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Chair: Mr. Bryan May



Standing Committee on Veterans Affairs

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• (1600)

[English]

The Chair (Mr. Bryan May (Cambridge, Lib.)): I call this meeting to order.

Welcome to meeting number two of the House of Commons Standing Committee on Veterans Affairs. Pursuant to Standing Order 108(2) and the motion adopted by the committee just moments ago, the committee is commencing its study of the backlog of disability benefit claims at the Department of Veterans Affairs.

Today's meeting is taking place in a hybrid format pursuant to the House order of September 23, 2020. The proceedings will be made available via the House of Commons website. The webcast will always show the person speaking rather than the entirety of the committee.

To ensure an orderly meeting, I would like to outline a few rules to follow.

Members and witnesses may speak in the official language of their choice. Interpretation services are available for this meeting. You have the choice at the bottom of your screen of either "Floor", "English" or "French".

To the members participating in person: proceed as you usually would when the whole committee is meeting in person in a committee room. Keep in mind the directives from the Board of Internal Economy regarding masking and health protocols. I don't think we have anybody in the room today.

Before speaking, please wait until I recognize you by name. If you are on the video conference, please click the microphone icon to unmute yourself.

I will give a reminder that all comments by members and witnesses should be addressed through the chair. When you are not speaking, your mike should be on mute.

With regard to the speaking list, the committee clerk and I will do the best we can to maintain that, but if you do wish to put up your hand, please do so. Through the Zoom channel, we will keep an eye on that as well.

Now it's my pleasure to welcome back the witnesses to this committee. We have General (Retired) Walter Natynczyk, deputy minister at Veterans Affairs Canada, and Steven Harris, assistant deputy minister at Veterans Affairs Canada for service delivery.

Witnesses, you will have five minutes for your opening remarks, and then we will get right into questions. The first questioner we have is MP Brassard.

General, the next five minutes are all yours, sir.

General (Retired) Walter Natynczyk (Deputy Minister, Department of Veterans Affairs): Thanks very much.

Mr. Chair, ladies and gentlemen, it is a pleasure to be back with you again. I recall that it was on March 10 that I attended this meeting. I went back to Charlottetown for the retirement of Michel Doiron, who retired that Friday, March 13, and so the pandemic began.

We are certainly living in interesting times. Canada's veterans and the organizations that serve them face extraordinary challenges in the face of this global pandemic. In what is now seven and a half months of this crisis, Veterans Affairs Canada continues to learn and to adapt to support the needs of our veterans and their families.

We began making adjustments as soon as the pandemic was declared last spring, creating a working group with our veteran stakeholders and making adjustments to how we can enable veteran well-being during this crisis. In addition, we shifted to having our employees work remotely from sanctuary, while ensuring that they could deliver services and programs by digital and virtual means. We invested in additional networking resources and established remote working procedures.

We learned how to use tools just like this, and learned new ways of working. Using these tools, we continue to connect directly with our veterans and their families, with veterans' associations and with stakeholders, hosting numerous gatherings of our veterans and stakeholders. Our folks continue to reach out to thousands of veterans who are case-managed, frail or potentially vulnerable due to the nature of their injuries, their illnesses or their circumstances to determine how we may assist them during this crisis. We have striven to ensure that our veterans and their families continue receiving the services and benefits they need for their well-being.

Since the start of the pandemic, we have continued to process and approve applications and to ensure that funds are dispensed through the disability and financial benefits programs. We have also adapted our benefits and services to align with public health protocols. For example, we've extended telehealth coverage to include not only mental health but physiotherapy, occupational therapy and other treatments. In addition, the cost of personal protective equipment needed for our veterans to receive treatment is being reimbursed.

With regard to the wait times—I know we're going to focus on that here today—we continue to advance in accordance with the plan we shared with members of the committee to honour our objective to achieve the service standard and clear the backlog.

In this 75th year after the end of World War II, we have also continued to recognize the service and sacrifices of those who served our nation, and we have moved to a virtual, remote event and launched new commemorative videos and podcasts delivered by digital media.

In conclusion, Veterans Affairs Canada continues to learn and to adapt in this new operational environment, and we will strive to enable the well-being of our veterans and families with care, compassion and respect.

Thank you, Mr. Chair.

• (1605)

The Chair: Thank you, General.

Up first, as I said, is MP Brassard, for six minutes.

The next six minutes are all yours, sir.

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

Thank you, General. It's good to see you again back at the committee. I always appreciated the candour of our discussions in the past.

Steve, it's good to see you again. I know we spoke last week, and it's great to have you in front of the committee as anticipated.

I want to start by focusing on the Parliamentary Budget Officer's report.

The situation within Veterans Affairs and the increase in the backlogged cases didn't happen as a result of COVID. We saw a trend even before COVID hit that indicated an increase in these cases. Within the Parliamentary Budget Officer's report, he spoke specifically about how a lot of these backlogs could be reduced and, in some cases, even eliminated.

Based on his report, can you indicate to me whether you're in agreement with his assessment or not?

Gen (Ret'd) Walter Natynczyk: Sir, thank you very much for the question, and it's great to see you again as well.

I would say that we agree with the report and that we need to have additional staff horsepower to assist us here over the next while as we continue innovating, changing our processes and using all of the digital technology we can, while at the same time ensuring that we can exercise the whole aspect of giving the benefit of

the doubt and also of ensuring compassion for the needs of our veterans.

Mr. John Brassard: I want to focus on benefit of the doubt for a moment, because that becomes a very interesting part of this claims process.

We have had veterans who, in many cases, have been severely impacted as a result of COVID, with an inability, for example, to provide doctors' notes. We're hearing about recent cases of that, and we heard that department officials were warned back in March—and the minister himself was warned back in March—that this could be a possibility.

In the context of giving the benefit of the doubt, how has the department reacted to those benefit claims, given the circumstances in which veterans and their families are now finding themselves?

Gen (Ret'd) Walter Natynczyk: This is the real value of our outreach to the stakeholder groups, especially the COVID-19 working group, through which we had the co-chairs of all of the advisory committees come together. This is an aspect they have told us about throughout.

We have adjusted the kinds of documentation veterans do require. Again, through legislation and regulation, we will support veterans in need who have suffered an injury as a result of service. We've adapted a number of our document requirements in this regard.

I'll ask Steven Harris to amplify on this issue.

Mr. Steven Harris (Assistant Deputy Minister, Service Delivery, Department of Veterans Affairs): Thank you, Deputy.

We've continued to do a number of things over this period of time. Of course, there are a number of files with us already, which we continue to work on and process as additional veterans may come forward and look to apply during this period of time as well.

Veterans can continue to apply to the program. Even if they're not able to get in to see a doctor at this point in time, that documentation can follow. There is a requirement to validate the service that's related to the disability, illness or injury that's being claimed. There's also a requirement to assess the impact of that illness or injury on individuals.

In cases of palliative or urgent needs, we have been able to make some exceptions and make things move a little bit more quickly. In other cases, people can continue to submit applications and have additional documentation follow as they are able to get to a health provider or a physician, to be able to make some of those adjustments as well.

For the longer term, we are looking at additional adjustments to make the process even easier for individuals.

• (1610)

Mr. John Brassard: I want to focus next on efficiency and the effectiveness.

General, you referenced the fact that because of COVID, many workplaces have had to adjust. Can you tell me how many employees of VAC are actually still physically working in the buildings and how many are not and are actually working at home? How does VAC measure the effectiveness and the efficiency of the employees to deal with veterans and their families for adjudication and case claims?

The Chair: You have about one minute, sir.

Gen (Ret'd) Walter Natynczyk: At this point in time we are following the guidance of the Treasury Board, which is the employer. Our employees are encouraged to remain working remotely during this period of time and to abide by the public health guidance.

In Veterans Affairs we kept all of our buildings accessible. While we are continuing to put in physical barriers and follow all of the protocols, we have set a maximum of 10% occupancy on location as these adjustments are occurring. Once we have those conditions in place in accordance with occupational health and safety, we will increase accessibility.

Keep in mind that people who have critical and essential functions have been going to work right from the outset. We could provide you a picture in time, in terms of the number of people in the offices, but it is minimal. It is under 100, and we have a department of over 3,500 employees.

However, what was interesting was to see how quickly we were able to use this digital access across the board so that we have well above 95% of our department fully operational and working. We've been comparing what a normal year looked like in the past, vis-à-vis sick leave and other leaves, to this year with sick leave and special leave. We've actually seen a reduction in sick leave, whereas some folks who are managing the family at home—the kids and all those kinds of things—have had to take the special leave, but I'll tell you that they are so committed that we have even had employees who took this leave because they have pre-school kids at home, no day care and those kinds of things, and they still are being productive across the board.

I'll ask Steven to talk to efficiency and productivity.

Mr. Steven Harris: In 30 seconds, what I'd add is that the disability program is one of those in which we are able to very easily measure output in terms of the kinds of decisions and the amounts of payments that are going out the door to our veteran clients.

With the adaptation at the onset, there were some early changes that we needed to make in terms of ensuring that everybody was set up to work remotely. I would be pleased to indicate at this point that we are producing at a rate, at this moment, that is equivalent to where we were before. We need to do more and do better—that's what is outlined in the wait-times initiative as well—but we're matching our output at this point to where we were pre-pandemic.

The Chair: Thank you very much.

I'm sorry, guys; I have to get better at the muting and unmuting thing. I was trying to cut off Mr. Natynczyk and wasn't very good at it when I was on mute. Maybe I'll do better this time.

Mr. Casey, you're up next.

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

It's nice to see you, General and Mr. Harris.

Mr. Harris, I understand you're the new Doiron. Is that right? That's not what they call you, though. I know that.

Mr. Steven Harris: Not in front of me.

Some hon. members: Oh, oh!

Mr. Sean Casey: Are you based in the national headquarters?

Mr. Steven Harris: I'm based here in Charlottetown, yes.

Mr. Sean Casey: I want to start with some testimony that came before the committee on March 12 from the president of the Union of Veterans Affairs Employees, Virginia Vaillancourt.

Just to set the context, I understand that the workforce at Veteran Affairs Canada has no fewer than five unions representing it.

I wonder if you could break down for me the representation of the employees who are directly involved in the backlog and clearing the backlog, just so that we can get an appreciation of which union represents which group of employees.

• (1615)

Gen (Ret'd) Walter Natynczyk: Thank you very much, sir. It's great to see you again.

The adjudication process involves membership from several unions. The vast majority of our employees at Veterans Affairs come from the Public Service Alliance of Canada, and in Veterans Affairs they are referred to as the Union of Veteran Affairs Employees, and that's who Virginia Vaillancourt represents.

That is the majority of our employees, and for the most part, they are performing functions in adjudication such as administrative decision-making. That is to say that a veteran might present with a straightforward injury such as musculoskeletal, ankle, knee, hip, or back, or hearing and tinnitus. It's a straightforward situation; there's a table of disabilities, and they're able to make decisions.

At the same time, there are many veterans who present with more complex injuries, and therefore the case would have to be considered by a medical professional. Medical professionals are covered by a different union, and I believe that is the Professional Institute of the Public Service of Canada, and the acronym is PIP-SC. There are also payments made to veterans, and that is the union that represents the financial officers. There is another union that has occupational therapists and another union with lawyers from the legal profession.

This is a multi-faceted team that comes together to make the decisions in terms of adjudication. With regard to the UVAE, they are prominent members of that pan-professional team.

I'll go back to you, sir.

Mr. Sean Casey: Thank you.

If I understand correctly, the more complex cases are represented by PIPSC and not UVAE. Would it be fair to say that the bulk of the backlog is in these more complex cases, as opposed to the fairly routine ones for which a chart is used, as you described?

Gen (Ret'd) Walter Natynczyk: I'll ask Steven to chime in here, but to achieve better efficiency, as laid out in the plan, we have put together veteran benefit teams that match administrative decision-makers and medical professionals into teams, so you're dealing with both unions in this regard.

The other aspect is that very rarely does a veteran have a single condition that might be simple. It might be simple, but then there'll be internal medicine, so that enhances the complexity.

Mr. Steven Harris: Just to build on that point, the reality is there's a mixture of these kinds of disability files and disability decisions that are waiting in the volume of pending applications we have. Some of them are much more complex and require reference to a health professional, likely a nurse, but they may also be referred to a doctor for further consultation as well in the case of multiple disabilities or complex files.

As identified through the wait-times initiatives, we've looked to build and continue to build additional tools that take these decisions out of the medical world and make sure they can be made at the first level of review and decision-making so that they do not need to be referred to the medical world for additional looks or reviews.

There are a mixture of these kinds of files that exist across our top five conditions that—

Mr. Sean Casey: Thank you, Mr. Harris. I've got to get in one more question before we—

The Chair: Make it a very short question, Sean.

Mr. Sean Casey: Do you agree with Virginia Vaillancourt that it's unfortunate that a lot of the adjudicators are based in Charlotte-town?

• (1620)

Gen (Ret'd) Walter Natynczyk: No, sir. I am so thrilled with our employees, wherever they are across the country, doing amazing work.

From a P.E.I. standpoint, a Maritimes standpoint, a Canadian standpoint, for us to launch the Pension for Life and the innovation

and the learning and the dedication.... I have to tell you, sir, that we have an extraordinarily committed workforce. When I have them in the atrium in Charlottetown, I ask them how many folks are connected to the military by some nature—married into it, son or daughter, granddaughter, whatever—the hands go up in the entire place. Folks are dedicated and committed to their mission—I'm getting all excited here now—to support our veterans and their families. We have an extraordinary workforce.

Thank you.

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

We are going over to MP Desilets.

[*Translation*]

Mr. Luc Desilets (Rivière-des-Mille-Îles, BQ): Good afternoon to my fellow committee members.

General Natynczyk, welcome to the committee.

My first question is both straightforward and extremely complex. For months, media reports have highlighted the significant difference in processing times for claims made by francophone veterans versus those made by anglophone veterans. I'd like you to comment on that, please.

Gen (Ret'd) Walter Natynczyk: Thank you for your question, Mr. Desilets.

[*English*]

I'm sorry; because of this translation function, I have to remain on the English channel here for the time being.

We appreciate that the work of the ombudsperson found this situation and we have worked diligently to correct it so that we don't just have bilingual staff who can adjudicate; we have also found, especially in the medical profession, that we need staff who have studied medicine in French so they totally understand the diagnoses in all the French medical terminology, which is so important in understanding the ramifications.

As a result of that finding, we have made efforts to hire additional people who have the right skills. I'll ask Mr. Harris just to amplify that point.

[*Translation*]

Mr. Steven Harris: Thank you for your question.

It is true that the processing of claims submitted by French speakers has been delayed for a while now. We've taken steps to increase our French-speaking staff to ensure decisions are rendered in the same amount of time for all the claims we receive.

As we speak, nearly 28% of our decision-making staff are either native French speakers or bilingual. That includes recent hires, and we are still hiring. I'll certainly be talking about that later. We want to make sure we have more decision-makers whose mother tongue is French. We are working hard to build as large of a francophone team as possible.

Mr. Luc Desilets: I'm going to stay on the topic.

Good afternoon, Mr. Harris. It's a real pleasure to see you again. We had some good times in Italy, in another world, in another time, last fall.

I heard what you said loud and clear, but I'm still concerned. In light of what you're putting in place now, when can we expect claims from French-speaking and English-speaking veterans to be on equal footing when it comes to processing time?

Mr. Steven Harris: Thank you for your question. It's a pleasure to see you as well.

The changes we've made have started paying off. We are on the road towards equal processing times for claims from French-speaking and English-speaking veterans. The people we've hired still need training, so it's going to take a bit more time. The processing delays affecting claims from French-speaking veterans are minor, but we are trying to fix the problem. I think we could achieve equal processing times by the end of next year.

• (1625)

Mr. Luc Desilets: I heard what you said and I thank you for your efforts.

As I understand it, the discrepancy between processing times for claims from French-speaking and English-speaking veterans isn't a financial problem. The government actually injected another \$192 million in funding for this year and next to hire 300 people. Instead, the problem is the shortage of workers. I fear the problem won't go away with time given the labour shortage all sectors are experiencing.

Could you comment on that?

Mr. Steven Harris: I completely understand your concern. That's why we've taken tangible steps to hire and train francophone decision-makers. We focus on looking for people, first, whose mother tongue is French and, second, who are bilingual so they can process both English-language and French-language claims. We've tried to attract new employees whose mother tongue is French to significantly improve the situation, and I think I can say we've been successful on that front.

Mr. Luc Desilets: Let's hope it works.

General Natynczyk, I'd like to hear your comments on the recommendation we made to reduce, or virtually eliminate, the backlog in the short term. It's a simple suggestion, almost silly.

[English]

The Chair: Monsieur Desilets, you're at six minutes. If you have a question, please make it very brief.

[Translation]

Mr. Luc Desilets: The idea is to eliminate the backlog by simply pre-approving all the claims, so doing things backwards. Veterans are not criminals; if they submit a claim, it's probably warranted.

I'd like to hear your take on our recommendation.

[English]

The Chair: Give a very brief answer, please.

Gen (Ret'd) Walter Natynczyk: Sir, again, at this point in time, what we've been able to do is operationalize the plan that we've handed out to the committee members, and perhaps in the next go-round, Steven can answer how we have been able to make some progress, even before the additional staff are trained.

I'll leave it there.

The Chair: Thank you very much.

MP Blaney is next, please.

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

It's very nice to see you, General. It's always wonderful to see you.

Thank you so much, Mr. Harris, for participating today.

Of course, I have said a lot in the public sphere about my desperate concern over the disability backlog that we have in this country. I think the reality is that when my office is getting phone calls and emails from veterans across Canada who have applied for the CERB program because they cannot access the program that they fought so hard to earn, we know we're in a situation that is extremely urgent. We're continuing to work with those folks to make sure they get their resources, but so that they're also protected and not given any sort of trouble because of their applications. I certainly hope that's something you guys are working on as well.

I've been on this committee, as you well know, for a couple of years now. We're still waiting to see this disability benefit application process backlog get caught up. Of course we want to make sure that service standards are maintained, but unfortunately, we're seeing the reverse happen.

We've talked about increasing public service capacity. I'm very happy that there were a significant number of hires, but we know from the PBO report and what we heard from the union that we need to hire so many more people.

I'm also wondering what's happening with the integration, the process innovation and the digital solutions. We keep being told there are going to be processes in place that are going to shorten the timeline, but we're still not seeing the impacts on the other end. I'm just wondering if you could give us an update on when those will be done.

As a forewarning, I only get six minutes. I'm going to give you a little while, but I do need to get to the next question. Thank you.

• (1630)

Gen (Ret'd) Walter Natynczyk: Thanks very much.

We had a meeting with the Royal Canadian Legion yesterday and did hear of a case in which Steven's team put out a decision in 10 weeks. It's great. I just have to make sure that we try to get everybody to 16 weeks.

I would like to reassure you that over this seven and a half months since we last spoke—and before that time—we have moved diligently to operationalize the plan that we handed to you. In addition—and again we're very appreciative of the additional resources—we moved out swiftly to try to hire.

I will ask Steven to address these points and to provide the sufficient fidelity that you're looking for.

Mr. Steven Harris: Thanks, Deputy. I'll try to keep it brief, as I know you have limited time.

It is really a two-track system. One is our being able to get additional human resources in a short-term period of time while we do the work on the back end to make sure we can improve and sustain the front-level productivity that we need going forward to address the volume of pending applications.

In a number of ways, we're doing a variety of things. I mentioned earlier, in response to one of the questions, that we want to limit the number of applications that are required to go for medical adjudication. In other words, we need to build tools that allow our front-line disability adjudication staff to make decisions the very first time it's being reviewed, and not refer it on to medical review. We're building those tools that will assist us in making more quick decisions on more front-end folks, and limit the number of files with which we're taxing our medical staff.

We're also changing the way in which we organize ourselves, in terms of the veterans benefit teams, by bringing in all the people who are required to make a decision on a file together, working together in an integrated team to ensure that the file never leaves and never gets referred anywhere else. Essentially, it stays within the group—that is, that team—to ensure it gets a decision as quickly as possible in going through that stage.

We're looking at innovative approaches as well, in terms of using technology and tools, to be able to review thousands of pages of health records—

Ms. Rachel Blaney: I'm sorry to interrupt you, Mr. Harris, but is there a way to get a report on the timeline for this? I hear what you're saying. I respect very much the work of the staff at Veterans Affairs. I do think they're understaffed, and that is a challenge, but we just keep hearing about this and the backlog is growing. We know, from the article that came out just a couple of days ago, that the applications are now slowing down dramatically for various reasons. I assume that this backlog that we already have is only going to increase.

Are there actual timelines for when these things are going to be implemented? I don't need to be assured. I appreciate your assuring me, but I think who needs to be assured are veterans in Canada.

Mr. Steven Harris: Yes, there are a variety of timelines, depending on the initiative.

What I would say in terms of the volume of pending applications is that it includes applications we may have received yesterday or last week that are within our service standard now. The backlog, as you've indicated, those files that are beyond our established service standard of 16 weeks, has in fact gone down over the course of the last number of months. We've been able to reduce that by about 15% or so, down to under 19,000 over the course of the last number of months, by focusing our efforts and our resources on being able to do this. That's good for a start—

Ms. Rachel Blaney: I'm going to interrupt you again, because the PBO report was very clear that if we continue the way we are right now—and because I'm not getting specific timelines, that seems to be what we're going to be doing—it's going to be two and half years before we even finish the backlog we have today, let alone the one that's going to be growing on the other side of this.

The timelines really matter. Is there any way you can tell us when these programs are going to be in place?

Mr. Steven Harris: Well, for example, the veteran benefit teams were implemented as of June 1. On June 1 of this year, we made the transition, even in the COVID environment, to working from this point of view. The work we're doing in trying to resolve medical issues at the earliest possible stage will be an ongoing effort, and some of the information technology approaches and the improvements we're making are ongoing as well.

That's why it's a two-pronged approach: to have that surge of additional resources to be able to make the decisions and get the volume of pending applications down, while we make those changes in the background to allow us to have that long-term sustainability in terms of decision-making.

Gen (Ret'd) Walter Natynczyk: I will also add that, again, based upon the support we received from government, we have started to hire additional staff who are now in training. Steven's team across the department has expedited and improved the quality of the training so that we can turn these folks into decision-makers.

Hopefully—what was the time?—right after Christmas is what we're talking about right now, but we're talking about hiring in excess of 300 folks and training them up so they can make the right quality decisions right away. While that's happening, because of all the other concurrent activity, Steven's folks—and again, across the department—have been able to take a significant chunk out of those files that have been waiting beyond the 16 weeks.

• (1635)

The Chair: Thank you, General.

Now we're going into our second round.

First up for five minutes is MP Carrie.

Mr. Colin Carrie (Oshawa, CPC): Thank you very much, Bryan.

Colleagues, this is a new committee for me. I'm just getting myself up and running here.

Cathay Wagantall, one of my colleagues, is a regular, and she wanted me to mention something. She's brought this up before, but a veteran was in touch with her. He has 28.5 proud years of service. He applied for his VAC pension a year ago and completed all the paperwork in October 2019. He's just been informed that the application is now in the decision phase, but that it's going to take 64 more weeks to process it, which means a grand total of over two years since he had his paperwork put in.

Frankly, I'm wondering about this. If I'm a veteran and I'm waiting two years.... We need to find out some specific timelines, as MP Blaney was saying. I know you want to get your service requirement down to about 16 weeks, but what is your average processing time for one of these claims? As a new member, I'm finding that two years just sounds really, really long to me. What is your average processing time?

Gen (Ret'd) Walter Natynczyk: Thanks very much for that question, sir. Welcome to the committee. I'm thrilled to be able to work with you.

I'll ask Steven to give an updated data point on this. One of the questions and challenges we have is that, out of compassion, we generally accept all the claims coming in the door, even if there is information missing. That's one of the challenges we have, especially with paper copies coming in. We've been able to improve that process by going more to digital. It's kind of like when you fill out your provincial licences or taxes; your form will go forward only when it's complete. We're dealing with those paper copies in terms of finding information in order to get them complete, and then get the records and get moving on it.

It's over to you, Steven. Where are we at now?

Mr. Steven Harris: Thanks, Deputy.

It really depends on the condition, of course, what the wait time might be for any individual case, and whether or not there are multiple conditions and which conditions. It might be that it's more complicated, or other.... There are a variety of times, but what I will say is that of course that length of wait time is obviously too long. That is why the number one most important issue for Veterans Affairs to be able to address is working through the wait times.

When you ask about what the time frame would be expected to be, when we talk about the additional resources that the deputy just mentioned and the addition of more than 300 resources coming on—we've already hired more than 300 of them—we do expect to make an additional 80,000 decisions over the course of this year and next, through to March 2022. There's a timeline whereby we expect to make enough decisions to get back down to a backlog—or those files that are beyond the 16 weeks of our service standard—of under 5,000.

Mr. Colin Carrie: All right. Then I'll ask the chair if Mr. Harris could provide us with the average time that we have right about now. If you want to categorize it, I'm fine with that. I'm just wondering where we are now.

Again, to go back to what my colleague was talking about, my understanding is that the backlog now is about 50,000, which is up 60% in three years. If we keep doing the same thing over and over again, guess what, I don't think we're going to get to where we're going.

I see there is more money being put in there. According to the PBO, VAC's hiring plan will take two years to implement, and it's going to decrease the backlog by 10,000. Yet his plan would wipe out the backlog completely in one year.

What kind of direction have you gotten from the minister's office on how to move forward with this, and who's making the decision on how to move forward? Are you getting some specific direction from the minister? Who are we going to trust here? I hate to say that, but our veterans need to trust somebody to move forward to get this backlog cleared. Are they going to listen to the non-partisan PBO, or are they going to listen to the minister's office?

You're aware of those statistics. What kind of actual direction are you getting from the minister's office? As my colleague was saying, are you able to provide us with the strategy and the plan for the specifics? I'm extremely concerned that we're going in the wrong direction here.

• (1640)

The Chair: You have just under a minute.

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

As Steven mentioned, the number of files of applications we have in the department is in the 40,000 range, and that includes files that we received yesterday. It includes the files that we received last week. The number of those files that were in excess of 16 weeks at the beginning of this pandemic, when I spoke to the committee on March 10, was about 23,000, if my memory serves correctly, and we can confirm that.

What Steven has indicated is that we've actually reduced that 23,000 by about 15%. My understanding is that we are south of 20,000 files that are beyond the 16 weeks. The fact is that we have made all of these additional improvements and now we're bringing on additional staff in order to accelerate decision-making. We are following the plan that the minister has carried forward, and we appreciate all of the support with the additional resources, especially in terms of staff and innovation.

The Chair: Thank you very much.

Now, for five minutes, we will go to MP Lalonde, please.

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

Thank you, General and Mr. Harris, and congratulations on your new roles.

First, I want to say congratulations to you and all of your team. As you explained this transition, we were having this conversation on March 10, and suddenly on March 13 everything went in a different direction. Certainly I want to commend you, as well as all the employees and your team, for having transitioned very quickly in these challenging times.

I would just note that this morning the City of Ottawa council liaison for veterans and military issues, Matt Luloff, was appointed. They launched this morning. I want to give a shout-out to the City of Ottawa for having reinitiated this. I certainly appreciate all the great work from Veterans Affairs on this file.

Going back to March 10, General and Mr. Harris, we were actually discussing this backlog. Certainly, I think that for all parliamentarians and for all the veterans there is a concept or an aspect, a sentiment of frustration at times. That's very real. I think we can all agree on that. You did discuss the fact that you were going to bring a plan to address that while we were in the pandemic. Last June, you brought forward a plan. I was wondering if you could share a little bit more. I know that the volume has changed because people are more aware of the services. I want to hear you out on this plan that we have going forward.

Gen (Ret'd) Walter Natynczyk: Madam, thank you so much for the question and, again, thank you for your support to veterans in the Ottawa community and across the country. I really appreciate it.

When I appeared in front of the committee on March 10, I was asked for the plan. The plan had been in process for quite some time. With all of the initiatives that were out there, I appreciated being able to put it together and present it in front of the committee.

Again, we want to walk the talk. We want to move forward to support, as we say in veterans circles, our battle buddies and wingmen and women, our naval colleagues, because they have served and they've done an amazing job.

We know that it's not only about people; this is about process change. This is about cutting bureaucracy, cutting red tape; this is delegating authority to the lowest level to make decisions; this is bundling decisions, so that if we know a person has one ailment, it's probable that they might have a number of other ailments that come along with it. It's about using technology wherever we can—tonight being an example—like taking an audiogram and being able to digitize that, so we can make a decision while maintaining care, compassion and respect.

Finally, it's ensuring that we're bringing on additional staff, but also ensuring that they have the right culture, and it's that culture of giving benefit of the doubt, of compassion.

I'll turn it over to Steven.

Mr. Steven Harris: I'll keep my remarks brief in case there are additional questions.

We started to talk a little before about some of the additional pieces we're doing. We've been in touch with other jurisdictions as well—our Australian counterparts and others in the Five Eyes countries—to look at how they do their programs and see what we can borrow and glean, and frankly use almost immediately, from some of the experiences and examples they've had. We are also looking to make tools that are better for veterans to be able to use, to improve the online applications experience.

One of the comments was about people understanding what the wait times might be. We're looking to update the application tracking feature, the My VAC Account online application app, to allow people to have some predictability as to what stage their application

might be at, so they can see as it moves through the system and as decisions are made—much more transparency and clarity in terms of what they're doing.

Also, on the hearing loss and tinnitus, the deputy mentioned digitization of the audiogram. This is a digital process whereby we'll be able to search through thousands of pages of a service health record and pull out the information that's relevant to the claim being put forward much more quickly than having to go through those pages almost on an individual basis.

I'll leave it there, in case there are additional questions.

• (1645)

Gen (Ret'd) Walter Natynczyk: I can mention that we're also working very closely with the Canadian Armed Forces and the RCMP, so that before their members become veterans, we are addressing their needs, their claims, and all of their unique medical requirements. Before they become veterans and enter into civil society, it's about closing that virtual seam, closing the gap between our institutions.

Thank you.

The Chair: Thank you, and that's time.

Next we have, for two and a half minutes, MP Desilets.

[*Translation*]

Mr. Luc Desilets: I'm going to fire off a question, because I feel as though we are hearing the same things over and over and not really getting anywhere.

We are talking about vulnerable human beings, people who need you, people who need us. They reach out to us through our constituency offices.

What would you say is the number-one obstacle your department faces? I do not think it's money, since it's raining millions. What is the biggest obstacle you have to overcome in order to clear the backlog?

Mr. Steven Harris: I can answer that. There are actually two obstacles.

On one hand, the number of claims Veterans Affairs Canada receives has been rising rapidly since 2016.

On the other hand, the system we use to review and approve claims is complex. When a claim involves medical issues, it's a complicated process. It takes time to examine the claims in accordance with the act and the two criteria. In other words, we have to determine not only whether the disability is related to the veteran's service, but also how severe the condition is. It's a highly complex process medically speaking.

Mr. Luc Desilets: I understand, but what you listed aren't obstacles; they're facts.

Since I really don't have much time, I'm going to move on to my next question.

I am new to Parliament and its workings. Is it feasible to ask the department to conduct a mini-assessment, so to speak, of our recommendation, which amounts to hitting the reset button on the backlog? Is it possible to have the department weigh the pros and cons of the recommendation, estimate the financial savings or losses, and assess the risks?

It may be crazy, but we think that, if the department did a reset, things would probably be different two, three or four years down the road. Can't we just assess the recommendation, which is to wipe the slate clean on the backlog—temporarily, anyways—simply to get through the crisis?

[English]

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

Gen (Ret'd) Walter Natynczyk: We share the goal, sir, to eliminate the backlog as soon as possible. We share that goal with you. Again, we appreciate your support in that regard.

The Chair: Thank you.

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

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

One of the concerns I have is with regard to the folks who are being hired now. I keep hearing this again and again. You talked quite distinctly in the last response to me about how much training they're receiving and how they're going to have the capacity to make decisions and then, hopefully, once that training is done, to move things along more quickly, because they'll have that capacity. But they keep being called "temporary" workers. The PBO report was very clear that we need to hire significantly more than the 300 and that we need to continue to hire to address this issue.

Are they temporary? How long will they be hired for? If they're not temporary, will there be some sort of official announcement to let the world know that these are permanent workers who will be helping us address this backlog?

• (1650)

Gen (Ret'd) Walter Natynczyk: Again, I really appreciate government's support to enable us to hire additional staff, on top of the staff we were able to resource through budget 2018, in order to improve our effectiveness across the board. What I have right now, and what we are working toward, is what government stated back in June. We have two years, at this point in time, of resources, and we're doing our very utmost to train as expeditiously as possible the best people we can across the country in order to fulfill this function.

Steven, you may want to put a little bit more detail on that.

Mr. Steven Harris: I think the deputy is quite right. In addition to the folks we just identified whom we're bringing on, there are 168 individuals from budget 2018 whom we've been able to keep. These folks are fully trained. They've been working since the start of this fiscal year to continue to make decisions.

We talked about training. That's really targeted into the high-volume applications we see, the most common applications we see. We're training those new people to be able to address those issues.

Our more experienced people can then go on to some of the other files that are in the volume of pending applications and address those. We'll target the training on those individuals who are coming in, make them efficient and get them up and running immediately.

The Chair: You have 15 more seconds.

Ms. Rachel Blaney: Just for clarity, you said that 23,000 people before were beyond 16 weeks and it has gone down 15%. So that would be just under 20,000 now. Is that correct?

Mr. Steven Harris: Actually, it's just under 19,000.

Gen (Ret'd) Walter Natynczyk: I just want to make sure I get this right: We have veterans who put in multiple claims, so it's 23,000 claims, not 23,000 people. The number of veterans who put in a single claim is very small.

The Chair: Thank you, General.

We now go for five minutes to MP Seeback, please.

Mr. Kyle Seeback (Dufferin—Caledon, CPC): Thanks, everyone. I'm new to this committee as well.

General, I love your positive attitude and the desire to get things done. I have some real questions. I think if it's not measurable and deliverable, it's really not a plan that's going to work. I have some very specific questions, and I'd like you to answer them as succinctly as possible.

You talked about a number of reforms...limit the number of applications that go to medical. What's the goal on how many applications will be reduced? How will it be measured? What's the anticipated effect on the numbers or the percentage reduction in the backlog?

Gen (Ret'd) Walter Natynczyk: Thank you very much for the question, and welcome to the committee, sir.

The one thing we do not control is the applications coming in the front door: neither the volume nor the nature of the injuries or illnesses being claimed.

Mr. Kyle Seeback: You must have an estimate on these reforms. There has to be a best practice. Do you know what impact that particular reform will have on the current backlog, which you say is somewhere south of 20,000?

Gen (Ret'd) Walter Natynczyk: Absolutely. I'll ask Steven to get into a little more fidelity here. We are benchmarking with our American and Australian counterparts in terms of those best practices in order to have measurable results across the board.

Steven, go ahead.

Mr. Steven Harris: I'll give you the example that we used, the veteran benefit teams. We piloted the veteran benefit teams approach. Again, that's bringing everybody together to make sure we have a full team to make a decision on a file without actually leaving.... Based on our pilot, we think that's about a 10% improvement in productivity in terms of output and decision-making.

With respect to your question on the element of medical referrals, that one is a bit trickier to measure. It will be in stages as we are able to build the models that need to be used for a variety of claims. As we build each one of them, we expect there's a benefit to that. We'll be able to measure that benefit as we build each of those models, but it's a process for that part.

Mr. Kyle Seeback: Is there a document that you have prepared internally to show what effects you anticipate of the reforms that you've been outlining, and to show your anticipated reductions in the backlog or improvements? If so, is that a document that could be shared with the committee?

• (1655)

Mr. Steven Harris: We have a number of documents, including the public plan, which doesn't specifically reference individual numbers from that perspective. What we have looked at is expecting to make about 80,000 additional decisions over the course of the next year and a half. We can certainly share anything we've produced that indicates any kind of output from some of the initiatives we've identified here and in the plan.

Mr. Kyle Seeback: That would be great.

Here's the challenge I'm having. I like that you're talking about these reductions and you believe that your reforms are going to take effect, but the PBO seems to disagree. The PBO seems to say that their projections show that if the total number of full-time employees for 2021-22 are retained for an additional 12 months, the number of pending applications could reach zero in the first quarter of 2023.

They're saying that you'd have to have further extensions of these people's employment to get the backlog down to zero in 2023. You seem to be saying that what you have right now is going to reduce the backlog. Where do you get that from? When I ask a question about how much you believe your reforms are going to take effect, you don't seem to know what those numbers are. How do you get there? It seems to me like a bit of pie in the sky.

Mr. Steven Harris: I'm happy to answer that. We expect that the additional resources we've put in place and the action plan we have will get us under 5,000—those files that have been in the system longer than the service standard of 16 weeks—by the end of March 2022. The differences between the PBO report and our forecasts are some of the improvements and gains we're making in terms of our processes, something like a veteran benefit team, which is not incorporated into what the PBO estimated going forward.

As well, in terms of some of the decision-making, the PBO included folks who don't make decisions, resulting in a lower per-person output, if you will, of what the estimate might look like. Our estimate for internal decision-making would have us making more decisions than what the PBO estimated. I think they took a broader look at the number of people involved in the actual decision-making, including some folks who do administrative and clerical work.

Mr. Kyle Seeback: I'm almost out of time, so I'm going to ask a couple of questions quickly that maybe you can undertake to answer if I run out of time. I got the one-minute signal about 40 seconds ago.

How are you doing on the hiring of the number of employees—the LTEs—that you've been projected to hire? Are you meeting that number? If so, great. If not, why not? Are you retaining them as well? Are there people who are leaving through attrition, and is that going to affect your ability to meet the targets you are setting out with the volume of employees you have to hire?

The Chair: That's time, but offer a very quick answer, please.

Gen (Ret'd) Walter Natynczyk: We've been really fortunate that for the numbers we're trying to hire, we've had about 1,600 applications for just over 300 roles in the department. We're trying to keep our team as happy as possible to reduce attrition. Steven and his team have been extraordinary in now engaging just over 300. They're into the training pipe. We're tracking pretty well.

Steven—

The Chair: Again, I have to cut you off, sir. I'm sorry about that.

We can now go to MP Amos, please.

Mr. William Amos (Pontiac, Lib.): Thank you, Chair.

Thank you to our two witnesses. As always, it's a privilege to hear from you.

[*Translation*]

I'm going to continue along the same lines, in terms of the challenge.

[*English*]

I'm sorry. I'm jumping between languages. I recognize that's not a good thing to do. I'll just speak in English to keep it simple.

You were addressing the theme of minimizing attrition, which goes to maintaining the workforce, which goes to maintaining the ability to deal as quickly as possible with as much of the backlog as possible. I wonder how challenging it has been in the context of the COVID pandemic to maintain your workforce and enable effective training. It strikes me that it would be a huge challenge to onboard hundreds of new staff and train them up while maintaining the morale of existing staff, who have significant workloads. How have you succeeded in that incredibly important and very large task?

• (1700)

The Chair: General, you're on mute, sir.

Gen (Ret'd) Walter Natynczyk: Whatever I said was brilliant, and I can never repeat it again.

Anyway, sir, it's great to see you again.

I think that folks would be very proud to see what the public servants have done amidst this pandemic. The Monday after I spoke to all of you, we had 973 employees who were able to connect as we went to our remote workstations, and very quickly we've reacted to bring folks on, as I mentioned in my opening remarks. We're firing at over 95% effectiveness on these remote means in order to support our folks.

At the same time, Steven and his team are hiring literally hundreds more employees and training them virtually. The ability to learn and to adapt to this virtual and remote environment has been extraordinary, and so has the outreach to veterans. We've literally been calling thousands of veterans each day, and in some areas of the department productivity is actually better than when we were back in the office. I'll just say that our call centre is answering their calls within two minutes, well above the 90th percentile, which is over the service standard.

What we're trying to do is enable the employees to feel safe and healthy while they are reaching out and supporting veterans, and enable productivity to the best of our ability.

Steven.

Mr. Steven Harris: It has also been an opportunity for us to re-vamp our training approach, particularly the disability adjudication piece. Normally, if hiring this many people, we'd have people come in and do classroom training. We've been able to make that transfer over to a digital environment where we have online training. We've quickly built online training to be able to target that and give people the essentials of what they need to get them into a decision-making mode as quickly as possible. The staff has worked very diligently to both onboard and now train those over 300 individuals we brought on, and maintain the others we have in a decision-making mode, and change the training.

It's been a bit of a forced opportunity for us, but it's a good-news story for the longer term of our being able to onboard people regularly and train them at a distance.

Mr. William Amos: Thank you for that response.

I'm going to shift into French as I ask the chair to advise how much time I have left.

The Chair: You have a minute and a half.

[Translation]

Mr. William Amos: Thank you, Mr. Chair.

Would you mind commenting briefly on the morale of Veterans Affairs Canada staff? How are they feeling?

I can only imagine how difficult it can be for them to do their jobs in the circumstances. You've probably spent more time on the issue to make sure the mental health of your colleagues is in hand.

[English]

Gen (Ret'd) Walter Natynczyk: I'll just say that in addition to the outreach to the numerous veteran stakeholders, my associate and I had 25 town halls with our employees, and communicating with them directly, again in a crisis, kind of feels like an operational deployment. You cannot communicate enough, so we reach out to them. I've been sending them either weekly or biweekly messages. I just sent another one out this morning to reassure them, because I need them focused on their mission while they're balancing all the pressures on them at home.

We did a survey in the middle of the summer, and I was very pleased. Two-thirds of our employees answered that survey. What's interesting is that they feel supported. The 80th percentile say that

they have the equipment they need and they have the information they need in order to make the right kinds of decisions at home.

Interestingly enough, 10% want to go back into the office tomorrow. For some, sanctuary may not be at home. Sanctuary might be in an office space, or they want the social interaction with others in order to maintain their mental well-being.

We have reinforced resilience through this whole period of time by maintaining contact and social connections, and that's why the town halls are so important, not only to the veteran but also to the employees, in order to maintain the wherewithal to get through what I would call and refer to as a very long deployment.

The Chair: Thank you, sir.

Go ahead, MP Brassard.

Mr. John Brassard: Thank you, Mr. Chair.

There's no question that Veterans Affairs has been going through a significant hiring process. One of the things that I hear regularly across the country about staff at Veterans Affairs is that there aren't enough veterans themselves working there. Of this significant up-take, whether it's part-time employees or full-time employees, how many veterans have you hired to work as case managers or to adjudicate these type of claims? Oftentimes those veterans feel that there's an empathetic ear on the other end of the line when it's somebody who's walked the walk and who has transitioned out of the military. I'm just wondering how many of those have been veterans.

• (1705)

Gen (Ret'd) Walter Natynczyk: Again, we are making every effort in trying to bring veterans into our ranks in the right job, because you can't take an infantryman and make him a social worker right away. It's "I'm a tanker" kind of thing.

As my kids who were all in the military will remind me, "Dad, you've got to have someone with the right kind of culture. It can't be the old-school culture. You need to have someone who will exercise care, compassion and respect."

What is terrific is to see that we're being able to hire veterans in these additional ranks, and I'll ask Steven to mention that. At the same time, we're leveraging the education and training benefit and the career transition service in order to bring in more.

Steven, how are we doing on our hiring?

Mr. Steven Harris: I can identify that 7% of the over 300 employees that we've hired so far have Canadian Armed Forces experience. We went back and looked through the applications. There is a self-declaration piece, and some Canadian Armed Forces members choose not to self-declare as a veteran working in the Canadian Armed Forces group. We've gone back and looked into it, and it may not have included all of their experience in the application that they put into us from a Canadian Armed Forces perspective, but it's at least 7%, and I expect it's a little bit higher than that.

Gen (Ret'd) Walter Natynczyk: If I may, I'll also remind that—

Mr. John Brassard: General, I was just about to get into another line of questioning. I was on mute and I apologize for that. If there's any more information I need, I'll certainly follow up with you.

One of the things that the PBO identified was the need to move to a more digitized process, a simplification of the application benefit process for our veterans.

I know this has been talked about for years. The veterans ombudsman and the DND ombudsman have spoken about this for years. Where are we on this simplified digital process for veterans and their families to file application claims to make it easier to receive those benefits?

Gen (Ret'd) Walter Natynczyk: Thanks so much for that question, because what we have found...Thank goodness we went through the turmoil of implementing pension for life, because for the first time we have an end-to-end digital platform.

What we found in that first year—and Steven, just roll in here and correct me whenever you want—was that about 50% of our applications were still coming in paper form last year. Because of COVID and because of the requirement to lean on the digital solution, I think we're into the 70th percentile now in terms of a digital platform, and what we're working closely on with the Canadian Armed Forces but also with Library and Archives Canada is how to digitize all of their analog files so that our adjudicators can get access much more quickly.

Mr. Steven Harris: You're quite right, Deputy. About 75% since April 1 have been coming in as a digital application or through My VAC Account and the online process that we put there, through guided web forms that help veterans walk through each step of that process and make sure they fill in all the information and minimize the number of incomplete applications.

Of course, there are still ways in which we support those veterans who don't or can't use that kind of digital approach. We want to make sure that we are responding to the needs of all veterans in the way that they may wish to submit their applications. Obviously we're pushing folks to digital, because it is the easiest way for them to apply and the easiest way to make sure that they include all the information that's required.

Gen (Ret'd) Walter Natynczyk: Sir, Steven has such a tough job, as did Michel before him, because no matter how they push this, what I'm trying to tell them is that just as when I do my taxes and I use TurboTax, I want to see "TurboVet"—something that is intuitive, that is easy to navigate and that asks the right questions. You just fill in the blanks and move on.

The Chair: You have about 20 seconds.

Mr. John Brassard: Gentlemen, I want to thank you for your time today. Let's move on to the next questioner.

Thank you.

The Chair: Up next, we have MP Fillmore.

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

General Natynczyk and Mr. Harris, it's great to see you again. It's nice to be with you and the rest of the committee.

I think the numbers tell a story, a story of the success of the reinvestment in and the rebuilding of VAC after a difficult decade. Between 2015-16 and 2019-20, the number of applications grew by 40%. During that same five-year period, the number of applications processed by the department rose by 35%, so there was a tremendous increase in applications and a tremendous increase in capacity to process, which falls, however, a bit short of the growth in applications, granted.

VAC service standards indicate that in normal circumstances, 80% of decisions should be made in the first 16 weeks from when an application is made. We've heard a lot about the necessity for more staff and more streamlined decision-making, but I think we also need to have a better understanding of the specific reason that a claim might not meet that standard beyond the bureaucratic people power issue.

I was wondering if you could describe what normal circumstances are and whether there has been a time when VAC has had the pleasure or the privilege of normal circumstances.

• (1710)

Gen (Ret'd) Walter Natynczyk: Sir, when I showed up in this new posting that was Veterans Affairs, I looked at the history books and I saw that the first backlog in VAC happened in the early 1920s.

If you look, you'll see there's a history in the Veterans Charter, and it talks about the massive problem of the backlog in 1925. That's just to say that we are all hands on deck working hard in order to clear the backlog right now.

One of our challenges that I find, and I'll ask Steven to wade in here, is that out of an abundance of compassion, we accept incomplete applications. They may lack a diagnosis or lack all kinds of things, but our people are so committed and are so bound and determined that they get back to that veteran and ask for the information, because it's not there. Again, working with the Canadian Armed Forces and working with Library and Archives Canada, they are looking through these huge medical files and trying to find the reason for the claim.

Mr. Andy Fillmore: Okay, thank you.

I'll repeat what I said back in March, which is that long wait times are not a symptom of a problem. Of course we must address the wait times and improve them, but they're actually a symptom of the great success of the programs that are being offered, and I believe that to be the truth.

In the moments I have left, I want to flip over to gender. We also read that for the average female client, that application takes about three and a half weeks longer than it does for male clients. I wonder if there is any context you could bring to what might be at work there and how we could do better.

Gen (Ret'd) Walter Natynczyk: We appreciate the work of the ombudsperson who has actually led us to this point. As we drill down to it—and you should be aware that we have posted three summits focused on women veteran issues in order to understand this even more and that the minister approved the creation of an office for women veterans and LGBTQ2 veterans as well, and we've just had another seminar there—we are learning more.

I'll ask Steven to amplify what we've learned.

Mr. Steven Harris: Thanks.

What we have seen is that the number of applications from women veterans over the course of the last little while is a little bit above what we would see normally from their representation in the Canadian Armed Forces.

About 16% of the applications with us at the moment come from women veterans, and they do wait a little bit longer. It has been noted both by the ombudsman and in our internal reviews that they wait a little bit longer.

We are currently undertaking reviews of the program to better understand from a GBA+ point of view how our current practices may have impacted that, and what we need to do to ensure equitable treatment for everybody across the board.

When we see large-scale applications that are often specific to male veterans, we build up patterns and approaches that recognize those patterns and we make decisions much more easily for things that are common to us. When women veterans have a condition that may differ from the traditional pattern of a male veteran, that case ends up being looked at differently in the system. We need to adjust the system so that they have the same approach, standard of treatment and outcome. We have work in progress to ensure we're aware of that. We're monitoring very closely the length of time it takes for women veterans' applications to be processed, and we're making adjustments to make sure we can address that.

• (1715)

The Chair: Thank you very much.

Now we go over to MP Desilets.

[*Translation*]

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

The challenges you are facing are not just huge, but also extremely important. It all hinges on human resources. I was a manager for 20 years before becoming a member of Parliament, so we

would have plenty to talk about. My understanding is that the solution lies in human resources, in staff recruitment. You need more hands on deck. Your so-called battle must be fought on the human resources front. Unfortunately, try as I might, I have a hard time believing that you will overcome this.

You mentioned the backlog of the 1920s. That surprised me.

General Natynczyk, you said you accept incomplete applications.

In light of that, I will repeat my question. Is it an option for the department to consider the possibility of pre-approving all pending claims? Could the department assess the positive or negative impact of that measure, as well as the cost and spending implications?

[*English*]

Gen (Ret'd) Walter Natynczyk: Thank you very much for the question.

As we move forward with the mandate that the minister has received, automatic approvals of claims are in that mandate. You will see the mandate commitment is to look at automatic approvals for the most common injuries and illnesses, such as mental health and musculoskeletal injuries. We are obviously looking at what is in the mandate letter.

The Chair: Thank you.

You have only about five seconds left, so I'm going to say that's time, sir, if that's okay.

We will go on to MP Blaney for two and a half minutes, please.

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

I want to start with a clarifying question.

Earlier we talked about the fact that a lot of veterans are challenged right now with COVID-19 by not being able to get to a doctor, so they are not able to fill in their applications. We have seen a distinct drop in applications—about a 50% drop, I understand. It sounds, though, that you are trying to make way for those applications to get in. Even if they apply, you will take the documentation, and then they can add the rest of the medical aspects later.

How is that working? I say thank you to my former colleague, Mr. Desilets, but how is that working? Is there a way to have a pre-approval process during this time to make sure people are getting the resources they need to survive?

Gen (Ret'd) Walter Natynczyk: Thanks very much.

We are accepting applications for which a diagnosis might follow or for which, rather than a physician or a psychiatrist, a nurse or other medical professional might be able to fill out the paperwork, again working with medical professionals across all of the provinces in order to expedite the claim process in the department. At the same time, with regard to mental health injuries, we have our Veterans Affairs assistance service, which is again very much a triage capability that is open to not only the veteran but to veterans' families and associates in order to expedite treatment, or access to treatment, across the board.

I'll ask Steven to drill down a bit more in terms of what we're doing.

Mr. Steven Harris: That's exactly it. A medical assessment doesn't necessarily need to accompany the application when it comes in. Even during this period of time, when somebody might not be able to access a physician to get some kind of diagnosis, they are still able to apply. We do still encourage veterans, when they have any need, to come forward and make an application at that point in time. If that documentation needs to follow because they were unable to get to a physician, it can follow later.

What we've done is extend the period of time that we would wait—

• (1720)

Ms. Rachel Blaney: Can I just get one clarifying part, though? Are there any resources tied to that? It's great that the application is happening, but what about actually getting the money to live?

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

Mr. Steven Harris: The legislation requires us to go through the stages of the adjudication piece, so we must make the service attribution and the assessment related to that. There is not an opportunity at this stage to make any kind of pre-approval, according to our legislation.

The Chair: Thank you—

Gen (Ret'd) Walter Natynczyk: Sorry, sir. We have actually expanded access and the authority in the veterans emergency fund during the pandemic, so Steven's staff can now approve up to \$10,000 based upon a veteran's need, even before a claim is submitted. It can be up to \$10,000 in extenuating circumstances.

The Chair: Thank you, General.

We will go to MP Carrie for five minutes, please.

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

I wanted to get back to my previous question on moving the backlog forward. Going back to the PBO report and the idea that even with hiring all these people, the backlog is still going to be significant, has the minister directed you to take certain actions to help expedite the plan to move forward to decrease the backlog? Have you heard anything recently, since the PBO report? Is there any modification that's coming down the pipe to you?

I know it's very difficult, Mr. Harris, to come up with specific numbers, but has the minister's office directed you to allow the plan to be more fluid as we approach a backlog that seems to be magnifying in its size?

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

As the minister has said in front of committee when we were there last, other than providing day-to-day life-saving support to our veterans, addressing the wait time for our claims is the number one priority across the department. We have operationalized his intent through the plan as presented to the committee, and we are moving diligently across the board in order to clear that backlog, not only with personnel but also with innovation, with process change, with delegation of authority across the board.

Going back to the point, unlike in 1925, we want to clear and eliminate the backlog now. It's what our veterans deserve, based upon their service and their courage in support of our nation.

Mr. Colin Carrie: My colleague Mr. Desilets mentioned about pre-approval, and I think Mr. Harris was clear. You mentioned that with the legislation the way it is, there is no mechanism to really go that route, but do you have an estimation of how much it actually costs to process each application? Have we ever looked into the costs of just processing a claim?

Gen (Ret'd) Walter Natynczyk: I'm not aware of that information.

Mr. Steven Harris: I'm not aware of that information either.

Mr. Colin Carrie: Do you think that's something that would be worthwhile, to see the actual cost of just processing an application and whether there's something that can be done to streamline that?

Gen (Ret'd) Walter Natynczyk: It would be very difficult to do that model, given the overhead and all those kinds of things. I'm just a tanker wearing civilian attire here, so I would have to go back to the specialists to consider that kind of notion, sir.

Mr. Colin Carrie: On the efficiency side of things, with employees having to work from home, you mentioned that you're basically coming up to a similar timeline for efficiency in processing as before. Have you looked at the option of, in the future, more employees being able to work from home, or is this something that you haven't looked at yet?

• (1725)

The Chair: You have just over one minute.

Gen (Ret'd) Walter Natynczyk: Sir, I really appreciate the question because, in fact, I just put out an update—or, as we say in the military, a sitrep—to the employees to say that this is going to be a long haul.

As we watch the news each day, achieving service excellence for our veterans is a key priority, as well as safeguarding their health and safety and improving working productivity. In some areas of this department, we are already seeing better productivity than when we were all in the office together. How can we maximize that so that in the future it's not about the address you work from but how productive you can be in order to achieve our mission to support veterans and families?

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

The Chair: Thank you.

Go ahead, MP Samson, please.

Mr. Darrell Samson (Sackville—Preston—Chezzetcook, Lib.): Thank you very much, everyone. Thank you, General, for being here again today. I appreciate the opportunity and, of course, Mr. Harris's presence.

I have a very quick question, because time is a virtue now.

March 10 was an important day. You talked about the plan. You then delivered the plan, and now you're talking about the pieces of the plan. Could you list the specific elements from the plan that do not factor into the PBO's report when he does his calculations? There are pieces that are very important in your plan that he does not, and did not, take into consideration when he wrote his report. I'd appreciate it if you could give us the quick specifics.

Gen (Ret'd) Walter Natynczyk: Thank you, sir. It's great to see you again.

I'll ask Steven to speak to the specifics.

Mr. Steven Harris: Thank you, and thanks for the question. I can name a few for you offhand, but I won't be able to go through the entire list.

The digitization of the approach for hearing loss, which I spoke of earlier, and putting in an innovative tool to be able to get through it much more quickly by essentially using a digital search function is an example that would not have been in there. The veteran benefit teams would not have been calculated in there either. Our early pilots on that have demonstrated about a 10% increase in productivity.

The work that we're doing to ease the way in which veterans can apply and make that a simple process is not necessarily going to be visible from the output point of view, but it is going to help us by ensuring that we have complete applications coming in. We're working with our health professionals as well to make sure that the doctors and physicians we referred to who have to fill out diagnoses and various assessments for veterans can use a digital system to get us the information much more quickly. It will make the physicians much more efficient in the health care system. It will make the receipt of that input much more efficient as well.

There are all kinds of ideas like this. The way in which we're training our staff and getting them up to speed to be able to make decisions much more quickly is another example. Across all of the domains that we've identified here, there are a number of significant gains that we'll be able to see in terms of our productivity and our flexibility moving forward.

Mr. Darrell Samson: That was a very good answer in a very short period of time, so I'm going to try a quick one again.

When you talk about the team, can you quickly explain to the group here what it means and how it makes the process go much faster? Who are the team members?

Mr. Steven Harris: It's everybody who would be involved in making a decision. It's the intake officers, the people who work on pay to ultimately pay out a file, the people who work as benefits program officers and a nurse adjudicator for a medical reference. It's everybody who might be involved in making a claim, either simple or complex, being able to work together so that the file doesn't go through any kind of physical or digital process of being handed off. That's where some delays can happen, when something goes from one person to another. Having everybody work together as a team is the easiest way of keeping everything in line, keeping everybody focused on making a decision on particular files and moving them forward from that point of view. It's bringing all of the expertise together to be able to make decisions as rapidly as possible.

Mr. Darrell Samson: I want to thank you again, because that allows us to see that the file is not being dropped. Everybody can play a role and get the answers right away by sitting around the same table and making this happen very quickly.

Thank you.

The Chair: Thank you very much, MP Samson. You have about a minute and a half left. Do you want to use it, or are we done?

Mr. John Brassard: Mr. Seeback may want some of his time.

The Chair: Well, we're actually right up against it, so if he doesn't want it, I think we'll call it.

I want to thank the general and Mr. Harris for joining us today. This is a very, very important study, and I know it's one that has been on our minds for a very long time because of COVID, so I thank you both for joining us today and getting us back on track, and I think in the right way.

It being 5:30, I will move to adjourn our meeting. Thank you very much, everybody, for joining us. I had a few muting problems, but I'll try to get better at that moving forward.

Thanks to all the technicians and the folks who helped make this possible. Thank you very much, everybody.

• (1730)

Gen (Ret'd) Walter Natynczyk: Mr. Chair, thank you and the members of your committee for the great support to our veterans and serving members of the armed forces and the RCMP.

The Chair: Thank you. Goodbye, everybody.

The meeting is adjourned.

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