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Chair: Mr. Bryan May



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• (1610)

[English]

The Chair (Mr. Bryan May (Cambridge, Lib.)): Welcome to meeting number five of the House of Commons Standing Committee on Veterans Affairs.

I'm going to forgo the usual rigmarole here and go straight to welcoming the witnesses. Pursuant to Standing Order 108(2) and the motion adopted by the committee on October 27, 2020, the committee is resuming its study of the backlog of disability benefit claims at the Department of Veterans Affairs.

Welcome to all of the witnesses who have taken the time to join us today.

Appearing as an individual, we have Robert Thomson. From the Department of National Defence, we have Brock Heilman, chief informatics officer, Canadian Forces health services group. From the National Police Federation, we have Brian Sauvé, president. From the Veterans Review and Appeal Board, we have Christopher McNeil, chair; as well as Jacques Bouchard, deputy chair.

Each organization will have five minutes for its opening remarks, and after that we'll proceed with rounds of questions. I will be signalling when you have a minute left both in your opening remarks as well as during questions. I will signal when there's a minute left by holding up a finger. If you see that, don't panic. I will give you an opportunity to finish your thoughts.

We are going to start with Mr. Thomson, for five minutes.

Mr. Robert Thomson (As an Individual): Good afternoon. I believe I was invited to appear before the committee due to my contacting Ms. Lalonde with regard to my veterans' disability benefits claim.

Ms. Lalonde, I thank you very much for that.

I'll give a bit of a history on myself. I have served in the military for 30 years. I am in the process of being medically released due to injuries incurred during my service. I have three claims submitted currently. Two were in September of 2019 and one was in December of 2019. At the time of my applications, I was given a wait time of 52 weeks. That has long passed now. I still have not heard back from Veterans Affairs on a solution or on what I'm going to be receiving as part of my benefits. The last time I talked to them, they said it could be another 64 weeks before I hear back from them.

Two and a half years is too long for veterans to be waiting for the benefits that they are due after serving our country and after signing on that dotted line saying they are going to give their lives to the

country if they are asked to do so. It's demoralizing on the part of the veterans that they have to wait so long for this to happen.

I made a couple of posts on Facebook saying that I was going to be talking to the committee today. Most of the comments I received back were asking why this is taking so long.

Families are going into debt because the member has been medically released, but it is taking a year, a year and a half or two years to get any benefits. Some people are having to find work even though their medical doctors are saying they should not be working at all because of their injuries. The veteran has no choice in the matter, because if they don't work, everything collapses at home. They cannot afford their home. They cannot afford their utilities. They cannot afford food. With the extremely long backlog of benefits claims and applications, veterans are suffering more and more, and it does not seem to be getting any better.

I know the government has said they were hiring more people to work on the claims. We are not seeing that, as veterans. All we're seeing are extended wait times and extended delivery times on what the government has promised us.

I, for one, just had my left knee totally replaced, so I am no longer able to even clear my driveway of snow this winter. I am not able to get on the Veterans Affairs VIP program, which would provide assistance for that, because my claim still has not been adjudicated. I don't know how I'm going to survive this winter without this being cleared up.

That's all I have, Mr. Chairman.

• (1615)

The Chair: Thank you, Mr. Thomson.

Before I proceed, I want to thank you for your service. It's because of people like you that we are here today debating and discussing this and making sure that we can move forward. Thank you for being here today.

Mr. Robert Thomson: Thank you.

The Chair: Up next, we have Mr. Heilman from the Department of National Defence, chief informatics officer, Canadian Forces health services group.

The next five minutes are all yours, sir.

Mr. Brock Heilman (Chief Informatics Officer, Canadian Forces Health Services Group, Department of National Defence): Thank you.

Mr. Chair, members of the Standing Committee on Veterans Affairs, thank you for the invitation to discuss elements of the Canadian Forces health system and our strong working relationship with Veterans Affairs Canada.

My name is Brock Heilman, and I'm the director of health informatics and chief information officer of the Canadian Forces health services group. My responsibility, insofar as the transition of CAF members to civilian life, is in the transmission of a service member's electronic health record to VAC once VAC requests the record. Our electronic health record, known as the Canadian Forces health information system, is available in our clinics as well as on deployed operations and aboard navy ships.

As you know, CFHIS is an important platform, enabling team-based care and integration of different departments into clinics, such as primary care, mental health, dental and physiotherapy. It also facilitates care to our highly mobile military population, as the health record is available regardless of which military clinic a member attends.

CFHIS is also a useful tool in sharing medical information with VAC. As you know, over the past couple of years, the CAF has worked very closely with VAC to create the technical, privacy and logistical conditions to allow VAC adjudicators direct access to CFHIS files for CAF personnel who have applied for VAC benefits.

[Translation]

We're in the process of implementing an initiative, the electronic health record project. This initiative will modernize our health record system while helping us provide clinicians with improved decision-making technology. It will ensure that an advanced analysis can be carried out throughout—

[English]

Mr. Kyle Seeback (Dufferin—Caledon, CPC): On a point of order, Mr. Chair, I'm not getting any translation.

The Chair: Sorry, I was hoping it would clear itself up.

I'm sorry to interrupt you, sir, but I'm hearing it as well. The volume of the translation and the volume of the speaker are the same, so it's overlaying and you can't make out either, unfortunately.

Mr. Heilman, can you speak in French a little bit to see if they can fix this on the fly?

[Translation]

Mr. Brock Heilman: Okay.

We're in the process of implementing an initiative, the electronic health record project.

[English]

The Chair: Mr. Heilman, on the Zoom...

The clerk can maybe advise. Does he have to select which language he's speaking in?

Now we've lost his video.

The Clerk of the Committee (Ms. Jolène Savoie-Day): If it's an older version of Zoom, then yes.

If you could go to the globe that's at the bottom—

Mr. Brock Heilman: I've done it.

The Chair: Can we test it one more time?

[Translation]

Mr. Brock Heilman: We're in the process of implementing an initiative, the electronic health record project.

[English]

The Chair: That did it.

[Translation]

Mr. Brock Heilman: This initiative will modernize our health record system, while helping us provide clinicians with improved decision-making technology. It will ensure that an advanced analysis can be carried out throughout the Canadian Armed Forces and that the patient experience can be personalized in all services. We're only in the first phase of the project. However, we hope to launch this wonderful facilitation tool over the next few years.

The Canadian Forces health services group is committed to providing high-quality care to protect and improve the health of military members and to ensure that members leaving the forces can make a seamless transition to the provincial or territorial health care systems.

• (1620)

[English]

The Chair: Thank you very much, sir. I apologize for the technical issue. We're all still new at this. Thank you for your patience.

Up next, from the National Police Federation, we have Brian Sauvé, president.

The next five minutes are yours.

Mr. Brian Sauvé (President, National Police Federation): Good afternoon, and thank you for inviting me to appear today.

I am Brian Sauvé. I am the president of the National Police Federation. The NPF was certified in 2019 as the sole bargaining agent representing close to 20,000 members of the RCMP across Canada and internationally.

Earlier this year, VAC reported a 150% increase in the backlog of applications for disability claims. This backlog directly impacts RCMP members, as VAC is responsible for providing disability benefits to serving and retired RCMP officers.

All factors that contribute to the backlog need to be assessed to deliver timely and appropriate solutions. This process should include tangible benchmarking to mitigate the effects of the current backlog.

I would like to highlight five recommendations that the committee should consider, while undertaking this study. We put forward a submission to the committee that outlines further detail on these recommendations.

The first is to fast-track applications for clients who are medically at risk or have urgent health needs. In March 2019, there were over 16,000 RCMP disability benefit recipients, a 38% increase over the past five years. Forecasting shows that the number of RCMP members receiving a disability benefit will continue to increase about 6% annually, and by 2024 could reach over 21,000.

Second, we would like to ensure future application processes are streamlined for both online and in-person interactions to meet service standards. One of the primary challenges contributing to the backlog is that VAC is unable to meet its service standards. For first-time RCMP applicants, the standard is 80% of applicants processed in 16 weeks. Today, only about 33% are processed within 16 weeks. Most are taking six months or longer.

Third, we would like to simplify the decision-making process for typical medical conditions and implement a system to efficiently approve the most common disability claims. The most common conditions for the RCMP are post-traumatic stress, tinnitus and hearing loss.

Over the past five years, there has been a 69% increase in RCMP members claiming psychiatric disability and receiving disability benefits. The growing demand for mental illness related support is a positive indication that more members are seeking help. Efforts to destigmatize and encourage member outreach and support for mental health conditions have clearly been effective.

The federal government has provided significant funding for mental health resources and made a commitment to advance OSI treatment and care for first responders, as outlined in the Speech from the Throne. Now the government must deliver on and fulfill those critical commitments.

Fourth, we'd like to ensure staffing levels over the next five years are in line with forecasted client needs, while providing sufficient training and specialized staffing to deal with more complex cases. In 2016, the government reopened previously closed VAC offices to facilitate access to critical services. Guaranteeing access to these offices is key to ensuring timely assistance and addressing the growing backlog. As of March 2019, VAC offices across Canada had assisted more than 13,000 RCMP members.

We ask that policies consider and reflect the needs of each member applicant. RCMP members represent about 10% of total applicants for disability benefits at VAC. Current VAC policies and training are more focused toward the CAF than the RCMP, which creates a focus that does not always serve our members' unique needs.

Lastly, we request regular and proactive review of all data and reports available through VAC and the RCMP in order to identify emerging risks, and provide sufficient resources to mitigate them going forward, including how implementation of new government programs will impact applicant intake.

In conclusion, the backlog at VAC is in part a result of its own success in expanding services for veterans and RCMP members and in destigmatizing mental illness. This accomplishment will ultimately save and improve the lives of those who have chosen a career in service to Canadians.

We remain concerned over the recent PBO report, which assesses recent federal investments and reiterates that additional supports and investments will be needed to decrease the backlog. Our members and all veterans deserve efficient access to disability benefits. Doing so provides necessary and timely support to them and their families.

Thank you, and I look forward to any questions.

• (1625)

The Chair: Thank you very much.

Up next, from the Veterans Review and Appeal Board, is Christopher McNeil, chair, and Jacques Bouchard, deputy chair.

You have five minutes.

Mr. Christopher McNeil (Chair, Veterans Review and Appeal Board): Thank you, Mr. Chair and committee members, for the opportunity to appear here today.

As the chair noted, I'll share my remarks today with my colleague, the deputy chair, Jack Bouchard. For the record, I should also note that Jack is a veteran of the Canadian Armed Forces.

I know that this committee understands the important role that the board plays in ensuring that veterans and their families receive the benefits to which they're entitled. In short, we provide an independent appeal process for those who are dissatisfied either with the denial of their claim or the extent of the disability that has been awarded.

Essentially, our program provides two levels of review. The first is a review of the initial VAC decision. If veterans remain dissatisfied, we offer a second level of appeal of the board's decision. The thing to remember is that veterans can always come back to the board with new evidence or new arguments, regardless of the time involved, and have a previous decision reviewed.

The board, like all aspects of the disability benefits system, has been challenged at times in meeting and ensuring that we deliver decisions in a timely manner and in the language of the veteran's choice. Today, we want to share a few things that we've been doing to overcome those challenges.

When we appeared before you a short eight months ago, we could not have imagined how the pandemic would affect how we service veterans and how we ensure that they get the benefits to which they're.... I cannot praise the staff of the board enough. In a matter of a few short weeks, we transitioned from a bricks and mortar operation to a totally virtual or remote operation. That would not have been possible without the unwavering commitment of staff to veterans and their families.

Throughout the pandemic, we continued to operate. We processed claims and issued decisions. Between mid-March and today, we've issued more than 1,700 decisions. However, we have had our challenges, and the biggest challenge was the ability to hold in-person hearings. I'm pleased to say that we transitioned through to the use of technologies such as teleconferencing and video conferencing. We have transitioned to start, but in October we began incrementally, where public health protocols allowed, to have in-person hearings again in a very incremental stage. That's an important part of our process.

I'm going to turn it over to my colleague, Jack, at this point so he can take us through some specifics of what we're doing.

[*Translation*]

Mr. Jacques Bouchard (Deputy Chair, Veterans Review and Appeal Board): Thank you, Mr. McNeil.

Mr. Chair and honourable committee members, I'm pleased to be here this afternoon.

Since July 2018, it has been a board priority to create greater access for all veterans and their families. A key to this process—

[*English*]

The Chair: I'm sorry to interrupt, Mr. Bouchard.

We're having the same difficulty.

Can you take a look at the screen and the globe there? Click the language that you are going to speak in, and we'll see if that fixes it.

Mr. Jacques Bouchard: I think it should be fixed as of now.

The Chair: Okay. Give it a shot.

[*Translation*]

Mr. Jacques Bouchard: Since July 2018, it has been a board priority to create greater access for all veterans and their families. A key to this process has been moving to a more veteran-centric and less formal environment.

For example, as we told you this past spring, we've implemented a simplified process that groups together less complex cases involving similar issues, such as hearing loss or tinnitus. This enables us to significantly increase our capacity to hear a higher volume of cases and to process the cases more effectively. We believe that the process has the potential to expedite the review of previously denied cases by diverting these cases out of the system, while at the same time providing timely decisions to veterans.

We're also anticipating a significant increase in our board membership. This will enable us to strengthen our capacity to conduct hearings and issue decisions. These new members will play a criti-

cal role in our operations, since the board's workload continues to grow.

One of the board's current priorities is to prepare to effectively manage the anticipated increase in the number of applications from the department. In addition to pending cases, your committee is also looking at the processing times for English-speaking and French-speaking veterans' records. In the past, we've struggled to ensure that veterans receive their decisions in a timely manner, particularly decisions written in French. However, service in French is a key issue for me. As a result, we've implemented several measures to ensure that every veteran receives their hearing and decision in a timely manner and in the language of their choice. For example, over the past two years, the board has increased the number of French-speaking staff and has maintained a linguistic balance among its members to meet the demand.

On behalf of the chair and myself, I'll conclude our remarks by emphasizing that the Veterans Review and Appeal Board remains committed to ensuring that veterans and their families receive the benefits to which they're entitled, in a timely manner and in the language of their choice.

Thank you for your invitation this afternoon.

• (1630)

[*English*]

The Chair: Thank you very much.

Thank you to all of the witnesses for being succinct in your comments.

We're going to get going right away into the first round of questions. Up first, I believe we have MP Seeback for six minutes.

Mr. Kyle Seeback: Thank you very much, Mr. Chair.

Quickly, I just wanted to ask my first question to Robert.

Robert, my understanding from your testimony today is that you were medically discharged, yet you still have to go through a process and fight for your disability benefits. Am I correct in that?

Mr. Robert Thomson: That's correct.

Mr. Kyle Seeback: I don't even know what to say to that. You're being told you're medically unfit, but then you have to wait 52 weeks, or who knows how long, in order to receive your benefits. I apologize for that on behalf of Canadians.

Mr. Robert Thomson: Thank you.

Mr. Kyle Seeback: I want to talk to Mr. Heilman briefly.

Is the project you're talking about, with the digitization of records, part of the increasing processing of the backlog that the minister has talked about? He's been talking about digital solutions as if it's going to make a big difference in dealing with the backlog. Is what you talked about today the same project that the minister was talking about?

Mr. Brock Heilman: Personally, I can't speak to what the minister was talking about.

What I can talk to you about are the efforts we've undertaken so far to close the gap. Recently—well, last year—we actually extended for the first time ever the Canadian Forces health information system directly onto the desktops of six VAC adjudicators in Charlottetown, so they would be able to directly access a member's medical history. What that did was take away the requirement for us to go digging in our electronic system for health information to send to VAC.

What that didn't help was the fact that most of our military members still have a portion of their health record on paper. What we have undertaken now is that, when a member requests their health record, we will digitize it at the base and upload it into the Canadian Forces health information system. This means VAC will be able to access it electronically and we won't have to rely on the mail system anymore to mail files from bases to Ottawa, and then from Ottawa to Veterans Affairs.

Mr. Kyle Seeback: Okay. I'm not aware of any other project that the minister could be referring to and the fact that you're testifying today makes me assume that this is the project he was talking about, so I have a couple of questions about that.

How long will it be until this digitization project you're undertaking is completed? Do you have an internal estimate?

Mr. Brock Heilman: I don't have an estimate. The onus right now is on Veterans Affairs to set the conditions at each of their locations, along with National Defence, to get the National Defence networks located in the locations where Veterans Affairs have their adjudicators. We are working jointly to establish National Defence networks in those locations. We've done a great deal of work in Charlottetown. We sent them out computers that are prepared and ready to go to access the National Defence network, CFHIS. We took a team out to Veterans Affairs in Charlottetown and undertook at-elbow training with the initial group of adjudicators.

We are well on our way, but in order to get a better metric on exactly where we are, we would have to ask the IT folks at Veterans Affairs.

• (1635)

Mr. Kyle Seeback: Do you have an estimate of when this project will be completed? You said it's in the early stages and something about the next few years. Do you not anticipate this digitization project that you're working on with VAC and CAF will be done in the next few years?

Mr. Brock Heilman: Let me clarify that there are two projects under way within the Canadian Armed Forces health services group.

The first, the project that kicked off first, was the modernization of the Canadian Forces health information system. That is a project where we are looking at our current electronic health record and modernizing it to bring it up to the same equivalency that one would find in their provincial jurisdictions.

The second project, a separate project, is the extension of that electronic health record directly into the hands of our friends at VAC.

Mr. Kyle Seeback: Okay. The second project, who's in charge of that?

Mr. Brock Heilman: I'm in charge of it working alongside VAC.

Mr. Kyle Seeback: When is that project—because that to me seems to be the important project—going to be completed?

Mr. Brock Heilman: I would hazard a guess. We most certainly expected, had it not been for COVID, that we would have been well under way already. We already have Veterans Affairs adjudicators directly accessing the Canadian Forces health information system, so the first steps are absolutely under way and—

Mr. Kyle Seeback: When is the completion date?

Mr. Brock Heilman: Actually, sir, it will never be completed because every time a new adjudicator comes in, we will have to train them and get them up to speed on CFHIS. It's not a project that I ever see finishing. What I do see is that we will continue to work with Veterans Affairs to ensure that they have direct, unfettered access to members' medical files for those members who request adjudications.

Mr. Kyle Seeback: Do you have any internal studies or reports that look at this and say how much this is going to improve the efficiency of the VAC department? The minister talked about how digitization is going to be a big game-changer. For example, an experienced reviewer can process 17 cases per month. We heard that last week. Would this increase that to 20 or 25 cases a month or do you not have any idea?

Mr. Brock Heilman: That is a question that would be better suited to VAC.

The Chair: We are actually out of time. That was a quicker answer than I was expecting.

Thank you.

Now we go to MP Amos for the next six minutes.

Mr. William Amos (Pontiac, Lib.): Thank you, Chair and thanks to the witnesses. I will be sharing my time with Sean Casey.

I want to get into the issue of attribution. I would like to get the perspective of our witnesses today on the issue of whether or not it would be much more helpful if the Canadian Armed Forces automatically provided Veterans Affairs Canada with the medical diagnosis that supported the decision to release a member for medical reasons, and that this be done prior to the date of release. If we could explore that theme of the diagnosis, that would be helpful.

Maybe we could start off with Mr. Heilman.

Mr. Brock Heilman: Yes. I am in no way in a position to discuss an attribution prior to or after release. What I can tell you is that the moment that a diagnosis is made by a clinician in the Canadian Armed Forces, it is entered into CFHIS. Therefore, as of the moment they click on the mouse, it's in the electronic health record.

Mr. William Amos: Are there any other witnesses who would like to comment on that particular issue?

Mr. Christopher McNeil: I think historically there would have been a problem, not so much with the diagnosis but historically CF doctors were reluctant to give any opinions or diagnoses, particularly as they related to VAC applications. Now I have experienced, in the last year and a half, that changing. I have seen a lot more CF or CAF documents in which they are assessing people or giving a diagnosis, so I have certainly seen a greater loosening of that trend in the past year and a half to two years.

Mr. William Amos: Do you view that in a positive light?

Mr. Christopher McNeil: Veterans and particularly members currently serving are not in a position to get doctors to give them those assessments without that, so if they are being served by CAF, they should be getting their diagnosis from CAF.

• (1640)

Mr. William Amos: Okay. As a follow up to that question, this will be my last question.

As was announced in 2018, has the chief of the defence staff issued a special directive for commanders to more diligently complete the report of injury, disease or illness form, the CF 98 form, which would make it easier for Veterans Affairs Canada to attribute a medical condition to military service? Is there progress on that?

Mr. Christopher McNeil: We see a lot of CF 98s, but you have to remember that the CF 98 is often prepared from the extent of the military. It is not determinative of whether or not an injury has arisen, from the perspective of the board that made the decision, although the CF 98 adds some perspective to what happened. An accident can occur not in the context of military duty but still be attributable to military service and can be so vetted. The CF 98 is an internal document. It provides some evidence but it is not a definitive document. What is helpful is providing assessments and providing diagnoses for people who are making applications.

Mr. William Amos: Thank you.

I will cede the floor to Sean Casey.

Mr. Sean Casey (Charlottetown, Lib.): Thank you very much, Mr. Amos and Mr. Chairman.

Thank you to the witnesses. I would like to direct my first question to the witness from the police association.

Mr. Sauv , in the course of your opening remarks you mentioned the impact of the closure of the district offices across the country and their reopening in 2016. I wonder if you could speak a little further to that in terms of the impact of the closure of the district offices on your members.

Mr. Brian Sauv : The impact of the closure was short-lived thankfully, but the reopening had the greatest impact on our members. As I mentioned, in 2019, in those three short years since they had been reopened, 13,000 members received service or care through those offices. The fact is that Canada is such a large country and the RCMP's membership, as well as a lot of the membership of the Canadian Armed Forces, serve everywhere. We need to keep that in mind when we're talking about service delivery that's deal-

ing with the hearts, the minds and the souls of people who gave service to Canada.

Mr. Sean Casey: Thank you.

Another thing you mentioned in your opening statement is this backlog. In one sense the department has become a victim of its own success. I know many people wouldn't see it that way, including Mr. Thomson. Can you expand a little on what you meant by that?

Mr. Brian Sauv : I can't speak to the Canadian Armed Forces perspective or the marketing because of Veterans Affairs or the My VAC Account. For example, in the RCMP over the last nine years or so there's been a concerted effort to raise awareness and campaign within the serving membership, as well as the retired membership or those who are retiring through transition interviews, to make them aware of what may be a condition where they can apply for disability benefits into retirement or while they're still serving.

From that perspective it has been a success in the RCMP. We have seen definite market growth of members becoming aware, making an application and gathering medical information, which they hadn't used to do or hadn't normally had. The trend is that it's going to grow and it continues to grow 5% to 6% per year. That is obviously part of the challenge right now: more applications and not foreseeing it would grow as it has. Now you have a bit of a backlog.

The Chair: Thank you, Mr. Sauv .

Mr. Sean Casey: Thank you, Mr. Chair.

The Chair: Now we'll move over to MP Desilets for six minutes please.

[Translation]

Mr. Luc Desilets (Rivi re-des-Mille- les, BQ): Thank you, Mr. Chair.

My first question is straightforward and it's for you, Mr. Thomson. First, we would like to thank you for your military service.

Second, do you believe that delays in processing veterans' benefit claims are hindering military recruitment efforts?

• (1645)

[English]

Mr. Robert Thomson: I can't speak on recruitment. It may, if the potential recruit sees that veterans, long-serving members, are waiting years to receive any benefits for injuries incurred during their military service. It might put a second thought into the recruit's mind, whether or not to join the forces in that—

[Translation]

Mr. Luc Desilets: I'll rephrase the question, Mr. Thomson. In your case, given all the delays that I gather you've experienced and your frustrations, which I think are quite justified, would you sign up for the military if you had to do it all over again?

[English]

Mr. Robert Thomson: Personally no. I am carrying on a tradition, following my grandfather who served both in the First and Second World War and a great uncle who served in the Second World War. My father served for a little while as well. No, it would not have discouraged me from signing up. I did it on my 17th birthday. I joined as young as I could, and I've loved every minute of it. I'm sad that I'm having to be released medically, but I would not have changed anything. I would have probably submitted my claims much earlier if I knew it was going to take this long so that I would have some benefits when I retire, but now I'm about to be medically released and I'm still waiting.

[Translation]

Mr. Luc Desilets: Okay.

I gather that you wouldn't necessarily encourage your relatives to join the army, given what you've been through from an administrative standpoint in terms of the reimbursement of money owed to you.

[English]

Mr. Robert Thomson: I would encourage it, because for the most part it's been an enormously great experience. You're signing your life over to the country to serve your country.

[Translation]

Mr. Luc Desilets: Okay. I'm glad to hear that.

Mr. Thomson, you've heard about the concept of automatic approval of disability benefits. This concept is gaining ground. We see it within the committee. I'd like to hear your views on the topic.

Would you be in favour of this approach?

[English]

Mr. Robert Thomson: On the simpler cases, absolutely. In my case, it's knees. I would say that at least 50% of the Canadian Armed Forces, and probably a good portion of the RCMP, all have knee problems due to their service. This would be something that should be fast-tracked, in my personal opinion, because you can't operate without your knees. You can't walk, and you can't do almost anything without your knees, because you have to move around.

Fast-tracking other things like depression and stuff like that gets into more of the specifics, and I don't think fast-tracking something like that would be a benefit. You have to make sure that you're covering all the facets of that case, but with knees or tinnitus, I think fast-tracking would be an option that should definitely be looked at.

[Translation]

Mr. Luc Desilets: I now want to hear your views regarding the transfer of the file of a military member who leaves the military and becomes a veteran.

In your opinion, is there a simpler way to transfer information from one department to another? I know that, in terms of confidentiality, the issue isn't clear or straightforward.

I want to hear your views on the matter.

• (1650)

[English]

The Chair: Can you give a very brief answer, please?

Mr. Robert Thomson: In my case, it took four months for CAF to transmit all the files, to get all the files from my personal doctor to Veterans Affairs, and that's apparently when they start the timing. They don't start the timing when you first apply. They start the timing once they've received all the paperwork. If that takes four or five months for CAF and other doctors, that just increases the wait time and the pressure on the member.

The Chair: Excellent. Thank you very much, sir.

[Translation]

Mr. Luc Desilets: Thank you.

[English]

The Chair: Now we'll go over to MP Blaney for six minutes, please.

Ms. Rachel Blaney (North Island—Powell River, NDP): Thank you, Mr. Chair.

I want to thank all of the witnesses for being here today and for sharing their valuable testimony.

If I could, I'll start with you, Mr. Thomson. First of all, I want to thank you for your service. I also want to thank you for coming in and sharing your personal story with us.

One of the things that I've heard from the department, and specifically from the minister, is that the solution they see for people who are waiting for their benefits for an extended amount of time is the veterans emergency fund. I'm just wondering if that is something you've accessed or you know of or have been talked to about to help bridge this period of time.

Mr. Robert Thomson: Honestly, your mentioning it is the first time I've ever heard of it, so no, I haven't even thought about it because I didn't even know it existed. The only thing that I did know existed was the VIP, that program. I can't remember what the acronym stands for, but you can't access that until your claim has been approved by the department.

Ms. Rachel Blaney: Thank you for that. That is something I am definitely interested in hearing about because I've heard this as a solution. I'm glad you've heard about it and I encourage you to talk to your case worker to figure out if that's going to be a great fit.

That was an incredibly powerful answer. Thank you.

My next question is to Mr. Sauvé.

Thank you so much for your testimony here today. I don't have time to talk about how much respect I have for the amazing work in my riding of the local RCMP, but I spend a lot of time with them and really appreciate it. I appreciate your being here with us today.

One of the things that we've heard from a lot of veterans is that the COVID-19 pandemic has really resulted in challenges for people who are applying for their benefits to get in with specialists or other medical professionals. There is a concern that, although the department is currently seeing a much lower application number, we're going to see a significant number come as COVID comes to an end. I'm just wondering if you are seeing anything similar.

Mr. Brian Sauv : I like your optimism with "as COVID comes to an end". A lot of people would say we're going to be with this for a long time.

No, I haven't seen that happen. I haven't heard that, but from an RCMP member's perspective, obviously there has to be an injury in service first and then a permanent disability in order to make an application. I think what you will see is that as our members.... If you're talking about COVID-related injuries, we tried to get a presumptive diagnosis agreed to from the RCMP so that—because our members were working right through COVID and the impacts of COVID—should there be a respiratory ailment down the road, there's a presumptive diagnosis expediting that. We're waiting to hear back on how the RCMP will look at that.

I think what you will see is an increase in retroactive applications down the road through Veterans Affairs, because I think through COVID, people are just not paying attention. They just don't have the time or they'd rather focus on family and things outside of work and things that have to deal with work. When COVID is done—I'll share your optimism—I think you'll see people start to refocus on what their benefits are and what they can apply for as they go down that road.

Ms. Rachel Blaney: Thank you, and I agree with you. COVID is going to take a while. With that incredible backlog we already have and having people delayed in their ability to fill out their applications, I wonder if we could see a huge increase at that time that will just add to the backlog.

One of the things you talked about earlier today was just having the number of people there to do the work. The PBO, of course, did a report at my request looking at what was happening with the backlog and what we need to see moving forward, and they suggested a substantial number of new hires to get the work done.

One of the things that has been most concerning to me is listening to the minister talk about hiring temporary folks, rather than permanent, long-term folks. I'm just wondering if you share that concern.

• (1655)

Mr. Brian Sauv : I do. I don't know if I share it for the same reasons. I would share it mainly because, as any organization hires people to do its service, there's a difference in commitment level with respect to temporary and permanent full-time. When someone comes on temporarily working part time or casual, perhaps the commitment level, the dedication, the focus on the training, the knowledge and the abilities applied are not as deep for that employee as someone who is a full-time, dedicated person. That's the concern I would share.

Ms. Rachel Blaney: Thank you so much.

Mr. McNeil, it's always good to see you. I've enjoyed our conversations in the past.

I'll just go back to that original question I asked of the last witness. We know that so many veterans are not able to access specialists because of COVID. They're not able to access medical professionals to help prove the concerns and health issues they have, so we're seeing the number of applications going into the department go down. I'm just wondering if you are seeing anything that's reflecting that and if you have any concerns about what it's going to look like in the future as veterans get into this backlog that's largely invisible.

Mr. Christopher McNeil: I guess I say two things. We as a board would see this issue of getting appropriate specialists as not necessarily a COVID problem. Many of the provincial health systems are overwhelmed, and once somebody is released, do they have a family doctor? Now VAC is working to try to work through our problems. I think that's more fundamental across the board in the health system, but we are certainly waiting for a sort of boomerang effect when people come back to normal after COVID.

As VAC's work goes up, our work goes up, but certainly, I would agree with Mr. Sauv . People are focused on other things, so it wouldn't surprise me if we saw an increase after COVID.

The Chair: Thank you very much. That's time.

We are now going into round two of questions.

First, we have MP Carrie, for five minutes, please.

Mr. Colin Carrie (Oshawa, CPC): Thank you very much, Mr. Chair. I would like to split my time with Mr. Brassard.

I thank the witnesses for being here today, because I think everybody finds the backlog unacceptable and the purpose of the meeting is that we are looking for solutions. We're looking for specific plans and things that are concrete. We have heard some things from veterans' groups saying that pre-approval would be a great step forward.

As a new member of this committee, too, I find it disheartening.

Mr. Thomson, first of all, thank you for sharing your story, but I find it unbelievable that the Canadian Armed Forces could dismiss somebody for medical reasons but then take absolutely no responsibility for attributing that disability. The fact that they're not sharing this information and that it's not pre-approved, I don't understand how the right hand and left hand in government can't get this together.

If they were to implement a pre-approval program in your case, do you think there would be any downside to that?

Mr. Robert Thomson: You're asking about a pre-approval program in what?

Mr. Colin Carrie: I mean for your claims, because obviously you're getting a discharge for medical reasons. The one hand of the Canadian government, the armed forces, defence, says you're going to be discharged for medical reasons, but the other hand of the Canadian government, Veterans Affairs, says, "Oh well, just wait a second here. We're going to take a couple of years to figure out whether this is valid."

Mr. Robert Thomson: Do you mean I have been diagnosed with knee problems, depression and stuff such as that, and it should be automatically forwarded to Veterans Affairs as soon as they determine I'm being medically released because of these things, so that Veterans Affairs can start working on it without my even sending in an application?

Mr. Colin Carrie: No, but I'm saying, as soon as things get in, they could move forward and just take the word that this is a legitimate reason, so we can get started on providing the benefits that veterans need.

• (1700)

Mr. Robert Thomson: Absolutely. I think that would be a great idea. I work in Global Affairs as well. I'm moving on from the Canadian Forces. We both know that one hand of the government doesn't always talk to the other.

Whether that is possible I don't know, but it would be great. We've already been told we're being released medically because of this and this. Veterans Affairs should understand or take our word that we are being released. We can provide the paperwork showing that we're being released. They should understand, "Well, if they are being released for this, then we should be covering them for this."

Mr. Colin Carrie: Excellent. Thank you very much.

Mr. Brassard.

Mr. John Brassard (Barrie—Innisfil, CPC): Thank you.

Mr. Chair, how much time do I have?

The Chair: You have about two minutes, sir.

Mr. John Brassard: Perfect.

Mr. Sauv , I want to go back to what you said about the Veterans Affairs offices. You mentioned that 13,000 members have used those offices. If you go to the Veterans Affairs website right now, and I did while you were talking, the Veterans Affairs offices have been closed since March and aren't expected to open until January.

What access are your members using for their disability claims right now if they can't use the Veterans Affairs offices?

Mr. Brian Sauv : You've seen a slowdown, obviously, in the service delivery and the service access, but mostly you're being pushed towards the My VAC Account or 1-800 numbers and contact from that.

For those who are already in the occupational stress injury clinics, in treatments, obviously those are in-person, physically distanced, however it works, so they are still going forward. However, the VAC services offices are shut down for now.

Mr. John Brassard: Yes. They have been shut down since March and aren't expected to open until January, if then.

Mr. Heilman, I have a question for you. It's more of curiosity and concern.

The Canadian Forces medical staff diagnoses are often the reason that people are being medically released, but there's still some reluctance on the part of Canadian Forces medical personnel to provide the details of the injuries that are related in order to adjudicate

the benefits of the claim. Why is there a continuation of this that seems to happen, this reluctance among Canadian Forces medical personnel to provide that information to VAC, which would help in the adjudication and claims processing process?

Mr. Brock Heilman: I am not a clinician myself. I don't work in the clinics. I work at the headquarters, so I can't discuss what would be in the mindset of the clinician. What I can tell you is that they are absolutely dedicated individuals and are wanting to do nothing more than provide the best health care possible. The second they have the possibility to offer a diagnosis, they do that. In my 21-year military career and my six years at the headquarters working with CFHIS, I have never seen a doctor take their time to provide a diagnosis.

The Chair: Thank you, sir. That's time.

MP Fillmore, you have five minutes, please.

Mr. Andy Fillmore (Halifax, Lib.): Thank you very much, Chair.

I want to say a sincere thanks to all the witnesses for giving us their time and the benefit of their expertise today.

I'd like to say particular thanks to you, Mr. Thomson, for your service and for sharing some of your afternoon. I'd like to follow up on something you said about information sharing and pose a few questions to Mr. Heilman.

Mr. Heilman, I heard your reluctance to get into the question of whether it's CAF or VAC that should be in the business of attributing the cause of an injury to military service. It appears that one way we can avoid needing to change the way attributions are made is to improve the way that information is shared between the departments. I think Mr. Brassard was touching on this as well just now.

On that point, relating to the backlog, in your view what information, if any, between the two departments is currently not being shared that would be relevant to a veteran's claim and that could be improved? What are we missing here?

Mr. Brock Heilman: Now that we are moving CFHIS directly into the hands of VAC adjudicators, there is no information, or no immediate information, that will be missing other than paper records that will need to be scanned into CFHIS. That being said, the amount of time it takes to scan a record is measurable by us, certainly. For some files it can take an hour. For files that are much more complex, it can take a full day.

It is getting much better. I am a veteran and I was medically released, so I have skin in this game. Some of these people are my friends. Some of these people were my soldiers and some of them were my peers. I am definitely doing absolutely everything I can, and I have the full support of my chain of command to do everything I possibly can to expedite this file transfer as quickly as I possibly can.

• (1705)

Mr. Andy Fillmore: Okay. It sounds like some changes have been in the adjudication area that are leading to improvements. That's wonderful to hear.

Chair, I'll be sharing some of my time with MP Lalonde. I will move quickly to one other line of questioning before I yield the floor to her.

Christopher McNeil, it's nice to see a familiar face from home and nice to have you back at committee. I'd like to hear your response to some of the suggestions we've heard regarding the idea that VAC could use pre-approved claims that are related to common health issues experienced by veterans. If you want to weigh in on whether they should all be pre-approved, that's fine, but I'm kind of more interested in exploring whether it's a good idea and which conditions or health issues would be candidates for that kind of pre-approval. Would it create a two-tiered experience for veterans? Is this a fraught idea or is it a good idea? What are the issues surrounding it?

Mr. Christopher McNeil: Obviously, when you ask an adjudicator if anything should be pre-approved, of course they think that's not...but it's not a question of everything. This system is not built on every injury being compensable. An injury occurring on vacation isn't necessarily related to service.

I do think we are emerging. VAC has invested a significant amount of resources in fast-tracking complaints. The one that I think is most relevant is hearing loss. VAC is approving probably somewhere in the vicinity of 80%. Our experience recently is that we're probably taking it to where in excess of 90% of the claims that come forward for hearing loss are being approved, particularly if somebody demonstrates a diagnosis that at least in part is attributable to noise. Nobody's post-service work compares to that noise.

In those cases, that's a public policy decision. You could say that if a veteran comes forward today and demonstrates a noise-induced hearing loss, you could grant that. For the small percentage that might get caught in the loop, it's a public policy question. There is probably merit in certain types of claims and approving those. If you took hearing loss out of the system, it would open up capacity for others, but hearing loss is the one that our experience would say we're getting to a point, if we're approving 95%-plus, where we could probably do a cost-benefit analysis that says pre-approval might be the way to go on hearing loss.

Mr. Andy Fillmore: Okay. That's very helpful. It's nice to see you, Chris, and thank you for that.

Mr. Christopher McNeil: Thank you.

Mr. Andy Fillmore: I'll now yield the floor to MP Lalonde.

The Chair: I'm going to suggest that MP Lalonde keep her question. She has about 10 seconds.

Mr. Andy Fillmore: Oh dear, my apologies.

The Chair: She will get an opportunity. I see her on the list here after a few questions.

If it's okay with you, I'll move on to MP Desilets, please, for two and a half minutes.

[Translation]

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

My question is for Mr. McNeil or Mr. Bouchard, to whom I give my regards.

There's a large concentration of employees in Charlottetown. In Quebec, the processing time for francophone applications is much longer than for anglophone applications. We're talking about a processing time of 24 to 45 weeks for francophone applications.

In the past, this issue has been the subject of a political debate. Would it be possible to decentralize the services by creating an office in Montreal or Quebec City? Many veterans live in Quebec City. This would make it possible to have employees, possibly veterans, who can work in French. This would help reduce the unacceptable processing time.

Mr. Jacques Bouchard: Thank you for your question, Mr. Desilets. It's good to see you again.

I'm probably not in the best position to answer your question. It should be addressed to the minister. Indeed, many French-speaking veterans are available in the Quebec City area. A number of our clients live in that region.

The Veterans Review and Appeal Board isn't facing the same challenges. We recently hired seven new people, six of whom are bilingual. We're very focused on this issue as well. The same is true for the members. We expect to have a few new members in the coming months. I hope that a number of them will also be bilingual.

• (1710)

Mr. Luc Desilets: Okay. Thank you.

You said that six of the seven employees are bilingual.

Is that right?

Mr. Jacques Bouchard: Yes, six of our seven new employees.

Mr. Luc Desilets: Okay.

Are they all working for the board in Charlottetown?

Mr. Jacques Bouchard: Yes. All board staff work at the head office in Charlottetown. Our members are located across the country.

Mr. Luc Desilets: Okay.

I don't know whether Mr. Sauvé agrees with the idea of decentralizing services and simply having offices in places where francophones live. This should be beneficial in terms of employability.

[English]

The Chair: That's time, but I'll allow for a brief answer, please.

Mr. Brian Sauvé: I think having services where they are needed is a very good thing. If that means decentralization, it means decentralization.

[*Translation*]

Mr. Luc Desilets: You got the picture.

[*English*]

The Chair: Thank you.

Now we go over to MP Blaney for two and a half minutes, please.

Ms. Rachel Blaney: Thank you, Chair.

Mr. Heilman, I'll ask you a question. First of all, I want to thank you for your service and thank you for sharing the skin that you have in the game. I really appreciate the hard work that you're doing, and I know that it obviously matters a lot to you.

Especially in our last testimony, we heard the former military ombudsman talk a lot about having more responsibility given to CAF to diagnose, tell people where they are and then pass that on to VAC, and just have VAC be more of the implementation branch of this process. We know that so many people are getting held up in that transition between the medical records process.... I appreciate the work that you're all doing on fixing that. Then we could allow VAC to implement that process but then also do any follow-up on injuries that may come at a later time, because we know that some folks walk out the door of CAF and then several years later find out that there's something else that is a challenge for them.

I'm just wondering if you've heard about what the former military ombudsman said, and if you have any thoughts on whether that process would actually work and help us streamline this process so that our veterans get the support they need in a more timely manner.

Mr. Brock Heilman: I'm assuming you're speaking about Mr. Walbourne.

Ms. Rachel Blaney: Yes, I am.

Mr. Brock Heilman: Mr. Walbourne and I met when I first took over the job. I had several ideas about how I wanted to act, but I had files transferred to VAC so I did work quite closely with him. We met just one on one and shared some of our ideas. What I'm seeing today is some of those ideas for expeditious file transfers come to fruition. Specifically, the grand vision we had was to get the electronic health record directly into the hands of Veterans Affairs. I'm happy to say that we have started that and it has proven to be successful, and we have been able to give Veterans Affairs direct access to the health record.

I will tell you that the surgeon general, Major-General Bilodeau, and the commander, Admiral Patterson, are both very close to their friends in Veterans Affairs. They're dedicated to closing the seam and working collegially with VAC to expedite this file transfer and get it going as quickly as we possibly can.

The Chair: Thank very much, sir.

We will go to MP Wagantall for five minutes.

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

First of all, very quickly, Mr. Heilman, thank you for what you're doing. This has been a long time in coming, as you are aware. This term “closing the seam” has been part of the conversations at this committee since 2016.

You've mentioned a couple of times things around the electronic records that you're getting to VAC now. However, you say when “VAC requests” and “when the member requests”.

In looking at this down the road and with the potential for more cases out of COVID, we want to be ahead of the game. Is there not a way for the Canadian Armed Forces to create a form right now that goes out to every member and tells them that to expedite their case, if and when it would be needed, please sign here that they recognize that their files will be available at VAC immediately, and that by signing this they are agreeing to have those files transferred to VAC?

Would that not work? Please answer yes, no or give a quick explanation of why.

• (1715)

Mr. Brock Heilman: Yes, ma'am. Technically anything is possible. I'm not aware right now of where the minds of the transition group—who would be specifically responsible for that piece—rest on that specific item.

I will tell you that the second that VAC asks us for a file, it is a simple click of a mouse to add that person into what they can see.

Mrs. Cathay Wagantall: Thank you.

I have a lot more questions, but that answers it. Thank you so much.

You say you have six adjudicators now working through that system. How long did it take to train them? How many files are they dealing with on a day-by-day basis?

Mr. Brock Heilman: I don't know how many files they're dealing with on a day-by-day basis. That's a question my friends at VAC would have to answer.

Mrs. Cathay Wagantall: Okay. What about the training?

Mr. Brock Heilman: It took us no more than a day or two to do the training.

Mrs. Cathay Wagantall: Great.

Mr. Thomson, I want to thank you so much for your service and your bravery, even in standing here before us today. I'm sure you're familiar with the term “sanctuary trauma”. I can't help but sense that this whole process of waiting has had a negative impact on your own physical and mental health.

I just want to quote something from Mr. Gary Walbourne when he was the ombudsman for National Defence and the Canadian Armed Forces. Back in 2018, he said:

...the Canadian Armed Forces knows when, where, and how a member becomes ill or injured. The Canadian Armed Forces should tell Veterans Affairs Canada that the illness or injury is attributable to their service, and this determination be accepted.

This recommendation would decrease wait-times for veterans' services and benefits....

We're talking about the wait times based on the time when you are medically released, not other conditions down the road.

He says:

I made this recommendation in 2016, and Veterans Affairs Canada and the Canadian Armed Forces keep passing the hot-potato back and forth – creating some very fanciful excuses as to why it cannot...be done. The only thing they seem to agree on is maintaining the status quo at all costs. That is a problem of bureaucracy: it serves itself.

Now, in fairness, I'm going to say I'm hearing improvements in their working together to make this seamless transition become a reality for those of you who have served. I'm just wondering if you're aware that only 25% of CAF members who apply for disability benefits do so prior to their release.

You mentioned that you wished you had done that. Were you aware that it was a possibility?

Mr. Robert Thomson: Yes, I was. I didn't expect to be medically released as quickly as I was. I personally dragged my feet a little bit on it. Once I knew that I was being medically released I did start the process. Like I said, it's just taking far too long.

Mrs. Cathay Wagantall: I appreciate that. Part of the dynamic, I'm sure, is just dealing with the reality you're now facing that you're no longer a part of the armed forces and you are being medically released.

What paperwork did you receive explaining why you were being released? Who provided that to you?

Mr. Robert Thomson: I received a notification from the director of medical policy saying that I was being released due to this, because I didn't meet the universality of service and this was my release date.

I was able to request and be granted an extended period where I was able to look for and find a job, which happened very quickly, but it was a three-year period. That three-year period is up and I'm still waiting.

Mrs. Cathay Wagantall: I really appreciate that.

The truth of the matter is that what we want to do here is to take everything off the table and make it work properly. Given the fact that you left knowing exactly what your conditions were for why you had to leave, were you able to provide that information to VAC?

• (1720)

The Chair: I was hoping you were just wrapping up there.

I'm sorry. You are out of time.

Mrs. Cathay Wagantall: Okay. Thank you very much.

Thank you, Mr. Thomson.

The Chair: Up next, for five minutes, we have Madam Lalonde, please.

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

I want to say thank you very much to all the witnesses who are appearing at the committee today.

[Translation]

Mr. Bouchard, I want to take this opportunity to thank you for your efforts to advance French-language services in the government. I'm proud to see that we have a good advocate for our French fact.

[English]

Mr. Thomson, as your local MP, I want to say thank you for your 30 years of service. When you reached out to our office, it was one of our staff members who spoke to you and certainly it was important that you had a chance to share with us what is happening to you as we were looking at the disability and the backlog.

However, first, I want to say thank you for your 30 years, sir, of serving our country. I appreciate it, and we all say thank you for that.

Mr. Robert Thomson: Thank you.

Mrs. Marie-France Lalonde: I certainly share your concern regarding the lengthiness and the fact that the process and everything...that's why we are studying this. Maybe, Mr. Thomson, you can give us, in your own words, a few recommendations and say, "Marie-France, this has to take place. These are aspects that will help not only me in my circumstances but other veterans in our community."

Mr. Robert Thomson: First and foremost, hire more people to process the applications and more adjudicators to look at them and make the decisions.

My claim with regard to my knees has been with the adjudicators for two or three months now and still nothing. When I talked to them I was told it would be possibly 64 more weeks, over a year more, before a decision would be made.

As I said, I just had my knee replaced. It is 64 weeks of not being able to do even the simplest things like shovelling my driveway and cleaning my house properly, because for walking around you need your knees and it's painful.

Mrs. Marie-France Lalonde: That was the other thing, I heard, Mr. Thompson, the pain that you are experiencing, and I certainly sympathize with that because that's also unacceptable.

Mr. Robert Thomson: The pain is always there. I had gotten used to knee pain because I've been dealing with this for so many years, but I was not expecting the pain from a knee replacement to be as much as it is. I actually had to take one of my happy pills to be able to make it through two hours of the meeting.

Mrs. Marie-France Lalonde: We are sorry we were late.

I want to go back through some of the recommendations. We talked a little about the work that's being done, and I know that it doesn't seem to be going as fast as we hoped, but on the information between the Canadian Armed Forces and Veterans Affairs in terms of transitioning the information, do you think that is very relevant? Do you believe that would certainly help?

Mr. Robert Thomson: I think it would. As soon as the military has decided a member is going to be medically released, that information should be forwarded to Veterans Affairs, because I believe that nine times out of 10 that member will be submitting an application if they haven't already. If that information is already in Veterans Affairs' hands, that should—Mr. Bouchard could verify this or argue it—help in the length of time it takes to complete a file and have a decision made.

Mrs. Marie-France Lalonde: Thank you again for presenting.

Chair, if I may, I would like to ask Mr. Bouchard a question. It may be relevant to how Mr. Thomson has answered his question.

• (1725)

[*Translation*]

This is also about the additional work and about having more access in French.

Mr. Bouchard, could you respond briefly to Mr. Thomson and tell us about the commitment to French-language services over the past few months?

[*English*]

The Chair: That's time, but I'll allow for a brief answer, please.

[*Translation*]

Mr. Jacques Bouchard: I can speak only from the board's perspective and tell you that veterans receive decisions in a timely manner, in both English and French.

I completely understand Mr. Thomson's comments and I greatly appreciated Ms. Wagantall's comments.

As a former public servant in the administration of the Canadian Forces with 37 years of experience, I can certainly tell you that, if a letter were to inform people and give them the opportunity to send the information directly to veterans, it would go a long way.

Mrs. Marie-France Lalonde: Thank you, Mr. Bouchard.

[*English*]

The Chair: That brings us to the end of our second round. We are at about 5:26 p.m., and I did ask at the beginning for the committee to indulge me in some committee business time at the end. Unless there's an objection, we should move to that.

I want to thank all of the witnesses for taking the time to contribute to this study. All of you have contributed in one shape or another to this study and with all the work you've done daily leading up to this. Thank you so much for being here. I will ask that you log off the Zoom call, so that we can proceed with committee business. I'll give you a moment to do that. Thank you again.

We are going to be live now. We're not in camera. Normally, we would do committee business in camera, but there are a few things we need to get done. I didn't want to keep everybody an additional

half an hour logging off and logging back on. Just be aware that we are not in camera.

First and foremost on my list, I want to get agreement from the committee to adopt the study budget. Normally, we'd be in Parliament, and we'd have the paperwork in front of us with the breakdown of the budget. I can assure you, one of the positives of COVID-19 is that the budgets are a fraction of what they used to be. From the direction of the clerk, the high end on the budget is going to be \$3,250, and that's if microphones are sent out to everybody and so on.

I'm hoping we can get agreement from the committee to move forward on that budget.

Are there any questions? The clerk is willing to answer any questions as well, but normally a committee of this length would be in the tens of thousands of dollars, with travel, hotels and all that sort of thing. The amount of \$3,250 is very reasonable, I think.

Some hon. members: Agreed.

The Chair: A reminder to send the witness names for the study on the Royal Canadian Legion and other veterans' organizations and their financial health during and after COVID, to the clerk by Wednesday at the latest. If you have some names already, the sooner you can get them to the clerk, the better. She's calling people as she gets them in order to get them lined up in time for our meetings.

Regarding the study, we did not specify how many meetings we would hold. Are we in agreement about holding three meetings on the study of the Royal Canadian Legion and other veterans' organizations? Is that sufficient?

Some hon. members: Agreed.

The Chair: Excellent.

We'll move forward again to everybody's favourite topic, the Whole Foods letter. You've all received a copy of the response to our motion. Many of you have received outreach from representatives of Whole Foods.

For the record, we've received a letter stating Whole Foods has changed the policy but would not be able to appear on the date proposed. The clerk and I have prepared a response inviting Whole Foods to contact the clerk to find a date when the president would be available to appear. I want to clarify with the committee that if the president refuses to appear, am I to use all the tools at my disposal to get that witness here to testify?

Is there any discussion?

• (1730)

Mr. John Brassard: What tools would those be? Just remind me again of what tools are available to have him appear.

The Chair: We want to recognize, first of all, that they have changed the policy. They've agreed to making a sizable donation to the Legion. The letter was very clear on their support for veterans.

If I'm not mistaken, this committee agreed with MP Blaney's intervention before we voted that we would very much like the president to appear, regardless of whether the policy changes. What I'm suggesting at this point is to not come down too hard with the hammer, but to simply recognize that maybe the date we provided, with that time, was not an agreeable time, and to give them the option to give us some options in working with the clerk and our schedule.

If that is refused, my next option would be to summon the witness. Now, this witness, as I understand it, is not in Canada, so the bailiff would not be able to deliver that summons until that person steps foot in Canada. I think it would be a very strong message.

Ms. Rachel Blaney: On a point of order, Mr. Chair, I just wanted to remind the chair that it was actually not my motion.

That was MP Ruff's motion. That was a motion from the House. MP Ruff made that motion.

The Chair: No, no. I understand that, but I believe.... Correct me if I'm wrong. I didn't mean to say that it was your motion. In fact, it was Mr. Brassard's motion. Maybe I am misremembering, but I believe that it was you who intervened just before we voted to ask us to bring forward the witness regardless of whether or not Whole Foods changed their policy before the time that they could speak. That's what I was referring to.

Ms. Rachel Blaney: That is correct. Thank you.

The Chair: Thank you. No problem.

Mr. John Brassard: Mr. Chair, I seem to recall the conversation going that way as well. There's a question I have, given the short timeline. Would we book another meeting over and above what is already scheduled for this meeting? I just need some clarification on that, because we have another couple of meetings left and then we do the draft report on this very important subject. Then, following that, we have the veterans' organizations and the Royal Canadian Legion and the impacts.

From a scheduling standpoint, how do you envision the scheduling happening to accommodate this Mr. Mackey—I think that's his name—from Whole Foods?

The Chair: I'll have to refer to and check in with the clerk to see what our runway looks like, but I think you're correct. I don't think this is going to be a two-hour meeting. I don't know if you guys have it in your minds that we would want this one witness for two solid hours, but I believe that we would be able to get it in. Now that we're doing two meetings a week—and it's confirmed—until we rise for the holidays, I think we have the runway to do it. If we have to add an additional meeting, I would obviously come back to the committee to get permission to do so.

• (1735)

Mr. John Brassard: Okay. You're seeing the potential of a one-hour meeting, then. Is that correct?

The Chair: Obviously, this is the decision of the committee, but in my mind, I would think that's sufficient.

Mr. John Brassard: Okay.

Mr. Darrell Samson (Sackville—Preston—Chezzetcook, Lib.): Yes, I think an hour is sufficient, but I think summoning him here in some way, shape or form is an important gesture. We did that last year with the president of Air Canada. He initially refused, but he made it this way. We got the job done. I think we have important messages to make.

The Chair: I want it to be clear to members of this committee who have not chaired a committee before that to use that power is not something that is done lightly. I have never used it in five years as a chair. It does come with consequences for the individual. My hope is that this could be resolved by just making sure that we have a date that's agreeable. We'll work with his office and through the clerk to make sure that option is the first option.

Mr. John Brassard: I think that, from my standpoint, that option is one that I would agree with.

Again, just going back to last week, Mr. Chair—and I think you mentioned this at the onset—this whole situation was precipitated by a misaligned policy, shall we say, on the part of Whole Foods. The fact that they actually doubled down on it is what caused great concerns among not just us as parliamentarians but Canadians right across the country. That was in the second release they issued that morning. Then, later on, they came out and saw the ills of their way, shall we say.

They've said very clearly—as you said at the onset—that the policy has changed. There's their contribution to the Legion poppy fund. We now have legislation that's going to be introduced in the Ontario legislature, at least, that's going to address this issue going forward.

To use the hammer, if you will, of a parliamentary subpoena for a company that has clearly stepped back and seen how wrong its policy was.... A step back, I think, first and foremost, is good news in terms of the respect it shows our veterans. To go that far with the hammer, as you say, to compel Mr. Mackey to come....

We knew this was a possibility. I think it was Mr. Fillmore who brought it up, or it could have been Mr. Casey: What if they come out and correct the policy? I made a direct plea to Whole Foods and Mr. Mackey to change the policy that day, and they did, probably not as a result of what I said but because of the firestorm that was going on across the country.

We'll have to deal with it as it comes, but out of courtesy, provide him with some other dates. Then, if the dates aren't amenable, we'll have to deal with it then, Mr. Chair.

The Chair: Thank you, MP Brassard. I think you do a disservice to the amount of power you wield.

Mr. John Brassard: No, I don't.

The Chair: I think that's the best way forward. I will remind you that if we do that, it's not instant. As I said, the bailiff would not be able to issue what is referred to as a "summons" until the witness is actually in Canada. I don't know if that's something that's imminent, given COVID.

If I can move forward then, we'll send back a letter to connect with the clerk to work through possible dates. I will report back to the committee as soon as I have more information on that issue.

I will double-check with my clerk to see if there's anything I have missed, but I think we've covered everything with regard to committee business.

I apologize. Mr. Carrie has been waiting very patiently with his hand up.

Mr. Colin Carrie: Thank you very much, Mr. Chair.

I just want to say how much I'm enjoying this committee. I think, like everyone, I was outraged about the policy of Whole Foods. My only concern is that—as we heard from witnesses today—we have some extremely important studies, and I just am thinking of priori-

tizing. I'd really like to get through what we're doing and decide on what we want to achieve.

As Mr. Brassard did say, they have changed the policy moving forward. They've made a significant donation as well. Let's see what they come back with, and we can decide at that time.

Thank you very much for allowing me to put my thoughts forward on that.

• (1740)

The Chair: Thank you.

MP Wagantall.

Mrs. Cathay Wagantall: I just want to say that I concur with Mr. Carrie and Mr. Brassard on that.

The Chair: Okay.

We will see—fingers crossed. I assure the committee members that we will make sure that this does not derail the efforts that we now have, especially our getting the backlog study tabled before the House rises.

If there is nothing further.... I see no other hands up.

Thank you very much, everyone. I adjourn the meeting for today.

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