

Media report 20 Nov 2020

This weeks media reports will cover and answer great questions veterans are still asking such as Frequently asked questions regarding COVID-19 in Ottawa. Due to ongoing and evolving COVID-19 pandemic, callers may experience increased wait times when calling the Government of Canada Pension Center. Callers may also experience dropped calls, as all telecommunication networks across Canada are presently facing capacity challenges. and local Media Articles and An illness or injury can have an impact on your ability to adjust to life after service. We all need healthcare services. The Treatment benefits program provides coverage for a variety of benefits and services to help you get—and stay healthy.

## **VETERANS AFFAIRS BACKLOG & WAIT TIMES “A PERFECT STORM”**

November 13, 2020

By Brian Forbes, Chair of the National Council of Veteran Associations and Chair of the Executive Committee of The War Amps

\*\*(Note: This must be credited as reprinted with permission from The Hill Times – it appeared in their Oct 14, 2020 edition)\*\*

The National Council of Veteran Associations in Canada (NCVA) continues to call for dramatic and innovative steps to be taken by Veterans Affairs Canada (VAC) to address the current unacceptable backlog and turnaround times experienced with respect to veterans’ disability claims. As Veterans Affairs Deputy Minister Walt Natynczyk stated before the House Veterans Affairs Committee earlier this year, we have indeed reached a “perfect storm” which has only been compounded by the onset of the COVID-19 crisis.

The following represents the core elements of NCVA’s position in relation to this ongoing administrative crisis:

The department should adopt the position that veterans’ claims be considered at face value and be based on the reasonable evidence provided by the veteran and his or her family, with the proviso that individual files could be monitored over

time and "spot audits" carried out to address any potential abuses. The clear reality that medical reports usually required by VAC to support these applications continues to be almost impossible to obtain at this time must be recognized in assessing this present dilemma.

Even though medical offices and therapists' clinics are starting to re-open, these individual health professionals are simply overwhelmed with their own backlog and rescheduling delayed appointments. The preparation of medical reports to support veterans' claims is not a priority at this time for these beleaguered physicians and therapists.

Unless creative steps are taken, the adjudicative delays and turnaround time dilemmas will not be relieved in the short term given the reality of the extreme difficulty in obtaining these medical and or therapist reports to substantiate individual veterans' applications.

There is a general consensus among major veteran stakeholders that this administrative and or adjudicative measure leading to a form of fast-tracking or automatic entitlement deserves immediate attention.

It has been the longstanding view of NCVA that this form of automatic entitlement approach should have been implemented by VAC years ago in regard to seriously disabled veterans, with the objective of expediting these specific claims so as to circumvent governmental "red tape" and in recognition of the fact that nearly all of these cases are ultimately granted entitlement in the end, often following many months of adjudicative delay. It is our considered position that now is clearly the time to extend this thinking to all veterans' claims.

It is noteworthy that the current mandate letter received by the Minister of Veterans Affairs from the Prime Minister contains a specific direction that VAC should implement a form of automatic entitlement with respect to common disabilities suffered by Canadian veterans.

It is also extremely significant that many financial assistance programs rolled out this year by federal and provincial governments are premised on the philosophy of "pay now and verify later." In regard to a number of financial initiatives, the earlier need for medical reports to substantiate entitlement to these programs has been waived by the Government, given the impracticality of accessing any input from the medical profession in Canada at this troubled time.

It is to be noted that the initial reaction of the department to this proposed form of fast-tracking and or automatic entitlement was that this approach could be implemented for benefits that are paid on a monthly basis; however, given the fact in relation to disability awards that the majority of veterans are still opting for lump sums, this would represent a concern for the department.

In addressing this concern, it is our recommendation that, as an interim step in granting this form of automatic entitlement, the disability award could be paid as a monthly allowance with a preliminary assessment in the first instance. Ultimately, the department would have the ability to fully assess the extent of the veteran's disability in order to determine the veteran's final assessment, at which point the veteran could choose to convert his or her monthly allowance to a lump sum award with the appropriate financial adjustment to consider the monthly amounts already paid.

The great advantage in this recommendation is that the veteran's entitlement would be established early on and the veteran's concerns surrounding financial security and access to health care and treatment benefits would be addressed in this manner.

The old adage that "desperate times call for bold and creative measures" is particularly apt in this situation

The department issued a policy statement in June 2020 in response to this serious concern entitled "Timely disability benefits decisions: Strategic direction for improving wait times" (<https://www.veterans.gc.ca/eng/about-vac/addressing-wait-times/wait-time-strategic-direction>). This communication piece has been a significant priority for some time, not only for NCVA but also for the Standing Committee on Veterans Affairs and many other stakeholder groups.

In our considered opinion, this policy document is a statement of good intentions for the mid- to long-term objectives cited in the material, but fails to effectively remedy the present backlog crisis which has only been intensified by the COVID-19 challenge.

Although it is somewhat encouraging that the VAC policy statement has adopted a number of our proposals including the prospective employment of automatic entitlement for common disabilities, the utilization of presumptions for certain consequential disabilities, and the lessening of the requirement for medical referrals in specific cases, the department's report unfortunately concludes that this will take considerable time to implement.

Furthermore, the departmental policy statement places significant weight on the announcement that an approximate \$90 million has been approved by the Government for VAC in a supplementary budget estimate to retain new employees to deal with the ongoing backlog. However, this newly acquired departmental staff will face a steep learning curve and will not be operational until January 2021 at the earliest.

It is also noteworthy that the Parliamentary Budget Office recently completed an evaluation of the VAC backlog through a financial analysis report issued on September 21, 2020 titled "Disability Benefit Processing at Veterans Affairs Canada" ([https://www.pbo-dpb.gc.ca/web/default/files/Documents/Reports/RP-2021-023-M/RP-2021-023-M\\_en.pdf](https://www.pbo-dpb.gc.ca/web/default/files/Documents/Reports/RP-2021-023-M/RP-2021-023-M_en.pdf)). The PBO concluded that, without further significant increases in government funding to augment VAC staffing resources, the department would not substantially impact turnaround times for veterans' claims for years into the future, given the current pace of adjudication.

The department presented a formal briefing of its policy position on June 30, 2020 to various Ministerial Advisory Groups. As part of the ongoing dialogue surrounding this presentation, NCVA took the strong position that the department needs to accelerate its plan of action through an adoption of the above-cited fast-tracking protocols/automatic entitlement approach for all outstanding veterans' applications.

Given the unattainability of medical reports from various health care providers, the following fundamental question requires an immediate answer: what level of evidence is the department prepared to accept to approve current claims in the backlog?

Clearly, individual veterans and/or their advocates who are preparing disability applications must be cognizant of the department's position in relation to this important subject as to the sufficiency of evidence required for VAC approval.

In our judgment, the "approve and verify" philosophy we have espoused for many months is a crucial ingredient to the solution in this context.

Rather surprisingly, as part and parcel of our discussions, VAC has indicated through the briefing process that, ostensibly, "higher government authority" is required to implement this form of creative initiative.

With all due respect, we are somewhat mystified by this prerequisite for government authority, as it has been readily apparent that VAC has determined the overall question of sufficiency of evidence for many decades in adjudicating veterans' applications. In this context, the impact of the benefit of the doubt/presumptive provisions of veterans' legislation has been in place for many years. In our experience, this unique set of adjudicative principles gives the department great latitude to reach a constructive resolution in relation to policy amendments to address the present conundrum regarding wait times.

In summary, the VAC policy statement contains a number of positive steps to alleviate the backlog and the unacceptable wait-times relevant to veterans' disability claims. However, the scope and pace of these initiatives require a higher priority from the Government in order to establish a more immediate resolution for veterans and their families who are often facing severe financial insecurity during this COVID-19 crisis.

## **The Netherlands "Medal of Remembrance in Relation to the Liberation of Holland." Is Available to Veterans**

**The Netherlands 'Medal of Remembrance in Relation to the Liberation of Holland' is available to Veterans**

## **Cold War Veterans Lapel Pins**

<https://webmail.bell.net/appsuite/api/mail/COLD%20WAR%20VETERANS%20PINS%20Ltr.pdf?action=attachment&folder=default0%2FINBOX&id=110575&attachment=2&delivery=view>

## **Eligibility for Health Care Programs – Primary Caregiver**

Purpose

This policy provides direction on establishing Veterans Independence Program (VIP) eligibility for those individuals who are recognized as Primary Caregivers under the [Veterans Health Care Regulations \(VHCR\)](#).

# General

1. On September 1, 1990, Veterans Affairs Canada (VAC) was first authorized to provide VIP services to anyone other than a Veteran. At that time, the VHCR were amended to provide surviving spouses with a one-year continuation of housekeeping and/or grounds maintenance services that the Veteran was receiving at the time of death. This was done to give the surviving spouse an opportunity to make alternate arrangements after the Veteran's death.

2. On June 13, 2003, the VHCR were amended to enable all future survivors (i.e. a survivor of a Veteran who died on or after June 18, 2003, the date regulatory change came into effect), to continue receiving, for life, the housekeeping and/or grounds maintenance services that were in place at the time of the Veteran's death or admission into a [health care facility](#). Those whose spouses died before June 18, 2003, did not qualify for any lifetime continuation at that time. An additional amendment, made on December 3, 2003, allowed all survivors who had once received the one-year continuation of housekeeping and/or grounds maintenance services, to have those benefits reinstated and continued for life provided the need for the services continued. This change encompassed survivors of Veterans who died on or after September 1, 1990. Also on December 3, 2003, primary caregivers were first recognized in cases where there were no survivors.

3. Effective February 15, 2005, amendments were again made to the VHCR, this time to extend housekeeping and/or grounds maintenance services to primary caregivers, if the Veteran was in receipt of the services at the time of death or admission to a long-term care facility, regardless of the date of death or admission to a long-term care facility. Additionally, the reference to survivors was removed, and the term "primary caregiver" was interpreted to include survivors.

## Allied Veterans

4. Effective January 1, 2010, amendments to the VHCR provide eligible primary caregivers of certain [Allied Veterans](#) access to the housekeeping and/or grounds maintenance services of the VIP that the Veteran would have been "entitled to receive", if:

- 1.the Veteran satisfies the definition of an Allied Veteran as described in paragraph 37(4)(c.1) and (d.1) or subsection 37(4.1) or (4.2) of the [War Veterans Allowance Act \(WVA\)](#);
- 2.the Veteran is not grandfathered under the 1995 amendments to the WVA Act;
- 3.the Veteran died or began residing in a health care facility during the period beginning on October 14, 2008, and ending on December 31, 2009; and,
- 4.the primary caregiver applies to the Minister for the services no later than December 31, 2010.

On June 18, 2009, Royal Assent was given to Bill C-33, An Act to Amend the WVA Act, granting the changes necessary to reinstate benefits under the WVA Act to certain Allied Veterans of the Second World War, and to extend for the first time these same benefits to certain Allied Veterans of the Korean War. As the WVA Act serves as a “gateway” to other Veterans' benefits, amendments to the VHCR came into effect on January 1, 2010, to provide access to health care, the Veterans Independence Program and long-term care to income-qualified World War II Allied Veterans who have at least 10 years post-war Canadian residence and were not grandfathered under the 1995 amendments to the WVA Act. These same benefits are also available to income-qualified Allied Veterans of the Korean War who either satisfy a pre-war domicile connection to Canada or have at least 10 years post-war Canadian residence.

## Primary Caregiver Defined

**Under the VHCR, a “Primary Caregiver”, in relation to a client, means the adult person (18 years or older) who immediately before the client died or was admitted into a health care facility:**

- 1.was primarily responsible, without receiving a wage, for ensuring that care was provided to the client; and
- 2.for a continuous period of at least one year, resided in the principal residence of the client and maintained the client or was maintained by the client.

# Veterans Independence Program

A primary caregiver is entitled to [housekeeping](#) services and/or [maintenance of the grounds](#) that the client was receiving under the [Department of Veterans Affairs Act](#) at the time the client died or began residing in a health care facility, if:

- 1.the primary caregiver is assessed within one year after the earlier of the client's death or the client's admission into the health care facility or presents evidence relating to their health condition during that period on the basis of which an assessment can be made;
- 2.the assessment and all subsequent assessments indicate that the provision of the services are necessary for health reasons and to assist the primary caregiver to remain self-sufficient at their principal residence;
- 3.the primary caregiver is a resident of Canada; and
- 4.the services are not available to the primary caregiver as insured services under a provincial health care system or a private insurance policy.

## **Canada names new veterans watchdog**

<https://www.cbc.ca/news/politics/veterans-ombudsperson-jardine-1.5798606>

### **Nishika Jardine, a retired colonel, named as Canada's new Veterans Ombudsman on Remembrance Day**

Canada's new top veterans advocate is a woman.

Nishika Jardine, a retired colonel who spent 37 years in the military, was quietly named to the post of Veterans Ombudsman Wednesday by the Liberal government.

She replaces Craig Dalton, who abruptly resigned the position, earlier this year.

Veterans Minister Lawrence MacAulay made the announcement in a written statement following the conclusion of Remembrance Day commemoration events.

He said the "core responsibility of the Veterans Ombudsperson is to review complaints and issues related to programs and services delivered by Veterans Affairs Canada and to uphold the Veterans Bill of Rights."

Jardine, whose background was with the Corps of Royal Canadian Electrical & Mechanical Engineers (RCEME), will have her work cut out for her.



## IN THE NEWS

**The Netherlands 'Medal of Remembrance in Relation to the Liberation of Holland' is available to Veterans**

**La «Médaille du souvenir en relation avec la libération de la Hollande» des Pays-Bas est disponible pour les vétérans**

**RCAF flew over Bradford in honour of Sapper Brian Collier**

**Sapper Brian Collier honoured with memorial stone in Bradford**

**A tribute to Sherwood Park Sapper veteran Sergeant George Miok**

**Se souvenir de tous les vétérans, sans compromis !**

**Sapper Stock's mother opens up about son's death in Afghanistan**

**A soldier's story — local vet looks back on military career**

**Tiny village being built in Kingston to help homeless military veterans**

**Souvenons-nous des militaires dans les CHLSD du Québec**

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**Ottawa to host inaugural Valour Games in 2022**

**Se souvenir des vétérans autochtones**