

The Waiting War

How Canada's Veterans Affairs
System Fails Those Who Served



Executive Summary

The Crisis in Numbers

Veterans Affairs Canada operates a disability claims system that systematically fails those who served. Despite legislative direction to provide veterans the benefit of the doubt, the evidence reveals a system designed to delay and deny:

- **91.5%** of assessment appeals result in increased awards
- **90%** of VAC decisions are overturned by the Veterans Review and Appeal Board
- Veterans wait **3-5 years** for resolution while VAC reports 40-week wait times
- Of 4,035 denied cancer claims over ten years, **3,483 veterans simply gave up**

The Cost of Dysfunction

This paper documents a veteran's four-year journey through the system with service-related prostate cancer—a straightforward case. Despite clear evidence and objective criteria, he faced:

- Claims rejected for trivial form omissions requiring seconds to resolve
- Demands for medical reports that don't exist
- Assessments ignoring the department's own Table of Disabilities
- Thirteen months of unnecessary delays
- A \$70 over-the-counter incontinence product claim denied, appealed and denied again

Review and Appeal Board Hearings costs are not insignificant when you consider legal fees and administrative overhead. The 91.5% reversal rate means the vast majority of these costs—**millions annually**—could be eliminated by getting decisions right initially.

The Systemic Failures

Communication Breakdown: Decision-makers hide behind anonymity, communicating only through forms. VRAB achieves 90% reversal rates simply by letting veterans speak. A 15-minute phone call could prevent most appeals.

Manipulated Metrics: VAC stops tracking each time a decision is made, concealing the true wait times that include appeals and reviews.

Disempowered Staff: Frontline employees enforce process compliance rather than apply critical thinking, creating absurd outcomes that cost thousands to rectify.

Capacity Collapse: VAC's caseload grew from 43,227 files (2022) to 80,256 today while staffing barely increased. The Auditor General flagged these problems in 2014 and 2022—conditions have only worsened.



Executive Summary (con't)

Five Essential Reforms

1. **Remove Physicians from Routine Assessments** – Train non-medical staff to complete straightforward assessments using objective criteria.
2. **Mandate Direct Veteran Contact** – Require one 15-minute recorded phone call before each decision.
3. **Report Actual Wait Times** – Measure total time in system, including all appeals and reviews.
4. **Empower Frontline Critical Thinking** – Authorize staff to solve simple problems without the need for escalation.
5. **Address Insurance-Mentality Decision-Makers** – The 91.5% reversal rate reveals systemic bias requiring immediate intervention.

The Moral Imperative

When Canadians join the Armed Forces, they accept **unlimited liability**—agreement to risk their lives for government missions. In return, Canada owes care and compensation for service-related injuries. This is not charity. This is **the price of the contract**.

The current system violates this covenant, treating those who bore the nation's risks as adversaries rather than citizens owed a debt of honour.

The Choice

These solutions are neither complex nor expensive. They require only institutional courage to prioritize veterans over process.

Recommendation: Establish an immediate task force to implement these reforms within 12 months, with quarterly progress reports to the Minister. The return on investment—in taxpayer savings and restored institutional integrity—will be substantial and immediate.

The question is whether Canada will honour those who served, or continue perfecting the machinery that wears them down until they disappear.

The Waiting War: How Canada's Veterans Affairs System Fails Those Who Served *When the Battle at Home Becomes Harder Than the One Overseas*

An Amazon.ca receipt was rejected because it lacked a physical street address.

Let that sink in. A Canadian veteran, awarded compensation for service-related prostate cancer that left him severely incontinent, submitted a claim for incontinence pads he purchased online. The claim took seconds to deny. The reason? A missing box on a form—a piece of bureaucratic trivia that any frontline employee with ten seconds of critical thinking could have resolved.

This is not an aberration. This is the system working exactly as designed.

My name is James Hutton. I served nearly 30 years in the Canadian Armed Forces and, like many others, was exposed to harmful chemicals early in my career—exposures that later led to prostate cancer. My story is not unique. It represents the experiences of thousands of Canadian veterans who have endured both serious health consequences and the relentless bureaucracy of Veterans Affairs Canada (VAC).

My cancer diagnosis came decades after my exposure to known carcinogens during military service. The tumor occupied 60% of my prostate. Surgery saved my life but left me with severe incontinence and complete erectile dysfunction. By all accounts, my case was straightforward—cancer causation is well-documented, my service record clear, my medical evidence comprehensive, and no family history of prostate cancer going back several generations.

It took 46 months for me to navigate the Veterans Affairs Canada system – nearly four years. Marie-Ève Doucet, a veteran who was CF-18 technician during her 20-year career, developed a rare brain tumor from chemical exposure, fought for the same length of time. Her story was documented in a Radio-Canada investigation by journalist [Marie-Isabelle Rochon](#), which aired November 14, 2025. Our cases are not outliers. They are the norm.

And here is the most damning fact: the system is designed this way.

The Machinery of Denial

The Veterans Well-Being Act contains unambiguous language: veterans shall receive the benefit of the doubt in disability claims. Yet the bureaucratic apparatus that has calcified over decades operates on the inverse principle. At every stage, the default is denial. The burden falls on those who accepted unlimited liability—who agreed to risk everything for their country—to prove, re-prove, and prove again that their injuries are real, service-related, and deserving of support.



Consider the second rejection I received. After my surgery severed part of my bladder sphincter to remove all cancer cells, I discovered an over-the-counter product that collects leakage in a discreet leg bag rather than absorbing it in pads. This simple device gave me back my life. My wife and I could walk trails again. I could venture beyond the radius of public washrooms. VAC had already approved my pad claims—the medical necessity was established, the service connection confirmed, the need ongoing.

The claim was denied. I needed a prescription from a doctor for an over-the-counter product.

I appealed this \$70 claim and was denied at the first level. I will continue through the appeal process in the hope that at some point, I will find a decision-maker capable of critical thinking and common sense. The bureaucratic cost of processing these appeals? Likely thousands of dollars. The human cost? Another reminder that the system views veterans as adversaries attempting fraud rather than citizens owed a debt.

The Assessment Phase: Where Objectivity Goes to Die

The most egregious dysfunction occurs in the Assessment Phase, which by design should be nearly automatic. After a veteran's entitlement is granted—after the government acknowledges that yes, this injury resulted from service—the assessment process simply matches the severity of the condition to carefully worded criteria in the Table of Disabilities. For incontinence requiring more than two pads per day, Chapter 16.2 dictates a rating of 13. This is not subjective. This is not complex.

In February 2025, Veterans with Cancer Inc. reviewed every assessment appeal completed by the Veterans Review and Appeal Board over a one-year period. The finding: 91.5% resulted in the original assessment being increased. This finding was published in a [letter to the Deputy Minister](#) dated April 28, 2025. In June, [CBC journalists Estelle Côté-Sroka and Matthew Kupfer](#) confirmed this research, finding that 90% of VAC decisions are overturned on review.

Read those numbers again. Nine out of ten times, when a veteran challenges VAC's assessment, the veteran wins. This is not a system making good-faith errors. This is systemic undervaluation.

The Doctor Who Demanded the Impossible

On September 12, 2024, my file reached a decision-maker I will call Dr. FD—a physician with an RCPSC Internal Medicine credential from 1974, practicing on a license restricted to administrative work. He acknowledged that incontinence and erectile dysfunction are *"likely conditions after radical robotic prostatectomy."* He had my detailed Quality of Life form. He had my urologist's confirmation of both conditions.

In spite of all of these documents, he wanted more information, but there was nothing more to give.

Specifically, Dr. FD requested *"post-operative Urology Reports."* I made an appointment with my urologist to obtain them. That's when I learned these reports don't exist outside hospital environments. There are no tests to measure degrees of incontinence or erectile dysfunction; urologists document what patients describe. All this information was already in my file.



Dr. FD, with his 50-year-old medical credential, knew this. Or should have known this. Yet he asked for documents he knew didn't exist, then wrote in his notes that the absence of these non-existent reports *"was not acceptable."* He criticized my urologist's faxed report—date and time stamp clearly visible—because the doctor hadn't handwritten a date next to his signature. He complained the report contained *"no mention of a physical examination."* He stated that my complications were *"mentioned but not adequately documented."*

My Quality of Life form detailed my conditions extensively. My urologist had confirmed everything. What more could possibly be documented about a patient's self-reported experience of incontinence and sexual dysfunction that requires no diagnostic testing?

On February 25, 2025, I received notice that my 5% assessment had been increased to 10%. No mention of why the assessment started at 5% when the Table of Disabilities specifies 13% for my incontinence condition alone. No mention of the relevant chapter used to determine the rating. Through Access to Information requests, I discovered Dr. FD intended this as another interim assessment. He wrote that he still required *"more detailed clinical information"* and *"the urology reports previously requested."* Clearly, Dr. FD still wanted more information. (a fact I only learned via ATIP)

Except that on February 7, 2025, one of Dr. FD's colleagues had written that the information already on file *"would be reasonable to proceed with the reassessment at this time."* In other words, even by VAC's own internal assessment, Dr. FD had sufficient information on September 12, 2024—the day he first reviewed my file to make an assessment.

This bureaucratic obstruction added 13 months to my wait time. Eventually, I requested a Veterans Review and Appeal Board (VRAB) hearing. The Bureau of Pensions Advocates assigned a lawyer to my case, and the VRAB Panel significantly increased my rating. Although I finally received a satisfactory result, there were unnecessary administrative costs, legal fees, and panel time.

The correct assessment, based on objective criteria in the Table of Disabilities, could have been rendered in September 2024 had Dr. FD taken the time for a 15-minute phone call to clear up his misunderstanding of urologist's reports.

The Human Cost of Bureaucratic Warfare

Between 2014 and 2024, journalist [Marie-Isabelle Rochon](#) reported that 5,888 cancer-related claims were submitted to VAC. Of these, 4,035 were denied. Of those denied, only 552 veterans requested a VRAB review.

What happened to the other 3,483?

They gave up. They walked away. Veterans who survived combat, training accidents, chemical exposure, and cancer were defeated by paperwork. They surrendered to a system that seemed designed to exhaust them into submission.



This is not incompetence. This is success, measured by the only metric that appears to matter: claims deflected.

The Auditor General's Verdict: A Decade of Failure

In 2014, the Auditor General of Canada painted a stark picture of systemic failure. In 2022, Auditor General Karen Hogan returned to the same investigation and found that nothing had improved. In fact, conditions had deteriorated.

First-time applicants for disability benefits waited nearly 10 months for decisions in 2021—more than double VAC's reported service standard of four months. But this statistic, damning as it appears, understates reality. The Auditor General discovered that VAC manipulates its own metrics, stopping the clock each time a decision is made rather than tracking total time in the system. This practice continues today. Political leaders cite wait times of 40 weeks, while veterans routinely wait three to five years for final resolution.

In 2022, VAC managed 43,227 files with 943 employees—many on temporary contracts. Today, the caseload has exploded to 80,256 files. Staffing levels have barely increased. The mathematics of collapse are simple.

The Concept Veterans Accepted: Unlimited Liability

When Canadians join the Armed Forces, they accept a principle that distinguishes military service from every other profession: Unlimited Liability. They agree that they may be required to risk their lives, or order subordinates to risk theirs, to accomplish government-assigned missions. This is the contract.

In return, the Government of Canada accepts a reciprocal obligation: to provide care and compensation to those injured or killed in service. Veterans Affairs Canada exists to fulfill this duty.

The current system violates this covenant. It substitutes an insurance mentality for a duty of care. It treats those who bore the nation's risks as claimants to be scrutinized rather than citizens to be served. It hides decision-makers behind curtains of anonymity—their names appear on no documents veterans receive, discoverable only through Access to Information requests. It communicates through forms and letters rather than conversations. It values process compliance over human judgment.

Most damningly, it consumes vast resources producing wrong answers that must be corrected on appeal, wasting both money and time while veterans age, sicken, and die waiting for recognition.

The Path Forward: Five Reforms That Could Transform the System

The solutions are neither complex nor expensive. They require only institutional will.

1. Remove Physicians from the Assessment Phase

The assessment process is designed to be objective—matching documented conditions to tables of criteria. Most assessments, like mine, could be efficiently completed by trained non-medical staff at



the CR-5 classification level. Doctors add cost, delay, and often overthink straightforward cases as Dr. FD did in my case. Reserve medical expertise for genuinely complex determinations.

2. Mandate Direct Veteran Contact

Require every decision-maker to conduct at least one 15-minute recorded phone call with the veteran before rendering a decision. This single reform would eliminate the majority of unnecessary appeals. The Veterans Review and Appeal Board achieves higher accuracy not because its panels are wiser, but because they speak with veterans. A phone call costs nothing. A VRAB review costs thousands of dollars.

3. End the "Stop the Clock" Deception

Measure and report the actual time veterans spend in the system, from initial application to final resolution, including all appeals and reviews. Transparent metrics will reveal the true scope of the crisis and create pressure for improvement.

4. Empower Frontline Critical Thinking

The incontinence pad receipt was rejected for lacking a street address. The over-the-counter product requiring a prescription. These absurdities persist because frontline staff are trained to enforce process rather than solve problems. Empower them to apply common sense. Most veteran claims are straightforward. Most problems are simple. Trust the people handling files to think.

5. Identify and Remove Insurance-Mentality Decision-Makers

Dr. FD is not unique. The 91.5% reversal rate on assessment appeals reveals systemic bias. Root out decision-makers who approach veterans as adversaries rather than claimants with legislated rights to the benefit of the doubt. Retrain those who can learn. Remove those who cannot.

The Financial Case for Reform

The current system is not saving money. It is hemorrhaging it.

Every unnecessary VRAB Hearing costs thousands of dollars. With thousands of reviews conducted annually, the waste runs into the millions of dollars. Meanwhile, the backlog grows, requiring more staff, more contractors, more administrators to manage dysfunction.

A modernized system—one that leverages basic communication technology, empowers frontline judgment, and gets decisions right the first time—would dramatically reduce both costs and wait times. The return on investment would be measured in years of veterans' lives returned to them and hundreds of millions of taxpayer dollars saved.

But the strongest financial argument is moral: we already owe this debt. The only question is whether we pay it with dignity or extract maximum suffering first.



Conclusion: A Choice

The Canadian Armed Forces ask their members to accept unlimited liability. In return, the nation promises care for those who fall. This is not charity. This is not a benefit to be granted grudgingly after exhaustive verification. This is the price of the contract, owed in full, owed with honour.

The current Veterans Affairs system fails this obligation systematically and by design. It can be fixed. The solutions exist. The only missing ingredient is the institutional courage to prioritize veterans over process, outcomes over optics, and the debt owed over the bureaucracy that has grown comfortable denying it.

My cancer was relatively simple compared to the neurological disorders, chronic pain, and mental health conditions that plague thousands of veterans. Yet even my straightforward case consumed four years and forced me through every level of bureaucratic resistance. Marie-Ève Doucet fought for four years. Thousands more are fighting now. Thousands more have given up.

This is not inevitable. This is a choice.

The question is whether Canada will choose to honour those who served, or continue to perfect the machinery that wears them down until they disappear.

The waiting war must end. Those who survived the first battle deserve better than to be defeated by the second.

This paper is submitted in the hope that those with the power to reform Veterans Affairs Canada will find the courage to do so. The veterans who accepted unlimited liability deserve nothing less than a system that treats them with the dignity and urgency their service earned.

About the Author

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Commander (Ret'd) James Hutton served in the Canadian Navy from 1968 to 1997, beginning as an electronics technician and commissioned from the ranks after demonstrating exceptional leadership. He holds a BSc from the Royal Military College and a master's degree in Applied Physics from the University of Victoria. During his 29-year career, he served on multiple HMC ships, including NATO deployments, led critical naval systems engineering and software policy initiatives, and oversaw west coast operations for the Navy's \$10B fleet renewal program. After military retirement, he continued public service in senior roles, introducing dispute resolution programs and serving as Vice-President Finance & Administration at Cambrian College. His four-year battle with Veterans Affairs Canada for service-related prostate cancer benefits revealed systemic failures documented in his research. Now retired in Owen Sound, he remains engaged in the community and currently mentors two GTA small businesses in their marketing and business development efforts.