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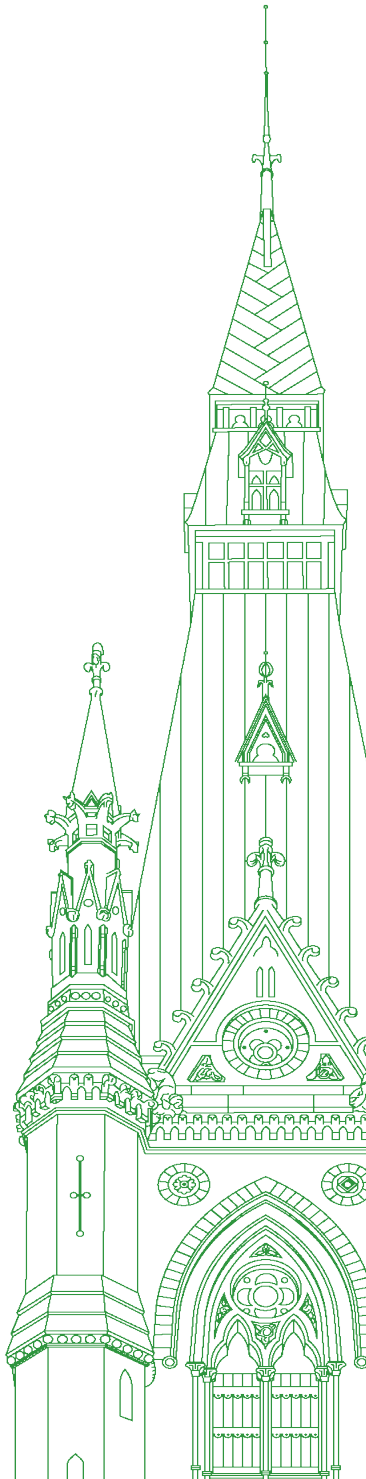

Chair: Mr. Emmanuel Dubourg

Standing Committee on Veterans Affairs

Thursday, December 1, 2022

● (1545)

[*Translation*]

The Chair (Mr. Emmanuel Dubourg (Bourassa, Lib.)): I call this meeting to order.

Welcome to meeting number 29 of the Standing Committee on Veterans Affairs.

[*English*]

Pursuant to Standing Order 109 and the motion adopted on Monday, November 21, 2022, the committee is resuming its study of the impact of the new rehabilitation contract awarded by the Department of Veterans Affairs on the role of the case manager and quality of service delivery.

[*Translation*]

Today's meeting is taking place in a hybrid format pursuant to the House order of June 23, 2022. Members are therefore attending in person in the room and remotely using the Zoom application.

Before speaking, please wait until I recognize you by name. If you are on the videoconference, when you are not speaking, your microphone should be on mute.

A reminder that all comments by members and witnesses should be addressed through the chair.

[*English*]

For members in the room, if you wish to speak, please raise your hand. For members on Zoom, please use the “raise hand” function.

[*Translation*]

Please note that one witness was unable to be with us at the meeting today, but she wanted to submit a brief to committee members with respect to this study. The brief is currently being translated.

Before welcoming the witnesses, I'd like to acknowledge the presence of our colleague Francesco Sorbara, who is substituting for Rechie Valdez today.

[*English*]

I would now like to welcome our witnesses. We have Patricia Morand, occupational therapist and clinical care manager, by video conference; from the Royal Canadian Legion, Carolyn Hughes, acting director of veterans services, national headquarters; and from Wounded Warriors Canada, Scott Maxwell, executive director, by video conference.

I would now like to invite Ms. Patricia Morand to start. You have five minutes. I'm going to inform you when you have one minute left and when your time is over with these signs that I have here. You have five minutes or less for your opening statement. Please go ahead.

Ms. Patricia Morand (Occupational Therapist and Clinical Care Manager, As an Individual): Thank you, Mr. Chair, for inviting me to speak today.

I was asked to speak today as a service provider who may be impacted by the new rehabilitation contract.

By way of background, I am a registered occupational therapist in the province of Ontario and have been since 1982. I have been a service provider for Veterans Affairs Canada for well over 20 years. I have provided services as a field occupational therapist—or FOT for short—during that time and have had an additional role as a clinical care manager—or a CCM—since 2018.

It is the role of the CCM that I will speak of today because this role that is aimed at veterans who have complex needs and who are in the rehabilitation program.

CCM referrals in the past were made by the veteran's case manager. Involvement with the veterans varies depending on their needs and can include things such as helping the veteran reconnect with services in the community, assisting the veteran re-engage in community activities, or working with the veteran to facilitate re-engagement with their daily activities. The veterans I have seen through this role have multiple needs within the realms of physical barriers, social barriers and mental health struggles.

As a CCM, I work in conjunction with other people working with the veteran, including psychologists, social workers, family physicians when needed, and in the past with the March of Dimes vocational staff when needed, and case managers and those who may be involved with the veteran through community agencies or community services.

To date, I have not been able to identify how the CCM role, and subsequently my role as this provider, may be impacted by the new contract.

I received an email in the summer asking about my expression of interest and I expressed interest. I subsequently received an email from the new provider in late September, asking me to complete a data collection form. Upon reviewing the form I noted that there was no selection for an OT or CCM, so I was unsure if I should complete it. I reached out to the contact person with the new provider and subsequently spoke with that person. I was also directed to a link through Veterans Affairs.

Unfortunately, to date my questions remain unanswered. As an OT who has been providing clinical care management to veterans with complex needs who are in the rehab program, my questions include the following: Will the CCM role be used? If yes, will an OT still provide this role? If yes, will this need be done under the umbrella of the new provider or can this be done autonomously as it has been done in the past? If this must be done under the umbrella of the new provider, will there be changes to the compensation structure?

As a service provider for Veterans Affairs Canada for well over 20 years, I have always worked through my private practice and I am unclear at this time whether the new provider will use only providers under their umbrella or whether independent providers such as me will have any role to play.

Those are my comments.

● (1550)

The Chair: Thank you, Ms. Morand.

Now let's go to Ms. Carolyn Hughes for five minutes or less.

Please open your mike.

Ms. Carolyn Hughes (Acting Director, Veterans Services, National Headquarters, The Royal Canadian Legion): Thank you, Mr. Chair.

Honourable Chairman and members of the parliamentary Standing Committee on Veterans Affairs, it is a great pleasure to appear in front of your committee on behalf of our over 250,000 members and their families.

I am the acting director of veterans services at the national headquarters of the Legion, and I'm also a retired military health care administrator. I've been assisting veterans, including still-serving members, veterans who have retired—RCMP members included—and their families for about 16 years in various roles, in and out of uniform.

Since 1926, we have been assisting veterans and their families with representation to Veterans Affairs Canada and with the Veterans Review and Appeal Board for disability entitlement and treatment for their service-related injuries and illnesses. Our 27 professional command service officers across the country and their assistants are trained professionals, are government security cleared, and provide free assistance to those they need to help whether they are Legion members or not.

This past year they met, spoke with, and assisted thousands of veterans and their families in obtaining VAC benefits and services that they deserve for their service injuries and illnesses. As such, I believe we can speak confidently and with credibility about what we are seeing and hearing about the rehabilitation contract. Veterans Affairs Canada case managers establish relationships and help veterans to determine and to help them with their individual goals to assess if there are any barriers to achieve these, and to identify the available information and services for the veterans in order to achieve these.

Public Services and Procurement Canada awarded the national contract to Partners in Canadian Veterans Rehabilitation Services in June 2021 on behalf of Veterans Affairs. Under the contract, we have been advised that case managers will continue to work directly with veterans and their families to ensure the best possible outcomes for health and well-being. These are at the heart of what we want for our veterans and their families and are what they deserve.

The new contract intent, from our understanding, is to reduce administrative burdens and to provide more time to assist veterans facing complex challenges. We believe the contract could be beneficial as long as it does improve these services and the overall health and well-being of veterans and their families by allowing the case managers to spend more time with them instead of on administration functions. So far to date, we haven't received any complaints. However, the Legion continuously monitors the quality of services provided to veterans for the impact on those we serve.

We see that this contract may be a positive step in focusing personal efforts on the health and well-being of veterans, and this must be paramount in any arrangements.

Mr. Chairman, we would like to thank you for the opportunity to make this presentation, and I would be happy to take any questions later.

The Chair: Thank you so much.

Mr. Scott Maxwell, the floor is yours for five minutes or less.

● (1555)

Mr. Scott Maxwell (Executive Director, Wounded Warriors Canada): Good afternoon. Thank you for the time.

Wounded Warriors Canada is a national mental health service provider that supports approximately 3,000 members of the Canadian Armed Forces, veterans, first responders and their families every year.

Our specialty is group-based, residentially facilitated group counselling that supports our members and our clients in their healing journey on their path, mainly when it comes to veterans and their transition to civilian life.

Our big thing with VAC has always been about...there are a few things that we interact with most commonly when it comes to the clients we're serving who are VAC clients. Those are the wait times, the cultural competency of the care and how adding new service providers would repair what's going on in the system right now. Our big concern is focused around those areas.

When we're talking all the time about wait times, as we've been doing for, seemingly, the last 10 years, is a contract like this going to address wait times? Is it going to address the cultural competency of the care? Is going to address the timely access to care? Is it going to be robust enough to support the unique needs not only of our veterans, but of their families?

That is what we deal with. That's who we support here at Wounded Warriors Canada.

The one area of concern we have with what has happened with this contract is, of course, that we were not consulted at all. It's interesting, when we support the population that we do—so many of whom are VAC clients—that there was no consultation on this particular agreement. We heard from the new provider thereafter.

What's that relationship going to be like going forward? I find it interesting that we have heard from Lifemark and folks now, whom we've never heard from before.

I would like some answers to these questions. Why is that? How were these decisions made? What is their level of cultural competency for the care they're going to provide?

Let's get this straight. If you do not serve this population the right way at the right time, we will continue to see the demonstrative gaps that form, and when they fall into these gaps—not just the members, but their families—we continue, as a country, to see the fallout of those effects.

That's what I'm interested in discussing. That's what we're here to learn from. I look forward to the opportunity to have the discussion.

Thank you very much.

The Chair: Thank you so much. That's wonderful. It was less than five minutes by all of our witnesses.

Now let's go to the first round of questions. I'd like members to name the witnesses to whom they're addressing their questions.

I invite the first vice-president of the committee, Mr. Blake Richards, to take his six minutes or less.

Mr. Blake Richards (Banff—Airdrie, CPC): First of all, thank you, all of you, for sharing your experiences with us today.

I have some specific questions, but the first thing I'd like to do is ask each of you to give me a quick yes or no to the following question.

Were you consulted on this decision to move to an independent contractor for this? Please answer yes or no.

Ms. Carolyn Hughes: No.

Mr. Scott Maxwell: No.

Ms. Patricia Morand: No. We were not consulted by Veterans Affairs.

Mr. Blake Richards: All three witnesses have indicated “no”.

Please give a yes or no to this question as well. Do you feel like you have enough information about this process and what's transpiring, starting from two days ago?

Mr. Scott Maxwell: No.

Ms. Carolyn Hughes: No.

Ms. Patricia Morand: No.

Mr. Blake Richards: I think I got three “nos” again there.

I'm not surprised by that, because everything I've heard from everyone, whether they be service providers, veterans and even the employees at Veterans Affairs, is that they don't feel they were consulted. They don't feel that they have any information about something that is now in place, as of two days ago. That is my understanding, unless they've extended the date again. Nobody seems to know anything.

Let me start with Mr. Maxwell. You asked a series of questions at the end of your remarks. The last question you asked was about the level of cultural competency. You were asking questions.

I'm going to ask you, in relation to that, what should the level of cultural competency be? What is required to ensure that these people who will now be working with veterans...?

What's required in terms of education, training and competency in order for them to be able to best serve our veterans?

● (1600)

Mr. Scott Maxwell: You hit the nail on the head, Mr. Richards. The word is training. How do we expect or anticipate civilians, who are the majority of the case managers, to support the ill and injured population if they're not trained in cultural competency just generally with the occupation and the unique needs of this population? It's never happened. I've understood that there's training happening as a result of some recent headlines. I don't know what that training looks like. I don't know what it is. We've offered our occupational awareness training and our trauma-exposed professional training for VAC with no response.

To me, if you're going to put civilians in front of this population, training has to be at the forefront of their role. Unfortunately, it's not been the case. I have not seen it to be the case in 10 years. I would suggest for the department that it be the focus for today going forward.

Mr. Blake Richards: I appreciate that. I think you're absolutely right: that's critically important.

It was interesting that you note the training that you have available and have offered to Veterans Affairs but haven't even received a response to.

Mr. Scott Maxwell: This is the situation that followed MAID, the tragic story around MAID and the story that continues. We received phone calls and outreach from the department on their behalf and responded in kind. We are obviously a provider, a partner of the Department of Veterans Affairs Canada as a service provider to the population. We just await the ongoing dialogue and conversation about how we can offer our training to case managers throughout Veterans Affairs Canada.

Mr. Blake Richards: I'm glad that you brought up the topic of MAID. I have some other questions on today's study as well, but first I'd like to go down that trail of MAID for just a second.

What do you think is required to ensure that the news stories we've been hearing about veterans being offered and, in some cases, pressured about the utilization of MAID don't happen again, and how does Veterans Affairs go about making sure that happens?

Mr. Scott Maxwell: As I've said all along, from when the story broke, frankly, that we obviously have to be very careful and watchful of two things. One is that no veteran and their family experiences this ever again. Second is that for the veterans who become aware of it, they must always feel comfortable to reach out for the help they're entitled to receive.

About how to prevent it, this is an extreme situation, generally on the fringe of some of the challenges that affect the department. Understanding that, as we've said right after learning of this, if we're not preparing case managers, people, to interact with and support and have these complex and difficult conversations they're having every day with ill and injured veterans, then what are we ever going to expect to be an outcome or result of this not happening?

Our position has been clear: This is an extreme situation and should never happen again. We have to make sure that we take care of that veteran and their family and we have to support the veterans who might feel concerned about contacting the department they are after, as we are doing right now.

Beyond that, my goodness, what can we ever look to expect or receive when we're not providing the proper training that I would say and I feel for at times? The case managers, if they are asked to do this job, and are coming in to do this job and care about the work they do and how they do it, then we should be there to provide them with the resourcing they deserve to help the population they are serving.

● (1605)

The Chair: Thank you.

Mr. Blake Richards: Thank you. I appreciate that. I certainly hope the Minister of Veterans Affairs is listening because this is really important.

The Chair: Thank you, Mr. Maxwell.

Now let's go to MP Churence Rogers for six minutes or less.

Mr. Churence Rogers (Bonavista—Burin—Trinity, Lib.): Thank you, Mr. Chair.

Again, welcome to all of the witnesses today. It's good to have you here. We're looking for you to provide some answers to some of our questions.

During some previous meetings, we've had some concerns expressed by witnesses to this committee. We also heard from some of the other officials from VAC about what's being done to prepare for the transition to this new system, but there seem to be concerns expressed about how it's going to work and how it's going to be implemented and so on. It seems to me that it's not going to be done in one event. It's going to be a phased event, which is going to see the system transferred to try to remove some of the administrative burden on case managers.

If you look at some of the rationale being provided, it seems to make some sense, but of course what makes most sense is what's the best service we can provide for veterans, which is what we want to do here as a committee and as an organization.

Ms. Hughes, if I could, I'll ask you some questions. Has Veterans Affairs Canada provided you with information about this new contract?

Ms. Carolyn Hughes: No, they have not, not directly from Veterans Affairs. No.

Mr. Churence Rogers: Were you ever part of any consultations that took place? We were told by some officials that there were over 60 different consultation pieces that took place. Were you ever part of any of that?

Ms. Carolyn Hughes: I was not. I took over this role in May of this year. I'm not sure if my predecessor was, but he never passed anything on to me so I'm assuming that we have not been consulted, no.

Mr. Churence Rogers: It's possible that your predecessor may have been involved in some of the consultation. It's just that you're not aware.

Ms. Carolyn Hughes: No, he would have passed it on to me. We sat for days going over his files and things that he was working on. I have no doubt that we were never consulted.

Mr. Churence Rogers: Okay.

In your opinion, then, looking at the contract, will this contract provide good rehab or medical and psychosocial services to Canadian veterans? Do you believe that veterans have been receiving good services under the previous contracts or system?

Ms. Carolyn Hughes: It's hard to have an opinion one way or the other, because I have heard really good stories about case managers and I have heard some bad stories.

We are not health care providers or professionals in any kind of service such as occupational therapy or any treatments like that, so I'm hesitant to say if the contract will be beneficial to them. Our main concern is that the veterans receive the benefits and the treatment they deserve, and in a timely manner, of course, and we'll be monitoring for that just to make sure it happens.

As for how they get that treatment, whether it's a third party or internal, we're not concerned one way or the other, as long as they are getting the help they need.

Mr. Churence Rogers: Ms. Morand, you acknowledged that you've been in the business of supporting services to veterans for 20 years plus, and you're not quite sure of what your future role will be with any of the new providers. I'm surprised to hear that, given your experience and the supportive service you've provided.

I guess I'll give you another opportunity to say what you might expect from this new contract and how it might impact you and your practice.

Ms. Patricia Morand: I have a couple of roles with veterans. The role within rehab is the clinical care manager role. At this point, I'm not sure if that role will continue. I may not have a role. I really don't know at this point, and I've not been able to get clarification. I don't have enough information to know.

● (1610)

Mr. Churence Rogers: I understand and appreciate that.

We hear numbers that there are going to be 14,000 veterans serviced by this new contract group organization, and 9,000 service providers, from people with your expertise to others and from regular medical doctors and personnel and so on. It sure seems that you fit the bill for a lot of that.

I'll ask you again, Ms. Hughes, does it make sense for Veterans Affairs Canada to provide these kinds of services in-house as they've been currently doing, as some witnesses have claimed to this committee?

Ms. Carolyn Hughes: My understanding is that there will be case managers. They will still have a function. Some of the administrative stuff is being sent to a third party. From what I understand, the service providers they have now, whether massage therapists or anything, are going to continue. It's just going to be another third party administering the administrative part of it, the paperwork.

The Chair: Thank you, Mr. Rogers, and Ms. Hughes.

[*Translation*]

I will now turn over the floor to Mr. Desilets for six minutes.

Mr. Luc Desilets (Rivière-des-Mille-Îles, BQ): Thank you, Mr. Chair.

Greetings to all my colleagues.

Ms. Hughes, you are currently serving in an acting capacity. What was your previous position?

[*English*]

Ms. Carolyn Hughes: My previous role was as deputy director of veterans services. I was in that role for about eight years. I have been in this office for 12 years now.

[*Translation*]

Mr. Luc Desilets: You've been in this position on an interim basis for seven months. Is that correct?

[*English*]

Ms. Carolyn Hughes: Yes.

[*Translation*]

Mr. Luc Desilets: You stated earlier that you were never personally consulted. Is that correct?

[*English*]

Ms. Carolyn Hughes: Yes, that is the case.

[*Translation*]

Mr. Luc Desilets: You also stated that your predecessor did not tell you whether or not he was consulted.

[*English*]

Ms. Carolyn Hughes: That's the case, but if he had known of this, he would have contacted me. He would have passed it on to me before he left. We're still in contact today on various items, so if he had been contacted, I would know of it.

[*Translation*]

Mr. Luc Desilets: You're sure that your predecessor was not informed that people were consulted in the development of this project. Is that correct?

[*English*]

Ms. Carolyn Hughes: Yes.

[*Translation*]

Mr. Luc Desilets: The transition is going smoothly with your predecessor. You are in contact with him.

[*English*]

Ms. Carolyn Hughes: Yes, absolutely.

[*Translation*]

Mr. Luc Desilets: I'm asking you these questions because my colleagues and I are very surprised at what you're saying, for we've been told by people in the department that at least 100 people were consulted in setting up the program.

Is that possible or did we misunderstand?

[*English*]

Ms. Carolyn Hughes: I cannot answer that. I wasn't contacted, and neither was my predecessor.

[*Translation*]

Mr. Luc Desilets: I see.

You alluded to quality of service. How would your unit be able to assess the quality of services rendered by the new firm? Would you use grids or would you conduct interviews with professionals? How will it be done?

[*English*]

Ms. Carolyn Hughes: We would hear directly from our veterans we deal with on a daily basis across the country. We have 27 professional service officers who help veterans daily, whether it's to obtain treatment benefits through VAC, first applications for disability and entitlement to various claims. They're not shy. If they're not getting the service they need and deserve, we will hear about it.

[*Translation*]

The Chair: Excuse me, Mr. Desilets.

[*English*]

Mr. Maxwell, I saw you raise your hand. Maybe one of the members will ask you a question, so do not hesitate.

● (1615)

[*Translation*]

Mr. Luc Desilets: I'm sorry, Mr. Maxwell, I didn't see your hand raised. If you'd like to answer the question, please go ahead.

[*English*]

Mr. Scott Maxwell: I just don't want to lose.... I want to support what Carolyn is saying, because I'm with her. We stand there together. I don't know if this is the forum for offering some input, so please let me know if I am able to do that.

My point was more around the fact.... Let's not worry so much about who was consulted, or how we were consulted, because it's clear we were not consulted. The most important part about this process going forward is, what is going to be the impact and the effect on the population going forward?

The decision has been made, rightly or wrongly, but as a committee we have to look at and ask, as individuals on this committee, as a department, as a government and as a country, what kinds of services are going to change?

We've been talking about the backlog in the VAC disability claim situation a month ago. Is it 25,000 in adjudication who are now waiting? We're talking about the cultural competency of the care, how it's received and how it's delivered. We're not so much concerned about who is providing it, but how it's provided.

[*Translation*]

Mr. Luc Desilets: Mr. Maxwell, I certainly understand your concern, as it's also one of our committee's concerns.

What I see, however, is that a new structure is being put in place without any consultation. It doesn't take into account what people who have expertise in this area know, and I am a little concerned by that.

So I'm wondering how staff who will be providing services are to be evaluated. That's part of my concern. I don't know if you have any input on that.

We're being told that veterans will be questioned. I am a former school administrator, and I wasn't necessarily questioning the kids to see if the teacher was good and doing their job properly. I would question whoever was providing the services.

That's the question I am asking again.

Ms. Hughes, how do you feel that—

[*English*]

Mr. Scott Maxwell: I'm bilingual by half, Luc. I need some help. What's the translation of everything you just said?

Can someone help? I can't hear the translation, Mr. Chair.

The Chair: We are going to ask the technician to call you quickly.

I think that the question was addressed to Ms. Hughes instead of you.

Is that okay?

Mr. Scott Maxwell: Okay.

[*Translation*]

Mr. Luc Desilets: Ms. Hughes, I'm going to ask you my question again.

When a minister is not doing their job well, there are people, such as the ombudsman, the Auditor General, the Commissioner of Official Languages or the Parliamentary Budget Officer, who do research and then make recommendations.

What concerns me about this contract is how services will be evaluated and who will evaluate them. Actually, will services even be evaluated?

[*English*]

Ms. Carolyn Hughes: I'm not sure what you're asking because we don't know what types of services a veteran necessarily is receiving one on one. My concern is more that they get the services they need.

When a veteran is denied a certain service—let's say they want to have massage therapy—and Veterans Affairs says that they're not eligible for it, that's where we can step in and say that, based on their condition, it's reasonable. We can work with them to get that overturned at the department.

Whether we're doing that through Veterans Affairs directly.... We would probably actually continue to still do it through Veterans Affairs directly and have them speak with the contractor to get it clarified.

Right now, they're doing that through Medavie Blue Cross. From my understanding, it won't be much different from that.

● (1620)

[*Translation*]

The Chair: Thank you, Mr. Desilets.

Mr. Luc Desilets: Thank you, Ms. Hughes.

[*English*]

Ms. Carolyn Hughes: Could I make one more comment? We also have monthly meetings with Veterans Affairs Canada. I often bring up various things that we're seeing and that we have concerns about.

The Chair: Thank you, Ms. Hughes.

Now I'd like to invite Ms. Blaney for six minutes or less.

Please, go ahead.

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

I want to thank all of the witnesses for all that you do for veterans. I really appreciate it.

Of course, Ms. Hughes, I'd like to acknowledge your service to our country. I deeply respect that service.

I would like to first come to Ms. Morand, if I can.

I appreciate your testimony. I'm just trying to get the timeline a little bit clearer for myself. What I understand is that the first step was that you were asked to provide an expression of interest, which you did.

Can you tell us about when that was?

Ms. Patricia Morand: I think that was around August. It was this summer, because I had a response back from the contact person in September. That's when they asked me about the data completion form, which I still haven't....

Ms. Rachel Blaney: You still haven't completed filling out the form, is that correct? Is that because there's no room to put “OT” or “CCM" in?

Ms. Patricia Morand: That's right. I still do not have an understanding of what their format will be, or, again, whether there will be an OT or clinical care manager role. I'm not sure. I don't know.

Ms. Rachel Blaney: You asked that question. Did they respond to it?

Ms. Patricia Morand: I didn't get an answer.

Ms. Rachel Blaney: You didn't receive an answer.

Ms. Patricia Morand: No.

Ms. Rachel Blaney: You've been providing these services for over 20 years. I would guess, after 20 years, that you have a pretty comprehensive understanding of how to work with veterans. I think Mr. Maxwell talked about this earlier—that cultural knowledge. When you do it for a long time, you definitely develop that, I would assume.

We don't know whether you're going to be on that list, as a provider, because you're not getting answers back from VAC.

Ms. Patricia Morand: That's right.

Also, I'm a private provider, so I'm a fee-for-service OT. Veterans Affairs refer if they want me to see a veteran. That's how being a service provider works. I have a lot of experience. I worked directly with Veterans Affairs. I'm not sure, with the new provider, whether I will still be able to do that, or have to provide service under the umbrella of the new provider.

I've worked in a lot of different areas, not just with veterans. My experience is, when that happens, the whole fee structure changes, so—

Ms. Rachel Blaney: I'm sorry to interrupt you, but I think that's very interesting. I've done a bit of research and had some conversations. I heard from a couple of service providers who are very concerned, because, of course—please correct me if I'm wrong—the process that was in place was this: The provider goes directly to Blue Cross, bills, then gets reimbursed.

Ms. Patricia Morand: That's right.

Ms. Rachel Blaney: We're hearing that, in the new process, service providers will go to PCVRS, and they will be billing VAC, so the timeline gets longer. Until they get the money from VAC, the service provider doesn't get the amount. We're hearing that what used to be a $195 fee.... They are now only willing to pay $160, for example. We are hearing that.

That is one of the questions you said you wanted answered, I believe. Am I correct? It's knowing what that fee structure will look like. Are you worried about the money, or the timeline for getting that money, as a private person, or—

● (1625)

Ms. Patricia Morand: No, I'm not worried about that.

I'm more worried about.... I've always been able to provide my services autonomously. I have been able to collaborate with the case manager or whomever is needed regarding the veteran with whom I'm working. The vets I see, in this role, are quite complex. Their needs are complex. What I do, working from one veteran to another, is quite variable, depending on their needs, so what you're going to do with each person is not cut and dried. I don't know how going under the umbrella of a company will impact that. That's part of it. I want to still be able to provide the same kind of service I do.

Compensation, for sure, is another piece of it. I don't know anyone who would want to provide—

Ms. Rachel Blaney: That's so reasonable. If you're going to be doing that service, you need to be compensated, so you can do it well. I think that's completely fair.

Ms. Patricia Morand: When you've done it with a certain level of compensation, which is then going to be—I don't know—cut in half, it's a concern.

Ms. Rachel Blaney: I have one last question for you. Currently you just work with the case manager. This model would mean that the case manager was working with another person from the provider, so it would be like you're working with two people. As a provider, do you have any concerns about adding extra people?

Ms. Patricia Morand: I don't, but I don't even know that, and I don't know, if this role continues—which I hope it would because I think it is really quite helpful for the veterans—how that will look.

I don't really have—

Ms. Rachel Blaney: Thank you. I appreciate it so much.

My time is up.

Ms. Patricia Morand: Thank you.

The Chair: Yes, thank you, Ms. Blaney.

Now let's go to a second round of questions. I would like to invite Mrs. Cathay Wagantall for five minutes, please.

Go ahead.

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

My understanding of the situation is that VAC has a huge backlog. The goal here is to deal with that by taking it out of house to lighten the administrative burden of case managers.

In speaking with case managers who came as witnesses as well, and knowing what the Auditor General's report said, there was never what I would call a “significant effort” by VAC to build up our case managers to where we have enough of them so that they could meet that criteria that VAC promised them of 25 veterans per caseload. Many or most of them are at 40 to 60.

I would like to ask you each to briefly comment on that. This is a lot of money going out the door, a quarter—I believe $25 million—of which is profit for these companies that were supposed to be in place already. If you go to the VAC website, it says that they are working towards having this information available, and thanked people for their patience. I don't see a lot of hope here.

Be very brief, each of you. I'll start with Scott, then go to Patricia and Carolyn. That would be great.

Mr. Scott Maxwell: There are the same concerns. I don't like what I'm hearing when people say this is a new model. VAC has been outsourcing. They're not a service provider; they've always done this. We work with hundreds and hundreds of health care providers who service the population who refer to us in this case. That's not new. This is not a new thing. They've just given a contract to a massive provider, and we're expecting better results. I don't see how that changes the outbound side of care. What we've been talking about as a country for a long time, every Remembrance Day or around that period of time, for example, is the backlog on adjudication of awards, claims and benefits.

Mrs. Cathay Wagantall: Scott, do you see this as an added level of bureaucracy, then?

Mr. Scott Maxwell: It absolutely has the chance to be. I'm not looking at the provider and saying that that's going to be the case, because I know they're in health care and want to streamline access to care, no doubt, but the proof is in the pudding.

All I'm trying to say is that the way that VAC has been doing business is not a new way. They're not a service provider.

● (1630)

Mrs. Cathay Wagantall: Thank you. That's very helpful.

I'll go to Patricia and then Carolyn.

Ms. Patricia Morand: Can you ask your question again?

Mrs. Cathay Wagantall: Sure. Basically what we have here is a scenario where a significant amount of responsibility has been transferred away from case managers, with the understanding that it's to lighten their burden, but we know that they don't see it that way because they have been told and told they'd have a caseload of 25 veterans. You know how complex their situations are. They're still at a caseload of 40 to 60, which, of course, if that burden of administration was removed by having more case managers, it would probably deal with the issue in the same way and not be spending taxpayers' money on funding another organization.

How do you see that?

Ms. Patricia Morand: I'm a provider for veterans, but I'm not an employee of veterans, so that's really difficult for me to answer. I don't think I can.

Mrs. Cathay Wagantall: One thing I'll mention, Patricia, is that the case managers, when they say there are going to be 9,000 providers.... One of them commented that that's way fewer than what we have now to service our veterans. Would that concern you, if that means that there will be fewer people and fewer organizations to be included in this new method of providing services for veterans?

Just answer very briefly; I want to get to Carolyn.

Ms. Patricia Morand: I think you want to maintain or improve the service to veterans however it's going to look. I think it also important to give veterans the choice of who they would like to be their provider.

Mrs. Cathay Wagantall: Wonderful. Thank you.

Carolyn.

Ms. Carolyn Hughes: I completely agree with Scott that this is not new. Medavie Blue Cross is a third party, so they've had third party contractors for quite a while. As Scott said, they're not service providers. They don't do the medical treatment and things like that.

As to the number of providers they're going to use, from what I have learned, they're not going to be telling somebody that they can't go to that doctor anymore, but have to go to this one. They're still going to be allowed to go to the providers they have now.

I wanted to highlight one thing, though. The disability claims and the backlog are a separate department from case management withing Veterans Affairs, so there's no overlapping responsibilities in that way.

The Chair: Mrs. Wagantall, your time is up, so thank you so much.

Now I'd like to invite MP Darrell Samson for five minutes or less, please.

Mr. Darrell Samson (Sackville—Preston—Chezzetcook, Lib.): Thank you very much, Chair.

I want to thank all three presenters for their information. It's very much appreciated.

I'd like to start with Mrs. Hughes for a second.

Here I'm noticing that we have a record that Alexandra Pasha from the Royal Canadian Legion was present at the department's stakeholders meeting. Do you know that person?

Ms. Carolyn Hughes: Yes. Alexandra is one of our employees here. She works for me.

Mr. Darrell Samson: Are you aware that she was present at the technical briefing on November 14?

Ms. Carolyn Hughes: Yes. She would have been there as part of the ministry advisory groups.

Mr. Darrell Samson: We could assume she was consulted, because she took part in the technical briefing.

Ms. Carolyn Hughes: I would not say she was consulted. I would see that as more of an information session. Alexa has just been working here for about six months, so—

Mr. Darrell Samson: Thank you for the answer.

Mr. Maxwell, I'm glad you underlined that this is not new. There have been two providers out there since 2006. Do you agree with that? I believe I heard you say that. Is that correct?

Mr. Scott Maxwell: Who's speaking? Is it Darrell?

Mr. Darrell Samson: Yes, it is.

Mr. Scott Maxwell: Hi, Darrell. It's good to see you again.

Mr. Darrell Samson: It's good to see you too.

● (1635)

Mr. Scott Maxwell: There are lots of providers. Who are they? There are, from what Patricia is saying, the OTs. The health care providing community is massive in Canada and provides supports for the population, and under our contract by VAC. So that's what I mean. There's—

Mr. Darrell Samson: The point I'm trying to make, Mr. Maxwell, is that there were two service providers, and now we have one, and that one service provider will allow 14,000-plus veterans to access 9,000 medical professionals across the country, as well as having access to over 600 offices. Are you aware of that?

Mr. Scott Maxwell: That's new. That's information to me. But, again, what I would say, Darrell, is to not look at the numbers so much as the outcomes and effects.

Mr. Darrell Samson: Absolutely —

Mr. Scott Maxwell: Perhaps I could finish. Sometimes within every government, any government, any situation, it's all about the numbers and less about the effect. I would say that what we're talking about is wait times decreasing, the cultural competency. There are 9,000 providers. Wonderful. How many support uniformed service personnel on a daily basis? I would—

Mr. Darrell Samson: Thank you. Mr. Maxwell, I'm sorry, but I don't have much time.

Do you believe that these medical professionals, who would be supporting our veterans through this new contract, would have the patient's, the veteran's best interests when dealing with them?

Mr. Scott Maxwell: Always. I think every health care provider has the best interests of the veteran, or the uniformed service member or their family member in their care in mind. It just doesn't always mean they're providing it.

Mr. Darrell Samson: No, but it doesn't mean they're not either, so we can't make that assumption.

That being said, do you think, Mr. Maxwell, that Veterans Affairs would have the capacity to offer an in-house service?

Mr. Scott Maxwell: I would say they haven't provided that, and they shouldn't provide it. They should rely on the subject matter experts in the field to do the work.

Mr. Darrell Samson: Thank you.

Let's maybe talk about your organization, which does excellent work to support veterans. I thank you and all your people who work in supporting our veterans.

Does your organization provide training? For therapy and training, do you do it in-house, or are you contracting out to external service providers to deliver rehab, medical and sociological supports?

Mr. Scott Maxwell: It's in-house.

Mr. Darrell Samson: You do it all in-house. Nothing is contracted out?

Mr. Scott Maxwell: That's correct.

Mr. Darrell Samson: Okay.

Have you been contacted by the union to speak about this rehab contract?

Mr. Scott Maxwell: No.

Mr. Darrell Samson: You've never spoken with anyone on that front?

Mr. Scott Maxwell: No.

Mr. Darrell Samson: Do you believe that veterans were receiving good services from the former contract, which had two parts to it, as you referred to earlier? One, of course, was the medical and psychosocial rehabilitation. The second one was offered by Medavie. Do you believe they were receiving good services?

Mr. Scott Maxwell: If you'll give me 30 seconds, I'll tell you that the veterans who come into our programs and our care usually are referred from a health care provider who is usually under the VAC contract. Of those conversations we're having with those members who are coming to us by way of a health care provider under the VAC contract, I would say, yes, the relationship in that referral-based network is improving.

In the current framework under which we're working as a service-providing organization, the answer in reply to that question is "yes".

Mr. Darrell Samson: Thank you.

The Chair: Thank you, Mr. Maxwell.

The two last interventions will be really quick. Each MP will have two and a half minutes.

Mr. Luc Desilets, I invite you take the floor.

[*Translation*]

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

Mr. Maxwell, I know you don't know much about this new service structure, but do you see anything positive in it?

[*English*]

Mr. Scott Maxwell: I was thinking about that today. It's a great question.

I guess the only thing I could offer that would be a positive would be to answer "if things change". It's impossible to say that something would be positive that just took effect. That would be irresponsible. But I would suggest that if change comes, that reduces the backlog in the system as a whole. It improves timely access to care. If it improves the cultural competency of the delivery of the care, then maybe we will have something to talk about when I'm invited, hopefully, to the next round of these sessions.

[*Translation*]

Mr. Luc Desilets: Can any service provider claim to be a veterans service provider or does it require some expertise? If it does require some expertise, are we talking one year, five years, 10 years?

● (1640)

[*English*]

Mr. Scott Maxwell: It unequivocally requires an expertise. The cultural competency, the occupational awareness, the experience in working with this population—those are fundamental to care. That's our specialty. That's what drives our success. The best-laid plan is on paper, but if that interaction does not compute, does not engage, we often get one chance with this population; if it doesn't—

[*Translation*]

Mr. Luc Desilets: I see.

I feel your staff is well trained and competent. That's the impression we all get.

Do you feel that a new structure like this will provide services of comparable quality to the services you provide?

[*English*]

Mr. Scott Maxwell: Absolutely. I just think it needs to be integrated. It needs to be collaborative. It needs to be part of a process where the system is bringing in subject matter experts in the field to help improve care, whether that's the old system, which wasn't doing that very effectively, I would add, or the new system. It's the system, not just who the provider is, that's been the problem.

[*Translation*]

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

The Chair: Thank you, Mr. Desilets.

[*English*]

I'd like to invite Ms. Rachel Blaney to go ahead for two and a half minutes, please.

Ms. Rachel Blaney: Thank you, Mr. Chair.

Perhaps I can begin with you, Mr. Maxwell. You know, I always err on the side of caution and listen to the voices of the people who do the work and to the people who receive the service. That's the workers and the veterans in this case. We have heard very clear testimony that this new structure will cost 25% more than the current structure we have in place.

We also know that VAC has had continuous challenges because they've been hiring people temporarily instead of permanently. Of course, that means higher levels of turnover, with new people coming in and getting trained. It takes a lot of time, as you said, to train people to work with veterans. I really appreciated what you said just moments ago, that we have “one chance” with this population. I think that has to be absolutely our perspective and our main focus.

I'm wondering if you have any thoughts on whether it would be beneficial to take some of that 25% more that's going to be added into this and that's going to cost that much more and invest in staff to be permanent and have that cultural training that you were speaking of earlier.

Mr. Scott Maxwell: With respect to the current cost increasing, I can't add if that's necessary or not, but I would agree one hundred per cent with you that programs exist. Help is out there. Subject matter experts all across the country are working with us to do this work and provide the care. I find that often we're not consulted and investments can be made in programs that are already happening, care that already exists and help that is already available.

Maybe from a cost redundancy perspective, if that was how the system was being looked at, or if the department was looking at it versus creating something brand new and adding even a dollar more to what already is available, I would take a step back and ask if we have done a sector analysis: Have we done a check on what's current that we can invest in? That's our perspective as a service provider. We could do a lot more if we had more and, to that end, we could help a lot more people.

That's how I would answer that question.

Ms. Rachel Blaney: Thank you so much. I really appreciate that. That was a great answer.

[*Translation*]

The Chair: We've now reached the end of the discussion with the first panel of witnesses.

On behalf of the committee members and the entire team, I thank the witnesses for participating in our study on the impact of the new rehabilitation contract. I'd like to thank Patricia Morand, occupational therapist and clinical care manager, who appeared as an individual; Carolyn Hughes, acting director, veterans services, at the national headquarters of the Royal Canadian Legion; and Scott Maxwell, executive director of Wounded Warriors Canada.

We will suspend for a few minutes to welcome our next panel.

● (1645)

(Pause)

● (1650)

[*English*]

The Chair: We can now proceed to the second panel of this meeting.

I have a quick reminder for our witnesses. Before speaking, please wait until I recognize you by name.

I would now like to welcome to hear from this panel, first of all, one of our colleagues, MP Rachael Thomas.

We are also welcoming our witnesses: Mr. Christopher Banks, sergeant, retired; Ms. Christine Gauthier, corporal, retired; and Mr. Bruce Moncur, corporal, retired, by video conference.

I'd like to start with you, Mr. Banks. You have five minutes or less for your opening remarks. Please go ahead.

Mr. Christopher Banks (Sergeant (Retired), As an Individual): Thank you.

I want to start off by telling my story.

I joined the army at 16 in 2003. I was deployed to Bosnia as a peacekeeper. In 2008, I deployed to Kandahar as part of the battle group. When I returned home, I knew something was wrong and I sought out help. Over the next 10 years, I battled PTSD until I became suicidal in 2018, which led to a medical release in 2019.

Throughout the pandemic, I completed vocational rehabilitation through SISIP, which, by comparison, was very smooth and stress-free. I was able to complete a university certificate program in public policy in 2021. I left that program feeling confident about my recovery, although my psychologist and I were both keenly aware that my recovery was very fragile, and a serious setback could derail my progress. I continued to seek out further rehabilitation.

This year, I hoped to begin the application process for vocational rehabilitation, and applied to the program run by Canadian Veterans Vocational Rehabilitation Services. I went through the physical and cognitive assessments. Throughout the process, I made it clear to the case manager I was assigned to that I struggled with online learning during COVID and would like in-class learning. My psychologist had assessed that I would do better with part-time learning as opposed to full-time learning. I made it clear that my family had recently purchased a new house and would be moving from Brampton to Ottawa in the summer, and I requested a September start. I also requested to continue studies in public policy at the University of Ottawa or at Carleton, which I was assured would be considered. I scored very highly on the cognitive test, and there were a large number of public policy positions within the public service that appealed to me.

In April I was contacted by the CVVRS case manager, who blindsided me when she told me that the program I would be approved for was office administration at Algonquin College, full time, online and starting immediately.

Every request I had made for accommodation and every request my psychologist had made for accommodation was ignored. I was told that market research indicated that there were no policy positions available in Ottawa—if you can believe it—and that their decision was to formally recognize skills I already possessed, which would meet their policy of making me employable at 90% of my previous pay. They had no intention of supporting any more than that. She further informed me that if I did not agree to this program, I would be stripped of all of my benefits, including my medical pension, which I require to survive.

I had an immediate panic attack and had to end the phone call.

Over the next couple of days, I called and emailed the CVVRS case manager and my Veterans Affairs case manager, trying to figure out what my options were and to learn more about the policy and whether they knew what this situation was doing to my mental health.

My Veterans Affairs case manager broke the news to me that the policy, indeed, stated that if I refused to participate in the recommendation, I would be deemed as not participating in the rehab program and would be removed. This included my removal from the IRB. She told me that if I left the vocational program, I would likely not be accepted a second time if I applied.

I reached out for help and advice in one of the veterans' Facebook groups for medically released veterans. I told my story. I asked if anyone had gone through the process. I asked if they had any advice. I received over 40 comments, most of which were telling me to strap in, because it was about to get worse.

Other veterans expressed that the follow-ups, once they were enrolled in the program, caused a huge amount of stress, and that once they graduated, the priority became to get them employed and out the door.

I enrolled in the Algonquin program, because my hands were tied. Honestly, I didn't have anything against going to college; I was just not keen on being put in a position that would degrade my health.

I became suicidal again. I initiated appeals through Veterans Affairs, but I was told the process would take 12 weeks. I initiated another request for intervention through the veterans ombudsman. Thankfully, the ombudsman stepped in for an intervention, because the appeal reply I received from Veterans Affairs deemed suicide not an appropriate risk to remove me from the program.

● (1655)

Since then, I completed the move for my family. I have recovered again, and now working on further resilience training with my psychologist, so I can finally move on.

I initiated and received an access to information request, and received the reply this summer, which indeed showed that VAC had received the recommendations from my psychologist, and ignored them. I had asked my psychologist if she had any information on this new provider. In a call with my case manager from Veterans Affairs last month, she told me about the new contract, and that her role in my rehabilitation would be lessened.

The Chair: Excuse me, Mr. Banks, it's way over five minutes. I'm so sorry to interrupt you.

[*Translation*]

You're telling us a very touching story here.

Mr. Richards, would you like to say something?

[*English*]

Mr. Blake Richards: I understand that the witness is over his time, but he's trying to tell us his story. Maybe we could give him another minute or two just to wrap-up. He has half a page. I think he's telling his story, and we should let him.

The Chair: I agree. We did not receive a brief, but if members of the committee agree, along with me, I would like to give you a few more seconds to complete your opening remarks.

Please go ahead, Mr. Banks.

Mr. Christopher Banks: I would like to thank the committee. I promise I'll be as quick as I can.

I had asked my psychologist if she had any information about the new program provider, as she had a lot of experience with other veterans going through what I am going through. She told me she had already attempted to contact the PCVRS for another client, had left voice mails and emails, and had received no reply to her queries.

Last week, I received a letter from the PCVRS telling me that I am being enrolled. I went out for information myself, and all I could find was what limited information was put on the website, but every bit of information I'm hearing says it's going to be more of the same, maybe a little worse.

I want to leave it at this. I'm scared. I'm scared I'm going to be forced into another program that will not help me succeed, and will only put me at new risk. The obscurity in this new contract, and the gradual removal of case managers from the process who, in my experience, have been the only people who truly care about us, leads me to believe that this is just another predatory company taking advantage of a vulnerable group in order to make a profit at the expense of veterans.

Thank you.

● (1700)

The Chair: Thank you, Mr. Banks, and also thank you for your service. It's really important.

[*Translation*]

I wish you continued hope in your endeavours.

[*English*]

I'd like to invite Madame Christine Gauthier, for five minutes or less.

[*Translation*]

Ms. Christine Gauthier (Corporal (Retired), As an Individual): My service number is H76627241 and my Veterans Affairs number is 5088661. You should read my story, because it's not easy to sum up 34 years in five minutes.

I would love to understand how you can think it's a good idea, in any scenario, to subcontract services again. Services will now be provided by Canadian Veterans Rehabilitation Services Partners (CVRSP), a partnership that is in turn subdivided into two businesses, WCG International Consultants and Lifemark Health Group. Once again, these businesses will be lining their pockets.

Services were subcontracted in the 2000s to Blue Cross, and we know it doesn't work. Nothing has been improved for veterans since that time. On the contrary, the result is that the number of steps has doubled and services have been cut in half. Now you want to split them in four. I don't understand; it's complete nonsense. I don't know how you arrive at your figures. Personally, I learned that two plus two is four, but it seems that's not always true.

Am I the only one who can see that this is obviously a cut and paste of Mr. Trudeau's comments on Hockey Canada becoming Canada Hockey? We'll change Veterans Affairs or Blue Cross to CVRSP, which will again be split in two.

The contract awarded by Veterans Affairs is worth over $570 million. Do we even know how long the contract is for? Has that information been provided? Who will manage the money? What will happen to veterans services after this money runs out? I haven't heard anything about that. I never heard about any of this until I saw the news this week.

They said that there would be 9,000 new people. What experience do they have? We've talked about it before. Apparently, they are taking online upgrade modules to transition. That's a load of crap. The VAC officers, professionals and service providers have no information. This is also what I experienced at Ste. Anne's Hospital. People are being told that the information will come as the transition happens, and that will take at least six months.

In one statement, Minister MacAulay said that 100 temporary employees had been hired to help reduce the backlog. On another form, it said it was 50 employees. To me, there's a big difference between 100 and 50: 100 is twice as much as 50, and 50 is half of 100. Can we know which number it is? It's no wonder we're not able to put together programs that work.

The privatization of services simply doesn't work for Canadians in any scenario. It hasn't worked in education, it hasn't worked in health care, and it won't work for veterans either.

It took almost 12 years to get a new wheelchair. All these papers I have with me are just my active record for the last four years. You can look at all of that later, if you want.

In 2002 and 2003, my medical coverage was extended because my condition was found to be serious and very precarious. I even received a letter to that effect from the Minister of Veterans Affairs at the time, Mr. Pagtakhan. However, what happens to a letter like this after the minister is no longer in office? Does it turn into toilet paper? We don't know. I can tell you that it is of absolutely no use. In fact, I had to take new steps to start all over again.

Veterans are not clients. Stop talking to them like they are. You don't choose to be physically disabled, psychologically damaged, or emotionally or sexually scarred. That's where you are greatly mistaken. You choose to be a client at Provigo or Maxi; you don't choose clients from injured veterans. Veterans are not clients. Unification and simplicity are what works.

I've been a veteran since 1998. Back then, first, the case manager came to my house to meet with me, as well as the lawyer and the doctor. It was all done in person, directly, and that's what works. If you want to serve people, you have to work with them.

There is no scenario in which this plan will work. The only way to help veterans is through direct contact between people. We need feedback from the district and regional offices, feedback from case managers who know us, who come to us, who are in our homes and who know our real needs. We need face-to-face interaction, transparency, integrity, respect, fairness, courtesy and dignity. If you recognize those words, it's because they are all in the Veterans Bill of Rights. They are all rights written in there, but we don't have them. We veterans also have the right to be involved in discussions and services that affect us. I've had no right to do that in any of these matters.

● (1705)

You need to listen to veterans and determine their real needs, rather than planning for maximum, often unnecessary spending developed by subcontracted agencies and other, once again subcontracted stakeholders, and now you're going to add two more of them.

The Chair: Ms. Gauthier, I'm sorry to interrupt you.

I'd just like to ask the committee members if they would agree to Ms. Gauthier continuing her speech for a few more seconds.

Some hon. members: Agreed.

The Chair: Thank you.

You may continue, Ms. Gauthier.

Ms. Christine Gauthier: Thank you.

I will end by saying this. Minister MacAulay stated that his job was to do his job, and that's what he was going to continue to do.

I have a duty and responsibility to let you know that you have shamefully failed.

The Chair: Thank you very much, Ms. Gauthier.

I also want to thank you for your service. It's important that we hear from you, so that we can help you and the necessary corrective measures can be taken.

[*English*]

I'd like to invite Mr. Bruce Moncur, by video conference, for five minutes or less, please.

Please, go ahead.

Mr. Bruce Moncur (Corporal (Retired), As an Individual): Good afternoon.

I am retired Corporal Bruce Moncur.

I served in the Canadian Forces for almost a decade, during which I fought in Afghanistan and took part in the largest battle in the war, which was Operation Medusa. My company, Charles Company, fought ferociously for over two days of fighting until we were deemed combat ineffective. My platoon, the Crazy Eights, would be reduced from 40 to five in those 48 hours. After a friendly fire incident, I would sustain a life-threatening wound that would require the removal of 5% of my brain. I would have to relearn how to read, write, walk and talk.

I sit before you a mere eight weeks from finishing a teaching degree. I also started the Canadian Afghanistan War Veterans Association, and the not-for-profit Valour in the Presence of the Enemy. Each of you would have received about 50 to 100 letters about Jess Larochelle.

I am one of the original 15 veterans on the ministerial advisory board that was created in 2015. I currently co-chair the service excellence committee.

I have been a veterans advocate for over a decade, first for myself, when my lump sum pension was a mere $22,000, and now for others as we try to navigate the insurance company we call Veterans Affairs.

I have endured former Veterans Affairs minister Julian Fantino walking out on me and former Veterans Affairs minister Kent Hehr clapping as the then-CDS Jonathan Vance berated me at a stakeholder summit when I told him that not having a VAC representative present at the 10th anniversary reunion for Operation Medusa was a mistake.

I wanted to make the guys aware of the services available to them and was reduced to asking for a table with magnets and a phone number. That, too, was denied. I felt an inch tall after I has been jacked up. It was not six weeks later that one of the soldiers at the reunion committed suicide. I don't know if we could have helped him or prevented it, but I would like to have tried.

To date I have met, known or tried to help 11 soldiers who have taken their lives. You see, VAC has been offering MAID in many forms for years, but now they have gotten rid of all pretences.

It was later that I had to sit through the former Veterans Affairs minister Seamus O'Regan's speech at the Sam Sharpe breakfast, which is a breakfast in honour of a colleague of yours who committed suicide after his service in World War I. The minister would then tell a room full of veterans that he could relate to our PTSD because of his alcoholism.

It has only become worse since then.

The state of Veterans Affairs is apocalyptic—worse then I have ever seen it. In my opinion, the deliberate actions taken by the minister to put the department in such disrepair was only a means to justify the $571 million Lifemark privatization.

I am interviewed in a book written in 2015, *Party of One*, by Michael Harris. I joke with him about how they could have thousands of more points of contact if they put VAC material in McDonald's. I could never have imagined that my joke would become a sick reality.

Yet wait times keep getting longer.

They ignored the file so thoroughly that case manager Kevorkian could operate with impunity as an attempted serial killer using legally sanctioned MAID as her murder weapon, all under the minister's nose. He was too focused on the half a billion dollars of taxpayers' money that's going to the Weston family and Loblaws. These are the same people who were fixing the price of bread, are raising the price of groceries so families can't buy meat, and are unable to keep children's Tylenol on the shelves.

This new deal is only going to add a division between the veterans and the government.

We have seen in the past that the new implementation of services has taken years to iron out. Service Canada offices took at least a decade. The new veterans charter never worked; hence, this new deal.

In my opinion we need to look at how much it will cost to get out of this deal. If you are determined to go through with it, then what does the contract say about when Lifemark does not meet its obligations? Will you hold them accountable?

We've had nobody at the table to help us make these decisions. In the meantime, the minister must do the honourable thing and resign. He tweets more about potatoes than about veterans. The Department of Veterans Affairs must be moved back to Ottawa. I care little about the ramifications it will have for the economy of P.E.I. There is more Canadian veteran blood in P.E.I. than Afghanistan, Bosnia and Korea combined.

If the minister resigns, I have no faith in a Prime Minister who has missed over half of our Remembrance Day ceremonies.

You must call a royal commission into Veterans Affairs. Lives depend on it.

Thank you.

● (1710)

The Chair: Thank you so much retired Corporal Moncur.

Let's go to questions.

Members, because two of our colleagues have obligations to leave, we're going to go until 5:35. You will each have six minutes and you can split your time.

I'd like to invite, first of all, Mr. Fraser Tolmie for six minutes or less, please.

Mr. Fraser Tolmie (Moose Jaw—Lake Centre—Lanigan, CPC): Thank you.

When we have vets here, we normally recognize their service and say “Thank you for your service”. I want to do that, but I don't want you to think that it's just a platitude. We do not go through the experience of what you've gone through as told in your stories. What you've shared with us is sometimes very horrifying to us, and I want to let you know that we're grateful for the sacrifices you've made. We're grateful that you're here to help us provide a better service for those who are in similar situations to you, so I want to say thank you for being here today.

Mr. Banks, I'm going to ask you a question.

Do you feel abandoned by Veterans Affairs and how they've treated you recently?

Mr. Christopher Banks: I guess it would depend on if you're asking me about the institution or the people who I work with, the practitioners.

As far as the institution goes, yes, but for the practitioners, I've worked with a number of case managers I've been assigned over the years, and they're trying. They're trying within the bounds of the system they have to operate in.

Mr. Fraser Tolmie: Thank you.

Ms. Gauthier, in that suitcase there beside you, are those all of your files?

Ms. Christine Gauthier: No, these are just for the last four years.

Mr. Fraser Tolmie: It breaks my heart to hear that.

Ms. Christine Gauthier: And you're welcome to every single sheet of them.

Mr. Fraser Tolmie: Mr. Moncur, with the way this contract has been rolled out, do you have concerns about the future service that vets will get, based on the way this has been rolled out?

Mr. Bruce Moncur: That's correct. I serve on the service excellence committee, and this falls directly under our mandate letter.

This would have been years in the making, and not once were we told about it. In fact, the Legion member from your last round of questioning, Ms. Hughes, is also on that committee. I can tell you empathically that not once were we told about this until we heard it with the rest of the public.

Mr. Fraser Tolmie: Ms. Gauthier, when dealing with Veterans Affairs, what is your expectation from opening your file to closing your file? Obviously you have a lot of experience with it, and I'm not trying to be flip. I'm talking about the time it takes for a response, the time to be dealt with and time to have your file closed. What's your expectation?

● (1715)

Ms. Christine Gauthier: It's 24 years in the making right now. None of the initial claims of the disability have been addressed yet because the bureaucracy—

Mr. Fraser Tolmie: Wait. I'm sorry to cut you off. Are you telling me that none of your claims have been dealt with since the beginning?

Ms. Christine Gauthier: No, sir, not all of my claims in 24 years.

Mr. Fraser Tolmie: Okay, I'm sorry to cut you off again. Keep going.

Ms. Christine Gauthier: What was your question?

Mr. Fraser Tolmie: Well, you know what? I'm kind of lost here, because I'm just appalled at what service delivery is happening here. We're seeing increased numbers—

Ms. Christine Gauthier: The one thing I think you were asking as well is from the opening of the files to the resolution.... What they have been talking about in this was a bit of the initial demands, but does anyone realize that yearly we have to go through, again and again, in this system, in this resolution? The *renouvellement d'équipement* and the services, we have to go through as if it's new demand each time. It's endless.

When it started with Blue Cross in 2004, it doubled up the work and the blame left and right.

Mr. Fraser Tolmie: Mr. Banks, recently we were told that VAC was told to temporarily suspend service between October 25 to November 29. You mentioned a delay in response. Was that the time period you were involved in?

Mr. Christopher Banks: No, sir.

Mr. Fraser Tolmie: If it were to happen, and you have experienced a delay, would that concern you? How does that make you feel?

Mr. Christopher Banks: Which specific delay are you referring to?

Mr. Fraser Tolmie: You mentioned in your comments that you were waiting for a response and that you never got anything back, that you just were put off. That's why I asked if you felt abandoned. Therefore, I want to know how you feel about....

Mr. Christopher Banks: Are you referring to the appeal I filed with Veterans Affairs for the 12-week wait?

Mr. Fraser Tolmie: Yes.

Mr. Christopher Banks: Yes, I feel abandoned, more so because I explicitly told everybody in every step of the appeal process how my mental health had essentially collapsed. I was again suicidal. Their response was to say, not good enough. Yes, I absolutely feel abandoned.

Mr. Fraser Tolmie: Okay. Let me ask this as a blanket question. If a case manager doesn't know what the contract provider is there to do, how confident do you feel that you're going to be looked after, Ms. Gauthier?

Ms. Christine Gauthier: Zero. I have no confidence at all. How can they? The agents that we used to have working with us knew our case files and were able to have the control and power to help us directly. I've lived this, I've seen it work and it has worked.

But since Medavie Blue Cross came, they keep telling me how their hands are tied and that they're not able to provide the services—and also because my case is a fairly severe one, even more so. Can we just deal with it once and for all?

The Chair: Thank you, Mr. Tolmie.

Mr. Fraser Tolmie: I know I'm running out of time, but I just want to say thank you.

The Chair: Yes.

Mr. Fraser Tolmie: Thank you for answering my questions, and I'm sorry.

The Chair: Yes. Thank you, Mr. Tolmie.

Now let's go to Mr. Wilson Miao for six minutes or less, please.

Mr. Wilson Miao (Richmond Centre, Lib.): Thank you, Mr. Chair, and thank you, each and every one of you for your appearance today at the committee. From each of your opening remarks, it's really sad to hear what happened.

I'd like to ask my first question of you, Mr. Banks, on your dealings with VAC, which you mentioned in your opening remarks. What advice would you give to the department to further improve this support and service to your needs?

Mr. Christopher Banks: I would say that for an outsider looking in, whose experience is as a client, this pattern of continual erosion of benefits is not the answer. Every time there's a new contract, one more thing is removed, and this is only going to end up with there being nothing left. This privatization scheme and this outsourcing scheme is just putting care in the hands of people who have a profit motive and not a care motive, and you can see the effects in real time.

● (1720)

Mr. Wilson Miao: Thank you.

With the support you have received so far, was that provided through the previous rehab contract that VAC offered through the external service providers?

Mr. Christopher Banks: I went through the process, but the ombudsman removed me from the program.

Mr. Wilson Miao: Yes. I'm sorry to hear about that.

Were there any medical services that you received?

Mr. Christopher Banks: Through the previous CVVRS? I don't believe so, although my other mental health services are either through Blue Cross or direct billing to Veterans Affairs.

Mr. Wilson Miao: With this transition right now, what do you feel VAC can do better in providing service to you?

Mr. Christopher Banks: For one, I heard the committee ask about a dozen times today regarding who, of the various stakeholders, was consulted, and I don't know if any veterans with lived experience were ever considered for consultation.

Mr. Wilson Miao: If there's a chance right now, what suggestion do you have for the department or for VAC?

Mr. Christopher Banks: Not to be rude, but I believe I already answered that by saying that this privatization and outsourcing scheme is doomed to result in inadequate service levels and further suicides.

Mr. Wilson Miao: Thank you.

If you don't mind sharing, can you expand a little on your injury? I understand how disappointed you are with the service you've been receiving right now.

Mr. Christopher Banks: As far as my injury goes, I was in combat. As much as I took the mental health training seriously before deployment, I think everyone with lived experience will tell you that there's no amount of pretraining you can go through to just walk away from that shit—pardon my language.

Mr. Wilson Miao: No problem, and thank you so much.

How is my time, Mr. Chair?

The Chair: You have two more minutes to go.

Mr. Wilson Miao: Is it possible for me to share my remaining time with my colleague Sean Casey?

The Chair: Yes.

MP Sean Casey, please go ahead.

Mr. Wilson Miao: Thank you.

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

I'll go back to you, Sergeant Banks.

If the imposition of this contract has no effect on the role of the case manager, and if I were to tell you that after this contract is rolled out—in spite of what you may have heard from various sources—case managers would still approve rehabilitation plans, still monitor and evaluate rehabilitation progress and still coordinate participants' needs, what impact would that have on your opinion of the contract?

Mr. Christopher Banks: I was sharing anecdotally with my wife the other day that this new contract feels a whole lot like when the bar down the road is closed by the health department and opens two weeks later under new management. I do not believe the status quo is going to be good enough for veterans, and if you took my testimony at face value, I think you can see why.

Mr. Sean Casey: We heard in part of your testimony, certainly in the first question that you answered for Mr. Tolmie, that case managers are trying. I did take that at face value. If those case managers who are trying are now supported by having administrative tasks taken away from them in order to be able to focus on the veterans, do you think that's a good thing?

● (1725)

Mr. Christopher Banks: I would disagree with the phrasing that it's “a good thing” and that it's benefiting them to take administrative processes away from them. The view might be that we're helping them by taking more things off their plates, but what you're doing is taking control away from people who actually have face-to-face interaction with the veterans, the clients, and are now being represented by people who don't care.

The Chair: Thank you, Mr. Casey.

Thank you, Mr. Banks.

[*Translation*]

Mr. Desilets, you have the floor for six minutes.

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

Ms. Gauthier, if I'm not mistaken, you are paraplegic.

How long have you been waiting to have a platform lift at home?

Ms. Christine Gauthier: It's been five years.

Actually, this is an equipment renewal. This would be the third platform lift I've received. According to the VAC system, equipment replacement only occurs on renewals.

Mr. Luc Desilets: You said earlier that you had to fill out the same paperwork every year. Is this an example of that?

Ms. Christine Gauthier: It's a glaring example of that.

Right now, I have to crawl up and down the stairs to get in and out of my home.

Mr. Luc Desilets: Okay. How long have you been waiting for a new platform lift?

Ms. Christine Gauthier: It's been five years.

Mr. Luc Desilets: You haven't had a platform for five years?

Ms. Christine Gauthier: No, sir.

Mr. Luc Desilets: Okay.

Ms. Christine Gauthier: We submitted our initial request five years ago. In December 2020, the project was approved, but the subcontractor VAC sent to my home decided to do it in an unsuitable spot. We went back to the department and informed them that the spot they had chosen wasn't suitable. We contacted the department again to inform them that it was an unsuitable spot and that it should installed in the back instead. The Veterans Affairs occupational therapist decided to start the project over again.

Mr. Luc Desilets: I believe you have had one or more case managers come to your home, right?

Ms. Christine Gauthier: Yes, sir.

Mr. Luc Desilets: How long has this service been gone?

Ms. Christine Gauthier: The last ones came five years ago, about obtaining the platform.

Mr. Luc Desilets: Okay.

Mr. Moncur, earlier you threw out something that I found striking. You talked about medical assistance in dying being offered to veterans in many forms.

That is what you said, right?

[*English*]

Mr. Bruce Moncur: You're right.

[*Translation*]

Mr. Luc Desilets: Can you explain what you meant by that?

[*English*]

Mr. Bruce Moncur: It's something called “sanctuary trauma”. You're looking to someone for help, and they're not offering it. It's common in soldiers who are looking for help for PTSD, and also for young children where one parent is taking advantage of a child: the child goes to the other parent to tell them about it, and the child is ignored.

That's what it feels like sometimes when Veterans Affairs does this. It's a medical term called sanctuary trauma. It's like PTSD's ugly cousin. When I started my advocacy, I couldn't grow a beard. It took me almost 10 years to get my pension sorted out. There's a lot of frustration and futility that goes with trying to navigate through Veterans Affairs. Eventually, veterans just lose hope and think about taking their lives. It's the triple D policy of delay, deny, die. Dead veterans cost no money.

[*Translation*]

Mr. Luc Desilets: If you had only one recommendation for the committee, what would it be?

[*English*]

Mr. Bruce Moncur: I would recommend a royal commission.

[*Translation*]

Mr. Luc Desilets: Okay. Thank you.

Ms. Gauthier, I believe you wanted to add something.

Ms. Christine Gauthier: Yes, I'd like to comment on medical assistance in dying.

I have in my files a letter that I wrote after medical assistance in dying was suggested to me. I was told that if I was that desperate, they could give me medical assistance in dying now. I surmised that Veterans Affairs Canada was going to provide me with medical assistance in dying faster than they were going to provide me with the equipment I needed to live. I then wrote to Prime Minister Trudeau and Minister MacAulay.

Mr. Luc Desilets: Could you not make that letter public, but give us a copy of it?

Ms. Christine Gauthier: Yes, absolutely.

The Chair: Excuse me, Mr. Desilets, but Mr. Richards seems to want to say something.

[*English*]

Mr. Richards, do you have a point of order?

Mr. Blake Richards: My apologies, as Mr. Desilets might have already handled it. I was going to suggest that the witness provide a copy of that to the clerk, so the committee can benefit from it.

Ms. Christine Gauthier: I will certainly provide a copy.

● (1730)

[*Translation*]

The Chair: Perfect.

You may continue, Mr. Desilets. You have two minutes left.

Mr. Luc Desilets: I'd like you to submit any documentation you have related to this.

You wrote to the Prime Minister after someone offered you medical assistance in dying.

Ms. Christine Gauthier: Yes, that's right.

In the letter I sent to Prime Minister Trudeau and Minister MacAulay, I wrote that if they wanted to help me die before they would provide me with the disability equipment I needed to live, they were going to have to look me in the eye and give me the injection themselves.

Mr. Luc Desilets: I realize that it's difficult to talk about, but it would help us greatly if you could elaborate a bit.

What were you told? How did they offer that to you? How did they frame it?

Ms. Christine Gauthier: It happened exactly as I just said. I was told that, if I was finding it too hard to live, they could help me access medical assistance in dying.

Mr. Luc Desilets: Did that come from a case manager?

Ms. Christine Gauthier: Yes.

Mr. Luc Desilets: Do you know whether that was offered to other people as well?

Ms. Christine Gauthier: I saw that the RCMP was investigating the matter. According to the minister, Mr. MacAulay, it was an isolated case, but it happened to four other people. I am the fifth, and if the story came out, I think more people would probably come forward.

Mr. Luc Desilets: I'm done, Mr. Chair.

The Chair: Thank you, Mr. Desilets.

Go ahead, Ms. Blaney. You have six minutes.

[*English*]

Ms. Rachel Blaney: Thank you, Chair.

I want to thank all of you for your service, for your commitment to our country, and for coming here to speak to us today. I'm feeling a bit overwhelmed by what I've just heard. I want to extend my deepest apologies. I'm in shock. I thank you for bringing forward this reality.

Mr. Moncur said something that I've heard from far too many veterans, which is the sense or experience of going to get help from Veterans Affairs and often feeling more like you're arguing with an insurance company than actually working with people who want to see the best for you. I also heard very clearly from testimony that case managers are often the only people you interact with in your role as veterans trying to get help who seem to care.

Could you talk about, first of all, why the relationship with the case manager is so important, and if you have any concerns? We know that when it moves, and it has on the 29th, to PCVRS, not only will you have a case manager but veterans will also be assigned rehab service specialists.

I'm a little confused about how that relationship is going to work. I know that you don't know how that relationship is going to work at this point, but if I could start with you, Mr. Banks, and then we'll move over.

Do you have any concerns about these two roles you have to now work with? Could you talk about why case managers matter?

Mr. Christopher Banks: I think you hit the nail on the head when you said we don't know what the new role of the service delivery person or rehabilitation service specialist you mentioned is. We don't know what they're going to do. We don't know what their role is going is be. We don't know how it's going to impact it. That in itself is part of the scary part. There's such a big element of the unknown that it's leaving us to just assume that it's going to be more par for the course.

To answer the second question about the importance of case managers, I would say that they're the practitioners. They're the ones who have to look us in the eye. They're the only ones who experience the hardship by our sides.

It's easy for—forgive me—legislators and policy-makers to sit back and say this is the best course of action, but on the ground, that's not the case, and it's the case managers who have to watch us suffer and die.

Ms. Rachel Blaney: Thank you.

Go ahead, Ms. Gauthier.

Ms. Christine Gauthier: Of course, there are.... In 24 years, I have gone through major caseloads and case managers. I had some golden ones. I wouldn't be able to say today whether they were more caring, more dedicated and did more, or whether today they just don't give a shit and they're not implicated.

I had two awesome ones. They suddenly retired the same year and I've been falling through the cracks ever since.

This rehab is a real joke. I already have the staff around for the rehab in Ste. Anne's, for the CGD and TSO. I am lucky enough to live close to that.

They are the service providers. Are they pulling the plug on that as well? Are we supposed to hear this and I'm going to have to start dealing with somebody who's following a model online right now to guide me into what...? It makes no sense.

How has this been able to come to $570 million? How did this happen secretly? It blows me away.

● (1735)

Ms. Rachel Blaney: Thank you.

Go ahead, Mr. Moncur.

Mr. Bruce Moncur: Two weeks ago, the service excellence committee had a meeting about this. This was the first time we'd been briefed on it. Assistant deputy minister Steven Harris told us that, to his knowledge, most case managers were aware of this and that the MAID situation was an isolated case. Four and five days later, we found out through the media that that was all lies, so we had an assistant deputy minister literally lying to veterans' faces five days before the truth came out.

Like I said, it's disheartening, to say the least.

Ms. Rachel Blaney: Thank you.

I only have a minute left, so I'm going to come back to you, Mr. Banks, one more time. I apologize for that.

One of the things that I thought was really important... your whole story was incredibly important, and I thank you for sharing it.

I really hope all of you have support after this, because coming out and sharing these really personal stories is such a dedication to serving all veterans. I really, deeply appreciate it.

You talked about your psychologist doing the work to advocate for you, but also to reach out to PCVRS to try to get more information. I'm wondering if you could talk a bit about whether you've heard anything updated. Have they reached out? The last service provider talked about doing an expression of interest.

Has any of that been done, to your knowledge, with the person who's serving you so well?

Mr. Christopher Banks: I spoke to my psychologist on Tuesday, and she had not received queries that she had put in weeks ago for her other veteran clients.

Ms. Rachel Blaney: Thank you.

I believe that's my time.

The Chair: Yes. Thank you.

[*Translation*]

That brings our time with the second panel to an end.

On behalf of the committee members, I want to thank the witnesses for sharing their stories with us. I realize how much courage that took. I took notes. Your accounts were very powerful. I think all of us have compassion for what you've been through. You are trying to access services, and we can just imagine the toll it takes on those closest to you. We fully understand that. Once we finish our study, we will draft our report.

Thank you again to the witnesses who appeared as individuals, Christopher Banks, retired sergeant, Christine Gauthier, retired corporal, and Bruce Moncur, retired corporal.

I'd also like to thank all of our support staff, the interpreters, the technicians and the clerk.

The meeting is adjourned.