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Chair: Mr. Emmanuel Dubourg





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Thursday, November 17, 2022

• (1535)

[*Translation*]

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

Welcome to the 25th meeting 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 meeting on its study of the impact of the new rehabilitation contract awarded by the Department of Veterans Affairs on the role of the case manager and quality of service delivery.

[*Translation*]

Today's meeting is taking place in a hybrid format pursuant to the House order of Thursday, June 23rd, 2022. Members are able to attend in person or remotely with the Zoom application.

I will now welcome some colleagues that are here with us today. We have Mr. Peter Julian, who is replacing Ms. Rachel Blaney; Ms. Marilyn Gladu, who is replacing Mr. Fraser Tolmie, and Mr. John Brassard, who is replacing Mr. Terry Dowdall. You should also know that our committee clerk, Ms. Audrée Dallaire, will have the support of Ms. Dancella Boyi, also a clerk.

I will just give a few tips to the witnesses and committee members to ensure that the meeting goes well.

Please wait until I call you before you speak. If you are participating via videoconference, click on the microphone icon to turn your mic on. An interpretation service is also available.

I would remind you that all comments from members and witnesses must go through the chair.

In accordance with our routine motion, I am informing the committee that all witnesses have completed the required connection tests before today's meeting.

I hope that committee members had a good week and that they were able to attend ceremonies on Remembrance Day.

[*English*]

Now I would like to welcome our witnesses.

From the Union of Veterans' Affairs Employees, we have Virginia Vaillancourt, national president—welcome—and Toufic El-

Daher, national executive vice-president. He will be joining us by video conference.

[*Translation*]

Each of you will have five minutes for your opening remarks. I usually let people know that they only have a minute left or that their time has run out.

Ms. Vaillancourt, you have the floor for the next five minutes.

[*English*]

**Ms. Virginia Vaillancourt (National President, Union of Veterans' Affairs Employees):** Thank you for the opportunity to speak with you today. We have the privilege to represent almost 2,800 mostly frontline workers who have the honour to serve our veterans to make sure that they receive proper supports, timely decisions and the benefits they need.

The latest report from Veterans Affairs Canada shows that there are a total of 494 case manager positions on the payroll. Of those, 441 are indeterminate, and there are 53 term positions.

However, positions are not people. From May 3 to August 30, 2022, VAC hired 13 case managers. During the same time period, 24 case managers left the department due to retirement or resignation, or moved to other departments. Yes, VAC hired case managers but still ended up with a net loss of 11 people.

Another 90 case managers are on some form of disability, long-term sick leave or other leave. That means we have fewer than 400 case managers to serve the needs of almost 15,000 veterans and their families. It shouldn't come as any surprise that we have lengthy backlogs, frustrated veterans and psychologically wounded and demoralized staff.

Veterans coming to VAC are often worried or scared, and usually sick and hurting, both physically and mentally. The role of a case manager is to listen to their story and guide them through a complex system when they may be at their most vulnerable. The ultimate goal is to make sure that the veteran's transition to civilian life is as successful as possible.

As you will hear from some case managers next week, this is not just another job. For most of them, it's a calling to serve those who served. Case managers fear that through the new rehab contract, veterans will lose their human, face-to-face contact with someone who will be an ally, an advocate and quite often a trusted friend to them and their families during some pretty dark times.

Under the new contract, the contractor will be the lead in providing advice and guidance to veterans who require rehab services, not the case managers who have built relationships of trust with the veterans. The contractor may find them service providers, but who will answer the questions? Who will sit with them and their families to hear their stories and address their fears? Who will they turn to if things don't work out?

The bigger question is whether we want the face of service to veterans to be a kind, caring and compassionate case manager or a for-profit corporation that serves its shareholders.

I'll turn it over to Toufic.

• (1540)

[Translation]

**Mr. Toufic El-Daher (National Executive Vice-President, Union of Veterans' Affairs Employees):** Thank you very much, Mr. Chair.

The new rehabilitation contract has been problematic from the beginning. Veterans Affairs Canada claims that case managers and the union have been consulted. That is false.

We received a copy of the contract a few days before the contract was awarded. We appointed union representatives to various sub-committees but they were seldom invited to the planning meetings. None of our questions and none of the questions asked by case managers were answered.

We wrote to the minister to ask that he meet with us and listen to our concerns. He ignored our request twice. The third time, he declined and referred us to the department which still hasn't answered our questions.

The department initially held townhalls where questions were encouraged from employees. Then, when the department couldn't give any satisfactory answers, they shut off the chat function and stopped allowing direct questions. A few weeks ago, the department held another townhall with case managers. Once again, no chat and no questions.

This is not collaboration or consultation.

None of the case managers' questions about their roles and responsibilities or how this contract would actually work have been answered. The case managers have not even been fully trained on how to implement this contract.

Given the situation, we have asked that the implementation of the rehabilitation contract be pushed back, and we hope your committee will consider this possibility.

We fully support the case managers' recommendations that Veterans Affairs Canada commit to a case ratio of 25:1. This is essential. We also need long-term funding for this department in order to put

an end to temporary or short-term funding. Our veterans are not temporary; they are veterans for life.

Our union and our members are fully committed to serving veterans. They are our friends, our family members, our neighbours and our heroes.

Our veterans deserve better.

Thank you.

**The Chair:** Ms. Vaillancourt, Mr. El-Daher, thank you for your opening remarks.

We will now have a first round of questions. I will ask Mr. Blake Richards to start.

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

[English]

The floor is yours.

**Mr. Blake Richards (Banff—Airdrie, CPC):** Thank you. I appreciate your being here today.

In what seems like a bit of a contrast to what we've heard from you today, in a statement to the CBC, the minister's office indicated—and I'm going to quote—that, “From the beginning, VAC has had transparent and regular communication with staff. Case managers have been and will continue to be engaged in all phases of the contract rollout as elements are put in place.”

Is that accurate? Do you find that's been the case?

• (1545)

**Ms. Virginia Vaillancourt:** No, I do not.

**Mr. Blake Richards:** Okay.

First of all, as head of the union, have you had engagement with the minister? Has the minister reached out to you? Has there been any conversation between you and the minister about this rollout or this process?

**Ms. Virginia Vaillancourt:** No, the minister's office has not provided an opportunity to meet with him to discuss the contract whatsoever, no.

**Mr. Blake Richards:** Do you find that a little odd?

**Ms. Virginia Vaillancourt:** I do, considering his previous mandate from Justin Trudeau, which specifically stated that he was to work with and include the labour movement. We've had absolutely nothing in regard to the contract.

**Mr. Blake Richards:** I find it more than a little odd myself. It seems as though it would be quite obvious that there should be engagement with you and with those who are on the front lines in the department, with veterans themselves, with service providers. It certainly appears as if none of that has happened.

Would that be your understanding as well? Have you had conversations with veterans and some of the service providers at all? Have they been engaged by the minister?

**Ms. Virginia Vaillancourt:** No, they haven't. When we talk to veterans, they're not sure exactly what's going on. They know that the department sent out a generic letter advising them of the change to the new contractor, but they still have so many unanswered questions.

When we met with the Legion earlier this year, they were not aware of the contract at that point, so in terms of engagement with stakeholders, no.

**Mr. Blake Richards:** Okay. What about case managers themselves? What are you hearing from them? Do they feel as though they have adequate information about what's going on? Do they feel as though they've been engaged in this process at all? If not, why not, and what is happening?

**Ms. Virginia Vaillancourt:** We've been talking to case managers for a number of months, specifically in and around the contract. We've been holding town halls. They don't know exactly what their role is going to look like when this contract kicks in on Tuesday next week.

I was speaking with a number of case managers yesterday. They still have not received the process by which to refer clients to the new contractor, and this contract kicks in on Tuesday. It's kind of concerning that they don't know what their roles are going to specifically look like or how it's going to roll out specifically.

**Mr. Blake Richards:** Yes, that's concerning to say the least. We're talking about something that's supposed to start next week, and you're telling me that the case managers, who clearly are intimately involved in this process and would have to be, don't have any idea what is going to happen, how this is going to roll out or what the interface is between themselves and the new contractors. That is a real concern.

Do you see any way that this is anything but a failure in that scenario?

**Ms. Virginia Vaillancourt:** No, I think it's a pure failure. I've asked the department to slow the contract down, to back up a number of steps to make sure the case managers' questions and concerns are dealt with and to make sure that veterans are not going to fall through the cracks, but they have a contract to push through, and that's what they're going to do.

**Mr. Blake Richards:** How are the case managers themselves feeling about this? How do they see this process?

I looked at the job description for the contractor they are hiring, and I compared it to a job posting for a case manager, and they sure look a lot alike, so how are case managers feeling? Are they feeling as though they understand what their role will be going forward? It doesn't seem very clear to me.

**Ms. Virginia Vaillancourt:** No, and one of our concerns is that the role of the new RSS, the rehabilitation service specialist, is very close to and very similar to what the case manager's job is right now. There is a lot of uncertainty about what their role is going to look like and what duties they are actually going to be doing.

The department is stating that it's going to ease the administrative burden, but with this migration and transition to the new contractor, there has been nothing but additional administrative burden for them with transferring files, etc.

**Mr. Blake Richards:** What impact do you see this having on veterans? It doesn't look to me like a very seamless process when even the case managers themselves don't have a clue about what's happening here.

How is this going to affect veterans? What impact will this have on them? What do you foresee happening there?

**Ms. Virginia Vaillancourt:** The veterans we've talked to and the case managers we have spoken to have said that their veterans don't really know what's going on and they are not able to provide answers to the veterans on what it's going to look like or how the transition is going to roll out.

There is too much uncertainty right now for this contract to go forward.

**Mr. Blake Richards:** For case managers, the role is really to have a relationship with veterans, as I understand it. In this process, is there a chance that relationship will be severed and there will be a negative impact on veterans as a result of this changeover and of not knowing? I would assume if case managers don't know, veterans themselves don't know. What impact will that have on a veteran?

● (1550)

**Ms. Virginia Vaillancourt:** One of the case managers' biggest fears is the loss of the relationship. It takes a while to build a trusting relationship with a veteran to get them to open up, to verify what their barriers actually are. Not having that relationship is going to be a hardship for the veterans. Case managers are concerned that there's going to be a loss of trust in the department by the veterans because of this uncertainty.

**Mr. Blake Richards:** Thank you. I'm out of time. I appreciate your answers.

**The Chair:** Thank you, Mr. Richards and Madame Vaillancourt.

Now I'd like to invite Mr. Sean Casey. Go ahead for six minutes, please.

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

Ms. Vaillancourt, on July 17, 2022, you published a news release in which you indicated that the union obtained confidential surveys carried out by the Department of Veterans Affairs. Do you recall that?

**Ms. Virginia Vaillancourt:** I do.

**Mr. Sean Casey:** On that confidential survey, did you find that it contained accurate and comprehensive information?

**Ms. Virginia Vaillancourt:** I'll defer to Toufic El-Daher.

**The Chair:** Please open your microphone, Mr. El-Daher, and answer the question.

[Translation]

**Mr. Toufic El-Daher:** I am sorry, I forgot to turn my mic on.

Could Mr. Casey please repeat his question? I'm not sure I understood.

[English]

**Mr. Sean Casey:** Ms. Vaillancourt issued a press release on July 17, 2022, citing a confidential survey carried out by the department. My question is whether you found that survey to contain valuable and accurate information.

[Translation]

**Mr. Toufic El-Daher:** Yes, absolutely.

[English]

**Mr. Sean Casey:** You would agree, then, that most of the employees were well informed about the PCVRS service contract?

[Translation]

**Mr. Toufic El-Daher:** No, I do not agree with you. The employees were not kept well informed of the process.

[English]

**Mr. Sean Casey:** Survey results: page 6, question 2. "I am well informed of changes that will take place with the implementation of the new Partners in Canadian Veterans Rehabilitation Services contract."

Sixty-eight per cent agree or slightly agree. Is that information incorrect and unreliable?

[Translation]

**Mr. Toufic El-Daher:** They are aware that a partner will be in place as of November 22nd, but they are unaware of the contract details. That is what is worrying. You are playing with numbers and percentages. It's easy to do a survey and give a percentage.

I am telling you that we are aware that we will soon have a partner, but we do not know what will happen afterwards. People answered by agreeing that they were aware, but 68% means nothing.

[English]

**Mr. Sean Casey:** Do you agree that most who responded to the survey reported that they understood the reasons for the upcoming changes?

[Translation]

**Mr. Toufic El-Daher:** Mr. Casey, the changes are not clear. We are not even aware of the impact that the contract will have on case managers. Even if employees answered "yes" in the survey, this means nothing. We do not know what the impact will be. I do not understand why you are asking this question. We know that there will be negative repercussions on case managers and veterans.

Surveys can be used to prove anything. You know that very well, since you are a politician.

[English]

**Mr. Sean Casey:** Have you changed your mind since we started this conversation with respect to the accuracy, reliability and value of this confidential survey?

**The Chair:** Excuse me, Mr. Casey and Mr. El-Daher. Would you like to ask the question through the chair—and your answer also, please?

Thank you.

• (1555)

[Translation]

**Mr. Toufic El-Daher:** Yes, I know. I apologize, Mr. Chair.

[English]

**Mr. Sean Casey:** Have you changed your mind since we started this conversation?

**The Chair:** Through the chair...

**Mr. Sean Casey:** Okay, okay.

[Translation]

**Mr. Toufic El-Daher:** My answer has not changed, sir.

[English]

**Mr. Sean Casey:** Mr. Chair, I wish to ask the witness whether he has changed his mind, since we started this conversation, with respect to the accuracy, the completeness and the reliability of the confidential survey that was the subject of their press release in July 2022.

[Translation]

**Mr. Toufic El-Daher:** My answer is still the same. You are making assumptions, not me.

[English]

**Mr. Sean Casey:** Okay. If it's still your view that this information is accurate and reliable and forms the basis for your public remarks in July, then you would agree with me that most people understood the impact of the proposed changes.

[Translation]

**Mr. Toufic El-Daher:** We shouldn't forget that not all case managers took part in the survey.

[English]

**Mr. Sean Casey:** Is that what you're saying?

[Translation]

**Mr. Toufic El-Daher:** Yes.

[English]

**Mr. Sean Casey:** Okay.

Ms. Vaillancourt, are case managers overworked?

**Ms. Virginia Vaillancourt:** Yes, they are.

**Mr. Sean Casey:** Their caseloads are too high?

**Ms. Virginia Vaillancourt:** They have been, and they counter what the government's promise was of 25 to one.

**Mr. Sean Casey:** Therefore, would it be a good idea to get them some support in their work?

**The Chair:** You have 15 seconds.

**Ms. Virginia Vaillancourt:** It would be hiring more case managers, not contracting out the work.

**Mr. Sean Casey:** So it would be support from people who pay union dues.

**The Chair:** Thank you, Mr. Casey.

I'm sorry, but your time is over.

Now I'd like to invite the second vice-chair of the committee, Monsieur Luc Desilets,

[*Translation*]

You have the floor for six minutes.

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

Good afternoon, dear colleagues.

Mr. El-Daher, what do you think the minister refuses to talk to you? My question may seem a little naive, but I would like to know what your thoughts are.

**Mr. Toufic El-Daher:** Honestly, I don't know. Since I became vice-president, and that was in October 2018, the minister has never contacted me personally. He has never contacted the national union management that represents employees at Veterans Affairs Canada.

**Mr. Luc Desilets:** He hasn't contacted you since when?

**Mr. Toufic El-Daher:** I haven't had any contact with the Minister for Veterans Affairs since October 2018, which is when I was elected to my current position.

**Mr. Luc Desilets:** Ms. Vaillancourt, when was the last time you met with the minister to talk about a major file?

[*English*]

**Ms. Virginia Vaillancourt:** Since I became national president officially in January of 2019, I have met with the minister in February of 2020 for 30 minutes and again in December of 2021 for 30 minutes.

[*Translation*]

**Mr. Luc Desilets:** Was this meeting about the file we are talking about today?

[*English*]

**Ms. Virginia Vaillancourt:** The initial meeting in February was in regard to the case management numbers and the high workloads and the stress those were causing. The December meeting was a follow-up to that meeting, in and around it.

We didn't have enough time to get into the contract piece. Thirty minutes is not enough time to talk about the concerns.

[*Translation*]

**Mr. Luc Desilets:** Okay, thank you.

Mr. El-Daher, what do you think will be the impact of the rehabilitation contract on recipients?

**Mr. Toufic El-Daher:** I have held my substantive position as a veteran service agent with the Department of Veterans Affairs since 2003. I have been in various positions, but my last position was as a veteran service agent.

I believe that this contract will really hurt veterans and their families.

Since 2006, I have been witness to the privatization of our 15 health programs, which have been transferred to Blue Cross. Initially, the department said that only one health program would be transferred to Blue Cross. In the end, the contract was expanded and all 15 health care programs, including the Veterans Independence Program, which allows veterans to live independently in their homes, are now entirely managed by Blue Cross.

This is why that I'm telling you that even though the department is saying that this is just an administrative change, it is not, because the contract can be changed at any time. It is currently set up for a five-year period, but it could be extended over many years. The veterans will be the hardest hit, because they will no longer be able to deal directly with their case manager.

Dealing with an insurance company or a private company won't give you the same level of service. Veterans need to be reassured, and there is no way they are going to be reassured by privatizing their care. We saw disasters happen with Blue Cross, and I worry about the other disasters coming with this privatization.

• (1600)

**Mr. Luc Desilets:** Tell me, why do you think it was a bad idea to award the contract to Blue Cross?

**Mr. Toufic El-Daher:** It was a bad decision because initially, we were managing the 15 programs, whether it was for eye care, dental care or medication, and in 2007 and 2008, to save money, the department decided to close the treatment authorization centres in Montreal and in other regions in Canada and award contracts to Blue Cross. Afterwards, we lost all the programs.

I honestly foresee a negative impact, because veterans are finding it hard to cope with the way the companies hand down their decisions. When their claims are refused, for example, the answers are given in harsh, badly written letters in French and the veterans have a hard time contacting the company's employees.

That is what is worrying me when it comes to new providers. What recourse will our veterans have? Currently, things are going very well with the case managers. There is no need to privatize these services. You simply have to give more resources to Veterans Affairs Canada and all will be well. You won't solve any problems by privatizing the services.

**Mr. Luc Desilets:** In your opinion, were there financial reasons behind the privatization?

**Mr. Toufic El-Daher:** Absolutely.

Don't forget that when a veteran can't appeal a decision, the money stays with the Department of Foreign Affairs at the end of the day.

Veterans who have sacrificed their lives so that we may live in peace in a beautiful democratic country do not have access to these services, because someone has decided that the services would be offered by a private company.

We provide services to veterans as public servants. When a claim is denied, we help them to meet the criteria, if necessary. For example, we ask them to provide certain documents and we help them with the process.

I worry that the new company will not show as much empathy.

**Mr. Luc Desilets:** I have another quick question.

In your opinion, what impact will the rehabilitation contract have on working conditions for case managers?

**Mr. Toufic El-Daher:** The impact will probably be felt in three years, when the \$43 million will have been spent, because at that time, they will probably decide not to keep certain positions. There could also be an impact on the job classification of current case managers.

Frankly, I'm worried. The department won't say anything, but that is really what is worrying us.

**The Chair:** Thank you, Mr. El-Daher

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

**Mr. Peter Julian (New Westminster—Burnaby, NDP):** Thank you, Mr. Chair.

Mr. El-Daher, I see that there were 26, 24 and 31 people who participated in the survey that Mr. Casey is using to attack the union.

Can you confirm these numbers and explain how many union members that is equivalent to?

**Mr. Toufic El-Daher:** Sure.

Mr. Chair, we received a total of 54 answers, which is about 9% of case managers. That's why I am telling you that it is 68% of 9% of all case managers.

• (1605)

**Mr. Peter Julian:** I think it is important to highlight that Mr. Casey is talking about a very small minority.

[*English*]

Ms. Vaillancourt, thank you so much for being here.

As I understand it, it has been nearly a year since you have met with the minister. How many requests have you made over the course of the last year to meet with him?

**Ms. Virginia Vaillancourt:** I've submitted three official letters to him that I know off by heart. There might have been five, but there were three for sure.

**Mr. Peter Julian:** You have not at any point had the minister meet the union that represents the vast majority of caseworkers?

**Ms. Virginia Vaillancourt:** No.

**Mr. Peter Julian:** I find that stunning.

I also find it appalling and outrageous that in 120 hours, 15,000 veterans, many of them suffering from PTSD, many of them suffering from injuries, are going to be thrown into a black hole because it doesn't appear that the ministry has done any preparations at all. You mention no process, no training.

Is it true that at this point there is absolute chaos anticipated in 120 hours?

**Ms. Virginia Vaillancourt:** The case managers absolutely feel that way, yes. We feel and support them in their concerns. That's why we want to speak to the minister. He's just not willing to meet.

**Mr. Peter Julian:** I find that appalling treatment of people who have put their lives on the line for Canada. I'm stunned by this. I'm sitting in on this committee, but I'm just stunned by your testimony.

**Ms. Virginia Vaillancourt:** We have to remember that some of our case managers are veterans as well. They're seeing this from both sides of the field. That's another concerning piece.

**Mr. Peter Julian:** You mentioned 15,000 veterans. There are fewer than 400 case managers because the government hasn't managed this department effectively at all. Is it true that means that each case manager is handling about 40 veterans?

**Ms. Virginia Vaillancourt:** Right now that's the average. We've had case managers count their cases, because the department will state that they have a 30 to one ratio. Case managers are carrying a minimum of 40, and some of them have as many as 60 in their caseloads.

**Mr. Peter Julian:** That's unbelievable. You could have the best case manager in the world, but if they're handling 60 veterans, they have at best a few minutes a week for each of those veterans. That's appalling.

What could \$100 million in the ministry actually do in terms of increasing the caseworkers and providing for the effective management that is so important for supporting our nation's veterans?

**Ms. Virginia Vaillancourt:** Permanent funding is key. Having this temporary stopgap funding is not helping. We need to hire more case managers in house. Having that \$100 million would easily provide the ability to hire more case managers and retain them in house.

**Mr. Peter Julian:** Are you aware, in terms of the contract, of what the profit margin might be? That, of course, would be a concern as well.

When it is in house, we have trained caseworkers who have a link, as you said so eloquently, and who have been working with those veterans for years and years. They develop the relationship. With adequate funding and appropriate management, they could be provided the supports they need. When you take it out of house, then there are a variety of payments that the federal taxpayer picks up, including profit margins for private corporations.

Are you aware of what the profit margin might be for this particular contract?



**Ms. Virginia Vaillancourt:** We don't know the exact profit margin, but we have sort of calculated it out. We estimate that it's going to cost about 25% more to have this contractor on board than it is to hire more case managers.

**Mr. Peter Julian:** Yes, that's the case in most examples of privatization. That's very similar to some of the examples we've seen, tragically, in other sectors.

Are you aware of whether there are any penalties at all for non-compliance? Is there even, within the contract, anything remotely close to the type of relationship that caseworkers already have with veterans?

**Ms. Virginia Vaillancourt:** No, and the contractor will be doing their own quality assurance. It is really concerning when you have a contractor doing the quality assurance of their own work. I don't see—

**Mr. Peter Julian:** I'm sorry—are you saying the contractor is evaluating itself? Are they basically grading themselves?

**Ms. Virginia Vaillancourt:** They have the quality assurance. We have documentation from the department, from one of the town halls, that specifically states that the contractor “will oversee the service delivery to ensure adherence to the contract requirements, accountability and service excellence.” This includes “accessibility, timeliness, adherence to program intent, parameters, legislation”.

**Mr. Peter Julian:** So they get to grade themselves on the quality that they're providing to veterans.

Is there a duplication of services? It seemed very convoluted in terms of the contract, but are you going to see Veterans Affairs employees, and then the contractor—with whatever profit margin they're getting—doing again some of the things that have been done by Veterans Affairs?

• (1610)

**Ms. Virginia Vaillancourt:** That's one of the things we're unsure of at this point, because we're not sure exactly how this is going to roll out and what exactly the role of the case managers is going to be once this contract is in place.

**Mr. Peter Julian:** We are 120 hours from this, and we don't have any of those answers.

Thank you for your testimony.

**The Chair:** Thank you, Mr. Julian. I'm sorry, but your time is up.

Before we go to the next round, I will say that in order to finish this panel at 4:30, I'm going to have to cut two minutes from the two last interventions. We're going to have five minutes with the Conservatives, five minutes with the Liberals. It will be 2.5 and 2.5 for both of you, and we're going to finish with two minutes for the Conservatives and two minutes, because we have another panel.

Right now I'd like to invite Mr. John Brassard for five minutes. Go ahead, please.

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

It's good to see you again, Virginia.

I'm curious. I haven't been on this file in a while. How many of the Veterans Affairs offices that were ceremoniously reopened by this government across the country are actually functioning at 100% capacity right now and are fully open? Are you aware of that?

**Ms. Virginia Vaillancourt:** None of the offices are fully open. We do have staff going into offices based on a hybrid model, but there are still staffing shortages in a bunch of the offices. However, the department will say that there are no vacant positions currently.

**Mr. John Brassard:** They're not functioning at 100% capacity.

Fifty-four responses represent roughly 9% of the caseworkers. Can you give me some indication as to why there weren't more responses to that survey that Mr. Casey was referring to?

**Ms. Virginia Vaillancourt:** We're not sure exactly who the department sent the survey out to and whether or not it was to some of the working group's subcommittees. That's still something that I haven't been able to confirm.

**Mr. John Brassard:** One of the things the minister has talked about often in the House of Commons and in media reports is additional staffing that they said they were going to hire. It would have been roughly 380 more caseworkers. I'm throwing the number out there. I might be wrong. Have you seen an actual hiring of caseworkers, to the number the minister has indicated, in order to deal with the backlog in caseloads?

**Ms. Virginia Vaillancourt:** No. To give you a little bit of history, in March of 2020 we had 34 term case managers and 455 indeterminate case managers. As of August 30 of this year, we have 53 term and 441 indeterminate, which means that there have been 14 indeterminate positions lost there.

**Mr. John Brassard:** I believe you mentioned that in your comments as well.

The fact is that we haven't seen the type of hiring that the minister and this government have promised in order to deal with the cases in the backlog situation, have we?

**Ms. Virginia Vaillancourt:** No.

**Mr. John Brassard:** Okay.

Here we are facing a situation in which we're going to outsource. Let me ask you something: In your contract with unionized employees, do you have a contracting-out clause?

**Ms. Virginia Vaillancourt:** There is stuff being worked on currently in the collective bargaining process, but not specific to this, no.

**Mr. John Brassard:** There is no existing contracting-out clause.

One of the things you mentioned earlier was that the cost associated with outsourcing to this company could in fact work out to a 25% increase in cost. The contract, I note, is for five years and \$565 million, which is about \$100 million a year.

Realistically, what would it take, if this contract were not to happen, to deal with the current crisis within the case management system within VAC—\$100 million, \$30 million, \$50 million? Would it be less than what this contract will be?

**Ms. Virginia Vaillancourt:** It would absolutely be less than what this contract is costing the Canadian public, absolutely.

**Mr. John Brassard:** Has the association done any calculation on that? I am going to ask questions of department officials, but I'm just wondering whether you have done any analysis on that.

**Ms. Virginia Vaillancourt:** We haven't done a full analysis. I have done some. In terms of looking at the promise of the 25 to one ratio, we would need at least 700 case managers to meet the 25 to one ratio that's been promised since 2015.

**Mr. John Brassard:** This contract will, in fact, cost more money in order to administer the backlog of cases in the case management system within Veterans Affairs than it would take with what currently exists if they took some of that money and applied it to that.

• (1615)

**Ms. Virginia Vaillancourt:** Yes.

**Mr. John Brassard:** Okay. Thank you.

Are you aware, through any of your contacts, of how many veterans are actually working for this new company who can help and guide veterans through the process of rehabilitation?

**Ms. Virginia Vaillancourt:** No. We've seen a lot of their posters and so on go out. We've also had a couple of the providers reach out to case managers to try to bring them over to the new out-source—

**Mr. John Brassard:** I bet they have.

**Ms. Virginia Vaillancourt:** —but no.

**Mr. John Brassard:** That's one of the things that I know Mr. Richards talked about. Curiously, the job description for this out-source company is the same job description that already exists within Veterans Affairs, yet it will potentially cost taxpayers—and I don't like to look at it in terms of taxpayers, because that somehow implies that we're not taking into account the needs of those veterans—more money. Is that correct?

**Ms. Virginia Vaillancourt:** Yes.

**Mr. John Brassard:** Okay.

I want to get into the relationship between the case managers and the veterans. I know that in many cases, it's a very personal one. Sometimes it can be acrimonious, but for the most part case managers do develop those relationships, which are important for the treatment and rehabilitation of veterans and their families who are dealing with things like this.

**The Chair:** Thank you so much, Mr. Brassard.

Now I'd like to invite Mr. Wilson Miao for five minutes. Please go ahead.

**Mr. Wilson Miao (Richmond Centre, Lib.):** Thank you, Mr. Chair.

Thank you for your appearance today.

This contract was awarded in June 2021, and it's been over a year now. One of the main objectives of this contract is to streamline and reduce the administrative burden on case managers.

Why do you not agree that this is the case, and what kinds of impacts have there been on case managers since the contract was awarded?

**Ms. Virginia Vaillancourt:** We never liked the streamlining aspect. The department has, as I said, been noting that it's going to ease the administrative burden. We don't find that, and the case managers, as I said, have not seen any less of an administrative burden.

Right now they're transitioning all of the files from one system to another system by filling out a six-page migration form, which is more or less giving the relationship that the case manager has built with the veteran to the new contractor. That is how the contractor is going to learn about what the veteran's needs are—through a six-page document—whereas a case manager might have spent five months or more trying to build that rapport and relationship with the veteran.

**Mr. Wilson Miao:** Thank you.

The new service model should be reducing administrative tasks and allowing more time for case managers to communicate with the veterans and their families. Do you agree that this is the case?

**Ms. Virginia Vaillancourt:** No, because we don't know what the case manager's role is going to be when this contact comes in on Tuesday.

**Mr. Wilson Miao:** Mr. Chair, I'd like to share the remaining time with my colleague here, Mr. Casey.

**The Chair:** Mr. Casey, the floor is yours for three and a half minutes.

**Mr. Sean Casey:** Thank you very much, Mr. Chair.

Ms. Vaillancourt, I'm going to read something to you. Tell me if you recognize this.

I continue to meet with Senior Management on various topics and concerns while working to build the collaboration and consultation between the Department and the Union at all levels.

Do you recognize that?

**Ms. Virginia Vaillancourt:** You'd have to specify in which document that was, but, yes, it's something that I continuously try to build, and the department will tell you that I'm always harping on how there needs to be better collaboration and consultation between the union and the department, and how it's not there.

**Mr. Sean Casey:** You wrote those words in your report to the members in September of this year, about a month before you called for the minister's resignation.

Could you outline for the committee the steps that you took between May and August to build collaboration and consultation between the department and the union at all levels?

**Ms. Virginia Vaillancourt:** Well, it's not just the union's role to build that; it's the department's role as well to come to the table and actually collaborate and consult, which hasn't happened.

We attended a national labour management meeting at which the department took away UVAE's individual and national LMCC, which is labour management consultation committees, and turned it into a joint meeting, and I've documented very clearly that we need to go back to UVAE's specific meeting for that.

I meet with some of the senior managers every couple of weeks in a bilateral meeting, and I am always harping on consultation and collaboration.

• (1620)

**Mr. Sean Casey:** You would agree that contracting—

**The Chair:** Mr. Casey, please address your questions through me.

**Mr. Sean Casey:** Mr. Chair, I'd like the witness to advise whether this idea of contracting out rehabilitation services is something new or is something that the department has been doing since 2006.

**Ms. Virginia Vaillancourt:** Thank you, Chair.

The department has been contracting out other work, absolutely. The Medavie Blue Cross was prior to my term in the national office. I was a local president when that contracting out happened.

I'm not sure what else you are looking for.

**Mr. Sean Casey:** With respect to what you reported to your members, I asked you about what steps you had taken to build collaboration, and you responded with what the department hasn't done. Can you take another try and tell me what you have done as per your report to your members?

**Ms. Virginia Vaillancourt:** As I noted in my response, I have bilateral meetings with senior officials every couple of weeks, and at those meetings I'm trying to build the consultation and collaboration piece, which does not fully happen.

**Mr. Sean Casey:** Well—

[*Translation*]

**The Chair:** Thank you, Ms. Vaillancourt.

We can have two more speakers, but quickly.

Mr. Desilets, you have two and a half minutes.

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

My question is for Mr. El-Daher.

You know as well as I do that francophones have the impression that they are discriminated against when it comes to processing times for their claims.

Do you think the rehabilitation contract could have a negative or unwanted effect on francophones?

**Mr. Toufic El-Daher:** In light of my experience, I would say yes.

Francophones already have to wait longer before receiving an answer to their claims, whether it is a request for benefits or any other claim. Francophones wait longer because the department hires more unilingual anglophone people. It hires much fewer bilingual people.

Unfortunately, I fear that francophone veterans and their families will pay the price of this privatization.

**Mr. Luc Desilets:** Your union is asking that the workload be set at a maximum case ratio of 25 veterans per case manager.

Can you please tell us how you arrived at this maximum ratio of 25 veterans per case manager, rather than say, 20 or 30?

**Mr. Toufic El-Daher:** It wasn't the union that asked for 25 veterans' cases per case manager. This came from the Department of Veterans Affairs. It was the deputy minister at the time, Mr. Walter Natynczyk, who made the request. It really comes from the department. That's why it is surprising that the department is not keeping its promises made to case managers.

The 1:25 ratio was proposed to improve the way we deal with veterans and give us a better framework, so that we can hit our targets.

**Mr. Luc Desilets:** I understand.

Why do you think it is so hard to keep to this ratio?

**Mr. Toufic El-Daher:** There is a lack of employees everywhere. We don't have enough training. What's more, there is a retention problem within the department, and employees do not get much recognition. The department really has a lot of work to do to fully recognize employees in order to retain them. That's one of the weaknesses that, unfortunately, means that we are having difficulties in keeping our employees.

We would like to work with the department in order to meet this target because our mission is to give the best service possible to veterans and their families. We know that the resources are there within Veterans Affairs Canada. We want more resources, but not through privatization. We would like public servants to take care of veterans.

**The Chair:** Thank you, Mr. El-Daher.

I will turn over to Mr. Julian for two and a half minutes.

**Mr. Peter Julian:** Thank you, Mr. Chair.

[*English*]

Madame Vaillancourt, I'm very disturbed by what I'm hearing from you and from the union. In 120 hours we will be throwing veterans into a privatization experiment, literally. I'm really stunned by this.

I want to know what the transition plan has been up until next Tuesday. Is it true that case managers were told not to offer any new medical or psychosocial resources for veterans starting on October 25?

• (1625)

**Ms. Virginia Vaillancourt:** Yes. That is true.

**Mr. Peter Julian:** The government cut off those supports for a month for veterans who might have PTSD and might need urgent support.

**Ms. Virginia Vaillancourt:** Yes. The case managers were advised, for October 25 to November 21, not to implement new medical or psychosocial resources, whether the veteran was on the current vocational rehabilitation, whether they were new rehabilitation applicants or whether they were already with the case managers being shifted.

**Mr. Peter Julian:** What would be the consequences of that for somebody who has PTSD and is suicidal? What would be the consequence of cutting off those services?

**Ms. Virginia Vaillancourt:** I'm not a veteran, but I come from a veteran's family, and I can tell you that it has a negative impact on their ability to re-establish effectively. This is where we have concerns. Veterans are going to fall through the cracks.

I know for a fact that some case managers have still been putting in the resources, because they have said, "I don't care at this point. My veterans need this resource, and it's going to be put in place."

**Mr. Peter Julian:** You have some caseworkers disobeying a government that, cruelly, is cutting them off from essential services.

**Ms. Virginia Vaillancourt:** Yes, and we know that they will most likely get called out for it, but for them it's about the veteran. It's about making sure that the veteran has the services and the benefits they need, regardless of the fact that they are waiting for a contract with a for-profit company to be put into place.

**Mr. Peter Julian:** The government is refusing to put money into veteran services and instead wants to hire this private contractor. Does the fact that there are so many temporary workers in Veterans Affairs, those without permanency, contribute to instability in terms of providing the supports that are so necessary for veterans?

**Ms. Virginia Vaillancourt:** It does, because you have case managers who aren't sure if they are going to have a job at the end of their term, so they are constantly looking for permanency. A lot of them have looked at going to another organization or to going back to the community.

**Mr. Peter Julian:** The minister has refused to sit down with you to talk about that.

**Ms. Virginia Vaillancourt:** Yes.

**The Chair:** Thank you, Mr. Julian.

Now I'd like to invite Ms. Marilyn Gladu for two minutes.

Go ahead, please.

**Ms. Marilyn Gladu (Sarnia—Lambton, CPC):** Thank you, Chair.

Thank you to the witnesses for being here today.

I'm extremely concerned with what I'm hearing. To follow up on Mr. Julian's comment, are you saying that if a veteran with PTSD or with suicidal thoughts had called in over the last month, the government had instructed case managers to not refer them to anybody for help?

**Ms. Virginia Vaillancourt:** Yes.

At one of the offices, I have put up for the case managers flip charts that specifically outline the three different steps for that, and they specifically state that there should be no new medical or psychosocial resources from October 25 to November 21. I would be more than happy to send those flip charts to the committee chair.

**Ms. Marilyn Gladu:** Yes. Please send those to the committee.

As a follow-up to that, on Tuesday veterans are going to be calling. My understanding is that you've said you have no idea where to refer them, and that they got a letter that doesn't really tell them who they need to talk to.

Is that correct?

**Ms. Virginia Vaillancourt:** That is correct.

As I said, I spoke to a number of case managers yesterday just to see where they were at. As of yesterday, they did not have the process to refer clients to the new contractor.

**Ms. Marilyn Gladu:** This is entirely unacceptable.

How much time do I have left?

**The Chair:** You have less than one minute. Take it all.

**Ms. Marilyn Gladu:** I'll take it all. That's great.

In terms of the communication that's gone out about how this process is going to be rolled out, can you tell us the details of this phased rollout?

**Ms. Virginia Vaillancourt:** There hasn't been much of a phasing. There have been deadlines, which I requested, through the deputy minister, be moved because of the amount of work that case managers were under. The request to move the deadline was denied. Then, when the department found that it wasn't able to meet that deadline, it changed the deadline itself. This was for the case management complexity or assessment tools.

On the pure phase-in, I'd have to send you the document. I don't want to misquote something.

**Ms. Marilyn Gladu:** That's fine. You can send us the document.

What about veterans who are trapped in the backlog? What will happen to them on Tuesday?

**The Chair:** You have 10 seconds.

**Ms. Virginia Vaillancourt:** I do not know.

**The Chair:** Thank you, Ms. Vaillancourt.

[*Translation*]

And finally, the last two minutes go to Mr. Casey.

● (1630)

[*English*]

**Mr. Sean Casey:** Thank you very much, Mr. Chair.

In your responses to questions from Mr. Julian and Mr. Brassard, it appears that you now have some concerns over the sample size of the confidential survey. Has the union done a survey of its own that's more comprehensive?

**Ms. Virginia Vaillancourt:** We have done surveys previously, but not specifically in regard to this contract. We don't want to overburden the case managers right now. We're trying to help them, not hinder them.

**Mr. Sean Casey:** Then is your account today based on anecdotal conversations and the confidential survey?

**Ms. Virginia Vaillancourt:** I wouldn't call them anecdotal.

**Mr. Sean Casey:** What would you call them, if you don't have a scientific survey?

**Ms. Virginia Vaillancourt:** I don't have the surveys directly with me.

When we do surveys and we take those statistics to the department, they don't trust the information we've gotten from the case managers. These are directly from the case managers. We're not pulling this data out of ourselves. We're not making this up. These are through town halls, conversations, surveys and face-to-face meetings that I've had with case managers across the country.

**Mr. Sean Casey:** Your preoccupation, expressed in your responses to questions from Mr. Brassard and Mr. Julian, didn't really enter into your thinking when you referred to and relied upon those surveys in your press release of July, 2022. Is that correct?

**Ms. Virginia Vaillancourt:** I'm sorry?

**Mr. Sean Casey:** You thought enough of the department's confidential survey to issue a public statement about it in July. Is that right?

**Ms. Virginia Vaillancourt:** It's a document that the department put out, so, yes, we're going to reference it.

**Mr. Sean Casey:** Yes. Okay.

You've mounted a public awareness campaign around this contract. Have you approached the Legion to see if they would join with you on concerns and critique of the contract?

**Ms. Virginia Vaillancourt:** We met with and talked to the Legion previously.

As you've noted, you'll have seen the Mercedes Stephenson story, in which the Afghanistan Veterans Association of Canada specifically joined and called for the removal of the minister due to his lack of work on this file.

**Mr. Sean Casey:** What did the Legion do?

**Ms. Virginia Vaillancourt:** I haven't specifically asked the Legion.

**The Chair:** Thank you, Mr. Casey.

[*Translation*]

On behalf of the committee and myself, I would like to thank Ms. Vaillancourt, National President of the Union of Veterans' Affairs Employees.

I would also like to thank Mr. Toufic El-Daher, National Executive Vice-President of the same union who testified via videoconference.

Thank you for being with us today. I would also like to thank you for the services and the support that you provide to veterans.

Dear colleagues, we will take a two-minute break in order to bring in the next six witnesses.

• (1630) \_\_\_\_\_ (Pause) \_\_\_\_\_

• (1635)

**The Chair:** We will now resume the meeting with our second group of witnesses.

[*English*]

I will quickly remind you, witnesses, before speaking to please wait until I recognize you by name. If you are on video conference, please click on the microphone icon to unmute yourself.

I would like to remind you, members, to please address your questions through the chair. I would like you also to say who you would like to answer your question, because we have three people here and three on Zoom.

Now I'd like to welcome our witnesses. From the Department of Veterans Affairs, we have Steven Harris, assistant deputy minister, service delivery branch; Jane Hicks, acting director general, service delivery and program management; and Nathalie Pham, senior director, operational and strategic affairs.

On Zoom, from the Partners in Canadian Veterans Rehabilitation Services, we have Monsieur Gilles Chabot, chief operating officer, Lifemark; Ms. Tania Bennett, chief executive officer and executive sponsor, WCG Services; and Ms. Paulette Gardiner Millar, contract manager.

Let's start with the Department of Veterans Affairs. You have five minutes for your introduction, and after that we'll go to Zoom.

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

[*Translation*]

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

[*English*]

Good afternoon.

Thank you for the opportunity to provide this committee with an update on new rehabilitation services and case management services at Veterans Affairs Canada.

The military experience of every veteran is unique. Rehabilitation is a critical component for veterans who need additional support.

[*Translation*]

The rehabilitation program is designed to support veterans and their families in their transition to civilian life, at home, in their community and at work. The program provides personalized rehabilitation services designed to meet veterans' specific medical, psychosocial and vocational needs. It is one of the programs that provide benefits and services as part of veterans' overall case management plan.

[*English*]

Veterans Affairs case management services support veterans facing complex challenges. It's a collaborative process between the veteran and the case management team to identify needs, set goals, create a plan to help participants and achieve the highest level of independence, health and well-being.

Case management is and remains a core VAC service. In fact, we've made investments over the last two years to reinforce and expand case management practices, including through tools and processes and by reducing caseloads so case managers can meaningfully engage with veterans and their families.

Furthermore, the Government of Canada earlier this month confirmed \$43 million in funding over three years to support these services. This funding will maintain the total number of frontline and back staff, including case managers, and will help improve the case manager-to-veteran ratio and the tools they use.

[*Translation*]

We also oversee the implementation of long-term initiatives, including the rehabilitation services and vocational assistance program and the renewal of case management, which will help reduce the workload for managers, particularly the administrative duties related to case management.

• (1640)

[*English*]

Currently, vocational rehabilitation is administered under one contract, while medical and psychosocial rehabilitation services are delivered through multiple providers through a second contract with Medavie Blue Cross. The expiry of the vocational rehabilitation services contract in December 2022 provided the department with an opportunity to improve upon the rehabilitation program and the way we deliver it.

[*Translation*]

Veterans Affairs Canada consulted the case managers, veterans and their families, industry experts and the Union of Veterans Affairs Employees throughout the renewal and contract implementation process. Their opinions, concerns and viewpoints helped us define the new provider's rehabilitation services delivery method.

[*English*]

Case managers and veterans have told us how they would like rehabilitation services to be delivered, and we have listened.

The current program delivery, with two distinct contracts, places a heavy administrative burden on case managers. Time is spent finding multiple providers for each veteran, educating them on the program, gathering reports and scheduling appointments. Case managers have identified that spending more time directly working with veterans and their families is a priority. A 2019 survey from the audit and evaluation of case management services reports that approximately 73% of case managers spend 50% or more of their time working on administrative tasks.

[*Translation*]

This new rehabilitation contract was awarded on June 30, 2021, to Partners in Canadian Veterans Rehabilitation Services, or PCVRS. It is a partnership between WCG International and Life-mark Health Group, which coordinates the administration of medical, psychosocial and vocational services to veterans and other eligible participants of the Veterans Affairs Canada rehabilitation program.

[*English*]

Having a single service provider means having rehabilitation-focused services that are coordinated, nationally consistent, quality-assured, performance-measured and include advanced technological supports.

These enhancements will improve the veteran experience and their well-being by offering a more holistic rehabilitation program wherein veterans have the best chance to achieve their goals and adapt successfully to life after service.

[*Translation*]

For the first time, veterans will be able to consult and print out a copy of their rehabilitation plan. They will also be able to submit requests for payment online, see the list of their upcoming rehabilitation meetings, and use a secure messaging system to communicate with their rehabilitation services specialist.

[*English*]

The new national contract aims to reduce the time case managers spend on administrative work. Case managers can instead spend time engaging with veterans on other supports that they may also need as part of their overall well-being.

Case management services and resources will continue as an essential service delivered to veterans and their families by case managers.

There is no job loss as a result of this contract. In fact, the commitment to case management is key for the minister, including his recent announcement of \$43 million of additional funding for case managers.

[*Translation*]

Thank you.

[English]

I'd be happy to take your questions.

[Translation]

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

I will now turn it over to the representatives of Partners in Canadian Veterans Rehabilitation Services.

[English]

Open your mike. You have five minutes or less.

Please go ahead.

**Ms. Tania Bennett (Chief Executive Officer and Executive Sponsor, WCG Services, Partners in Canadian Veterans Rehabilitation Services):** Thank you, Mr. Chair.

I am Tania Bennett, executive sponsor for Partners in Canadian Veterans Rehabilitation Services, or PCVRS. Joining me are my PCVRS colleagues: Gilles Chabot, who is a member of the PCVRS executive team, and Paulette Gardiner Millar, who is our dedicated contract manager. We're extremely pleased to be here today to share information related to this very important topic.

Partners in Canadian Veterans Rehabilitation Services is an innovative partnership, joining long-serving organizations in Canadian rehabilitation and vocational services. In fact, our partnership was created for one specific purpose, and that's to deliver high-quality rehabilitative care for veterans through services contracted by Veterans Affairs Canada in the rehabilitation services and vocational assistance program.

Our organization and our qualified health and vocational professionals from across Canada bring the knowledge and expertise to meet VAC's requirements for the program.

I'd like to tell you a little bit more about who we are. Our team has many years of experience providing a comprehensive range of evidence-based medical, psychosocial and vocational rehabilitation assessments and services across the country. We have deep experience working with veterans and we have developed tried and tested methods to deliver high-quality assessments and rehabilitation services that will help veterans transition to post-service life.

PCVRS is a mission-driven team with shared culture and values. We are committed to enabling veterans to live better lives through effective, personalized rehabilitative and vocational care. Our focus is on helping veterans and their families successfully transition to post-service life and to achieve their potential in all areas of well-being. We're on a mission to ensure that participants of the program achieve optimal levels of health, functioning and participation at home, at work and in their communities.

There are four key values for our foundation of care for veterans and their families. The values in our C-A-R-E or CARE model are compassion, access, respect and excellence.

Our approach puts veterans first. We show compassion for those we serve and build trusting relationships based on integrity and kindness. We remove barriers to access to services by providing a wide variety of in-person and virtual services in both English and

French, and accessibility is embedded in our technology and our service delivery approaches.

PCVRS provides Canada-wide coast-to-coast coverage through a network of thousands of medical, psychosocial and vocational rehabilitation services professionals who provide services through in-person care as well as virtual options.

We provide and nurture an inclusive environment that is free from discrimination and that is respectful and considerate of the unique experience of each veteran, spouse, common-law partner or survivor. We have embedded gender-based analysis-plus principles into all aspects of our service to advance equality and inclusion for veterans of all backgrounds. We provide training for our team members to support specific veteran communities, including the indigenous veteran population.

We strive for excellence in all we do, and we'll collaborate as a partner to continuously improve the participant experience and to enhance rehabilitative outcomes.

Our Partners in Canadian Veterans Rehabilitation Services team has been created to achieve our mission to enable better lives for veterans. We take a "team around the participant" approach and we look forward to collaborating with VAC case managers to deliver our contracted services for the rehabilitation program. This is important, as we understand that case managers are the delegated VAC decision-makers for rehabilitation plans.

In closing, we are honoured to deliver a professional and supportive rehabilitation service for Canadian veterans. Veterans and their families deserve high-quality, accessible and inclusive health and well-being services, and that is what PCVRS is committed to delivering.

Thank you, Mr. Chair.

● (1645)

**The Chair:** Thank you, Ms. Bennett.

[Translation]

As you know, we have another in camera meeting that is supposed to start at 5:20 p.m. By my calculations, that leaves us 30 minutes, and I want to give each party six minutes. Please let me know with whom you would like to share your time, if you so wish.

Mr. Richards, you have the floor.

[English]

**Mr. Blake Richards:** On a point of order, Mr. Chair, just so I'm understanding you correctly, you're going to allot each party one six-minute slot, and that's all? Will that be the entirety of the questions?

• (1650)

**The Chair:** That's it exactly. It will be just one round of questions of six minutes each.

**Mr. Blake Richards:** If there are a few minutes remaining before the time scheduled for in camera business, can we divvy that up and give each party another minute or two, if need be?

**The Chair:** Very well. Sure.

**Mr. Blake Richards:** That's if it's possible.

**The Chair:** That's perfect.

Go ahead for six minutes, Mr. Blake Richards.

**Mr. Blake Richards:** Okay. I'll try to be quick, because I know I have colleagues who want to ask questions as well.

Can I start with the folks from the Partners in Canadian Veterans Rehabilitation Services, whoever it is that is answering? How long has your Partners in Canadian Veterans Rehabilitation Services been in existence?

**Ms. Tania Bennett:** Thank you for the question. Mr. Chair, Partners in Canadian Veterans Rehabilitation Services was formed specifically in relation to this contract.

**Mr. Blake Richards:** I don't—

**Ms. Tania Bennett:** The service was developed for that, so it was during the procurement process that I think is probably—

**Mr. Blake Richards:** I'm sorry, but I have to cut you off, because I don't have a lot of time to use here. You've given me a sense of the answer. It's just been created for this purpose.

Can you tell me what qualifications the workers from your organization who will be interacting with veterans have? What is their training and experience?

Obviously when we're talking about dealing with our veterans and with their families, there is often a very different scenario than there would be in dealing with insurance claimants and things like that. Obviously, in many cases there are some significant operational injuries, including psychological injuries. What training and experience and qualifications, specifically with regard to working with veterans, do the people have who will be interfacing with veterans?

**Ms. Tania Bennett:** Thank you for that question. Mr. Chair, I'll speak about some of the qualifications and invite my colleague Paulette to give some details around the training.

In terms of the qualifications, the rehabilitation services specialists who will be working with veterans are regulated health or vocational rehabilitation professionals who have experience in coordinating and delivering medical, psychosocial or vocational rehabilitation services. They're experienced professionals who are regulated and who have the appropriate designations and credentials. Typically we'll have social workers and other health professionals.

Paulette, can you provide some more detail, please?

**Mr. Blake Richards:** Can I ask you to focus in on what training and experience they have in working with veterans and their families? That's what I really need to understand.

**Ms. Tania Bennett:** That's great.

**Ms. Paulette Gardiner Millar (Contract Manager, Partners in Canadian Veterans Rehabilitation Services):** Certainly. From a training perspective, PCVRS has involved subject matter experts and we have an instructional design specialist to help us put together training modules specific for—

**Mr. Blake Richards:** I'm sorry, but can I interrupt you there? What I heard you say is that you've engaged someone to help you design a training model. This is supposed to start next week. These people will be working with veterans starting next week. Are they trained or not?

**Ms. Paulette Gardiner Millar:** It's complete. I'm explaining what has happened over the last year and a half.

**Mr. Blake Richards:** I'm sorry. I misunderstood. It sounded as though you were saying that you were just beginning that process. Okay, tell me where they're at right now. I don't need to know the process over the last year, just where they're at.

**Ms. Paulette Gardiner Millar:** They're complete, and we've had great feedback from veterans we've had take a look at it.

I agree with you that this population has specific needs, so some of the areas we've included in our training are unique to military culture, including things like barriers and how to support transition to post-service life; certainly mental health awareness, including understanding the mental health continuum, moral injury and operational stress injury, mood disorders and anxiety- and trauma-informed disorders like post-traumatic stress disorder, which we heard about earlier today, as well as substance-related disorders.

**Mr. Blake Richards:** All of the employees have been trained in these? I'm sorry to be cutting you off, but I'm given only so much time here, so I need to make sure we get through everything we need to get to. They're all trained? Everyone working with veterans has been trained in all of these things that you've just outlined?

**Ms. Paulette Gardiner Millar:** The areas that I've just described will be mandatory for everyone who is involved in treating participants in this program.

**Mr. Blake Richards:** "Will be"? When will they all be trained?

**Ms. Paulette Gardiner Millar:** Some will have already started, and others won't have yet, because we haven't launched.

**Mr. Blake Richards:** But there will be people working with veterans starting next week, correct?



**Ms. Paulette Gardiner Millar:** We will start the process of doing our initial assessment and then getting them set up. Everyone will be trained as they are beginning their work with the veteran population.

• (1655)

**Mr. Blake Richards:** Okay, and what about experience? Would any of your employees have experience working with veterans?

**Ms. Paulette Gardiner Millar:** Yes, certainly.

**Mr. Blake Richards:** Okay.

For the department officials, I do have some questions for you.

First of all, though, you're probably aware of a motion I made in this committee asking for documents related to the standard operating procedures for recording calls between veterans and veteran service agents, as well as between veterans and case managers. Would you be willing to provide that to the committee by, say, next Tuesday? I've asked for it within 48 hours. Could you provide us with your standard operating procedures by next Tuesday?

**Mr. Steven Harris:** We can certainly provide that. Yes.

**Mr. Blake Richards:** Thank you. If you could get those to the clerk, we would appreciate it.

Now I'll go to the issue that we're dealing with today.

In this process, I see there being three key people here. Obviously, veterans and their families, first and foremost, are clearly the priority here, but I think we also were talking about those who work for the department now and are going to see some changes to what happens with their roles. Also, I think service providers obviously could be impacted in this changeover as well.

I wanted to get from you a sense of what has occurred in terms of communication between the department and each of those three key stakeholders particularly, starting with the veterans.

**The Chair:** Yes, and reply in 15 seconds, please.

**Ms. Jane Hicks (Acting Director General, Service Delivery and Program Management, Department of Veterans Affairs):** There has been significant consultation over the past 18 months. We've had a series of consultations with employees. We've had six town halls over the last 18 months with representation of anywhere between 400 and 800. We've also had communiqués with veterans through "Salute!" magazine. We've had consultations with stakeholders—

**The Chair:** Thank you, Ms. Hicks.

Thank you, Mr. Richards—

**Mr. Blake Richards:** I know that Ms. Vaillancourt from the union is in the back of room shaking her head, so it seems to me that you have some work to do to repair the relationship there.

**The Chair:** Thank you, Mr. Richards. Your time is over. It has been six minutes.

Mr. Darrell Samson on Zoom, you have six minutes, please.

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

Welcome to all of the witnesses here with us here today. I will start with the department.

Very quickly, we heard testimony earlier from the union that there has been no consultation with case managers through this process. Can you quickly share a little feedback on that?

**Ms. Jane Hicks:** Yes. There's been consultation.

First of all, as we started the implementation period, we set up a series of working groups that had members from the union from various groups, and they've been involved in forming the implementation process. We've also have six town halls.

Most recently, we had six Q-and-A sessions for case managers with about 450 participants in the week of October 31 to share information and provide feedback.

We've also set up a portal for case managers to answer any of their questions. We've had over 300 questions responded to that they've shared with us over the past 12 months.

That gives you a sense of some of the consultation.

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

Mr. Harris, you talked about case managers' workloads and the administrative tasks they had prior to this contract. Can you speak about that? What do you feel would be a percentage of administrative work they were doing then that would not have to be done now?

**Mr. Steven Harris:** Thanks for the question.

A case manager's role involves much more than just the rehabilitation program. They are the linchpin of contact for veterans working with the department in terms of re-establishment and rehabilitation. The rehabilitation program is just one.

Within the rehabilitation program, however, they were tasked with a whole host of administrative responsibilities in terms of coordinating appointments and finding service providers and others, which they will not have to do. They will not have to chase reports to be able to help serve and support their veteran clients. In this case, when a contract goes into place, it will be a significant reduction in the administrative elements of what they're responsible for.

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

The union seemed to indicate that in their opinion it was the same job that caseworkers are doing and what the new company will be doing. Would you agree with that? Is it the same mandate?

**Mr. Steven Harris:** No.

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

This is a new company, of course, that's been contracted out. I understand that veterans would have access to 9,000 individuals to support them. Can you expand on that, please?

• (1700)

**Ms. Tania Bennett:** Thank you for the question.

Mr. Chair, I think it would be great if Gilles could provide our response on behalf of PCVRS.

**Mr. Gilles Chabot (Chief Operating Officer, Lifemark, Partners in Canadian Veterans Rehabilitation Services):** Thank you very much, Mr. Chair.

We have in excess of 9,000 practitioners across the country who have experience in providing rehabilitation services. Some of these clinicians who work with us directly include physiotherapists, occupational therapists, psychologists, physicians, chiropractors, massage therapists, kinesiologists, social workers, clinical counsellors and vocational professionals.

We have over 20 years of experience in providing comprehensive rehabilitation services to Canadians, including veterans, across Canada.

We also have over 600 physical locations to help support and provide access for our veterans. We have an extensive affiliate network as well.

**Mr. Darrell Samson:** I'm sorry, Mr. Chabot, but did you say 600 locations would be available?

**Mr. Gilles Chabot:** That is correct.

**Mr. Darrell Samson:** Can you give us a quick rundown for each province, just general numbers? You don't have to be exact, but just give us an idea.

**Mr. Gilles Chabot:** I don't have that at my fingertips, but I would be very happy to provide a breakdown for you.

**Mr. Darrell Samson:** Is there representation nationally right across the country?

**Mr. Gilles Chabot:** That is correct, yes.

**Mr. Darrell Samson:** Okay. You were talking about the 9,000 we have access to. How would veterans access those services?

**Ms. Paulette Gardiner Millar:** I think I can take that question.

After the VAC case manager confirms eligibility, then the referral would come over to PCVRS at that point. The veteran will be assigned an RSS, a rehabilitation service specialist. We'll do the initial assessment to determine what the barriers are and what the needs are, and then the participant, the VAC case manager and the RSS will work together to build the rehabilitation plan.

If there are any consultations required in order to do that—medical assessments, vocational assessments and so on—those will be provided and then worked into the decision-making in terms of moving forward. At that point, if everybody agrees on the rehabilitation plan, then the care will be provided to the veteran.

**Mr. Darrell Samson:** The veteran will be involved in developing that plan with the company, so they will have a direct line? Can you expand on that just a bit?

**Ms. Paulette Gardiner Millar:** Well, the veteran is the centre of everything we're doing. We certainly need to involve them in understanding their specific individual needs, and they need to be engaged in all the planning—as does, if the veteran chooses, their family, so that we're best serving their all-around needs.

**Mr. Darrell Samson:** What types of services will be available? Will the same services be available to a veteran's family that are available to a veteran?

**Ms. Paulette Gardiner Millar:** That might be a better question, from an eligibility perspective, for our VAC colleagues.

**Mr. Darrell Samson:** Maybe I'll go to Ms. Bennett.

Ms. Bennett, it's a new company, but you also spoke about all the work and experience with veterans for over 20 years. Can you kind of lace that together? It might be a new company as an amalgamation, but there's a lot of great experience and expertise. Can you just quickly touch on that?

**The Chair:** Ms. Bennett, can you answer Mr. Samson in 10 seconds, please? Can you give us a quick answer?

**Ms. Tania Bennett:** Thank you. We are two organizations that have been delivering rehabilitation and vocational services in Canada for over 20 years, and we've come together to form a joint venture to deliver this contract.

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

Now I'd like to go to Mr. Desilets for six minutes.

Go ahead, please.

[Translation]

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

Mr. Harris, what is the primary purpose of this sub-contract, is it to save money or improve current services?

**Mr. Steven Harris:** The purpose is always to improve services. That means hiring rehabilitation experts to serve veterans effectively. Case managers work very closely with veterans to understand all their requests and needs.

Rehabilitation services are highly specialized. We work closely with the service provider to ensure that veterans receive the best rehabilitation services possible.

**Mr. Luc Desilets:** You feel that this company will provide improved or superior services to those offered by case managers.

• (1705)

**Mr. Steven Harris:** This is different. It has been a long time since a contractor has offered rehabilitation services. They will now include psychosocial and medical services that used to be provided by other partners. The idea is to group everything together to reduce the administrative burden. Veterans need various kinds of support. It is not just vocational rehabilitation, but also psychosocial support.

**Mr. Luc Desilets:** Is the department saving money?

**Mr. Steven Harris:** No, I do not think it is saving any money.

The objective is to offer better services, provided by experts.

**Mr. Luc Desilets:** Before the break, we heard that no psychosocial services would be available to veterans between October 25 and November 21.

Is that true?

**Mr. Steven Harris:** No, that is not true.

I will ask my colleague Ms. Pham to talk about the process briefly.

**Ms. Nathalie Pham (Senior Director, Operational and Strategic Affairs, Department of Veterans Affairs):** For veterans who already use the rehabilitation program, medical and psychosocial rehabilitation services were extended during the migration and transition period. So no veterans who already had access to those services will be without them.

As to veterans who are newcomers to the program, I would point out that the role of the case manager has not disappeared. Case managers decide on eligibility and assess case management needs. If veterans have medical or psychosocial needs, they will have access to them, in accordance with their health care coverage. That will not change. It is only rehabilitation services that will be on hold for a few weeks while we start up the contract and conduct a rehabilitation assessment.

**Mr. Luc Desilets:** Wasn't a memo sent to the union or employees in that regard?

**Ms. Nathalie Pham:** Information was sent to case managers to reassure them that the existing resources had been extended. For those few weeks, they were asked not to focus on rehabilitation services, but to focus instead on other medical and psychosocial needs.

**Mr. Luc Desilets:** Mr. Harris, you said a number of times that the goal was to reduce the case managers' administrative duties.

If I understand correctly, the 9,000 individuals this company works with are not administrators but the people who will be offering psychosocial services.

Is that correct?

**Mr. Steven Harris:** They are both.

As Mr. Chabot said earlier, some of the employees will be health care professionals, such as physiotherapists and psychotherapists and so forth. Some of the other employees will be rehabilitation specialists who will ensure that the rehabilitation services meet all the veterans' needs.

**Mr. Luc Desilets:** I imagine this restructuring will inevitably impact case managers' jobs.

**Mr. Steven Harris:** Perhaps Ms. Hicks or Ms. Pham would like to add something, but the roles of rehabilitation expert and case manager are completely different.

**Ms. Nathalie Pham:** Precisely.

The purpose and primary role of case managers remains unchanged. They will work with veterans on the department's behalf, and continue to make assessments, and plan and coordinate needs. They are also the ones who make the decisions.

As to our partners, they will be specialists.

The case manager oversees everything. We will bring in specialists to help us support veterans, but it is still the case manager's responsibility.

**Mr. Luc Desilets:** What concerns me is the pool of 9,000 individuals who will be offering personalized services. In contrast to what I heard earlier, I have trouble believing that these individuals have expertise working with veterans.

Am I mistaken, Ms. Pham?

**Ms. Nathalie Pham:** We are expecting that the people have experience coordinating services and understanding the cases of veterans. As to the other providers, their expertise is in rehabilitation. We do not expect them to have experience with veterans, but rather to understand their needs.

• (1710)

**Mr. Steven Harris:** I would add that many of those 9,000 people already work with veterans.

**The Chair:** Thank you.

I now invite Mr. Peter Julian to take the floor.

[*English*]

You have six minutes. Go ahead, please.

[*Translation*]

**Mr. Peter Julian:** Thank you, Mr. Chair.

[*English*]

Mr. Harris, I want to come back to this issue of no new medical and psychosocial resources from October 25 to November 22, 2022.

We have a copy of a slide from part of the training that was offered through Veterans Affairs that says exactly that, and I will quote it: "no new medical and psychosocial resources from Oct. 25-Nov. 22, 2022". Will you provide to the committee all of the copies of the slides that were presented to employees in Veterans Affairs?

**Mr. Steven Harris:** I haven't seen that slide.

Nathalie, I don't know if you want to talk about, as you did, the direction that was given.

**Mr. Peter Julian:** I am specifically asking if you will provide to this committee copies of the slides that were provided to employees.

**Mr. Steven Harris:** Yes, of course.

**Mr. Peter Julian:** Thank you.

My second question is related to the minister's meeting with the union. Can you confirm that the minister has not met with the union president for nearly a year now?

**Mr. Steven Harris:** I unfortunately can't speak to the minister's meetings with the union. You would have to ask the minister.

**Mr. Peter Julian:** My third question is related to the issue of the current caseload that most employees are carrying. Caseworkers, we've heard in testimony, are carrying anywhere from 40 to 60 veterans. We know how important it is to provide the utmost services to veterans. Can you confirm that this is indeed the case?

**Mr. Steven Harris:** In fact that's not correct. The average is about 30 to one for case managers with respect to veteran workloads.

There are differences, and it does change over time. In some cases, new case managers coming on may have a reduced caseload as they build up their skills and competency. In other cases, there may be periods of time in which people either have limitations or have different abilities in terms of being able to deliver on a caseload. The average caseload is about 30.

**Mr. Peter Julian:** How many caseworkers are on leave right now?

**Mr. Steven Harris:** I believe Ms. Vaillancourt offered some issues earlier. It is somewhere in the neighbourhood of 60, for any variety of reasons. It could be maternity leave, family-related leave, education leave or illness.

**Mr. Peter Julian:** I'm just doing the figures. If that figure is right, you're basically confirming the union's figures, which means a caseload of at least 40 veterans per employee. Can you provide the committee with figures to give us a sense of what the case workload is currently?

**Mr. Steven Harris:** I can, certainly. I don't think Ms. Vaillancourt provided any information around the fact that, yes, while some people leave either for new jobs or on illness or maternity leave, for example, people are also replaced on a short-term basis with term or acting opportunities to ensure that we're able to support veterans and continue with the balance in the caseload.

**Mr. Peter Julian:** What percentage of caseworkers are temporary—

**Mr. Steven Harris:** We have 50 temporary caseworkers now—

**Mr. Peter Julian:** —or indeterminate?

**Mr. Steven Harris:** —for three years. The indeterminate number of caseworkers for us is 426.

**Mr. Peter Julian:** I think that confirms the figure she provided.

As far as the contract is concerned, what is the anticipated profit margin or net income to the company?

**Mr. Steven Harris:** I can't speak to the percentage of income.

There are two elements to the contract. One element is administration—in other words, the work they do as part of what was just described to support veterans. Then there's what would be considered the payments to the providers in terms of health or medical or psychosocial services. If a veteran needs to go visit a psychiatrist as part of their rehabilitation, that's paid through the contract as well.

**Mr. Peter Julian:** What are the penalties for non-compliance by the company?

**Mr. Steven Harris:** I'm not sure offhand if I have the penalties in front of me, actually.

**Mr. Peter Julian:** Could you provide the contract to this committee?

**Mr. Steven Harris:** I'm not sure we can provide the entirety of the contract, because there are some elements that are proprietary in terms of the basis of payments and some other things. The statement of work was available as part of the contractual process.

**Mr. Peter Julian:** Yes, but I'm asking you for the contract. Could you provide that to the committee?

**Mr. Steven Harris:** I will work with my team to see what can be released, including whatever is not proprietary.

**Mr. Peter Julian:** Mr. Chair, I will be providing a notice of motion at the end of this meeting.

Can you confirm that these companies are essentially conducting quality assurance on themselves, that they're evaluating themselves in the contract?

● (1715)

**Mr. Steven Harris:** That is one element of it. Of course, they would provide quality assurance of their own services, and there are metrics that they have to provide back to the department in terms of quality assurance that we would also be reviewing. Of course, as part of their own internal work, they do quality assurance to ensure that their staff are delivering quality services. There are also metrics and measures and performance measures that they need to give back to us as the department to be responsible for the oversight and provision of the contract.

**Mr. Peter Julian:** But you don't recall what the penalties are for non-compliance of those service requirements.

**Mr. Steven Harris:** I don't have the penalties in front of me, unfortunately, no.

[Translation]

**Mr. Peter Julian:** I will now turn to the bilingualism issue. My question is for Ms. Bennett.

What experience do you have offering services in French?

[English]

**Ms. Tania Bennett:** Thank you for the question, Mr. Chair.

We have significant experience delivering critical human services in French in both employment services contracts throughout Canada and the delivery of vocational assistance services for VAC in current contracts and previous contracts. We're the current contract deliverer for the vocational rehabilitation aspect of the rehabilitation program. That's a program we offer that provides services in French. We've been delivering that contract since 2015.

Even prior to that, since 2009, the precursor—

[Translation]

**Mr. Peter Julian:** What recourse do francophones have if they do not receive services in French?

[English]

**The Chair:** Mr. Julian, I'm sorry. Your six minutes are up.

[Translation]

As discussed, each speaker will have one minute, and there will be four speakers.

To begin, I will invite Ms. Cathay Wagantall, who is joining us via Zoom, to speak for one minute.

Please go ahead, Ms. Wagantall.

[English]

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

Mr. Harris, I assume you're familiar with the Auditor General's report we just studied at committee that indicated there was a complete lack of ability to determine whether or not service delivery was being done properly. There were no metrics. There was a great deal of concern about that report.

Are you familiar with it?

**Mr. Steven Harris:** I'm familiar with the report. I don't know that this was the entirety of the conclusion.

**Mrs. Cathay Wagantall:** Okay. Is that part of the reason that we're looking at this company doing its own performance measurements? What do you have that you could provide to this committee that indicates what your intentions are in determining the quality assurance?

**Mr. Steven Harris:** Sure. I'd be happy to share information with the committee about how we will ensure quality assurance on this one. The Auditor General's report—

**Mrs. Cathay Wagantall:** Do you have it in writing? Excuse me, sir. Do you have it in writing? I would like to receive it.

**Mr. Steven Harris:** Do we have quality assurance and performance metrics? Yes.

**Mrs. Cathay Wagantall:** Okay. Could you provide that to the committee, please?

**Mr. Steven Harris:** Yes.

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

As well, we have \$560 million going to this venture. That's almost \$102 million per year. I look at that and see that we could easily employ the number of case managers required, as well as—

**The Chair:** Mrs. Wagantall, I'm sorry. You had only one minute for some quick questions.

**Mrs. Cathay Wagantall:** That was such a short minute.

**The Chair:** Exactly. I know. It's because we have an in camera meeting right afterward.

I'd like to invite Mrs. Rechie Valdez go ahead for one minute, please.

**Mrs. Rechie Valdez (Mississauga—Streetsville, Lib.):** Thank you, Mr. Chair. My questions will go to VAC officials.

Earlier we heard from the union that they fear that veterans will lose human face-to-face contact. They fear the loss of relationship. Can you provide your response to that?

**Ms. Nathalie Pham:** I would say that the intention is the opposite. Having a contract will allow the case managers to have more time engaging, building relationships, doing follow-up with their veterans, having those meaningful discussions and moving forward. That is the intention that we have been working on from a case management perspective. This contract will contribute to that.

**Mrs. Rechie Valdez:** Thank you.

Who manages the QA of case files?

**Ms. Nathalie Pham:** With regard to the quality assurance of the case files, we have different levels. There are managers doing quality assurance for job compliance. We also have a case management unit that does the overall QA.

**The Chair:** Thank you, Mrs. Valdez.

[Translation]

Mr. Desilets now has the floor for one minute.

Go ahead, Mr. Desilets.

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

My question is for Ms. Bennett.

Which other large organizations do you have dealings with?

[English]

**Ms. Tania Bennett:** At WCG, the company that delivers as part of this joint venture, we have contracts with provincial governments throughout Canada to deliver important employment services. As well, as I mentioned earlier, we have the current PCVRS contract with Veterans Affairs Canada for the vocational services aspect of the rehabilitation program.

• (1720)

[*Translation*]

**Mr. Luc Desilets:** Of the 9,000 people you have on contract, can you tell me roughly how many of them come from Quebec?

[*English*]

**Ms. Tania Bennett:** Thank you, Mr. Chair. I will invite Gilles to respond to that.

**The Chair:** I'm so sorry, Ms. Bennett. There are just a few seconds left. You can send the information to the clerk, and we'll give it to MP Desilets. Thank you so much.

Now, for one minute, we have Mr. Peter Julian.

[*Translation*]

**Mr. Peter Julian:** Thank you very much, Mr. Chair.

[*English*]

I'm going to start off with a notice of motion for our next meeting:

That Veterans Affairs Canada (VAC) provide to the Committee a copy of the contract for rehabilitation services between VAC and Partners in Canadian Veterans Rehabilitation Services by November 25, 2022.

That's a notice of motion. I will be giving you a copy of that for our next meeting, Mr. Chair.

I'm really concerned when, in testimony we've heard, I see \$14 million a year provided to Veterans Affairs Canada and over \$100 million a year going into this contract. It strikes me, particularly given the lack of preparation for the transition that takes place in 120 hours, that we are showing profound disrespect to our veterans.

The government has not prepared the grounds on this, and the government obviously has money for engaging private firms. That money should be invested in Veterans Affairs, and they deserve—all our veterans deserve—the highest quality of service possible.

**The Chair:** Thank you, Mr. Julian.

This panel has finished.

[*Translation*]

On my behalf and on behalf of the committee members, I would like to thank the witnesses for being here.

From Veterans Affairs, we had Mr. Steven Harris, assistant deputy minister, service delivery branch, Ms. Jane Hicks, acting director general, service delivery and program management, and Ms. Nathalie Pham, senior director, operational and strategic affairs.

By video conference, we were also joined by representatives of the Partners in Canadian Veterans Rehabilitation Services, Ms. Tania Bennett, chief executive officer and executive sponsor, WCG Services, Mr. Gilles Chabot, chief operating officer, Life-mark, and Ms. Paulette Gardiner Millar, contract manager.

We will now suspend and go in camera. I invite the members participating remotely to use the new link sent to them.

The meeting is suspended.

[*Proceedings continue in camera*]

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