take care of them, and the role of VAC, which is also very important? How should those two be coming together?

Mr. Craig L. Dalton: The first thing I would do is just acknowledge the good work that VETS Canada and many other organizations out there do to support veterans at the coal face. I've had a chance to visit with them and see where they do their work and how they do it. They do accomplish great things. I can understand why they and the many other organizations... When I say "they", I am referring to organizations from the Legion to Veterans Helping Veterans to Wounded Warriors Canada, a whole host of organizations.

Mrs. Cathay Wagantall: Absolutely.

Mr. Craig L. Dalton: Those organizations have developed tremendous capacity in recent years. I would say that we should seek to leverage that, and if there are better ways to deliver programs to veterans in need, then we should consider those as options or alternatives.

I think it's that question of outsourcing and in-sourcing and who's best positioned to deliver that program to achieve an outcome.

Mrs. Cathay Wagantall: There's a move now in the health care system to allow the patient to determine the direction that they want to go. Is that not something that would work well for our veterans as well, to be able to be funded, but appropriately, for the right organization to meet their needs?

Mr. Craig L. Dalton: I think we should be. I have experience with that personally in the past in a disability support program where we offered the client the option of how to access services, case

managing, inside government or outside government. For a variety of reasons, folks went one of those two ways. I think being as creative as we can and ultimately looking at what works best for the veteran should guide those types of questions. They're certainly good questions to pose.

Mrs. Cathay Wagantall: Thank you.

The Chair: Mr. Chen, did you have a question?

Mr. Shaun Chen (Scarborough North, Lib.): Thank you, Mr. Chairman.

I'm going to be blunt because this is a report card, and to me, this is a failing report card.

I want to thank the ombudsman for making these recommendations, but I just find it very disheartening to see that—I'll give credit where credit is due—50 out of 63 have been implemented or partially implemented, but in the category of health care and support for veterans, eight out of 10 are not implemented. To me, that is incredibly tragic. Our veterans, our service men and women, put their lives on the line, put their physical and mental health at risk to serve our country. We need to make sure that we are doing better.

In looking at some of the areas where improvement is needed, Mr. Ombudsman, you said earlier that you believe it's the capacity to manage the change at the department. That is partly why some of these things that seem incredibly simple and logical lead me to ask this question. We see so many other parts of this report being addressed adequately. Why is it that when it comes to health care and support, we are lagging behind? Why is that not a priority in terms of making sure that, for example, veterans don't have to wait in the 40,000 backlog of cases. Why, for example, are they not getting the same access to dental care as they would under the public health care plan? Why is this not being prioritized?

To me, it's one of the most important things, to make sure that veterans and their families get the supports they require when it comes to their health and well-being after they have served.

•(1645)

Mr. Craig L. Dalton: We would certainly like to see them all implemented as soon as possible as well. I think what I should do, in recognizing this, is not assume why VAC has or has not implemented these recommendations. I think we need to do a better job of capturing that information so that, when we appear before you, we can address those questions.

In the interim, I would refer you to VAC with those questions, if you have VAC appearing before you.

Mr. Shaun Chen: How does the accountability work? The ombudsman issues a report, addresses certain areas and highlights issues and problems that you have identified based on input and experiences of veterans. Is that simply just provided to the department, and then it's up to them where, how and when they address the concerns you have raised?

Mr. Craig L. Dalton: Yes, I think the first thing to note is, with our mandate, we don't compel. We use moral suasion. We try to use evidence to suggest that these changes should occur.

The practice that we've shared between our office and the department over time, over a number of ministers, in terms of communicating these recommendations and in capturing VAC's specific response, has been varied. I would like to be able to sit here and say, "This is the exact response we received in relation to these four recommendations," and in some cases, we have that, but we don't have it in response to all of these recommendations.

As I mentioned earlier, as we take this report forward and as we make recommendations to the department in the future, we're going to ask each time we do that for the following in response, "Do you agree or not? If you do agree, when do you anticipate being able to move on this recommendation and achieve implementation?" That way, when we track, we can get an update on why or why not they have or have not moved forward. We don't possess that information at the moment, unfortunately.

Mr. Shaun Chen: I think that's very key because, if these recommendations are being made, the first step is to determine whether or not the department agrees with the recommendation. The second piece is, if they do agree with it, what is their plan. Where is the action plan? What steps are they going to take? What are the

achievable targets and where is the accountability? To me, these things are extremely important.

You're the connection to veterans who are upset, who are frustrated and who are not getting the service that they deserve and should be entitled to, and they need to know what the answer is. It's one thing for them to raise the concern, but there has to be a response and it has to be formally communicated so that there is accountability and transparency with respect to these recommendations and what specific actions the department is going to take to address them.

Mr. Craig L. Dalton: I fully agree.

Mr. Shaun Chen: Thank you.

The Chair: Thank you.

Is there anybody else?

On behalf of the committee, I would like to thank you for all the good you do for the men and women who serve, and thank you for taking time out of your day to enlighten us on your report.

Mr. Craig L. Dalton: Thank you.

Mrs. Cathay Wagantall: Chair, can I just ask a question, please, of the committee?

The Chair: Everybody, we're still in the meeting.

Mrs. Cathay Wagantall: Just in regard to the mefloquine draft report we've received, we have the minister here this week and our time is very tight. I think it's really important that it be tabled in the House—

The Chair: Yes, we're going to try Monday, and hopefully we can get the report done Monday. I know there were only three recommendations. I didn't get a chance to read the report.

Mrs. Cathay Wagantall: If extra time is needed, is the committee prepared to—

The Chair: If the committee's prepared, we can decide that Monday. I'm prepared.

Mrs. Cathay Wagantall: Okay, thank you.

The Chair: Thank you.

The meeting is adjourned.

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