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Chair: Mr. Emmanuel Dubourg



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• (1630)

[*Translation*]

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

Welcome to meeting number 57 of the Standing Committee on Veterans Affairs.

[*English*]

Pursuant to Standing Order 108(2) and the motion adopted on Monday, October 3, 2022, the committee is resuming its study on the experience of women veterans.

[*Translation*]

Today's meeting is taking place in a hybrid format pursuant to the order made on June 23, 2022. Witnesses and members are attending in person in the room and remotely using the Zoom application.

For interpretation for those on Zoom, I would like to remind you that you have the choice, at the bottom of your screen, of floor, English or French. All comments should be addressed through the chair.

In accordance with our routine motion on connection tests, I wish to inform the committee that the witnesses have completed the required tests before the meeting.

Before welcoming our witnesses, I'd like to give you a warning. We will be discussing experiences related to mental health. This can be a trigger for people here with us, the viewers, members of the committee and their staff who have had similar experiences. If you feel distressed or if you need assistance, please let the clerk know.

[*English*]

I would like to provide you this trigger warning. We may be discussing experiences related to general health and mental health. This may be triggering to viewers and members or staff with similar experiences, so do not hesitate to advise the clerk.

[*Translation*]

Before I welcome our witnesses for this meeting, I would like to hear what the committee members think about how this meeting will unfold, given that we have had to take part in several votes in the House.

On the first panel of witnesses, Godfrey Jerry, from Manulife Financial, has to leave at 5 p.m. On the second panel, Steven Harris,

who is here in person, has to leave at 6 p.m. at the latest. In addition, I know that members of the committee, including Mr. Desilets and Mr. Miao, wish to leave the meeting at 5:45 p.m.

I propose to committee members that we invite all the witnesses in one panel. That way, when Mr. Jerry leaves, there shouldn't be too many problems. We could direct our first questions to Mr. Jerry and then to Mr. Harris.

So I would like to hear what the members have to say before inviting the witnesses. What do you think?

Go ahead, Mr. Desilets.

Mr. Luc Desilets (Rivière-des-Mille-Îles, BQ): I see no problem with your proposal.

It is truly unfortunate. I don't want to leave at 5 p.m., but I have to leave at 5:45 p.m.

• (1635)

The Chair: Okay. Thank you.

Are there any other comments?

I invite the witnesses from the second panel, then. Since the others are online, I will invite Mr. Harris in particular to join us and take his seat.

We have all the witnesses before us. They will make their three presentations of five minutes each.

[*English*]

I would like to officially welcome our witnesses.

First of all, I have to say that Canadian Forces Morale and Welfare Services and Manulife were invited for May 29, but we cancelled that meeting. I have to thank them for being here today to participate in this session.

[*Translation*]

We will begin with the Canadian Forces Morale and Welfare Services, represented by Phil Marcus, vice-president of operations, SISIP Financial, by videoconference.

[*English*]

From Manulife, also by video conference, we have Mr. Godfrey Jerry, assistant vice-president, life and disability operations; and Maureen McGrath, manager, Canadian Armed Forces long-term disability vocational rehabilitation program.

[Translation]

From the Department of Veterans Affairs, we have Steven Harris, assistant deputy minister, Service Delivery Branch; Trudie MacKinnon, acting director general, Centralized Operations Division, by videoconference; and Melanie MacDonald, team lead, Disability Benefits Entitlement Eligibility Guidelines Modernization Initiative.

We will begin with opening statements.

Since Godfrey Jerry, assistant vice-president of Manulife, will have to leave us, I invite him to make his opening statement.

Mr. Jerry, I'll let you know when your five minutes are up.

[English]

Mr. Godfrey Jerry (Assistant Vice President, Life and Disability Operations, Manulife Financial): Thank you, Mr. Chair.

Good afternoon, all members of the committee.

My name is Godfrey Jerry, and I'm the assistant vice-president of group disability operations at Manulife. I'm responsible for the delivery of the Canadian Armed Forces long-term disability plan, where Manulife is the life insurer and the administrator for long-term disability benefits, along with the vocational rehabilitation program.

I'm located in beautiful Halifax, Nova Scotia, and oversee 230-plus employees nationally, with the bulk of our employees in Nova Scotia who support the CAF long-term disability plan. I have been with Manulife for over 21 years.

I would also like to thank you for the invitation to appear before the committee today. I apologize that I have to leave early, but I have some parental duties that I must attend to.

Joining me today is my colleague, Maureen McGrath. Maureen is the national manager of the Canadian Armed Forces long-term disability vocational rehabilitation program. Maureen has been involved with this program for the past 34 years.

I just want to share with you that 53% of all Manulife employees who support the Canadian Armed Forces long-term disability vocational rehabilitation program are bilingual. Forty per cent of our vocational rehabilitation counsellors are veterans themselves, and 54% of our counsellors are women.

Manulife is Canada's largest life insurance company. We have over 26,000 Canadian businesses and organizations that entrust us with their group insurance needs. We appreciate the trust and partnership we have with the Canadian Forces Morale and Welfare Services, the Department of National Defence and the Canadian Armed Forces when it comes to this plan.

The CAF LTD plan is a key component of the Canadian Armed Forces' suite of group benefits. It provides ill and injured veterans with income and vocational rehabilitation support after their release. It provides up to 75% of the member's salary at the release from the Canadian Armed Forces for both service-related and non-service-related illnesses and injuries. It is a disability insurance program that provides financial benefits, including vocational rehabili-

tation, to medically releasing members and to members who take a voluntary release and qualify as totally disabled.

Manulife takes great pride in serving those who have served our country. We work closely and coordinate with the CAF to ensure a smooth transition for ill and injured members. Over the past five years, 84.6% of plan members were pre-approved for long-term disability benefits and were referred to a vocational rehabilitation program prior to their medical release from the CAF. Within five days of the receipt of the final claim requirements, 95.5% of plan members received their long-term disability benefits. Each month, over 12,000 veterans receive a benefit payment from Manulife under this program.

This also includes 2,000 new claims that we receive each year for benefits and vocational assistance. One out of five of those claims is for a woman, and 97.5% of veterans are contacted by our in-house vocational rehabilitation counsellor at Manulife within five business days of a referral. Manulife works very closely with SISIP Financial, the director general compensation and benefits with the Department of National Defence, and the CAF transition group to ensure open communication and collaboration. Our employees take great pride in our service delivery, and I can confirm that there are no backlogs or service issues when it comes to the Canadian Armed Forces long-term disability program, as well as the vocational rehabilitation program.

We understand that the focus today is on the experience of women veterans.

Women veterans who are in receipt of Canadian Armed Forces long-term disability benefits do not have the option to return to work with their former employer. After their release, they will be preparing to make the transition to employment as a civilian in an entirely new work environment with new colleagues. Their transition will require them to successfully adapt to a new workplace culture while navigating the potential complexity and impact of their illness and injury.

As part of their transition, like all veterans, women veterans leaving the forces experience a mix of emotions. For many members, if not most, being in the Canadian Armed Forces is central to the way they have lived for many years. It is unlike other professions and careers. They have to leave their place of work and, in many cases, the supports and the structure that being in the forces provides. They're also leaving their friends and colleagues.

Depending on members' ranks, trades and injuries, their transferable skills may or may not easily carry over to civilian employment. There may be an upgrading of skills required, such as securing civilian certifications and, in some cases, training towards an entirely new field to acquire new skill sets that will allow them to be competitive in the work marketplace.

• (1640)

Helping women veterans transition to civilian careers is one of the many ways in which Manulife provides support. Through the CAF LTD vocational rehabilitation program, women veterans have early access to education funding to help develop skills that will make them competitive in the marketplace. The voluntary program is available to all members who have been approved for LTD benefits. It does not distinguish whether the illness or injury is service-related or causing a barrier to re-establishment.

Members may begin active participation in the Canadian Armed Forces long-term disability vocational rehabilitation program in the six months prior to their medical release. They have access to funds for tuition, books, allowances to travel to school, school supplies and other program-required equipment and dependent care. Through our plan and program, our dedicated case manager team and vocational rehabilitation specialists provide support to releasing veterans to help guide them through their transition needs.

More broadly, Manulife supports Soldier On, the Canadian Armed Forces program that is contributing to the recovery of ill and injured women soldiers and veterans through grants towards improving health outcomes. In 2022 we contributed to over 130 Soldier On grants. In the past four years, we've helped with 500 grants that have been given to those women soldier veterans.

Thank you for your invitation for us to speak with you today. Maureen and I appreciate the opportunity to support the work of your committee.

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

Now I'd like to invite Mr. Phil Marcus from Canadian Forces Morale and Welfare Services to go ahead, please, for five minutes.

Mr. Phil Marcus (Vice-President of Operations, SISIP Financial, Canadian Forces Morale and Welfare Services): Good afternoon and thank you, Mr. Chair and members of the committee.

My name is Phil Marcus. I am vice-president of operations, policy and product management at SISIP Financial. We are a division of the Canadian Forces Morale and Welfare Services.

Our organization directly supports the Canadian Armed Forces operational readiness by contributing to the strengthening of the mental, social, familial, physical and financial well-being of CAF members, veterans and their respective families. More specifically, SISIP Financial provides tailored advice and product solutions that enhance the financial health and security of members of the CAF community and their families.

Canadian Armed Forces community members have trusted SISIP Financial for expert advice and solutions across pensions, investing, life insurance and disability insurance, and budgeting and borrowing for over 50 years now. SISIP Financial is the administrator of both group life insurance and the long-term disability plan for the

Canadian Armed Forces. These are part of their employee group benefits. Manulife is the underwriter of group life and the insurer for the long-term disability plan.

All Canadian Armed Forces members are automatically enrolled in the Canadian long-term disability insurance plan and are eligible for benefits starting from their first day of service. Personnel who leave the Canadian Armed Forces because of medical limitations receive income support for up to 24 months or to age 65 if they're unable to return to work. In addition, all those who are eligible for long-term disability benefits are also eligible for the vocational rehabilitation program managed by Manulife.

Understanding that the committee is undertaking a comprehensive study on women veterans and the support they are provided, we will do our best to assist. SISIP Financial and Canadian Forces Morale and Welfare Services operate on the principle of one veteran, one standard. As such, we treat all members and their families equally when it comes to the support and services we provide.

I'm happy to be here today with our partner Manulife and hope to answer any questions you may have.

[Translation]

Thank you.

• (1645)

[English]

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

[Translation]

I would now like to invite Steven Harris, who is the assistant deputy minister at the Department of Veterans Affairs, to take the floor.

Mr. Harris, you have the floor for five minutes.

[English]

Mr. Steven Harris (Assistant Deputy Minister, Service Delivery Branch, Department of Veterans Affairs): Good afternoon and thank you, Mr. Chair and committee members, for inviting us to appear before you today. It is our pleasure to be here to speak about the department's disability adjudication process and our ongoing work to modernize our disability benefits tools. Joining me are Trudie MacKinnon, director general of centralized operations division, and Melanie MacDonald, team lead in disability benefits.

Before we start, I would like to provide an update on the status of the processing times of disability benefit claims. I am pleased to share that we are currently under 6,000 files beyond the 16-week service standard. This is a significant 70% reduction from March 2020, when the number of files beyond the service standard was over 22,000. While we recognize the reduction and the efforts of our staff to reduce wait times for veterans, we acknowledge that there is still progress to be made.

We make progress on these turnaround times by adjudicating claims as efficiently as possible. There are two steps in the decision-making process. In the first step, the adjudicator determines entitlement, which is whether the disability is related to service. In the second step, the adjudicator makes an assessment of the severity of the disability and its effect on the applicant's quality of life.

[Translation]

Veterans Affairs Canada has numerous decision-making tools to help adjudicators determine entitlement and assessment. However, the two primary tools VAC adjudicators use are the entitlement eligibility guidelines and the table of disabilities. We have spoken about these in previous committee appearances.

The entitlement eligibility guidelines are policy statements that ensure the consistency, equity and quality of decisions made on the relationship between a disability and military service. The guidelines are based on evidence from peer reviewed medical research and literature, both in Canada and abroad.

The table of disabilities is a legislated instrument used to assess the extent of a disability. The tool helps the adjudicator establish an assessment based on a medical impairment rating in conjunction with quality of life indicators. This is an assessment of the impact of the impairment on the individual's lifestyle.

While the guidelines and the table have seen various additions and ad hoc updates since 2005 and 2006, we recognize the need for continuous updates that keep pace with medical research and reflect a sex and gender based analysis plus lens. As a result, we are currently in the midst of a multi-year plan to modernize both tools.

● (1650)

[English]

To ensure the modernizations are informed by sex and gender research, we have developed a tailored GBA+ methodology to guide our work. We used documents from Women and Gender Equality Canada, the Veterans Affairs GBA+ strategy, the GBA+ policy, step-by-step guides, and consultation with the Office of Women and LGBTQ2 Veterans.

The application of our GBA+ approach will ensure that our clients see themselves reflected in our tools, because we have considered the varied and diverse health experiences of Canadian military and policing communities.

In addition to modernizing our decision-making processes, we are reducing processing time inequities for francophone and female applicants by modifying our approach to staffing. For example, since 2020, we have hired more bilingual and francophone disability adjudicators to increase our capacity to process French applications. As of September 2022, roughly 30% of our decision-making

staff are francophone or bilingual. In September 2021, we added a team dedicated to processing applications from female applicants.

This approach is working, because the gap in processing time between male and female applications has been nearly eliminated, falling from seven weeks in 2019-20 to one week as of the end of March 2023. We have also cut the gap between French and English applications in half over this same period.

Further to these efforts, we aim to simplify and create additional efficiencies in decisions, ensure the veteran is at the forefront, use up-to-date health literature and best practices to support evidence-based decision-making, and support equitable, transparent, and consistent disability benefit decisions.

Thank you very much.

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

I would like to remind members that Mr. Godfrey has to leave at five o'clock.

Let's start questioning our witnesses.

I invite the first vice-chair of the committee, Mr. Blake Richards, for six minutes, please.

Mr. Blake Richards (Banff—Airdrie, CPC): Thanks, Mr. Chair.

It's unfortunate we had to amalgamate. There were many questions here, but we will do what we can with the time we have.

I will start with Veterans Affairs and Mr. Harris, or whoever he would like to have answer. I have a few questions.

There was a Facebook post on May 25 by Veterans Affairs Canada about the public service health care plan coverage and the changeover to Canada Life. It indicated that if veterans had not completed an enrolment package to move over to Canada Life by June 15, their coverage could be cancelled, and if they hadn't done so, they would then have to reapply. They would have to wait three months before their coverage could be reinstated.

Could you give us some sense of why that is, and how many veterans this may be impacting in terms of lost coverage?

Mr. Steven Harris: There are about 4,000 veterans who are able to access the public service health care plan at this point in time. The transition is one that's going across the entire public service health care plan, so the plan actually covers all public servants, and is extended to veterans in many cases.

We are working directly with the contract holder and Treasury Board Secretariat. The secretariat is leading the transition from the current contract holder to Canada Life. We're targeting veterans specifically to make sure their transition packages are received.

At this point, about 2,000 have processed their application packages. We're calling them directly to follow up with them to make sure they have the information they need to be able to submit the package that's required, and we're following up with them on a regular basis.

Mr. Blake Richards: At this point, though, we're talking about half, since 2,000 of the 4,000 who are eligible have not yet submitted. We're obviously getting quite close to that June 15 deadline. I hope your outreach efforts will step up to whatever degree they're needed.

I would also ask whether you could provide this committee with the numbers—perhaps on June 16—on where we ended up and how many veterans did in fact lose coverage. That would certainly be appreciated.

Would you be willing to do that?

Mr. Steven Harris: Yes, absolutely.

Mr. Blake Richards: Thank you very much.

I want to turn to the departmental plan for 2023-24.

Under the section “Benefits, Services and Support”, there are 17 goals listed that the department has set for itself. Are you able to tell me how many of those goals have a due date and target number attached to them?

• (1655)

Mr. Steven Harris: Mr. Chair, unfortunately, I don't have that information in front of me. I suspect I could come back to the committee with a readout of the planned targets and priority setting for them.

Mr. Blake Richards: I have them here. Only six of those 17 goals have a set due date or target number associated with them. The rest simply say they're to be determined. That includes goals.

I'll give a few examples, such as the percentage of veterans who report that their health is very good or excellent, who report that their mental health is very good or excellent, whose household income is below the low income measure, and who are employed. There are obviously a number of others.

I call it odd that there would be no goal. If it's a goal, we should be able to measure it. What is the target we're shooting for? We should be able to determine by what date we're hoping to achieve that goal. To me, to have a plan that has 11 of the 17 goals without a target or due date set for them.... It doesn't sound like goals at all.

I wonder whether you could speak to that at all. It seems very odd to me. If something is a priority, we should be able to measure it. We should be able to determine when we want to reach the goal.

Mr. Steven Harris: Mr. Chair, again, I'd be happy to follow up with respect to the question being asked by the member.

We do have targets and goals. They are established as part of the departmental plan and performance metrics that are in place. We

obviously hope to increase and ensure the well-being of veterans across all of those metrics. I'm happy to come back to the committee with what those metrics look like. We establish them and monitor them through StatsCan surveys and other things to make sure we can see how the veterans population is doing as a whole—how our veterans population is doing. They may be different, in some cases—

Mr. Blake Richards: You can come back to us, you said, with more detail. To me, “to be determined” isn't a lot of detail, obviously. If you could, in fact, provide us in writing with what the metrics and due dates are for those things, that would certainly be appreciated.

In the past at committee, I asked some questions about the hiring of veterans, and you indicated that you prioritize it. You believe in hiring veterans. I know that's the case, that you really believe in that. The departmental plan is a 53-page document. There was no mention at all that I could find of any efforts to try to recruit more veterans to work at Veterans Affairs Canada.

Can you tell me why that is? If VAC is actually interested in having more veterans, shouldn't it be part of your plan? Shouldn't there be a target set for how many veterans you're looking to hire in the coming year?

Mr. Steven Harris: Mr. Chair, I'd like to reassure the committee that the department is fully invested in making sure we can hire as many veterans as possible and bring them in. It is part of our standard practice. We use it when screening assets and tools as part of our employment selection processes. That continues.

Mr. Blake Richards: Why not have a target in the departmental plan? If it's actually a priority, one would think there would be a target or some kind of goal you set for yourselves. Why is that? Why not?

Mr. Steven Harris: Once again, there's no limit, necessarily, set on how many veterans we would hire. We hire them as part of our processes. As I said, we prioritize the access of—

Mr. Blake Richards: No one is asking you to set a limit. What we're asking you to set is a target to try to achieve.

I'll leave you with this: I certainly hope that in next year's plan we'll see a target set for the hiring of veterans.

The Chair: Thank you, Mr. Harris.

Let's go to Mr. Sean Casey for six minutes.

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

Mr. Harris, you weren't afforded an opportunity to answer that last question because of the incessant interruptions, so I would ask you to take as much time as you need to outline the department's efforts to increase the number of veterans you hire, and I won't interrupt you.

Mr. Steven Harris: Thanks very much.

While the overall efforts of the department fall outside my particular area of responsibility, what I would say is that the department undertakes serious efforts to recruit and retain and to provide developmental opportunities for veterans as part of our ongoing activities. We do collect information on the number of veterans in the department based on the number who self-report. We cannot force anybody to report, so while we collect information around individuals who self-report, that can't necessarily be viewed as the full picture of veteran hiring in our department.

We have veterans at all levels of the organization, from the very top and throughout the full range of it, and they contribute a lot in terms of our understanding, our comprehension, of military needs, cultures, the needs of veterans and the way in which we need help to support them going forward. It's an ongoing effort, from our point of view, to make sure we can continue to support their post-military employment needs.

I would also add that as part of one of the minister's mandate commitments, the department is working on an overall veterans' employment strategy, which is expected to be completed in the next while and which will outline the importance of veteran hiring not only in the private sector but also across all aspects of the public sector and the Public Service of Canada.

• (1700)

Mr. Sean Casey: Thank you.

I want to focus now on some of the testimony we heard in the opening statements and the fact that Veterans Affairs Canada and SISIP have different criteria to determine whether someone's disability is related to military service. I don't know whether you're going to toss this to someone on your team, Mr. Harris, but I'd like you to explain for me what the differences are and what degree of difficulty is caused by the fact that there are two different standards.

Mr. Steven Harris: I might ask our director general, Trudie MacKinnon, to answer in a little bit more detail.

I'll just start by saying quickly that we have our own responsibilities with respect to the determination of service-related injuries. What that means and what that actually entitles, as part of the legislation that exists for Veterans Affairs Canada, we follow. I would have to let our colleagues at SISIP explain what their core approach is.

I might ask Trudie to offer a couple of words on that.

Mr. Sean Casey: Ms. MacKinnon, go ahead.

Ms. Trudie MacKinnon (Acting Director General, Centralized Operations Division, Department of Veterans Affairs): Thank you very much for the question.

As Mr. Harris noted, there are two steps in our decision-making process. The first is to determine entitlement. We look at whether or not the medical condition the member is coming forward with is related to service. Are we able to connect that to their Canadian Armed Forces or RCMP service? Once we've made that service connection, the next step in our process is to establish and assess the level of disability. We use various tools to determine the level of disability the member has come forward with. Once those two steps

in the process are completed, we're able to render our decision and process the member's claim for disability benefits.

Mr. Sean Casey: Does the determination as to whether they've met the SISIP standards have any bearing on your evaluation of eligibility?

Ms. Trudie MacKinnon: It does not, Mr. Casey. We, as I said, have our own process, which is separate and distinct from SISIP's, so we follow our two-step process, which is unique to Veterans Affairs and is not impacted by any process at SISIP.

Mr. Sean Casey: To the SISIP folks, you just heard Veterans Affairs' answer. I'd be interested in hearing from about how the criteria you apply are different and whether the fact that there are different criteria will cause any problems for your claimants.

Mr. Phil Marcus: Mr. Chair, I have a very simple answer.

Under the SISIP policy, which is the life and disability benefits contract with Manulife for Canadian Armed Forces employees, the definitions of service attributable or non-service attributable are there purely and solely for statistics that Treasury Board asked us to keep. It does not affect case adjudication. It does not affect benefits. It does not affect anything.

As I said in my opening statement, we treat everyone equally: one veteran; one standard. If you are medically released, whether it's service attributable or not, it matters not.

• (1705)

Mr. Sean Casey: These statistics that you collect for Treasury Board, do you retain or analyze them? Are they of any value to your particular business or to the service that you provide?

Mr. Phil Marcus: They were asked of us by Treasury Board in order to calculate the percentage of members and the premiums paid for service attributable versus non-service attributable medical releases. It's a figure that we still collect, but we're not sure what Treasury Board is doing with them exactly. Roughly speaking, we have about a 70-30 split, which means that 70% of LTD claimants are service attributable and 30% are non-service attributable.

Mr. Sean Casey: Thank you.

The Chair: Thank you, Mr. Marcus.

[*Translation*]

I would now like to invite the second vice-chair of the committee, Luc Desilets, to take the floor.

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

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

I acknowledge my colleagues and I thank our guests for joining us.

My first question is for you, Ms. McGrath. Based on what the ombudsman's office has found, the number of medical releases is proportionally much higher for women than for men. You are talking about 2,000 new applications a year from military members who are being medically released.

Am I mistaken about those numbers?

Ms. Maureen McGrath (Manager, Canadian Armed Forces Long Term Disability Vocational Rehabilitation Program, Manulife Financial): No, you are not mistaken.

Mr. Luc Desilets: Very good. That is one in five women, or 20%. However, women make up 16.3% of the Canadian Armed Forces.

Are you really sure that the number of these applications is proportionally higher among women?

Ms. Maureen McGrath: Thank you for your question.

Our data shows that, on average, about 20% to 22% of the new cases we receive annually are attributable to women, and the remaining 78% are attributable to men. In short, 20% to 22% of the cases we receive come from women in the military.

Mr. Luc Desilets: So it may even be more than one in five.

Can you tell me how many military members have been medically released in the last three years?

Ms. Maureen McGrath: I'm not in a position to answer that, given that our program is entirely voluntary. We can give you the number of people. We receive about 2,000 cases a year. However, it is difficult to know whether that represents all of the people who are medically released, since our program only represents those who have signed on. Since we are the first payers, the applications have to come back to us, but we can only give you the information related to the people who have chosen to submit an application to our program.

Mr. Luc Desilets: Don't you have more information on that? Don't you know the reasons behind those applications?

Ms. Maureen McGrath: We are certainly in a position to know how many medical releases there have been. The transition centre could send us that information, which we could then send to you.

Mr. Luc Desilets: Yes, it would be good if you could send that data to the clerk of the committee.

It may be difficult to answer my next question. How many women and men have been medically released owing to sexual trauma?

• (1710)

Ms. Maureen McGrath: We don't keep statistics on the number of people who are released because of sexual trauma.

Mr. Luc Desilets: Do you mean that you get them, but you set them aside? Is that what you mean by "we don't keep"?

Ms. Maureen McGrath: No, don't mean that we get them, but we set them aside.

When we receive a case, we look at all the reasons for the person's release. It is possible that the person may be released for a medical reason that is not related to service. The services we provide are intended for the individual. For example, a person may have more than one medical condition or more than one injury. The case may have been approved for a reason, but that does not mean that there was no sexual trauma.

Mr. Luc Desilets: I understand.

I'm going to ask you a question that I asked earlier. Can you send us the number of applications you have received over the past three years?

Ms. Maureen McGrath: We approve, on average, 2,000 new cases a year.

Mr. Luc Desilets: Okay.

Mr. Harris, is medical data collected while people are in the Canadian Armed Forces forwarded to Veterans Affairs Canada?

Mr. Steven Harris: It is not forwarded without the request being made by the veteran.

Mr. Luc Desilets: It's just a form to sign. Is that correct?

Mr. Steven Harris: That's correct.

Mr. Luc Desilets: Okay.

Is there a possibility that this could be done automatically?

Mr. Steven Harris: The Privacy Act, among others, prevents us from obtaining the veteran's medical record, unless the veteran requests it. In that case, we would be able to obtain the necessary medical data related to medical problems.

Mr. Luc Desilets: Why, when a person leaves the armed forces, would they not be required to sign the form automatically? Health problems may appear after the veteran leaves, and going back can be complicated for the veteran.

Mr. Steven Harris: Because many veterans do not need the services of Veterans Affairs Canada. We do not need the medical records of people who are not coming to us to use our services.

Mr. Luc Desilets: They may not need services when they leave the forces, but effects related to their service may appear later on.

Mr. Steven Harris: As soon as there is an appearance of disability or illness, we can have access to their file if the person gives us permission.

Mr. Luc Desilets: I understand, but this leads to additional delays for the veteran.

Thank you, Mr. Harris.

The Chair: Thank you, Mr. Desilets and Mr. Harris.

[English]

I would like to welcome MP Heath MacDonald on Zoom.

Now let's go to Ms. Rachel Blaney for six minutes, please.

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

I did my best to listen to the discussion about SISIP and the criteria.

What would be helpful for me is if we could have both SISIP and VAC share the criteria that they use to determine whether a medical release is related to military service, and if they could divide that between the portions of men and women.

It sounds like around sexual trauma there isn't MST. It's not something that SISIP is looking at. Perhaps you could just write that down on something to us and send it to the clerk. VAC, if you could let us know how many are medically released based on MST, that would be really helpful. I assume, unless you say no, that you're good to do that.

Mr. Harris, I'm going to come to you first.

I understand there is a service delivery branch dedicated for processing disability claims related to MST. I'm just wondering if you could tell us a little bit about how long it's been in existence. Is it a permanent or temporary unit? Are the workers permanent or temporary, and is there a ratio of that? Are the adjudicators medical professionals? It would be helpful.

The last part of that question is this: How many claims are they processing on a monthly basis? If you have daily or weekly numbers, we're open to that as well. Are the number of claims increasing?

• (1715)

Mr. Steven Harris: Thanks very much for the question. There's a lot to answer in that.

I'm going to ask the director general responsible for that area, Trudie MacKinnon, to do her best to tackle, I think, the seven questions.

Ms. Trudie MacKinnon: Thank you, Mr. Harris. Thanks for the question, MP Blaney.

First off, here at centralized operations division, we established a military sexual trauma unit in 2020 in order to deal with the files that were coming forward in regard to sexual trauma, sexual harassment, and gender-based discrimination in the Canadian Armed Forces.

Since we established that unit in 2020, we have received approximately 3,580 claims over the past number of years. We have done a lot of work with regard to our policies and procedures to address and deal with these types of claims when they come forward.

For example, we have updated our policies to accept the applicant's statement. That means they do not need to provide corroborating evidence. Very specifically when we're dealing with cases of sexual misconduct, that often happens in private. There are often no witnesses to verify or to vouch for the claimant. We have accepted their applicant statement as evidence, and we move forward from there.

In addition to that, we give the MST, military sexual trauma, claims high priority. They go into their own queue, and they are processed on a priority basis. Oftentimes it takes years for applicants to come forward, bring these stories forward to us, and submit their claims. We're very sensitive to that.

In addition, we have done a lot of training with our disability adjudication staff so that they have what we call informed trauma

training. The staff is sensitive to the issues that are being brought forward and are able to communicate with our clients in a sensitive and respectful way, because, of course, these issues are very difficult for people to bring forward.

Ms. Rachel Blaney: That sounds great. You've answered about six of the seven questions. It just shows again that women are usually very effective. When men think it's too much, we just get it done.

You didn't answer if it's permanent staff. Is there now permanent staff in it?

Ms. Trudie MacKinnon: With regard to the unit, it itself is permanent. It has been in place since 2020. It is our intention to keep it in place as these claims continue to come forward. There is a mix of permanent and temporary staff, as is the case in all of our operational areas. Right now there are what we refer to as our indeterminate permanent staff and term staff who work on these types of claims.

Ms. Rachel Blaney: Do you think you could get the percentage to us? Of 100% of staff, how many are permanent and how many are temporary? If you could send that to us, that would be great. I would appreciate that so much.

Ms. Trudie MacKinnon: Absolutely.

Ms. Rachel Blaney: Mr. Harris, I'll ask you again, and you can decide who answers.

One thing I found very interesting is that I've had a couple of veterans come to me who had issues happen when they were serving in the CAF. They had stuff for their disability, for example, a wheelchair. They transferred to VAC a while ago, and if they still have the tools that they need to survive, which they received at CAF, it seems that VAC sometimes has a hard time actually servicing them.

For example, we had one veteran who actually had to pay for her wheelchair repairs. VAC said that CAF had given her the wheelchair, and they knew she'd been a veteran now for several years, but they didn't cover that.

I'm just wondering if that's a block that you see and what you're doing in your department to fix it.

Mr. Steven Harris: It's always very difficult to hear about veterans who may be struggling with either getting equipment or getting access to treatment. It's difficult to respond to those specific cases without having some additional detail.

I would say that in general we want to make sure of two things. One is that when individuals are transitioning over and leaving the Canadian Armed Forces and the supports they have there, we have everything in place to support them when they transition to a Veterans Affairs client, for example. We always want to do that.

Sometimes people leave the Canadian Armed Forces in between. There was an earlier question about what happens in between when somebody leaves and maybe doesn't recognize that they have an illness or an injury and they come back to us. That's perfectly fine; we will help to fix it in that case.

The answer is we should always make sure that people have everything in place when they are transitioning from one department—from the Canadian Armed Forces—over to Veterans Affairs. I won't tell you that there aren't instances, as you have pointed out, where maybe something is amiss. We're working to address all of those in individual cases and as a collective to make sure that all policies, programs and everything else are in place to help support people to transition effectively.

● (1720)

Ms. Rachel Blaney: Where would that veteran go then? It sounds like you're trying to solve the problem and it's something that, hopefully, doesn't happen frequently.

Where would they go? Definitely one of the concerns was that we were not getting any guidance for how they would get those supports in place.

The Chair: You have 30 seconds, please.

Mr. Steven Harris: They should come back to Veterans Affairs. If there are individuals who can't get connected through the department, raise it up to somebody who is appearing here, like myself or others and we will look into the individual case.

The Chair: Thank you.

Thank you, Ms. Blaney.

Now we're going to have the last round of questions for a total of 25 minutes.

I'm going to start with Mr. Blake Richards for five minutes.

Mr. Blake Richards: Thank you.

In 1990 when Saddam Hussein invaded Kuwait, an international coalition stepped up. That included thousands of brave Canadians. They fought what is known by everyone as the Gulf War or the Persian Gulf War. That is all over the website of Veterans Affairs Canada and many other government websites. It's identified quite correctly as the Gulf War, yet for the veterans who served this country in the Persian Gulf, their service is not considered wartime service. I think when most Canadians hear that they are shocked.

Mr. Harris, could you provide us some indication as to why that in fact is the case? Why does Veterans Affairs not recognize their important service as wartime service? Are there any plans or discussions taking place to consider changing that and affording wartime service status to those brave men and women?

Mr. Steven Harris: Mr. Chair, I would offer the following.

One is we do recognize their brave service. It is recognized both in terms of their ability to access Veterans Affairs programs and supports that are in place and certainly from a commemorative point of view, on a quite regular basis.

There are different rules and regulations around how wartime service is defined versus other types of service. That one's out of the scope of my lane in terms of being able to answer you here.

I would offer the following, however. The department is regularly meeting with representatives of the Gulf War veterans association. We have ongoing conversations about the best ways to help and support those individuals in terms of any specific medical or program needs that they might have or in the best way to reflect them from a commemorative point of view as well. That conversation with those individuals and that association is ongoing.

Mr. Blake Richards: I certainly appreciate that. Certainly by no means did I intend to imply that there were not services provided, but I think the recognition of wartime service is incredibly important to many of these men and women who served in the Persian Gulf.

I understand you're saying it's outside of your area, but could you maybe go back and have a response provided to this committee as to whether any consideration is being given to extending that wartime service recognition to our Persian Gulf veterans? I would ask if you would be willing to do that for us.

Mr. Steven Harris: We can certainly come back to you, Mr. Chair, with the information around how each type of service is defined. It is quite clearly articulated in our legislation and on our website as well. We can certainly come back with that information and provide that to the committee.

Mr. Blake Richards: I would appreciate that.

I'll cede the remainder of my time to Mr. Tolmie.

The Chair: Mr. Tolmie, you have two minutes left.

Mr. Fraser Tolmie (Moose Jaw—Lake Centre—Lanigan, CPC): When you share that with me, Chair, I sometimes think that's how much life I've got left.

● (1725)

The Chair: No.

Mr. Fraser Tolmie: Well, let's hope not.

Thank you very much.

Thank you to all of our guests for being here, and thanks to those who have served.

I echo the comments made by my colleague Mr. Richards regarding the service of our veterans in the Gulf War. I know that we've been waiting on a monument for them and that this was the first time that women served in a combat role.

Mr. Godfrey and Ms. McGrath, thank you for joining us.

I would like to focus on a question that's been bothering me, and I'm hopefully going to get some clarity from you. According to your website, in order to be eligible for the Canadian Armed Forces long-term disability benefits until you are 65, you must be assessed as totally disabled and be reassessed every year.

Can you tell me how many veterans are approved versus denied when they apply as totally disabled and how many veterans challenge their denial?

Ms. Maureen McGrath: Thank you for that question, Mr. Chair.

Some of that information I'll have to take away and come back to you, in terms of approval and denials.

When we take a look at overall benefits of the plan members we have on file—just let me find it here—we have end of CAF LTD benefits, at 24 months, it's 22% of women and 78% of men. Benefits that extend beyond 24 months.... I'm trying to find it here.

Mr. Fraser Tolmie: Okay, well—

Ms. Maureen McGrath: I'm sorry, but I'm going to have to come back to you on that.

Mr. Fraser Tolmie: Okay. I want to quickly ask you if a veteran is a double amputee, who is determined to be totally disabled, does the veteran have to undergo a yearly medical review to ensure that he or she is still a double amputee? I've had an open session with veterans and I've been told this. I find it somewhat crazy that they would have to prove they're totally disabled and then they have to keep proving it.

Could you share an answer on that?

Ms. Maureen McGrath: I certainly can. Thank you for the question.

The annual medical review may not necessarily require that the member see a doctor, but we would do a client update. The case manager would reach out to the member. In that case, what they're doing is evaluating the plan member's ability to possibly participate in a vocational rehabilitation program, whether they are interested in returning to employment and whether they are interested in seeking assistance to either return to work or pursue retraining.

The review is to see how the member is doing and what additional supports may be available to them.

The Chair: Thank you, and thank you, Ms. McGrath.

Next I'd like to invite MP Darrell Samson for five minutes, please.

[*Translation*]

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

Ms. McGrath, I don't know if you pronounce the “th” in your name. There are Acadians back home with the same name who do not pronounce it. In any event, your French is very good.

Ms. Maureen McGrath: I do have an Acadian side that comes from my mother, who was an Hubert with Îles-de-la-Madeleine roots.

Mr. Darrell Samson: Okay. We know that approximately 30% of Canadians are of Acadian descent.

Ms. McGrath, your colleague Godfrey Jerry made some comments in the beginning and gave some figures that I found interesting. I didn't catch all of them, but I did catch a few. For example, in your company, 40% of employees are veterans and 54% are women.

Can you remind me of all the figures he gave?

Ms. Maureen McGrath: When it comes to the rehabilitation program employees, 54% of our counsellors are women, 45% of our counsellors are veterans, and 51% of our staff are bilingual, a figure that rises to 53% for the entire department. In addition, 20% of our directors are veterans and 77% of our managers are women.

● (1730)

Mr. Darrell Samson: There is value in being impressed, and I am impressed to see that women account for such a percentage of your organization. Forty-five per cent are veterans, and 50% are bilingual. Many companies and organizations could benefit from your recruitment and retention skills.

I want to commend your organization for its efforts. I'm sure it's paying off in the marketplace. Thank you.

[*English*]

Mr. Marcus, in your presentation, you talked about women veterans. I'd like to know if you could share quickly with us what have been some of the biggest challenges facing women veterans in the last five to 10 years. Are you noticing an evolution and to what extent? What is the greatest challenge?

Mr. Phil Marcus: Thank you, Mr. Chair, but I must clarify that I didn't single out any women veterans or any statistics that we keep on that. The main point I made is that everyone is treated equally. Whatever the CAF decides in terms of medical releases is what we administer—

Mr. Darrell Samson: I'm sorry. I didn't mean to indicate.... My point is, what's the greatest challenge facing women veterans in the last five to 10 years when making applications?

Mr. Phil Marcus: Thank you.

We are the administrative arm of the medical release process, so once a determination has been made by the Canadian Armed Forces, through the director of military career administration and through the CAF transition group—through all of those steps—we are the last administrative step that takes into consideration the person and their salary at release, because that directly influences their LTD benefits, and their pension benefits, if they are eligible for a pension, and so forth.

We are purely an administrative arm of that process. We take all of that information and pass it on to Manulife, which then adjudicates the claim and keeps additional information. I wouldn't have anything specific to women or men in that process.

Mr. Darrell Samson: Okay. Thank you. I probably should have gone to Ms. McGrath.

I'll go to Mr. Harris to touch on the important work Veterans Affairs has been doing with the Office of Women and 2SLGBTQI+ Veterans, and also the forums we had in 2019 and 2023. Can you speak about some of the evidence that's coming out and that's helping through these various sectors of support?

Mr. Steven Harris: Mr. Chair, with your permission, I'd ask Melanie MacDonald to talk about some of the stuff we're doing on gender-based analysis, particularly as it comes to disability adjudication. She can give you some real, practical examples of the kinds of things we're changing and working on.

The Chair: Go ahead, Ms. MacDonald.

Ms. Melanie MacDonald (Team Lead, Disability Benefits Entitlement Eligibility Guidelines (EEG) Modernization Initiative, Department of Veterans Affairs): Mr. Chair, I'm part of a team that is updating our entitlement eligibility guidelines. We currently have 45 entitlement eligibility guidelines. These are policy statements that support decision-makers to render decisions on the entitlement portion. It's that first step of the decision-making process. We also have a team that's working to modernize the table of disabilities.

As part of the modernization of these two key tools that support our decision-makers, we are applying a GBA+ methodology to this. What has happened is that we're looking at what the medical condition is, at the causes of that condition and at whether there are any differences between females, males and other folks that identify as sex- or gender-diverse. We're looking at whether there are differences in the military population and we're looking at age. We're looking a variety of variables that may contribute to a person's developing of a certain medical condition.

One of the things we're really excited about is the very first new EEG that we have published in about seven years or so. It is a new EEG for sexual dysfunction. It's the first EEG, or entitlement eligibility guideline, that is sex and gender inclusive, in that we look at the impact on females and the impact on males. We have consideration in the entitlement eligibility guidelines for the causes of sexual dysfunction, including military sexual trauma—

• (1735)

The Chair: Thank you, Ms. MacDonald.

Ms. Melanie MacDonald: Thank you very much.

The Chair: I'm sorry to interrupt. Your time is over.

[*Translation*]

Mr. Desilets, I invite you to take the floor for a quick two and a half minutes to ask your questions.

Mr. Luc Desilets: Okay.

You're not being generous, Mr. Chair.

Ms. MacKinnon, I have a couple of quick questions for you.

You said earlier that sexual trauma claims are given high priority.

What does "priority" mean to you?

Ms. Trudie MacKinnon: Good morning. Thank you for your question.

[*English*]

Specifically, what that means is those files do not sit in our queue. Once that file is received and we have identified all the information we need, it moves directly to a decision-maker and jumps ahead of other files in the queue, given the trauma and, oftentimes, mental health distress those clients are under. We feel it's important to prioritize those claims. When we receive it and all the required information to render a decision, we move it directly to a decision-maker, so they can process.

[*Translation*]

Mr. Luc Desilets: Okay.

In concrete terms, if someone files a claim tomorrow morning, when will you meet with them?

[*English*]

Ms. Trudie MacKinnon: We have been processing the claims for military sexual trauma within our service standards. Normally, we process those claims within our 16-week service standard. Now, many of them get processed more quickly than that, depending on the volume of MST claims coming into the system and what we're receiving on a monthly basis.

I would be happy to come back to the committee and provide more detailed information with regard to the turnaround time, but the vast majority are processed well within our service standard of 16 weeks.

[*Translation*]

Mr. Luc Desilets: If it is possible for you, I would like you to give us that information because, to me, "priority" means responding immediately or finding a solution when the problem arises. However, if we are talking about service standards, that is a bit worrisome.

How many people are on your team? Do they hold permanent positions or contract positions?

[*English*]

Ms. Trudie MacKinnon: Each veterans benefit team is made up of approximately 20 to 25 staff members. That includes intake officers, benefit program officers who adjudicate less complex claims and disability adjudicators, who are all nurses. There are between 20 and 25 on any given team, and that's how many would be on the MST team. They are also, as I mentioned earlier, a mix of both permanent and temporary staff.

I've committed to MP Blaney to come back with the data for that team. Certainly, we'll be happy to do that.

[*Translation*]

Mr. Luc Desilets: Thank you.

The Chair: Thank you, Mr. Desilets.

I would now like to invite Rachel Blaney to take the floor for two and a half minutes.

[*English*]

Please go ahead.

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

I think you're always generous, so I can't agree with my friend Mr. Desilets on that.

I have a question about the veteran and family well-being fund.

I'm curious about whether we could get shared with the committee what the criteria are. How many women's groups have been funded since 2018 through this program? How many applications are denied every year? I'm also curious about whether there are particular criteria focusing specifically on women veterans—on organizations led by women veterans for women veterans.

Those things would be very helpful to me. Is that something you could provide the committee with, Mr. Harris?

• (1740)

Mr. Steven Harris: We can certainly provide the committee with that. We have criteria published on the actual website around the well-being fund itself.

You're quite right that we have prioritized certain groups over the course of the last number of years. I'll let them give you the details specifically. We have prioritized giving funding to groups that support women, indigenous organizations and others, as well—homeless initiatives, for example—over the course of the last number of years, recognizing that these are key areas of priority.

Ms. Rachel Blaney: Excellent.

One thing that comes up repeatedly in conversations with women veterans is the area of sexual dysfunction. There seems to be concern that there isn't enough support for women experiencing sexual dysfunction. I'm wondering whether we could get the numbers of women and men who have claims in for sexual dysfunction, to give us an understanding.

I'm also curious whether there's any work being done within the department to explore how to make this a bit more acceptable for women and more inclusive, so women feel they can come forward. I'm hearing that a lot of women are being told it's not something that is taken care of. It's not something that's considered.

I'm wondering whether any work is being done to educate women and do outreach to women veterans on this issue. If I could get those stats, as well, that would be helpful.

Mr. Steven Harris: We can certainly give you some of the stats with respect to that.

With respect to the work that's under way, Melanie was speaking to that a bit earlier around one of the eligibility entitlement guidelines that has been modified on this. We are continuing to work in that area.

Unfortunately, I don't think we have the time to go into much detail about it, but if we're allowed, I would certainly ask Trudie and Melanie to speak a bit to that.

The Chair: Thank you, Ms. Blaney. I think you're watching your time so very effectively.

Mr. Rogers, you have three minutes. After that, Mrs. Wagantall will have three minutes to end the session.

Mr. Churence Rogers (Bonavista—Burin—Trinity, Lib.): Given the short time, I just have a couple of quick questions.

What are some of the most common misconceptions by veterans, particularly women veterans, about services and benefits that are available to them post-service? How can we improve communications to ensure these veterans know about what options are available to them? Is there anything more we can do to make sure they know exactly what's available to them as they transition?

Mr. Steven Harris: I don't know that I would call anything a misperception if somebody is feeling a particular way around the supports they're getting. That's a valid point.

Clearly, in the past, we had some difficulty in making sure we could make decisions and make advances equally on issues of importance to men and women veterans, because we saw male veterans coming forward to us in large numbers, but not so much in the case of women veterans. It's taken some time for us to do that.

Trudie and Melanie are amongst the people in the department who are working very diligently to make sure all issues with respect to women veterans are being addressed with importance. We've taken this seriously from a gender-based analysis approach. We look to review programs and make sure there's no discrepancy and no difficulty in terms of the eligibility for a woman veteran who might be coming forward.

I would just say, "Please, do come forward. Come and see us. Come and talk to us. Even if you feel as though, for some reason, a friend or a colleague has not been able to get the support he or she was looking for, please do come forward and see us."

We are continuing to improve our processes. We want veterans to come forward and get the help they may need and that we can offer. We want people to come forward.

The biggest ask and what we continue to do is certainly try to encourage people to come forward to make that process as easy as possible.

Mr. Churence Rogers: Thank you.

There are misconceptions or misunderstandings. In a lot of cases, we heard witnesses in the past make certain statements about not knowing exactly what was available to them.

Do they understand what's maybe available to their spouses and the rest of their family members?

• (1745)

Mr. Steven Harris: As part of any transition process, we do transition interviews with the serving member, male or female, woman or man. Often, we invite their families to come and join, and their spouses in particular, so they can be aware of not only the benefits that are available for the veteran but the benefits that are available for the families in terms of supports as they help to ensure that the veteran is doing well and that the veteran's well-being is in a good position.

We also work with the Canadian Armed Forces on a whole range of services that are in place to help support the families through places like the military family resource centres.

Mr. Churence Rogers: That's good to hear, Mr. Harris. Thank you very much for that.

The Chair: Thank you, Mr. Rogers.

I now invite Mrs. Wagantall for three minutes, please.

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

I'd like to go back to the discussion around the unit for military sexual trauma where you indicated that you accept applicants' statements as their evidence because of the dynamics often of that circumstance.

We had retired major Joanne Seviour here as a witness. I want to read some of her testimony to you. Please listen closely, and explain to me why there's this discrepancy. She said, "I've been a client of Veterans Affairs for 11 years after an Afghanistan injury...." She went on to talk about how her physical help from VAC took time, but she's well serviced now. She went on to say:

With regard to the class action, I really want to say something here that's important and that was my experience, and I fear it is the experience of many more women. When the class action was established, the Veterans Affairs policy regarding sexual trauma and the impacts on women's health and women's lives as a result of multiple traumas—not just single-incident injury—was not identified in the veterans care policy. I've been writing the ombudsman on this issue.

When I was diagnosed—

—that's basically with military sexual trauma—

—I spent six months being diagnosed by a clinical psychologist with female sexual interest disorder, which is a new DSM diagnosis, and with persistent depressive—Veterans Affairs ignored one of them. I spoke to four different people, who said, "Well, we didn't deny it. We just ignored it." You know, that's kind of insulting to me as a Canadian and as a client—you just ignored it. I asked them to put that in writing, but they wouldn't. The desk officer laughed, and I said everything in my dealings with Veterans Affairs I have to put in writing, but you're not affording me that same opportunity.

[A]s I suspected—I've been in the government and in the military a long time—their policies weren't updated at the time the government announced the class action. I was right. They sent me new policies, and in the new policies, they wouldn't accept the clinical psychologist's report. He's a Ph.D. with over 25 years' experience.

They wanted me to go to my GP. She was insulted.

It was insulting in that this person has all of that experience, and they're asking for a GP to fill out the paperwork.

There's a lot of concern here about the fact she still has not received treatment, yet she has seen a psychologist with 25 years' experience, and she has this diagnosis that's in the DSM. How can it

be that she is not being recognized as having that condition and as needing those treatments?

I'm sorry. I didn't leave you a lot of time.

Mr. Steven Harris: Given the limited time, I would just say the following. We have updated the policies in accordance with the actual class action lawsuit. I might just ask Trudie to talk about the changes we made to the policies that reflect, I think, the situation.

Mrs. Cathay Wagantall: Okay. Thank you.

Ms. Trudie MacKinnon: Thanks, Mr. Harris.

First off, I will say that situation is extremely unfortunate. If the member you are referring to is still having challenges, then we would be more than happy to, behind the scenes, reach out to her directly if she is interested in working with us.

With regard to the class actions, we updated our policies in 2019. I'm not 100% certain when she had come forward initially. There is no question that we made fairly significant advances in the policies after 2019. Prior to that, she certainly may have had some challenges coming forward.

As I noted, we are now accepting applicants' statements without any corroborating evidence given the nature of these types of situations.

I will also say that we do now also accept medical information from, as always, not only family physicians but also nurse practitioners, registered psychologists and registered licensed psychologists. Depending on this individual's circumstance, we may well accept that documentation now. Again, I would be more than happy to connect with this client and to ensure they're receiving the services and the benefits they're entitled to.

• (1750)

Mrs. Cathay Wagantall: Thank you so much.

The Chair: Thank you, Mrs. Wagantall.

[*Translation*]

On behalf of the committee members and myself, I would like to thank all the witnesses who participated in this meeting on the experiences of women veterans.

Joining us today from the Canadian Forces Morale and Welfare Services was Phil Marcus, vice-president of operations, SISIP Financial. From Manulife Financial, we had Godfrey Jerry, assistant vice-president, Life and Disability Operations, and Maureen McGrath, manager, Canadian Armed Forces Long Term Disability Vocational Rehabilitation Program. Finally, from the Department of Veterans Affairs, we had Steven Harris, assistant deputy minister, Service Delivery Branch; Trudie MacKinnon, acting director general, Centralized Operations Division; and Melanie MacDonald, team lead, Disability Benefits Entitlement Eligibility Guidelines Modernization Initiative.

Now I have a question for the committee members.

[*English*]

Is it the will of the committee to adopt the budget of \$13,000 for the study on the backlog at the Veterans Review and Appeal Board?

We have some expenses. You have received that. Is it okay with members?

Some hon. members: Agreed.

The Chair: Great. Thanks.

[*Translation*]

Before I adjourn the meeting, I would also like to thank the interpreters, the technical team, the clerk, the analyst and the assistants who were with us.

Is it the pleasure of the committee to adjourn the meeting? Okay.

The meeting is adjourned.

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