

Meeting with Veterans Ombud

Location:	MS Teams initiated by OVO	Date / time:	21 August 2024 / 1:30 EST
Purpose:	To discuss systemic barriers facing veterans with cancer with a view to encouraging changes to current processes at Veterans Affairs Canada		
Participants:	Nishika Jardine, Veterans Ombud Randy Hladun, Director, Veterans with Cancer Inc. Don MacPhail, Director, Veterans with Cancer Inc. Jim Hutton, Director, Veterans with Cancer Inc.		
Agenda:	<ol style="list-style-type: none">1. Introductions ALL2. Overview of Systemic Barriers JIM3. Overview of Impact on Veterans RANDY4. Overview of Changes Required Don5. Questions and Discussion ALL6. Follow-up / Action Items ALL		

Introduction

First, on behalf of all veterans with cancer I would like to thank each of you for taking the time to meet with us today and listen to our concerns.

“Veterans with cancer” is an incorporated Not-for-Profit with a dual mission of increasing awareness among veterans who have cancer that their cancer may be service-related, and advocating for change to VAC processes, which unfairly treat veterans, with claims for their service-related cancer.

“Veterans with Cancer” had its beginnings with Randy’s frustration with “Doctors Letters” and the slow speed of the claims process. Randy’s cancer is terminal and in spite of eventually being “Red Zoned” his claim was in the system for 5 months. No veteran, with a service-related, terminal-cancer, should have to wait 5 months for a decision.

Now, we’ve provided you with some background material in the form of a Briefing Note and our paper on Systemic Barriers, so we are not going to waste your time by reviewing this material in detail - but rather we’re just going to highlight some of the key points.

1. We will start this afternoon with Randy who will provide you with an overview of his personal experiences.
2. I will follow with some background, and outline the Systemic Barriers.
3. Then we will open it up to questions which I’m sure will stimulate some discussion.
4. Following that, I will wrap it up by providing you with some key points that we want you to take away from this meeting.

Systemic Barriers

When members of the military are exposed to a hazardous chemical, that we now know to be carcinogenic, they were immediately injured at that time of exposure – no different than if they fallen from a ladder and permanently injured their back. However, the difference is that the injury from chemical exposure does not become apparent until many years later – it's a delayed injury.

Now, the system for assessing veteran's claims is designed for traditional physical injuries – like that fall from a ladder. As such, it presents barriers to veterans, who develop cancer, from their exposure to hazardous chemicals while in uniform.

The primary Barrier is VAC's insistence that veterans obtain a Doctor's Letter stating that their cancer is service related.

This is an almost impossible hurdle for most to overcome, given that few doctors have the necessary training and experience to determine the source of any cancer. As a result, claims are delayed in the system waiting for doctor's letters that rarely materialize.

We have had some veterans tell us that the Bureau of Pension Advocates has told them that they may not proceed to Review, if they don't produce a doctor's letter stating that their cancer is related to their service.

It's also important to recognize that in many cases veterans cancers are terminal and any cancer, whether it's been suppressed with treatment or removed with surgery, can become terminal down the road. This means that processing time for these claims is critical. Yet claims involving cancers are taking longer. We have one example where a claim took 25 months at VAC just to be denied. That veteran was told that claims involving cancer take longer because of the additional research required. This presents a process-delay for veterans with cancer that is not faced by other veterans.

Key Takeaways

1. First, Claims involving cancer are taking longer, but the process can be dramatically improved by recognizing their similarities. For example:
 - a. Most traditional physicals injuries are distinctly different from each other. On the other hand, many veterans' cancers are identical and result from the same exposure. Therefore, the process could be sped up by grouping veterans with the same cancer and exposure and treating them as a group as opposed to individuals.
 - b. As well, given that these cases can be very similar, and given that the Veterans Review and Appeal Board is a quasi-judicial body, judicial precedent should be applied for claims with identical cancers that resulted from identical exposures. This would further speed up the process.
2. The second take point that we would like you to walk away with is that Paragraph 50(g), of the Veterans Well-Being Regulation, has not always been applied as designed. Many decisions that we've reviewed keep the onus on the veteran to prove that their cancer was service related. However 50(g) clearly states that: veterans who were exposed to an environmental hazard, are presumed to have established that their injury is service-related - unless there is evidence to the contrary; and
3. The final and most important point that we would like you to take away is that Doctor's Letters present a nearly impossible barrier to veterans with cancer.