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Subject: Summary of This Morning's Discussions with VAC

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Summary of Discussions

Meeting with: Trudie MacKinnon

Director General Centralized Operations Division
Veterans Affairs Canada

October 10, 2024

I think that we have finally make a solid connection with VAC at a senior level. Trudie MacKinnon reports to the ADM and is responsible for all service delivery processes. It was a great, very congenial, conversation. My overall take-away is that she is in our corner and open to change. She was not the bureaucrat that I was expecting. She seemed sincere and open to making adjustments to the current process where she can. We spoke for nearly an hour and covered a number of topics. Overall, I found that she was very open and showed a sincere appreciation for the work we are doing. She did emphasis that some of the changes we are recommending will require legislative change. She committed to connecting us with the appropriate policy people to help us focus our efforts with the politicians. She spoke very highly of Brian Forbes and mentioned that he has had legislative successes in the past and that he can be instrumental in helping us get the legislative changes that we are seeking.

She ended by saying that I could contact her at anytime and that if there was a specific case that needed attention to bring it to her attention and she could help it through the system. I think we have to be very careful in not burning this bridge unnecessarily. Now that we've made a connection with VAC it's important to approach it with diplomatic-understanding and recognizing that we are pushing for change in a government organization that is not used to change. This opens the doors to working with her people and injecting ideas where and when appropriate.

An overview of the issues we discussed are below.

Jim

Doctors Letters – there has been miscommunication regarding the need for a doctor to state that the cancer is more likely than not service related. She clearly stated that there is no such requirement and committed to dispelling this notion with her staff.

Regulation 50(g) – acknowledged that they are now more cognizant of 50(g) and are making the presumption but cautioned that they can not make this automatic without legislative change. I think this is a direct result of our advocacy

Judicial Precent – she stated that they are now making comparisons when new claims come in such as Prostate Cancer from exposure to Carbon Tetrachloride which will fast-track new similar claims through the system. However, she mentioned that the current legislation requires them to treat each new claim individually.

Case Manager – she recognized the need to identify veterans with cancer as a special group and assign them case managers to help them through the system and said that she would make this happen.

Red-Zone – she identified the current requirements here and although she was sympathetic and understanding of the request, I didn't see a willingness to make a change.

Duty to Inform – she mentioned that their current database does not have fields for type of cancer or type of exposure so it's currently impossible to individually inform veterans of changes. However, she did acknowledge that her communication team needed to do a better job of informing veterans' groups of changes. I offered to post these communications on our website and she said she would pass this on to the communications team.

Research Studies – she indicated that they are not equipped to do this type of research since the current database has not been capturing the necessary data and that there have been many database changes in the past few years.