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# Standing Committee on Veterans Affairs

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Chair: Mr. Bryan May





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• (0845)

[English]

**The Chair (Mr. Bryan May (Cambridge, Lib.)):** Good morning, everyone.

Pursuant to Standing Order 108(2) and the motion adopted by the committee on Tuesday, February 26, 2020, the committee is commencing its study on the subject matter of supplementary estimates (B), 2019-20, vote 5b under Department of Veterans Affairs.

The Minister of Veterans Affairs, the Honourable Lawrence MacAulay, will be with us for the first hour. He will have 10 minutes for his opening statement, which will be followed by rounds of questions. He is accompanied by officials from Veterans Affairs Canada today.

We again welcome General Walter Natynczyk.

I'm sure you'll get one of those cards for frequent flyers that you can punch, General.

We also welcome Sara Lantz, acting assistant deputy minister, chief financial officer and corporate services branch, and Rick Christopher, director general, centralized operations. The officials will stay with us for the second hour of questions.

On a procedural note, at page 1016 of the *House of Commons Procedure and Practice*, third edition, under "Estimates" and "Consideration in Committee", it is stated that the questions and discussions at these meetings are "generally wide-ranging", but that the rule of relevance still does apply.

Minister MacAulay, the first 10 minutes are all yours, sir.

**Hon. Lawrence MacAulay (Minister of Veterans Affairs):** Thank you very much, Mr. Chair, and congratulations on your election as chair.

Congratulations to the committee on the work you do. I look forward to working with you over the next number of months and years.

It's an honour for me to be here to talk about Canada's brave veterans and to bring you up to date on the activities and priorities of Veterans Affairs Canada as we move forward.

Our priority is always to help veterans get the support and services they need. We do this through disability benefits, education and training support, and other financial benefits. More than 90% of the department's budget goes directly to benefits and services for veterans.

As you know, I am here today regarding the supplementary estimates (B). These estimates reflect the department's final and updated forecast for the 2019-20 fiscal year. These include internal transfers that would help us fulfill our commitment to support Canada's veterans.

Last fall, my department requested an additional \$857.6 million through the supplementary estimates (A), bringing the total budget for my department to \$5.3 billion. That budget of \$5.3 billion is over \$1.5 billion more than it was five years ago. Of course, there is more work to be done, but that is a big deal. This is money going into the pockets of veterans who have earned and deserve it.

As a result of the additional funds in the previous estimates, the current supplementary estimates (B) do not include additional funding for benefits and services. Rather, they include some transfers that will help us fulfill our commitments in support of Canada's veterans.

Through these estimates, we will transfer \$700,000 to allow us to respond to the increased demands for the veterans emergency fund. This fund provides immediate support to veterans and their families in urgent circumstances for food, shelter, clothing and expenses to maintain safety. Nearly 800 veterans have already accessed the fund so far this year.

The department also works with local organizations to try to prevent homelessness. We work with local organizations that can help identify a veteran who is experiencing homelessness or is at risk.

We're also increasing the veteran and family well-being fund by \$1.8 million to support and implement new initiatives that promote the well-being of veterans and their families.

For example, the fund has supported The Mustard Seed organization in Calgary, which works with the recently developed Homes for Heroes village of tiny houses to support veterans in moving into accommodations and long-term housing. This is a concrete example of how the well-being fund makes a difference in veterans' lives.

Our mandate is to ensure that every veteran gets the benefits they earned and the services they need, and the department ensures there are always sufficient funds available to do so. The point is that no matter how many veterans come forward—10 or 10,000—the funds will always be there.

Demand for our programs, benefits and services is growing. For example, applications for disability benefits have increased by more than 60% since 2015. First-time applications have increased by 90%. Other programs and benefits are seeing more demand as well. Partly, this is because of greater awareness among the veteran community of the benefits and services available. Another reason is that we're offering more programs and services to a wider group of veterans, such as the education and training benefit and the career transition services. However, this has also meant that the backlog of cases has built up.

Let me start by saying that the backlog is unacceptable. The waiting times being faced by veterans are unacceptable. We need to tackle this issue and address the backlog, and I can assure you that it is my top priority.

We've hired hundreds of staff, including more caseworkers, who work directly with veterans and their families, and we have hired hundreds more to process disability applications and to administer benefits. We have also simplified benefits. We are bringing in more digitization and streamlining the decision-making process.

● (0850)

Simpler cases now can take less time to process, allowing faster consideration for more complex cases. While we have made some progress in dealing with the increased volume, we still have a lot of work to do. We also understand the important role families play in supporting their veterans and continue to look at ways and means to support them.

I can assure you that I am committed to ensuring that veterans and their families have the mental support they need when and where they need it. The department's policy that covers mental health services for family members has remained the same since 2010; however, we found that the policy was not being applied consistently. I have directed my department to act with the utmost care, compassion and respect, and to use maximum flexibility in applying this policy and working within the rules to ensure that it's applied as it was previously.

I have also tasked my department with a review of the policy, with a view to maximizing compassion for veterans and their families. I understand this committee has also adopted a motion to study support and benefits for veterans, caregivers and families, and I look forward to the results that this body has and any recommendations that you have for my department.

The department is currently conducting file reviews for any families who have been affected and we are reviewing the guidelines around the policy to ensure that we do everything we can to provide our veterans and their families with the care and the support they deserve.

Just as we need to show care, compassion and respect for our veterans, we also need to show care, compassion and respect to

their families. Meanwhile, if a family member requires more long-term support or mental health treatment for their own separate mental health condition, our staff will assist them in finding appropriate assistance.

Before I conclude, I would like to highlight something I believe is very important because this past Sunday was International Women's Day. Last week I was very proud to announce the office of women and LGBTQ2 veterans. This office will work to identify and address barriers specific to women and LGBTQ2 veterans and their families, and work together with veterans and stakeholders. This will help to advance equality.

Honourable members of the committee, I thank you for your time and your dedication to our brave veterans. I look forward to working with you over the next weeks and months. My officials and I would be pleased to answer any questions that you have.

Thank you.

● (0855)

**The Chair:** Thank you very much, Minister MacAulay.

First up for questions is MP McColeman.

**Mr. Phil McColeman (Brantford—Brant, CPC):** Thank you, Minister, for being here today.

As you know, the main estimates have been tabled and I would like to know if you would make the commitment to return and appear on the main estimates.

**Hon. Lawrence MacAulay:** I will return whenever I'm required to return, Mr. McColeman.

**Mr. Phil McColeman:** I'd like a commitment from you on returning for the main estimates.

**Hon. Lawrence MacAulay:** I assure you I will fulfill my commitments exactly as I need to.

**Mr. Phil McColeman:** Okay, I'll take that as a maybe.

As you know and have mentioned in your remarks, the backlog as we know it today, on veterans' disability claims, sits at 44,000 waiting.

What's the average wait time for those 44,000?

**Hon. Lawrence MacAulay:** Thank you very much, Mr. McColeman.

I understand your concern about that and I have the same concern.

Is the backlog around 22 weeks?

**General (Retired) Walter Natynczyk (Deputy Minister, Department of Veterans Affairs):** The wait time is about 32 weeks, sir.

**Hon. Lawrence MacAulay:** Yes, the wait time is about 32 weeks.

**Mr. Phil McColeman:** Thank you for that answer.

Also, as you know, this backlog started to really become alarming in 2017.

Many veterans who are watching today also watched a vote in the House of Commons on September 25, 2018. It was discovered that a non-veteran, a civilian, Christopher Garnier, who had murdered Catherine Campbell in Truro, Nova Scotia, and became convicted in a court of law of not only brutally killing her but taking her body and putting it into a container and putting it under a bridge, was receiving veteran benefits vis-à-vis his father who was a veteran. We asked the House of Commons to vote on whether this was appropriate for a convicted killer.

By the way, Catherine was 31 years old. She was a police officer and also a volunteer firefighter. She and her family have inspired me over the years. We recently lost her father who went from this world knowing that the man who brutally murdered and strangled his daughter is receiving veterans benefits. To a person on the government side, it was voted to maintain those benefits for Mr. Garnier.

Is Mr. Garnier still receiving benefits from the financial side of Veterans Affairs Canada?

**Mr. Sean Casey (Charlottetown, Lib.):** On a point of order, Mr. Chair, the minister is here to speak to the supplementary estimates (B). The relevance of this line of questioning is at best tenuous and probably non-existent.

**The Chair:** Mr. McColeman, I did mention that at the beginning of the meeting. Let's try to frame our questions with some relevance.

● (0900)

**Mr. Phil McColeman:** I am absolutely happy to reframe it for the member, because he voted to maintain the benefits for Mr. Garnier, the convicted killer of Catherine Campbell.

**The Chair:** Again, Mr. McColeman, the question...?

**Mr. Phil McColeman:** Let me finish, Mr. Chair. I'm reframing it.

**The Chair:** Fair enough, but again, just a reminder that the question is to the minister. Let's not get going across the table here. The minister is here to answer questions about the estimates.

**Mr. Phil McColeman:** Mr. Chair, through you to the witness, supplementary estimates contain money that flows from the treasury into Veterans Affairs Canada to supply money, such as Mr. Garnier is receiving, as far as we know, to the programs. That's the connection to the supplementary estimates.

I am asking the minister this: Is Mr. Garnier continuing to receive benefits as he sits in prison as the convicted murderer of Catherine Campbell?

**Hon. Lawrence MacAulay:** The answer is no.

**Mr. Phil McColeman:** He is not?

**Hon. Lawrence MacAulay:** He is not.

**Mr. Phil McColeman:** That is good. Could I please have the date on which his benefits stopped from the department?

**Hon. Lawrence MacAulay:** I would ask my deputy to respond, but my understanding is that a family receives benefits, as the rules indicate, if it affects the veteran. This man is not receiving benefits, but for the precise answer I would have to ask my deputy.

**Mr. Phil McColeman:** I would like to know the date it stopped, because as of September 25, 2018, he was receiving benefits. Could I direct my question to the deputy? What was the date that Mr. Garnier stopped receiving veterans benefits?

**Gen (Ret'd) Walter Natynczyk:** First, I wish to express condolences to the family of the constable. This was a very tragic situation. In the fall of 2017, Minister Regan stood in the House and indicated we would not be providing support to any family member who was incarcerated in a federal institution. We changed the policy at the time, at the government's direction, so that if anyone were incarcerated anywhere, be it in a municipal or provincial institution, it would take a higher level of oversight to approve that. I'll have to confirm whether we can actually share information with regard to support, but my understanding is that, with that direction from the minister, we stopped all support.

**Mr. Phil McColeman:** That's not true.

**The Chair:** Mr. Fillmore.

**Mr. Andy Fillmore (Halifax, Lib.):** Thank you, Minister, for joining us today, and thanks to the team as well for being here.

If I may speak for the committee for a brief moment, I'd like to pass on congratulations to your retiring Assistant Deputy Minister Doiron for a great career of public service. Thank you for that.

I wanted to ask about the veteran identification card. This is a program that was deleted under the previous Conservative government. As a result of some good intentions on the part of the team at Veterans Affairs, and a petition originating from two veterans in Halifax, Gus Cameron and Ben Broome, they helped to reinstate the veteran ID card.

Could you provide a bit of an update on the rollout of the card, any details around uptake and the reaction from veterans' communities to the return of this really important piece of ID that veterans carry with them?

**Hon. Lawrence MacAulay:** It's so important that veterans apply for this card. It makes it much easier to access benefits and identify them. We understood the importance of this card. We invested \$1.5 million in additional money in order to make sure this would take place. We encourage veterans across the country to apply for the card. It identifies them for who they are, which is so vitally important.

● (0905)

**Mr. Andy Fillmore:** Do you have any details on the uptake, the number of cards that have been issued?

**Hon. Lawrence MacAulay:** What numbers do we have?

**Gen (Ret'd) Walter Natynczyk:** Part of the military culture is that when you're in uniform, your ID card is near and dear to your heart. If you ever lose it, you have to report to the military police and get another card right away. As part of the veteran identity, one's own personal identity, the ID card is absolutely key, and the fact that the ID card is maintained during the transition from active service to becoming a veteran softens that transition. Over and above that, there are a number of pluses. Whether you're flying or travelling by rail or going wherever, the ID card is quite helpful to the family.

That is just to say that when we changed the policy and reintroduced the NDI 75—and that's the acronym, National Defence Identification 75—not only did we reinstate it for those who were releasing, but then in a second phase, we backdated that to when the policy changed. I believe that was in February of 2016. Then we actually went another step and went all the way back to whoever was in service.

Again, a veteran is defined as someone who has completed basic training and is honourably released. As for the ID card, now to answer the question, tens of thousands have now applied. We know that in Canada we have in the order of 600,000-plus veterans, and the door is open to all of them.

We also want to encourage them to open up a My VAC Account, because they can apply, whether they are in downtown Toronto or in the hinterland way up north. If they have access to the Internet, they can create their My VAC Account and apply for their ID card online. It's accessible across the entire country.

**Mr. Andy Fillmore:** We still have a few minutes, I think.

You made a good segue there to the My VAC Account. I wonder if you might be able to touch on the rollout of that program and the uptake. The questions are similar but are in regard to that program.

**Hon. Lawrence MacAulay:** I appreciate that.

My VAC Account is so important. We now have over 110,000 veterans on the My VAC Account. We're trying to digitize the system to make it easier to deal with and simplify all the processes to make sure we can deal with everything, including the backlog, which is a big issue.

Of course, digitizing and making sure you're in on this account mean so much when you're dealing with Veterans Affairs Canada. You get the response back a lot quicker. Everything works much easier when you do that. I think we have made great progress as 110,000 have now joined. We encourage anybody out there to please join because it's so important, so efficient for the department and much better for the veteran.

**Mr. Andy Fillmore:** Those two programs, the veteran's NDI 75 and the My VAC Account, from what I hear in my veterans community in Halifax, have gone a tremendous distance in re-engaging the veterans community after a period of unfortunate disengagement from the federal government.

I can see the benefits every day when I speak to the veterans. Thank you for that re-engagement and for reconnecting, not just with veterans who previously had been engaged but also with all of

the veterans who had never engaged before and who are now seeing the benefits of engaging in this program.

**Hon. Lawrence MacAulay:** Thank you. When the veterans feel engaged, it's so important. Whether you're travelling or you're in the line or you're a veteran going through security, so many areas recognize this card and it will just continue to be more recognized in this country.

Without a question, it's so important, and I appreciate it because we want people to have the card. We want people to be in the My VAC Account. It makes it much easier and much better service for everybody.

Thank you.

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

MP Desilets, go ahead for six minutes, please.

[*Translation*]

**Mr. Luc Desilets (Rivière-des-Mille-Îles, BQ):** Good morning, Minister. Thank you for being here today.

My question has to do with a concern I think all of us around the table share—actually, I'm sure we all do. I'm talking about access to services.

Even though I don't have a lot of experience, my sense is that veterans face the same challenge as users of the health care system in terms of gaining access to services. In other words, once a person enters the system, they can access the services they need. The money seems to be there, in my humble opinion. In fact, these are sizable amounts. However, my question remains the same. Even if the problem can't be solved outright, what can be done to improve access to services, whether it be by adding resources or funding?

• (0910)

[*English*]

**Hon. Lawrence MacAulay:** Thank you very much.

Of course, in terms of its being appropriate funding, there's seldom ever enough funding. We can always use more funding, but you're right that a lot of funding has been added. A few years ago \$10 million was added to it, and a lot of new programs were put in place.

But I think you're referring to the backlog. Of course, that is unacceptable, and we're working very hard in order to bring that under control. As was said in the previous conversation, if we can digitize, get people online, reduce the paperwork, simplify the application, that all helps. The simple fact is that sometimes when a veteran fills in the application, if one thing is missing that's vital to the application, it means it has to go back. That means a delay. There are so many things that cause the backlog, and it's most unfortunate for the veteran. We want to make sure they have all the services they can. There are a number of services added to it, for example the education fund. A number of things have been added.

Do you want to elaborate?

**Gen (Ret'd) Walter Natynczyk:** As the minister indicated, the My VAC Account has been key. The way we've set up the program is that the application must be complete when it's entered into the system. One of the challenges happens when people put in a paper application. Often the application is not fully completed.

I just wonder if Rick Christopher, who is responsible for this, could add to it.

[Translation]

**Mr. Rick Christopher (Director General, Centralized Operations, Department of Veterans Affairs):** Yes.

We have a lot of problems on the application side. If the signature is the only part of the application the veteran completes before mailing it in, the application is still accepted.

We then have to follow up with the veteran numerous times, and if they aren't available, their claim is put on hold.

Conversely, My VAC Account is very useful because the system won't let the person move on to the next step without providing the necessary information.

What's more, because it is easier to file a claim, the number of claims has gone up.

**Gen (Ret'd) Walter Natynczyk:** I would add that we are opening nine offices across the country, as well as another office in Surrey, British Columbia. We are setting up another outreach clinic to serve northern and Arctic communities. Plus, we've partnered with people to help veterans fill out all the forms.

When I was in Vancouver last week, a staff member there had received a problematic application. It was missing information, just as Mr. Christopher described.

Even after we sent another form to the veteran's physician, the information was still incomplete. All of that delays processing.

**Mr. Luc Desilets:** Can't the problem be tackled in other ways?

As I understand it, the money is being invested, but is it possible to find expertise elsewhere?

Do any of the G7 countries have a similar or declining backlog?

[English]

**Hon. Lawrence MacAulay:** Yes, and we are. We deal with other countries right around the world. We deal with our allies, and we compare the process we use here with other countries around the world. That's why we have some of the changes that are in place.

One of the biggest examples was that, in the My VAC Account, if the application has to be complete before it will be accepted, it means that time is not wasted. The fact is that when a veteran fills out the application and signs it, as is indicated, we accept it. But if it's not complete, we have to go back. Phil asked why the backlog is there, and that's part of why. There are so many things we are working on to make sure that we don't.... We want to get the applications processed so that we can supply the benefits to the veterans.

There are quite a number of new programs for veterans that are vitally important to them. Number one is helping the veteran when he leaves the military and becomes a civilian. That is a big transi-

tion, so we want to make sure we have as many programs in place as we can to see that person become a valuable member of society. As you're well aware, the military has met basically every walk of life, and they have every expertise. Our responsibility as a government, and yours as a committee, is to make sure we have these people upgraded if need be, because industry needs them and society needs them.

We want to make sure they have a good life when they come out, and that's part of what I have to try to do.

• (0915)

**The Chair:** Thank you, Minister.

We'll go to MP Blaney for six minutes, please.

**Ms. Rachel Blaney (North Island—Powell River, NDP):** Thank you for being here with us today, Minister.

Of course, I want to say thank you again for coming out to visit us in Comox on the 10th of February, when we celebrated the amazing plane of reconciliation project. I want to recognize the late Captain David Freeman, who spearheaded that project and wanted to acknowledge indigenous veterans in the area. It's just a beautiful plane in that area. Thank you again for supporting that project.

The wait times are a huge concern for me, and I'm happy to hear that they are for you as well. In fact, we've heard again and again from the Office of the Veterans Ombudsman, from department staff and from veterans themselves that this is the biggest issue and the issue that keeps coming up over and over again.

When I look at the supplementary estimates, it looks to me as though there's a bit of a transfer from the VAC operations to other programming. I understand the value of programming, and I think whenever we can give resources to the veterans, that's really important. However, I'm concerned about the fact that the wait times are a challenge. If you're taking money from operations and moving it to programming, I'm wondering how that is a strategy to address the wait times.

**Hon. Lawrence MacAulay:** Thank you very much, number one, for your thank you. It's a privilege to be out there and it's a privilege to be able to thank the indigenous people and the service that they give. That was a very touching ceremony, I will tell you for sure.

On your question, the veteran and family well-being fund is something that has been used more than anything else, and it's been more successful and more appreciated by the veterans community than many other things we have done. Of course, there are a limited amount of funds in this program. There was a lot of comparing and deciding what would be done, and the decision was made that we would put \$1.8 million extra into that. There was only \$3 million in it.

**Ms. Rachel Blaney:** Thank you, Minister, but really it's the backlog I want to touch on. I think you said the wait time can be up to 32 weeks.

**Hon. Lawrence MacAulay:** Yes.

**Ms. Rachel Blaney:** That's an extensive amount of time. I'm really trying to understand. I understand there are problems with paperwork and all of those issues, but we really need to get on top of this. I understand what you're saying. I ran an organization for a lot of years, and when money goes away from administration, that can be a problematic thing because it means the services are not being delivered to the same extent. When it's going into programs, how is that going to fix the backlog?

**Hon. Lawrence MacAulay:** I'll let the deputy elaborate on this, but the fact is that this program has been very effective. You're referring to money that's transferred to the transition, both of which are vitally important. There are issues with the backlog that we need to address, but money is always acceptable. We can always take more money. There are areas we have to adjust and deal with, and these programs were very valuable. I'll let the deputy explain why, but it's so important to know that in the case of a really acceptable program that was used up very quickly, we just felt another \$1.8 million—

**Ms. Rachel Blaney:** My concern is that if people are waiting then they're not getting access to many of those programs, so I'm excited to hear what you have to say.

**Hon. Lawrence MacAulay:** I think the deputy would refer to homelessness. There are so many areas you can go, like the tiny houses. There are programs that were able to help out in order to bring in more veterans who were perhaps receiving nothing, who had left the system and society altogether. What we're trying to do is fulfill our obligations all the way around to make sure these people have a chance.

I'll let my deputy explain further.

• (0920)

**Gen (Ret'd) Walter Natynczyk:** The solution to addressing the backlog is multi-faceted. One area is hiring additional folks, and I'll ask Rick Christopher in a moment to talk about the fact that we're hiring. We've hired hundreds already, and we're continuing to try to hire across the country.

**Ms. Rachel Blaney:** When you're hiring them, are they staying on permanently, or is this something that you're doing specifically to get caught up on the backlog?

**Gen (Ret'd) Walter Natynczyk:** I'll ask Rick to address that.

**Mr. Rick Christopher:** It's a combination of both things. Compared with 2015, when we had about 200 people working on the disability program—that's what we're talking about in terms of that particular volume in that program—we now have over 400 working on that. Some of them are temporary. Some of them are permanent. It's a very complicated process to do medical—

**Ms. Rachel Blaney:** I hear what he's saying. I'm sorry. I'm interrupting, but I have one more minute, not even that.

You say it's multi-faceted, so have all of the places where it's not working been identified? What are the multi-faceted solutions that you're moving toward to get this addressed?

**Gen (Ret'd) Walter Natynczyk:** Can I say that for us to put in additional funding into the well-being fund and the emergency fund is not affecting our solution set for addressing the backlog? We're moving forward on digitization. We're moving forward on integrated teams to make decision-making easier. We're also moving forward on addressing the whole process of the application. Again, we're encouraging folks to use My VAC Account to get more complete.... In addition to that, we're hiring and replacing attrition.

That's why I say it's a multi-faceted approach. Not one solution will fit all. Actually, we need to holistically improve the experience for veterans and ensure that the information we get will allow a very expeditious decision.

**Hon. Lawrence MacAulay:** I would just like to add—

**The Chair:** Be very quick.

**Hon. Lawrence MacAulay:** —that the emergency fund is so valuable for people who have absolutely nothing, down and out, really needing to get a hand up. That is really so vitally important.

**The Chair:** Thank you.

MP Wagantall, please, you have five minutes.

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

Minister, I'm just going to read a portion of your mandate letter. I'm sure you're aware of it. It says that your mandate is to:

Improve transparency and communications so that Veterans and their families have clarity about and predictability of available benefits and services.

Minister, in December on the floor of the House of Commons I asked you a specific question on behalf of a veteran whose spouse had come home from her mental health appointment having been told by the doctor that in the new year those benefits would no longer be available to her. Your response to me was that there's been no change to policy and that they would continue to get benefits if it helped the veteran. Believe me; veterans are helped by their family members getting the care they need because they see their lives falling apart because of their health issues.

What concerns me, sir, is that you indicated there was no change of policy, but the veterans ombudsman went on to reveal that new restrictions were imposed not through a change in policy but more subtly through a reinterpretation of the existing rules of that bureaucracy.

Sir, I find this very disturbing, as do veterans. You know that there are more and more coming forward and concerned because of the semantics that were used to deal with this issue.

I would like to know who flagged this policy for review.



**Hon. Lawrence MacAulay:** Number one, I thank you very much, and I—

**Mrs. Cathay Wagantall:** I would just like to know who flagged it for review.

**Hon. Lawrence MacAulay:** I would like to appreciate your question, if I could.

The fact is that it was brought to my attention. I have a department, thousands of people who work in the department—

**Mrs. Cathay Wagantall:** What was brought to your attention?

**Hon. Lawrence MacAulay:** Pardon...?

**Mrs. Cathay Wagantall:** What was brought to your attention?

**Hon. Lawrence MacAulay:** It was that this policy was not applied consistently across the department, and that was not the way it was supposed to be applied.

**Mrs. Cathay Wagantall:** Excuse me, sir, so when was—

**Hon. Lawrence MacAulay:** Would you please...? If you ask a question, it's—

**Mrs. Cathay Wagantall:** No, I got my answer. Thank you.

When was the minister made aware of the results of the policy review and the decision to tighten the policy and start cutting veterans family members off of their benefits and services?

**Hon. Lawrence MacAulay:** I can't give you an exact date. I can assure you that when I find out that there's a problem within the department, it's my responsibility to indicate to the department, as I did, to make sure that this policy is applied consistently and as flexibly—

• (0925)

**Mrs. Cathay Wagantall:** Exactly who did the review, sir? Who was responsible for the review?

**Hon. Lawrence MacAulay:** I'll have to ask my deputy to find out. The department runs the department.

**Gen (Ret'd) Walter Natynczyk:** I'm responsible for everything.

**Mrs. Cathay Wagantall:** Okay, thank you.

**Gen (Ret'd) Walter Natynczyk:** I'm responsible.

Can I just highlight again that, with regard to mental health treatment for family members, the department is authorized to support the veteran, and all support for mental health focuses on the well-being of—

**Mrs. Cathay Wagantall:** Thank you, Deputy Minister. I understand that, but also, I made it really clear that, from a veteran's perspective, when all of a sudden family members are cut off of their care and those family members are suffering because of the veteran's state, this does not help. When they know that there is a backlog of 40,000 and they no longer have that support but they're being told that somehow someone will help them get support.... The same thing happened with the caregiver allowance. Changes to the caregiver allowance meant that people who had it before no longer get it, which means that changes are being made to limit those who are able to receive it.

My question then is this. Because there were changes made to this program, and the minister is responsible—he's mandated to im-

prove transparency and communications—when and what information on this change to policy was shared on the VAC website and on My VAC Account, so that they would be made aware directly by VAC that their benefits were being cut back?

**Hon. Lawrence MacAulay:** This situation was brought to my attention. I don't have the exact date before me. When it's brought to my attention my responsibility as minister is to make sure I inform the department as to what the wishes are—

**Mrs. Cathay Wagantall:** I find it discouraging—

**Hon. Lawrence MacAulay:** If you're going to ask a question, you will have to let me answer it.

**Mrs. Cathay Wagantall:** No, you told me when it was brought to your attention.

**Hon. Lawrence MacAulay:** The fact is that—

**Mrs. Cathay Wagantall:** I would like to know, sir, at what point was it going to be important to let veterans know, without their having to find out the way they found out? That is so harmful to our veterans community. Who instructed the regional offices about the reviews and the results?

**Hon. Lawrence MacAulay:** It would be quite difficult when you find out something is not applied consistently within the department. I don't think we would find that in My VAC Account because we found the problem, we dealt with the problem and made sure that the ones who should require mental health services do get mental health—

**Mrs. Cathay Wagantall:** You're not dealing fairly with veterans on this issue, sir.

Thank you, Chair.

**Hon. Lawrence MacAulay:** —and we make sure this happens. I will make sure it will continue to happen.

**The Chair:** Thank you, Minister.

Now we move to MP Lalonde, please.

**Mrs. Marie-France Lalonde (Orléans, Lib.):** Thank you, Mr. Chair.

Thank you very much, Minister, and all your officials for being here once again. It's a pleasure. This is my first time having you here in committee, so welcome.

One thing I'm very particular about is numbers. I like numbers, and I was reviewing a lot of the internal transfers taking place. I would certainly appreciate it if you could provide a little more insight as to.... One in particular was about the veterans emergency fund. We collectively would agree that when a veteran is in need, we need to be there. Sometimes as we can see, there are areas without information.

Could you please tell us a little more about the emergency fund, the impact it has had on the lives of our veterans and the flexibility of the department to help possibly more veterans?

**Hon. Lawrence MacAulay:** I'm certainly very supportive of this program because it helps veterans who have served our country, put their lives on the line and are in great difficulty.

You're looking for a figure, so I'll do my best. I mostly let the department do that, but 712 accessed the funds in 2018-19 and last year we added \$700,000 to this fund as you're aware. Now over 800 people have already accessed this fund.

When you sit down with people, as I had the opportunity to do last week across western Canada, in British Columbia, in fact, to meet people who got help from this fund, getting their lives in order and becoming productive members of society.... There's a pride within us all, but I believe there's a different, very strong pride in the veterans community. They have served us and they do not want to ask for help. When they get down and out, that's exactly what this program does and that's why it's so important that it's well funded, because it gives people another chance in life.

The fact is, as I've said before, these people are very much needed. They have expertise in many areas. The deputy and I ran into people who were very well qualified in areas that the business community would be so pleased to have once they get their lives in order. That's the big help, and I appreciate your question.

• (0930)

**Mrs. Marie-France Lalonde:** Thank you.

The emergency fund is probably helping reduce homelessness, I hope. This is very dear to my heart. Just outside our community in Orléans we have received funding to build 40 units. I know you refer to tiny houses. I don't know this one. I know the project in our community is the multifaith housing initiative to help veterans with addictions or personal problems to find lodging.

Can you please explain to me a little more about this one? I think it's in Alberta.

**Hon. Lawrence MacAulay:** Yes. That's Homes for Heroes, with the tiny houses.

**Mrs. Marie-France Lalonde:** Yes.

**Hon. Lawrence MacAulay:** I had the privilege of visiting there. To have had trouble in life and difficulties, probably with addictions or other things, to see them in their homes.... In fact, on the one that you just mentioned, there were two different families in those tiny houses who were just getting ready to move into their own homes. They had full-time jobs and were going to be full-time productive members of society.

I can tell you one thing. To be a politician and Minister of Veterans Affairs, that warms my heart. That's what it's all about, giving a person a hand up in order to become a productive member of society, and they are proud members of society who will add to our economy. That's what that is all about.

It's also important to indicate what the private sector has done, above and beyond government. They access funds through business communities, and it would amaze you, the different businesses that donate different things to those homes. Everybody wishes to be involved. They know that those people have served their country and they want to help.

These homes that are provided are basic. They're very small, but I can tell you that it puts a great sense of pride and security into the veterans themselves, men and women both. In particular, I met a woman veteran who was so highly qualified that, with just a little more, that person will be hired by a telecommunications company. That's what's so great.

Thank you so much.

**The Chair:** Thank you, Minister.

MP Lloyd, please, you have five minutes.

**Mr. Dane Lloyd (Sturgeon River—Parkland, CPC):** Thank you, Mr. Chair, and thank you, Minister, for being here today. I appreciated your comments in the House when you said that you would do anything for veterans and veterans' families.

Regarding mental health services for families, I have been informed that families are afraid to come forward, fearing retribution from your department. I just want to put it on the record today. Can you unequivocally assure these families that they will not face repercussions for coming forward with their challenges to your department?

**Hon. Lawrence MacAulay:** First of all, thank you so much for stating such an issue, if it does exist. I am not aware of it, but if they do, I can assure you that I will have their backs. That is what we're there for.

**Mr. Dane Lloyd:** Thank you, Minister.

At a previous meeting, department officials claimed that no one has been cut off. However, we know of the case of Shane and Veronica Jones, who have been paying \$600 each month out of their own pocket in regard to the challenges being suffered by their daughter, Ruth Jones, a number of challenges that doctors have said are related to the father's traumatic brain injury, which is related to his service.

Mr. Minister, why has this family been cut off?

**Hon. Lawrence MacAulay:** Thank you very much, and again, I appreciate your question.

As you know, and as you know I have indicated and stated a number of times, this program is to remain as it was and to be, if anything, more flexible. You're also aware that I could not discuss a specific case. I would not, but for anything—

**Mr. Dane Lloyd:** Thank you, Minister.

**Hon. Lawrence MacAulay:** —that can be done, and if anything you have relates to a personal issue, you can bring it to me and I'll do my best to help in any way possible. If it's a direct effect of the veteran, or it affects a veteran, I would be very surprised if they cannot qualify, but—

• (0935)

**Mr. Dane Lloyd:** Thank you, Minister. I appreciate that.

Earlier, you made a comment in response to one of my colleague's questions that support was linked to cases where a family member is affected by the veteran's challenges, and I think we can all appreciate around this table that this would be good criteria. However, in the previous committee meeting, your departmental staff said that funding must be linked to cases where it is a veteran's caregiver and it must be short term.

There's a discrepancy here where the department is saying that it must be related to veterans' caregivers and it must be short term, but you just said earlier in this meeting that it could be connected if the family member affected by the veteran's challenges.

Which is it with your department, Minister? Which case is it?

**Hon. Lawrence MacAulay:** A family member can receive benefit if it affects the veteran. If I misspoke, I apologize. That is—

**Mr. Dane Lloyd:** If a family member is affected by the veteran's challenges... In the case of Ruth Jones, she is suffering from mental health challenges that doctors have said are related to her father's PTSD. She has been cut off. Is it the policy of the government to cut off family members who are suffering because of their veteran family member's suffering?

**Hon. Lawrence MacAulay:** The policy has not changed, and if it affects the veteran, then the family does qualify, but I would let my deputy, if there's anything...

**Gen (Ret'd) Walter Natynczyk:** Thanks very much for the question. I just want to be absolutely clear here. We work closely with the mental health provider. The mental health provider, who is focused on the well-being of the veteran—because that's where our jurisdiction is—will tell our staff that the veteran's well-being would improve if a family member is also treated, and so—

**Mr. Dane Lloyd:** Deputy Minister, to clarify, are these the Veterans Affairs mental health officials, or are these the doctors of the families?

**Gen (Ret'd) Walter Natynczyk:** It's the mental health provider. Veterans Affairs does not provide health care. We partner with all the provinces, so all the additional support either comes through any one of the 11 operational stress injury clinics, or our accredited 4,000 mental health providers coast to coast to coast. The mental health provider will come to us and say, "In treating this veteran, we know that the veteran's situation will improve if we're also able to treat the family."

**Mr. Dane Lloyd:** Thank you, Deputy Minister.

**Gen (Ret'd) Walter Natynczyk:** Can I just add—

**Mr. Dane Lloyd:** I only have about 45 seconds left, but I appreciate that.

Deputy Minister, if a family member is being traumatically affected, I'm sure you can agree that the veteran would be affected. I

just want to clarify that we have documents from your department that admit that provincial plans are "disjointed and irregular". Why is your department passing off veterans' families to provincial plans that your own department recognizes are disjointed and irregular?

**The Chair:** Give a brief answer, please.

**Gen (Ret'd) Walter Natynczyk:** Again, in our context, we partner with every one of the provinces across the country. We are able to provide this additional support through the operational stress injury clinics and by leveraging the mental health providers across the country for veterans and for families, as it affects the veteran's situation. However, in each province, the department does not have jurisdiction to provide support to those family members, so we work with all of the caregivers in the area to establish the links. In addition to that, folks can have access to our 24-7 additional support and have 20 counselling sessions per issue they may have in order to balance the support across the country.

**The Chair:** Thank you.

We go to MP Samson, please.

**Mr. Darrell Samson (Sackville—Preston—Chezzetcook, Lib.):** Thank you very much, Mr. Chair, and thank you, Minister, for being here today.

Of course, General, Ms. Lantz and Mr. Christopher, it's always nice to see you all here. I've had the opportunity to have some discussions in P.E.I. with all of you.

My first question is related to the emergency fund, which was mentioned earlier. When you see a 70% increase in intake, it's a clear sign that the fund was necessary. When I started, back in 2015, that was probably one of the key issues on the table. We had emergencies and no one was there to help us. The emergency could be food, shelter, oil in the tank or homelessness. There are so many emergencies that individual veterans can face, and there seemed to be no pockets of money to help. It's not only the money, but what organizations are out there that can help.

As you know, Veterans Affairs is a department, but you need lots of support across the country from organizations to reach out. The increase in the intake has been high. What are we seeing on the ground as improvements, and what organizations are helping to get the message out and offer support? In Halifax, for example, I call VETS Canada, and they're right on the case. They're 24-7 and it's just amazing. These funds are coming forward to help, so I'd like to know a little more about the organizations and what they're doing to help veterans.

• (0940)

**Hon. Lawrence MacAulay:** Thank you very much.

We have visited organizations like the Shepherds of Good Hope on Montreal Road, and a number of places right across the country—VETS Canada, a number of times. Part of my mandate is to make sure that we deal with the homeless issue, and part of the way to deal with it is not to let people become homeless if we can do something to prevent that. That's one of the ways the emergency fund can be used, in order to make sure that if things get out of hand they can help the veteran in that way, and it is important.

Other ways are for people who are really down and out and have absolutely nothing at all. They have basically removed themselves from society. This \$1.8 million extra will be so beneficial. It's probably one of the most used and most praised programs in my department, and it's so important because it gives the vet that first hand up. There are many things it can do. Also—and the deputy can expand on this—it gives the department the opportunity to act right away, to be able to move immediately, and that too is so important.

**Gen (Ret'd) Walter Natynczyk:** I would just give a reminder that prior to the emergency fund, as the minister indicated, we would use, basically, benevolent funds that the department had. People would bequeath money to the department for these kinds of situations, but there were often limitations, whether it be for the purpose or for geography. One fund was only for Vancouver Island. One was only for l'Hôpital Sainte-Anne. The funds were so limited. Only one fund went across the country, so it was always empty, because all of the case managers would go to this. Therefore, we would work with our partners in the Canadian Armed Forces and look for non-public funds, such as the profits from CANEX and other venues, in order to assist with these emergencies.

The challenge was how to provide money to a veteran or a veteran's family without having gone through all of the eligibility and those kinds of things, yet veterans would be on our doorstep on a Friday afternoon, saying, "I need help now." Now, in every office across the country, there is a person who immediately can put out up to \$2,500 to put a roof over that person's head, to put groceries on the table and to address issues. What's amazing is that when we go to some of the offices that use these emergency funds the most, Halifax being one and North Bay in Ontario being another, we see that they're using it not only for these classical situations but also for the survivors of some of our veterans, such as World War II and Korean War widows, and providing that support in emergency circumstances. That's just to say that it's providing everyone great flexibility.

**Hon. Lawrence MacAulay:** It's important to also state that it's immediate. You can move in right away. When you have a crisis situation, no matter what it might be—addiction, being evicted

from your home or the many other things that can happen—the department can act immediately. That's so important.

You talked about the private sector and the private sector funds. The private sector is doing, and has done, a lot for veterans, but I think they're doing even more. It's important to emphasize that too.

**The Chair:** Sorry. I have to cut you off.

**Mr. Darrell Samson:** Okay.

**The Chair:** We committed to the minister that we would keep it to an hour, and we are at the hour.

I want to thank you for joining us here today. I'm sure there will be other opportunities to continue the conversation. Thank you very much.

We'll suspend for two minutes, folks, to allow the minister to be on his way.

**Hon. Lawrence MacAulay:** Thank you, number one, for the questions. It's so important to make Canadians aware of what in fact is available out there. The fact is that we have a job in the department to get the information out that programs like the education program are available.

• (0945)

**The Chair:** Thank you, Minister.

We'll suspend.

• (0945)

(Pause)

• (0948)

**The Chair:** Let's pick up where we left off.

Next up is Mr. Desilets for two and a half minutes.

It's all yours, sir.

[*Translation*]

**Mr. Luc Desilets:** I'm not ready, Mr. Chair, so I'll skip my turn.

[*English*]

**The Chair:** Okay.

MP Blaney.

**Ms. Rachel Blaney:** All right. I am really ready.

I heard from the minister and from the department that there has been no change to mental health services for families, but I heard from the minister that there was an understanding that they were not being applied consistently across Canada. We know that numerous veterans' families are coming forward saying that they are losing their supports and are expressing that concern. I imagine it's not an easy thing for them to talk about their own mental health supports. I want to acknowledge their bravery in coming forward.

The department says that it was not being applied consistently, so it seems now that the department is moving towards a pattern of less service. I'm just wondering, in deciding what consistency across the country means, which side you're going towards.

• (0950)

**Gen (Ret'd) Walter Natynczyk:** We're going to the side of compassion and flexibility. Across the country, we're relying on the relationship we have with the mental health providers. It is difficult to find consistency when we're dealing with all of these providers coast to coast to coast. The conditions are really that the providers, whether it be a psychologist, psychiatrist, mental health nurse or counsellor, are working with the veteran and his or her family.

Again, from a compassionate side, we do not cut off any treatment. What happens, however, in some of these cases—I've visited a number of these facilities, including the operational stress injury clinics—is that a period of treatment comes to a conclusion such that objectives are achieved. Having gone to the Royal Ottawa here in town, a course of treatment might be a year and a half.

**Ms. Rachel Blaney:** I only have two minutes—much less than that now.

Since you are saying that the department is moving forward but it wants to stay on the compassionate side, what are you advising these families across Canada who are coming forward and being very clear that their services are being cancelled? They're not saying that they are done now and so it's closing.

What strategy is the department using to connect with those families to help figure out how it can be delivered consistently across Canada?

**Gen (Ret'd) Walter Natynczyk:** Again, the policy remains extant, as it was established in 2010. From the compassion side, we're saying that where the policy says “short term”, we'll interpret that to be a year to two years, as opposed to something that's short of a year.

If someone is on a mental health counselling treatment program, we will ensure that this program is completed and the objectives are complete. Similarly, with regard to our 24-7 assistance capability, for every time a family member asks for support—whether it be addiction treatment, indebtedness or marital discord—there are 20 counselling sessions for every one of those.

Again, we are trying to approach every one of these from a compassionate and flexible standpoint, noting that consistency is difficult when you're dealing with 4,000 practitioners across the country and 11 operational stress injury clinics that are provided by the provinces. We're trying to have as much consistency as we can within the myriad networks of support.

**The Chair:** Thank you.

I'm sorry. Two and a half minutes go by really quickly.

Monsieur Desilets, you have two and a half minutes.

[*Translation*]

**Mr. Luc Desilets:** Thank you, Mr. Chair.

According to a study by Quebec's department of health and social services, there are three times more homeless people in the segment of the population with a military background than there are in the civilian population. I'm not sure whether the figures are similar elsewhere in Canada. Regardless, can you tell us how you plan to address the situation?

**Gen (Ret'd) Walter Natynczyk:** Thank you for your question.

The situation of homeless veterans is of the utmost concern to us. They often end up homeless as a result of a mental illness or injury. Providing assistance to all of those veterans is imperative.

[*English*]

As the minister said before, we are providing our employees with a great deal of flexibility by using the veterans emergency fund. If a veteran presents, we're able to find this person and give them a roof over their head and groceries while we figure out who they are. As soon as we understand who they are and whether they have a mental health injury, we're able to come in with a whole bunch of additional programs.

In addition to that, for the well-being fund that the minister was speaking about, over the past couple of years we have now put out 43 projects. Twelve of those projects were focused on homelessness. For example, the Old Brewery Mission in Montreal is an area where we have put resources in to assist those veterans in the city. We know that a large number of those veterans who are homeless were released with a mental health injury.

The minister was in Victoria last week and heard that 60% of the veterans who were at Cockrell House in Victoria were released for mental health injuries.

I'll ask Rick Christopher to add here.

• (0955)

[*Translation*]

**Mr. Rick Christopher:** As well, all of our area offices have a case manager who is responsible for addressing the issues of homeless veterans. They have a whole network in the community to provide support through community groups, and to reach out to homeless individuals and offer them assistance. We also make money available through the veterans emergency fund.

[English]

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

MP Ruff, you have five minutes, please.

**Mr. Alex Ruff (Bruce—Grey—Owen Sound, CPC):** Thank you.

For the deputy minister, we clarified at the last meeting that the number one priority for the department is the backlog. Is this correct?

**Gen (Ret'd) Walter Natynczyk:** That is correct.

**Mr. Alex Ruff:** If I've understood the points brought up earlier, of the supplementary estimates, none of the money transferred is going to address the backlog. Is this correct?

**Gen (Ret'd) Walter Natynczyk:** That's correct, but I'll provide some context as to how we were able to source those funds.

**Mr. Alex Ruff:** Yes, but you're saying—and you made the statement earlier—it's not having an impact on addressing the backlog. None of that money is going toward the backlog.

**Gen (Ret'd) Walter Natynczyk:** That's correct.

**Mr. Alex Ruff:** Then the question is this. With the selection and maintenance, the aim is that the backlog is the number one issue. How long before you will be at that 80%-plus standard you want to achieve to have every case dealt with in the 16-week standard? How long before you're going to basically eliminate 30,000-plus of these files out of the 40,000 in the backlog? What date should we be at that standard?

**Gen (Ret'd) Walter Natynczyk:** It would be difficult to discern that because the one thing we cannot control is applications coming in the front door. If indeed applications carry on at a 90% increase, and if we template that forward.... Again, I'm working with the central agencies to template that out into the future, to say that if you want me to figure this out and if the trend carries on, then I need to have additional resources in the following areas.

With regard to being able to transfer funds to really important requirements like the emergency fund, which again is a life-saving fund and we know that, and the well-being fund, which supports things like homelessness, we know that we are able to hire but hiring an employee takes months. Each year I am able to carry forward from my operating budget—not the big quasi-stat budget, but from the operating budget—only 5%, which for this current year is about \$16 million.

I know, because I've tried to hire everyone and in some parts of the country I can't hire enough. I'll give you an example of Alberta. It is still tough hiring social workers in Alberta, as it is in other parts of the country, so I know that I can't hire fast enough and some of this money will go unspent. What I don't want to do is to leave it on the table, so I take some of this money and put it into saving veterans' lives through these emergency funds.

**Mr. Alex Ruff:** General, that's great and I can totally understand the strategy there. I'm just trying, again, to learn what we are doing to address the backlog specifically and whether that's from a funding resources perspective, because ultimately that's what our study is here, understanding the supplementary estimates.

I have another quick question.

You talked about the tiny homes earlier and some of the money. Which fund does that come from exactly?

**Gen (Ret'd) Walter Natynczyk:** We're not actually building or doing construction. Again, our colleagues in Employment and Social Development Canada, through the Canada Mortgage and Housing Corporation, are supporting various initiatives like the multi-faith housing initiative.

The Homes for Heroes in Calgary, as the minister indicated, was really support from the local community, but the well-being fund provided an addiction counsellor, a former military police sergeant who went on to do a social worker course, and here he is as an addiction counsellor. Our folks working with The Mustard Seed are now providing that addiction and on-site counselling.

**Mr. Alex Ruff:** Super, so it's out of that.

If I'm understanding the well-being fund, money can be allocated out of that for similar-type projects across the country.

**Gen (Ret'd) Walter Natynczyk:** That's correct. Of the 43 projects over this past couple of years, 12 have been focused on homelessness, whether it be the Old Brewery Mission, Shepherds of Good Hope in Toronto and so on across the country. Again, it is working in partnership with the communities, because we know that homelessness in the country is not only a Government of Canada responsibility but is actually about working with partners and not-for-profits.

• (1000)

**Mr. Alex Ruff:** As well, we talked earlier about the career transition fund or the education fund. I brought this up earlier. My understanding is that some of that funding is not available if the veteran is still on the supplementary reserve.

Can you clarify that, please?

**Gen (Ret'd) Walter Natynczyk:** Again, switching the colour of money, if I could, we were just talking about operations money before. Now we're talking about quasi-stat money.

With regard to the education and training benefit, the Government of Canada came out in 2018 with the education and training benefit. At the time, we worked in partnership with the Canadian Armed Forces to ensure that we are not incentivizing attrition. At that point, when it was rolled out, it was only for folks who had left the Canadian Forces totally.

Then there was the observation that, of those who were on the supplementary reserve—that is, folks who I will call “inactive service list”, and they can be on the supplementary reserve until the age of 60—many wanted access to the education and training benefit. Therefore, budget 2019, as of July of last summer, changed the policy so that those who are on the supplementary reserve can have access to the education and training benefit. I am just thrilled to see that we have in excess of 1,700 veterans who are either going through the education program or learning a secondary skill.

**The Chair:** Mr. Casey, you have five minutes.

**Mr. Sean Casey:** In the supplementary estimates, we have increases to grants and contributions of \$2.5 million, but a decrease to operating expenditures of \$4.2 million. I want to focus on that number. You did address it in your last answer, General, but I'd like to hear more about it. You can understand my concern as someone who lived through the Harper cuts, the downsizing at Veterans Affairs, and saw what that did to the people who serve our veterans, not to mention what it did to veterans, including the cutbacks to staff, the closure of offices and whatnot.

I trust you will understand that I will be very vigilant in terms of ensuring that the operating expenditures of the department, the resources available to the department, are there because of what these folks have been through. It also ties in to Mr. Ruff's question about where we are focused. Your number one priority is the backlog, yet in these estimates we see a decrease to the operating expenditures.

What is the nature of those reductions and what do you anticipate the impact will be, given the history within the department?

**Gen (Ret'd) Walter Natynczyk:** As we move forward in dealing with the backlog, and as the minister has directed the department, it is the number one priority. As I mentioned before, addressing the backlog, recognizing that the intake is beyond our control, is a multifaceted approach. One is to hire and train new staff. We're doing that as quickly as we can. It is trying to leverage technology and innovation. We're going down that path and hiring some of the finest minds in the country to assist us, as we saw with the pension for life, to digitize. It's also challenging our own teams by saying, “Can we make the process better? Why are we putting in so much red tape? Let's get rid of the red tape, but also let's work in an integrated team together with all the professionals.”

To address your specific question on the operating funds, I'll ask the chief financial officer, Sara Lantz, to address that question.

**Ms. Sara Lantz (Acting Assistant Deputy Minister, Chief Financial Officer and Corporate Services Branch, Department of Veterans Affairs):** Let me very clear that we don't transfer our operating budget to our quasi-stat or grants and contribution budgets on a permanent basis. This is a temporary measure. This is a common practice within the Government of Canada. Our expenditure management system for the Government of Canada allocates an operating budget that we can't exceed. Naturally, we're always going to have some surplus budget left in that operating budget. We can carry forward 5% of that annually to maximize the use of our budget.

In this instance, with the supplementary estimates (B), we transferred \$2.5 million over to some very important programs for veterans' emergencies and veterans' well-being. As we forecasted past

mid-year, we are going to have a surplus there that might be left on the table that we would never get back from the operating budget, so we're maximizing each year the budgets that we're allocated. We can never transfer from the quasi-stat to the operating. That's a budget for the clients. That goes back to the clients the following year. That's a bank account for them and tightly controlled. We have a line of credit on that each year, and then we can open a new one the next year. For the operating budget, it's really good budget management that we're not leaving any extra on the table, and it's going to benefit our clients in this situation.

• (1005)

**Mr. Sean Casey:** One of the things that is also in the estimates that nobody has asked about yet is the additional amount of \$150,000. It is being allocated to the Canadian Institutes of Health Research to look at cannabis use, its potential benefits and harms. I'd be interested to know more about that. What's the nature of the project? What's the history of the cannabis policy within the department, and how will this inform it?

**Gen (Ret'd) Walter Natynczyk:** It was at the Canadian Institute for Military and Veteran Health Research conference in, I believe, November 2016, when the previous minister, Minister Hehr, laid out the policy, which was that—again, in response to a physician writing a prescription for a veteran if they believed that cannabis for medical purposes would be helpful to the veteran—the maximum would be three grams. Only in response to the recommendation of a specialist, be it a psychiatrist or an oncologist, would we go beyond the three grams. He also highlighted the need for more research in this area.

Therefore, this transfer of \$150,000 is in partnership with the Canadian Institute for Military and Veteran Health Research, which is working together with the Canadian Institutes of Health Research—CIHR—and the Canadian Armed Forces, to move forward on a multi-year plan to have a much more comprehensive understanding of cannabis. Recognizing that we're providing financial support to in the order of 12,000 veterans across the country, we need to ensure that we have the rigour of evidence in support of the medical community, who are responsible for the provision of treatment to our veterans.

**The Chair:** Thank you.

We now go to MP Wagantall, please.

**Mrs. Cathay Wagantall:** Thank you, Chair.

As the minister in our previous dialogue indicated that the reinterpretation of the existing rules for mental health care for family members was brought about by the bureaucracy, he's acquiescing to you, so I hope that you're able to give me some very clear—in about 30 seconds—answers to four questions.

First of all, was the policy review triggered by the fiscal costs associated with family members accessing psychological services? Was fiscal cost the reason for that review, yes or no?

**Gen (Ret'd) Walter Natynczyk:** We are not constrained by fiscal pressure. What is terrific about the quasi-stat, as the minister indicated, is that whether 10 veterans present or 10,000 veterans present, it is a statutory obligation.

**Mrs. Cathay Wagantall:** Money wasn't an issue.

**Gen (Ret'd) Walter Natynczyk:** In this case, as always, it's about the well-being of the veteran.

**Mrs. Cathay Wagantall:** Thank you, sir.

Who instructed the regional area offices about the review and the results?

**Gen (Ret'd) Walter Natynczyk:** In terms of the overall direction, we knew, given the direction that came from the minister in, I think, September 2017 to do a review—

**Mrs. Cathay Wagantall:** Did it come from the minister to do the review? The impression I got from him was that it was the bureaucracy that instigated the review.

**Gen (Ret'd) Walter Natynczyk:** The direction we had was that the minister undertook to do a review of the policy. My understanding is that it came back to the House of Commons and that no family member who was in a federal institution was to receive treatment and that—

**Mrs. Cathay Wagantall:** I understand that, yet Garnier was receiving that, which was an impetus to part of this. Clearly it's gone well beyond that.

What were the instructions that were provided to case managers and other front-line staff regarding the family therapy policy? What were they told to tell veterans and spouses and care providers when this issue came to the forefront?

• (1010)

**Gen (Ret'd) Walter Natynczyk:** The notion was that we were going to implement the policy as stated. With regard to that, the treatment is for the benefit of the veteran, and if treating the family assists the veteran, then we would include the family.

**Mrs. Cathay Wagantall:** They received actual directives on how to deal with this as case managers.

**Gen (Ret'd) Walter Natynczyk:** I'll ask Rick Christopher to wade in here, but again, the policy has not changed. What we have done is ensured that in the interpretation of "short term"—because that's what the policy says—we've been as flexible and compassionate as we can be.

Rick, do you want to add?

**Mr. Rick Christopher:** Yes. The authority of the department is that we cannot provide psychological treatment to someone in their own right. What we did was make sure that people understood that we have to be consistent about this. That would have been the directive that went out.

**Mrs. Cathay Wagantall:** Thank you.

I know that the ombudsman has indicated as well that they really feel the approach needs to change for the well-being of all of the family members who are impacted by what has happened to the veteran during their service. That of course impacts the veteran as well, when they see their family suffering because of what they've gone through.

I don't understand with this issue—and it's specifically in relation to the mandate that the minister has given to be transparent about these issues—why the department was spreading information on social media and the website about its commitments to veterans and their families at the same time they were restricting and tightening and reducing those policies and not providing clarity to veterans and their families through that website or through the My VAC Account. Even the response I got from the minister to my question in the House was not clear. It was semantics. It was not creating improved transparency for our veterans.

**Gen (Ret'd) Walter Natynczyk:** The challenge always is that each veteran's family's situation is unique and it is difficult to establish consistency when, again, from a privacy standpoint, we cannot get in between that practitioner and the veteran, his or her circumstance, or the impact of the family around supporting that veteran.

I would also say, in zooming out, that whether it be veterans or whether it be serving members, the challenge is always that they are under federal responsibility, but health care, in a lot of cases, is under provincial jurisdiction. There's always friction in that regard.

**Mrs. Cathay Wagantall:** I appreciate that, but my question then would be this. I've heard over and over again that we have to define what affects the veteran. The veteran's well-being needs to be improved, so who's making those decisions? That veteran, more than anybody, should be able to determine whether their care is improved and whether they're being impacted by the care that is given to family members. Are they asked?

**Gen (Ret'd) Walter Natynczyk:** Again, we are relying upon the professional mental health caregiver across the country, be it a psychiatrist, psychologist or mental health nurse, as well as the operational stress injury clinics that have that integrated multi-faceted team. That's who is actually providing the request, because they are accredited through all of the provinces.

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



We're going to MP Amos, please.

**Mr. William Amos (Pontiac, Lib.):** I'll keep my questions short. Then I'll pass the floor to my colleague Mr. Samson.

Going back to the backlog issue, I wonder if you could just help paint a picture because I think sometimes we focus on specific cases, and it's important to focus on specific cases because they can speak to a broader set of challenges or truths. However, is the reason that there was a lesser backlog in past years directly correlated with the fact that there were lesser benefits and fewer beneficiaries?

Are we dealing with a circumstance where we have far more ability to be compassionate, greater ability to be supportive of a veteran and of their family, and we're finding ourselves in a position where we're transitioning from a place where there were far fewer resources for the department to deliver those benefits, to a place where we're delivering more benefits to more beneficiaries and bringing on board all those institutional resources that enable delivery?

**Gen (Ret'd) Walter Natynczyk:** Thanks very much for the question.

I would say that the awareness of veteran benefits and programs over the past five years has really improved just because of the nature of great programs like the education and training benefit or the career transition service. A lot more veterans are aware of them, so over this past five years, as the minister indicated, we've seen a 90% increase in first applications and a 60% increase in all applications across the board. Because of the number of additional programs, we have had to wade in and do a lot of additional work on all those additional programs, which is absolutely fabulous, but we're now trying to leverage technology to make it much simpler for folks to get a decision.

For example, I've heard of circumstances where a veteran will apply for the career transition service and get the answer and approval within a half-hour, and then a counsellor calls him later on in the day and makes an appointment. An education and training benefit decision is made within a couple of weeks. We also know that something that is making it challenging on the applications, especially for disability, is that frequently the injury or condition may not be fully documented in the medical file. Whether that person is in the forces or has left the Canadian Armed Forces, in some cases the documentation is not clear.

In the perfect circumstance, if you get injured on an operation, on a training exercise, your injury is fully diagnosed and is in there. Then the decision can be made very easily.

I'll ask Rick to wade in here.

• (1015)

**Mr. Rick Christopher:** There are a number of factors. This is a question I ask myself often. Why are we getting so many people coming forward?

I think it has to do with the pace of operations in the Canadian Armed Forces, the number of people who are being released. There's the awareness. People are really aware of what's available in the department. The deputy mentioned that it's easier to apply now. About 60% of the applications for this particular disability

program come through My VAC Account and people find it really easy. I can go online and apply for a number of conditions quite simply. I think all of those things combined are really driving people to come forward now.

**Mr. William Amos:** As I pass the microphone over to my colleague, I would simply comment that I feel like this is a great news story. In a way, this is a story of more veterans getting more benefits, more services and more supports that they fully merit. We're spending a lot of time and I feel like the media spends a lot of time focusing on very specific cases, when the bigger stories are more and better care for veterans who have served so importantly for us.

**The Chair:** He's left you a grand total of 30 seconds.

**Mr. Darrell Samson:** In line with that, it's quite interesting to note that we tried to bring forward programs to support our veterans. We're adding various programs that are coming forward to help them, such as the education program, the well-being program that we spoke about and the various programs that we're bringing for the emergency fund program. With all these programs, it's important to get the required information from the people, build in the program and then reach out to tell them how these programs are available and how they can access them. As a result of this, we're seeing more and more applicants come forward.

Those are good news stories. We just have to continue to work to support all our veterans in all facets. That is the most important thing.

**The Chair:** Thank you.

MP Desilets, you have two and a half minutes, please.

[*Translation*]

**Mr. Luc Desilets:** Thank you.

Of course, the backlog is front and centre today, so that's what I want to ask about.

When do you think the backlog will be cleared? When will the 40,000 applications in the backlog be dealt with? By 2025? By 2050?

[*English*]

**Gen (Ret'd) Walter Natynczyk:** I cannot tell you how important it is to address the backlog.

At this moment in time, it is difficult to give anyone an expectation of when the backlog will be cleared because I don't know how many more claims will come in the box today, tomorrow or next week. Again, as Rick Christopher mentioned, more veterans are leaving the Canadian Armed Forces. The release numbers are going up, and therefore, more claims are coming in through the front door.

• (1020)

[Translation]

**Mr. Rick Christopher:** In 2015, we expected the number of claims to decrease, but that's not what happened. Our partners or counterparts in other countries are facing the same issues in their programs.

To clear the backlog, we need to be innovative on different fronts. We can't limit our efforts to hiring new staff. We need to draw lessons from our counterparts in other countries as well.

**Mr. Luc Desilets:** Can you tell us the percentage of cases from Quebec and the rest of Canada?

Do 25% of the 40,000 applications come from Quebec?

**Mr. Rick Christopher:** I don't have a breakdown by province with me, but we can provide one to the committee after the meeting.

**Mr. Luc Desilets:** All right.

**Gen (Ret'd) Walter Natynczyk:** We've increased our claims processing capacity in Montreal, but we do need more staff who are proficient in French or completely bilingual, especially given the challenge around medical jargon. We've mobilized resources to better meet the needs of our French-speaking veterans.

**Mr. Luc Desilets:** Thank you.

[English]

**The Chair:** Thank you.

MP Blaney, please.

**Ms. Rachel Blaney:** Thank you.

One of the things with the backlog that I'm concerned about is people's not getting the resources they obviously desperately need, more often than not.

If you are a veteran and you are in the backlog waiting, are you still able to access the veterans emergency fund?

**Gen (Ret'd) Walter Natynczyk:** You don't need any claim at all. That's one of the reasons why the emergency fund was so important. Even without any kind of claim going into the department, as long as we know that you served, then we're going to provide support.

**Ms. Rachel Blaney:** Is there a way you could report to the committee how many people who are actually waiting are accessing this fund?

**Gen (Ret'd) Walter Natynczyk:** I don't see why we could not provide that kind of information, as long as it would not compromise privacy.

**Ms. Rachel Blaney:** Yes, just numbers would be fine. I certainly don't need specifics.

**Gen (Ret'd) Walter Natynczyk:** Yes, absolutely.

**Ms. Rachel Blaney:** Coming back to the backlog, around how multi-faceted it is, I know the ombudsperson said very clearly that one of his concerns is that there doesn't seem to be a comprehensive plan for moving forward.

How are you guys doing in creating a plan, and will that be available to the public?

**Gen (Ret'd) Walter Natynczyk:** I'm not sure we've put together a document that lays out the multipronged approach we're taking on right now. We could generate the document that would lay it out, but we are moving forward in terms of the balance between the hiring of additional staff.

We have not been able to totally leverage technology. I've asked the team again, "How do I create what exists at CRA, where you use TurboTax to do your claims? How do I create a "TurboVet", so that it is totally intuitive, to ensure that we get all the information we need?"

The challenge we have is that whether folks are serving in the forces or after release, in some cases, we do not get a diagnosis. Without a diagnosis, we can't even start.

I looked over the shoulder of a staffer the other day, and even after repeated requests to the doctor for a diagnosis, what came back is that the veteran feels pain in a knee. Is that a meniscus tear? Is it an ACL injury? What is the issue, so that we can move forward? Those types of things just add to it. It is getting the accuracy, using My VAC Account, but also it's breaking down the barriers in terms of the integrated teams.

Do you want to add something there?

**Mr. Rick Christopher:** There are a number of things. I don't think they are all in a document, but there are over 12 initiatives that we are working on right now to deal with the backlog. Staffing is only one element. It's things such as making sure that we reduce the number of hand-offs, nudging people towards providing their application in My VAC Account, if that's appropriate for them, to make sure that there isn't missing information.

As the deputy mentioned, it's leveraging technology, using some AI to identify key documents in what are sometimes very large service documents.

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

MP Lloyd, please. You have five minutes.

**Mr. Dane Lloyd:** Thank you, Mr. Chair.

It's not my job to cheerlead the government or the department. There are five people across the table who are doing an excellent job of that. It's my job to hold the department accountable for our veterans, and then, overall, I think we will get to the best outcome for people.

When I hear you and the minister talk about compassion and flexibility, and that you'll be there when and where veterans and their families need you, the rhetoric is not matching the reality of the situation we're hearing on the ground.

At least 133 families have been told that they may be cut off from mental health services. Twenty sessions on a 1-800 number is not the same as in-person counselling. We have a great program, but when we're cutting off in-person counselling, important programs for families of veterans, will the department commit, going forward, to close the gap we've seen increasing for families of veterans who are not getting the mental health services they deeply need and deeply deserve to have?

• (1025)

**Gen (Ret'd) Walter Natynczyk:** I know this is a really troubling issue. Again, the challenge is one of a federal institution providing mental health support to non-veterans, which generally, in our construct, is provincial jurisdiction.

Therefore, the authority that the department has is focused on the well-being of each and every veteran. It is difficult drilling down to each one of those families that are struggling with their current circumstance and recognizing that mental health illness, mental health injury, is a nationwide problem. A member of one's family having made sacrifices and having served impacts the family, but again, it is the department working with each and every one of the mental health practitioners to provide the best support we can, either through face-to-face counselling or using the assistance capability, which is 20 sessions per issue that the family might be suffering through.

**Mr. Dane Lloyd:** Deputy Minister, we know that this gap is troubling. We know these families are suffering. Your department has been providing short-term care for these families. You've been telling us that related to a veteran it's short term, but now you're saying that it's a provincial responsibility. How can your department say that it can provide short-term care but cannot provide long-term care because it's a provincial responsibility?

Why can't you extend the program so that the outcomes can be achieved? You're saying that you want to achieve outcomes, but we know that there are families who are coming forward and saying, "The outcomes have not been achieved. We have been cut off and we're paying \$600 a month out of pocket for these services."

**Gen (Ret'd) Walter Natynczyk:** Thanks very much for the question.

Again, the department itself does not provide care. All of the caregivers are working within a provincial jurisdiction. The authority that the department has, again, through our government machinery, is focused on the well-being of that veteran. If—

**Mr. Dane Lloyd:** Deputy Minister, when you're cutting off the funding coverage, though, you are effectively cutting off the care for the families. Wouldn't you agree?

**Gen (Ret'd) Walter Natynczyk:** I would also say that as my soon-to- retire colleague Michel Doiron indicated, we don't cut people off the program from a compassionate standpoint. We will allow the program to be completed so that the objectives, or as the mental health practitioners say, the "goals" of the treatment are completed.

At the end of the day, as Rick has outlined and as the ombudspersons—not only Mr. Craig Dalton but his predecessor Guy Parent—

have highlighted, in some ways there is an argument for treating veterans' families in their own right. We don't have that authority.

**Mr. Dane Lloyd:** Do I have any time left?

**The Chair:** You have about 30 seconds.

**Mr. Phil McColeman:** He's only leaving me 30 seconds. Just quickly, the comments that were made on the previous question were that you modelled what resources would be required to reduce the backlog. You modelled it as though there was going to be a reduced number. Did you model it as if it was going to be an increased number? If you didn't, why didn't you? That's number one. This strikes us as total mismanagement, frankly.

Two years ago, we sat here and listened to you tell us that you had a plan to reduce this backlog. Zero, in fact, has been happening. As you're managing correctly, you're modelling, and why wouldn't you model in both directions?

• (1030)

**The Chair:** We'll have a very brief answer, please.

**Gen (Ret'd) Walter Natynczyk:** Sir, thanks so much for the question.

It's always a challenge when we're trying to establish the trend, go to government to get the resources and take the time not only to hire employees and train them but also to evolve all of our digital tools across the board in order to implement a significant change in how we process.

I can just say that we are pulling out all the stops. As the minister indicated, addressing the backlog is a priority, so we have a multi-faceted approach to address not only the surge of claims that we have now but going into the future as well.

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

MP Samson, please.

**Mr. Darrell Samson:** Thank you, Mr. Chair.

I'd like to ask a question. In the mandate letter, there are important points that were asked of the minister. One is to "Implement a system of automatic approval for the most common disability applications."

Just by the wording, it tells me that we're going to speed up the process and it's going to help with the backlog. Can you expand on that, please, and on where we're at on that objective?

**Gen (Ret'd) Walter Natynczyk:** Yes, sir. Thanks very much.

Going back to an earlier question, we are working with our allies to do modelling in order to address the backlog and accelerate decision-making, specifically working with the U.S. Department of Veterans Affairs as well as the Australian Department of Veterans Affairs to look at the kind of modelling they have done to accelerate their decision-making processes.

We are moving forward quickly. As mentioned in front of this panel before when it comes to mental health injuries, whereas previously the department used to try to associate the mental health injury with a particular circumstance, a particular operation, we've dispensed with that in order to accelerate the decision-making. If a veteran has served, there is no indication of a pre-existing mental health injury and we have a diagnosis, we move forward, to the point that we are approving 97% of all claims for PTSD.

I would turn it over to Rick Christopher to see if he has anything to add.

**Mr. Rick Christopher:** Some of the things we're looking at, for instance in terms of presumptive or automatic hearing loss, are that if you joined the military and your hearing was fine and you left the military and your hearing wasn't fine, it's likely that it was caused by your military service. We're looking at what the top claims are, the disability-type claims that we approve and the approval rate, and looking for opportunities there to say that it's likely as not related to your military service.

The second part of that, though, is determining the severity of the injury. We might automatically make the link to your military service, but we still have to do the work and look at the medical files to figure out the severity of your disability. Legislatively, that's what your pain and suffering compensation is based on.

**Mr. Darrell Samson:** Indirectly that will by itself increase approvals and, therefore, help with the backlog, so that's a key one as well.

**Gen (Ret'd) Walter Natynczyk:** I would just add to that, sir, and say absolutely.

What we're hearing from the Royal Canadian Legion service of officers is that folks who were perhaps denied in the past are reapplying as we move forward, whether it be on hearing and tinnitus, in terms of mental health injuries or on musculoskeletal injuries. We know that if someone has been in the infantry, armour or artillery, there is a high likelihood that they would have a musculoskeletal injury after several years of service.

We're accelerating decisions along all of those domains, the net result of which is that we're getting folks who are coming back again—which is a terrific thing—in order to get the support they require moving forward.

**Mr. Darrell Samson:** Continuing on that approach to the backlog, because we need to find solutions supporting the increase of approvals, another piece of the mandate says, "Provide Veterans with a new benefit of up to \$3,000 in additional free counselling services before a disability claim is required."

Again, I would think that could be a strategy. Can you expand on that, please?

• (1035)

**Gen (Ret'd) Walter Natynczyk:** Again, sir, what we don't want to do is create frustration for veterans when they finally come forward, when they overcome the stigma that is tied to mental health injuries or illnesses. When they finally come forward, we want to get them into treatment right away.

We're working specifically on that point right now: to accelerate access to treatment for all of those veterans who present with a mental health injury.

**Mr. Darrell Samson:** To draw the link to Ms. Blaney's question, that is a strategy they can access prior to even opening a claim.

**Gen (Ret'd) Walter Natynczyk:** That is correct, sir.

Again, it is one of the myriad of things we need to do in order to have this multi-faceted approach to supporting our veterans and addressing the backlog. I would really like to get to the point that, like your taxes, if you file your taxes electronically, you get an answer within two weeks.

Right now, we know that because of the number of claims coming in, we're around 32 weeks. Let's get it down to 16 weeks. Let's get it down to a month. Let's get it down to a couple of weeks. If we can get the right kind of information and slim down the application process, let's turn it around as quickly as we can.

**Mr. Darrell Samson:** Thank you very much.

**The Chair:** Thank you.

MP Ruff, please, you have five minutes.

**Mr. Alex Ruff:** I'm going to be a bit of a broken record here.

We keep coming back to the challenges associated with the backlogs. This has been increasing now for... I fully acknowledge the good news side of the story that we're getting more benefits out there, but I want to understand the plan.

I've worked for some former general officers, and if I went back to them and said, "Hey, boss, it's going to be two years before I get the plan for you and here's the timeline; we're going to solve it quickly", I'm pretty sure you can guess how quickly I'd get the back end torn out of me.

When would that plan be available for this committee? This is really why we're here. It's to help you, to help the department, get the necessary resources and to help the veterans out so they have that transparency and understanding. As much as they're good soldiers, former veterans, if they're not complaining, sometimes your spidey sense goes off. However, ultimately we're there to help them. Once they understand the plan—and through mission command terminology—they will 100% be on board and be willing to accept it.

Right now I think the frustration is that they don't know when this is going to get resolved.

**Gen (Ret'd) Walter Natynczyk:** I really appreciate the question.

Again, from a military culture, turning around something into a plan makes absolute sense. We will turn that around as quickly as we can. Within the month, we should be able to take these four domains that I talked about—the idea of not only staffing but digitization, sorting out the process, as well as integrated teams, and combine that with the 12 action areas Mr. Christopher laid out to you, also with regard to the projection in the future.

The only thing we cannot predict is the tempo of the Canadian Armed Forces tomorrow. We cannot predict the number of men and women who are going to leave the forces, nor can we predict their injuries. That's the only thing we don't control. It's the volume of the intake.

However, we can use the existing information that we have. I say that because back in 2015 we predicted that by 2019 we would have 9,700 and some case-managed veterans. Today we're north of 13,000. The reality is that we could not be accurate. That's the nature of the business.

**Mr. Alex Ruff:** It's normal good planning. I'm sure whoever the planners are in your department are constantly revising those numbers. When the situation changes, you revise the plan, but we need the plan.

**Gen (Ret'd) Walter Natynczyk:** Yes.

**Mr. Alex Ruff:** Within a month we'll have that plan, then. That plan will be available to this committee and to the general public.

**Gen (Ret'd) Walter Natynczyk:** Absolutely. Again, going back to Madam Wagantall's point, we want to be transparent.

**Mr. Alex Ruff:** Perfect.

Also, the plan will include timelines and when you can anticipate, to the best of your ability, resolving some of these issues.

**Gen (Ret'd) Walter Natynczyk:** We will, based upon the best knowledge we have.

**Mr. Alex Ruff:** Super.

That's all I have.

**Mr. Phil McColeman:** Thank you for that, General.

That was a lot better than the word salads we were hearing from the minister and frankly some of the other rhetoric. My colleague said that if this is the most important issue on the minister's agenda, then action should be taken.

What's most disappointing, frankly, is having been here to see the history of this particular issue. It goes back to 2017, when it was really first recognized. It's taken us three full years. This is 2020. Some of the other people who are senior in your management team promised us we would have a plan. We were told that in 2017.

As my colleague said, we have the responsibility as the official opposition here at committee to not ask the comfortable questions, but the uncomfortable questions. I know you appreciate the dynamic of what we are charged to do as parliamentarians.

I look back three years and I think of why the promises were unkept during those three years. For how many years have you been at the helm, sir?

• (1040)

**Gen (Ret'd) Walter Natynczyk:** It's five and a half years.

**Mr. Phil McColeman:** It goes back to the days of one of my colleagues—my good friend—being the minister. I'm wondering if you can just give us a general observation as to why we have waited this long.

**The Chair:** He hasn't left you much time, General, so just very briefly....

**Gen (Ret'd) Walter Natynczyk:** I'll just say that we'll put the plan together and see what we can do in terms of digitizing and working on integrated.... We are absolutely pleased with the hard work of our employees across the board. We will develop the plan.

Again, I've been responsible from back in 2015, 2016, 2017 and 2018, to now. I regret that the plan was not in front of you in 2017.

I'm pleased to be able to say, however—and maybe Rick can wade in here—that in about 2015-16 we used to produce about 2,500 decisions a month. Now we're at 5,000 decisions a month. All of the work we've put together already is doubling production and it's not enough. I need 6,000 decisions a month. Again, if there's another tsunami of claims, I might need 7,000 claims a month.

I cannot hire and train employees fast enough, so I need to rely on digitization.

Rick.

**Mr. Rick Christopher:** Historically, intake has outstripped our ability to produce. It was by a small margin back in 2015-16 and the intake has continued to grow.

It's obvious that to bring people in and train them to deal with these fluctuations is not enough. The lag to get people on board and trained is too long. That's part of the solution, but we really need to simplify and streamline how we deal with these claims.

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

We have about two minutes. If you have a question that would take about a minute, I need a minute at the end for future business. I don't know if you have a very brief question and answer.

Sean.

**Mr. Sean Casey:** Mr. McColeman has made a couple of assertions in his question that I'd like you to face head on. He accused the department of mismanagement and he asserted, as if it's true, that the problem of the backlog suddenly arose in 2017.

Could you address those two points?

**The Chair:** Please be very brief.

**Gen (Ret'd) Walter Natynczyk:** When I began my tenure we saw this notion of what I called a perfect storm. We had a very high operational tempo in the Canadian Armed Forces and the combat mission was coming to a close. Many more veterans were presenting, and the challenge was that there was a latency. They presented with a mental health injury further on, combined with the reality of the new veterans charter coming in and people recognizing shortcomings across the board in the new veterans charter.

There needed to be improvements to the suite of benefits, combined with, at the time, the deficit reduction program where the department contributed 35%, and in some areas 40%, of staffing and operations and maintenance. All these things combined at a time when the troops were coming in, so we have done what we can, as Rick Christopher mentioned, to address this backlog with more production, but also using different tools.

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

I want to close by thanking all of you for being here today and helping us with.... I was just about to say “our study”. I forgot you were here with us last week. We're here to talk about estimates today.

If I can indulge the committee just for a moment—I promise it'll be about 30 seconds—I'll update everybody. The next meeting is March 12. It's the second of four meetings on the backlog. April 2, if we can jump ahead a bit, will be the beginning of the second study, federal supports and services to Canada's veterans, caregivers and families. If we can have witness lists for that study by Monday,

March 16 at 4 p.m., and please, if you could all rank your lists in order of priority it helps the clerk set up the witness list.

Finally, we need to set a deadline for the receipt of briefs in relation to the backlog study. The analysts have recommended March 31, and that the text not exceed 2,000 words. That can all be submitted electronically. Is there any issue with any of those deadlines?

Seeing none, thank you very much, everybody.

● (1045)

**Mr. Dane Lloyd:** Do we have any insight on when the veterans ombudsman is going to be available to speak to the committee?

**The Chair:** Yes, the veterans ombudsman is appearing March 26 on your motion and then March 31 on the backlog study.

Thank you very much, everybody.

The meeting is adjourned.

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