

CANADA / JUDGMENT

Campbell v. Canada (Attorney General)

2026 FC 445

COURT

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Ottawa, Ontario, April 7, 2026

PRESENT: The Honourable Mr. Justice Régimbald

BETWEEN:

SHARI CAMPBELL

Applicant

and

ATTORNEY GENERAL OF CANADA

Respondent

JUDGMENT AND REASONS

I. Overview [1] The Applicant, Shari Campbell, is a retired member of the Canadian Armed Forces and suffers from various health issues for which she receives treatment benefits from Veterans Affairs Canada [VAC].

- [2] In October 2020, the Applicant's new psychologist recommended that she receive inpatient treatments at a multi-disciplinary clinic [MDC] to address her obesity-related health issues. This followed contrary advice from her previous long-term psychologist who rather recommended that she receive outpatient treatments for the same issues.
- [3] In June 2021, the Applicant was admitted to Bellwood Health and Services [Bellwood], a MDC in Toronto that offers inpatient treatment services to individuals who suffer from health issues including eating disorders.
- [4] In accordance with the Veterans Health Care Regulations (SOR/90-594) [VHCR] and VAC's internal and public policies, the Applicant — through her Case Manager — submitted a pre-authorization request to have access to VAC's Treatment Benefit Program, obtain payment of her plane tickets from Vancouver to Toronto, and defray the costs of her inpatient treatments. The Applicant's request was denied on the basis that she had not exhausted all local outpatient treatment options available to her [VAC Decision].
- [5] Despite VAC's decision refusing to fund her inpatient treatments, the Applicant travelled to Bellwood and received treatments, which she personally financed.
- [6] Upon her return, the Applicant appealed the VAC Decision to VAC's National First Level Appeals Unit [N1LA] and sought reimbursement of her expenses related to her inpatient treatments. The appeal was dismissed.
- [7] The Applicant subsequently appealed the N1LA decision to the National Second Level Appeals Unit [N2LA] of VAC. The N2LA dismissed the appeal and upheld the original VAC Decision.
- [8] The Applicant is now seeking judicial review of the N2LA decision, denying her request to receive reimbursement for her plane tickets and inpatient treatment expenses.
- [9] For the reasons that follow, the application for judicial review is dismissed.

II. Background Facts [10] The Applicant is a former member of the Canadian Armed Forces who suffers from multiple medical conditions including morbid obesity and adjustment disorder with mixed anxiety and depressed mood, for which she qualifies to receive treatment benefits under the VHCR.

- [11] In September 2019, the Applicant expressed her desire to pursue inpatient residential weight loss treatments to address her weight-related health issues. However, health care providers and the Applicant's long-term psychologist were of the opinion that inpatient treatment services were not appropriate for the Applicant. Instead, they recommended that the Applicant pursue outpatient treatments locally and referred her to an eating-disorder specialist in Vancouver (Certified Tribunal Record [CTR] at pp 54, 173, 238, 243).
- [12] In October 2020, the Applicant was assigned a new psychologist who recommended that the Applicant receive inpatient treatment at a MDC to address her eating disorder and associated weight-related health issues.
- [13] Pursuant to this recommendation, VAC began the Request Business Process which requires VAC to assess whether a veteran's request to receive inpatient services at a MDC should be authorized. As a prerequisite, the Applicant was required to be admitted into a program offered by a MDC.
- [14] The Applicant initially applied to a MDC on Vancouver Island, which rejected her application. The Applicant subsequently applied to a Mood and Anxiety inpatient treatment program at Bellwood, a MDC in Toronto, where she was admitted on June 24, 2021.
- [15] On that same day, the Applicant sought authorization from VAC under its Treatment Benefit Program to defray the costs of her inpatient treatments at Bellwood.
- [16] In compliance with the Request Business Process and following the Applicant's admission at Bellwood, the Applicant's VAC Case Manager requested to consult an Interdisciplinary Team [IDT] to determine the Applicant's eligibility for inpatient treatment under the Treatment Benefit Program.
- [17] Before the IDT consultation, on June 29, 2021, the Applicant was advised by a VAC team manager to refrain from purchasing any plane tickets until after the IDT approved funding for her treatments at Bellwood (CTR at p 242).
- [18] On July 8, 2021, the IDT, which consisted of a Senior District Medical Officer, a Regional Mental Health Officer, and a Field Nursing Service Officer, unanimously advised the Applicant's VAC Case Manager that the funding for the Applicant's inpatient treatments was not authorized. This VAC Decision was later subject to appeal before the N1LA and N2LA, and is ultimately impugned on this judicial review.
- [19] VAC found that while the Applicant's new psychologist recommended inpatient treatments, her previous psychologist did not recommend them. Moreover, VAC concluded that the Applicant was required to follow through on previous recommendations such as "being assessed by an eating disorder specialist in Vancouver and participate in an exercise program locally" and exhaust all local outpatient treatment recommendations before seeking inpatient treatments. The eating disorder specialist referenced in the VAC Decision is the same specialist recommended to the Applicant in September 2019 and discussed above (CTR at pp 54, 158, 173, 243-244).

- [20] In a letter dated August 23, 2021, VAC provided written reasons for its July 8, 2021, VAC Decision. VAC noted that “VAC is not able to consider inpatient treatment at this time until interventions in the community are exhausted. An Interdisciplinary Team (IDT) was held July 8, 2021, stating that inpatient treatment may be considered if recommended by a treating a [sic] psychiatrist, seeing [the eating disorder specialist] In [sic] Vancouver or a similar specialist (obesity specialist), attending a dietician and participating in structured exercise. Your motivation in interventions is paramount and an inpatient program may be considered once all outpatient recommendations have been exhausted” (CTR at pp 158-159, 247).
- [21] At the time of the VAC Decision, VAC did not have any information as to whether the Applicant had consulted the eating disorder specialist from Vancouver, or not. However, VAC was informed that the Applicant’s family doctor had referred her to the eating disorder specialist in Vancouver mentioned above and that she was on a waitlist (CTR at p 173, 238).
- [22] Following the July 8, 2021, VAC Decision and prior to receiving the August 23, 2021, VAC written reasons by letter, the Applicant informed a VAC team manager, on July 12, 2021, that she purchased her plane tickets to undergo treatment at Bellwood despite the VAC Decision refusing to authorize funding. The Applicant was reminded that the cost of the flight would not be reimbursed by VAC as she had not received pre-authorization. She was also advised to follow the appeal process to overturn the decision denying her funding for inpatient treatment at Bellwood (CTR at pp 182, 245).
- [23] Although she had been advised otherwise, the Applicant decided to undergo inpatient treatments at Bellwood at her own expense.
- [24] The Applicant was admitted at Bellwood on July 19, 2021, and discharged on August 12, 2021.
- [25] On October 12, 2021, the Applicant appealed the VAC Decision rendered on July 8, 2021, before VAC’s N1LA, requesting the reimbursement of \$ 45,949.71 for her inpatient treatments at Bellwood and plane tickets. In her written representations, the Applicant stated that she had utilized various outpatient resources to help her with her eating disorder, including seeing an eating disorder counsellor, a dietician, swimming and doing yoga (CTR at p 69). However, she made no mention of consulting the eating disorder specialist from Vancouver, as recommended in September 2019 and noted in the VAC Decision.
- [26] On December 14, 2021, the N1LA dismissed the Applicant’s claim for reimbursement and confirmed the VAC Decision refusing to authorize funding for the Applicant’s inpatient treatments at Bellwood. The N1LA ruled that “[t]he IDT determined that accessing the community based outpatient recommendations that had been given to you are necessary prior to considering an inpatient program again. As you chose to purchase your travel and attend the inpatient treatment facility prior to receiving authorization from VAC, we cannot approve reimbursement for both the travel and inpatient costs” (CTR at pp 191-192). The N1LA’s decision relied on the Applicant’s complete file and submissions, within the National First Level Review Unit Docket (CTR at pp 170-187).

[27] On April 1, 2022, the Applicant appealed the N1LA's decision before VAC's N2LA. She again stated that she did access outpatient resources including different types of counselling such as a dietician, eating disorder counsellor, a psychologist, and went swimming. With respect to the eating disorder specialist that was recommended to her in Vancouver, she indicated that she was required to obtain a referral from her family physician in order to consult that specialist (CTR at pp 198-202). The Applicant introduced into evidence (and for the first time) a letter, dated October 7, 2020, from that eating disorder specialist in Vancouver (CTR at p 196).

[28] On July 6, 2022, the N2LA dismissed the appeal, relying on the Applicant's file and submissions, contained in the National Second Level Appeals Unit Appeal Officer Worksheet (CTR at pp 237-260). The N2LA made the following conclusions:

According to VAC policy, when determining whether a particular benefit or service is for a disability benefits entitled condition, the following guiding principles shall be considered:

- a. the requested treatment should be expected to produce a positive treatment outcome for the entitled condition; or
- b. the requested treatment addresses, or is reasonably expected to address, symptoms and/or effects that are caused in whole or in part by the entitled condition.

[...]

Access to multidisciplinary clinics under VAC's Treatment Benefit Program requires pre-authorization. Failure to receive pre-authorization could leave a veteran financially liable for costs associated with the treatment.

[...]

I have reviewed and considered the information available in your file. I recognize that your psychologist [...] recommended in her Psychologist Report, dated 5 April 2021, that you attend a Residential Treatment Facility for the treatment of Depression, Anxiety, PTSD, Obesity and Hoarding. The Department's Interdisciplinary Team (IDT) which consists of VAC program and health specialists; held a meeting on July 8, 2021, to consider your request and the information in your file, including reports from [the Applicant's psychologist]. It was determined that other options were available closer to your community such as seeing [the eating disorder specialist] in Vancouver or similar specialists (obesity specialist), attending a dietician and participating in structured exercise. VAC considers other potential interventions such as outpatient/community interventions before approving an inpatient treatment centre. Further, you purchased travel and attended the inpatient treatment facility without receiving pre-authorization from VAC. Therefore, based on the available information, I am confirming the previous decision dated 14 December 2021 and unable to approve reimbursement for the cost associated with your inpatient treatment at Bellwood.

III. Issues and Standard of Review [29] The sole issue in this case is whether the N2LA's decision is reasonable.

[30] The applicable standard of review is reasonableness (Canada (Minister of Citizenship and Immigration) v Vavilov, 2019 SCC 65 at paras 10, 25 [Vavilov]; Mason v Canada (Citizenship and Immigration), 2023 SCC 21 at paras 7, 39–44 [Mason]). To avoid judicial intervention, the decision must bear the hallmarks of reasonableness — justification, transparency and intelligibility (Vavilov at para 99; Mason at para 59). The decision must be read holistically and contextually, in light of the evidence, the submissions and the context in which it was rendered (Pepa v Canada (Citizenship and Immigration), 2025 SCC 21 at para 47 [Pepa]; Vavilov at paras 94, 97). A decision may be unreasonable if the decision maker misapprehended the legal constraints of the evidence before it (Vavilov at paras 99, 101, 105, 108, 111, 125-128; Mason at para 73). However, the reviewing Court must refrain from “reweighing and reassessing the evidence considered by the decision maker” (Vavilov at para 125). In determining reasonableness, the reviewing Court must not create its “own yardstick” and use it to measure what the decision maker did (Pepa at para 48; Vavilov at para 83, and Canada Post Corp. v Canadian Union of Postal Workers, 2019 SCC 67 at para 40). Reasonableness review is not a “rubber-stamping” exercise, it is a robust form of review (Vavilov at para 13; Mason at para 63). The party challenging the decision bears the onus of demonstrating that the decision is unreasonable (Vavilov at para 100). Any alleged flaws must be “sufficiently central or significant to render the decision unreasonable” or cause the “reviewing court to lose confidence in the outcome reached” (Vavilov at paras 100, 106; Pepa at para 49).

IV. Analysis A. The legislative framework and process to obtain treatment [31] Part 1 of the VHCR establishes the conditions under which VAC can offer coverage to veterans for various healthcare services and benefits. Section 3 of the VHCR identify who is eligible for treatment benefits. Section 4 of the VHCR describes the available treatments. Section 5 of the VHCR provides the rates payable by VAC for treatments. Section 6 of the VHCR provides that the costs of travel to access treatments is also payable by VAC. Those sections provide:

Treatment Benefits

3 (1) The following clients are eligible to receive treatment benefits in Canada or elsewhere in respect of a pensioned condition:

- (a) a veteran pensioner;
- (b) a civilian pensioner;
- (c) a Red Cross pensioner; and
- (d) a flying accident pensioner.

[...]

4 Treatment benefits consist of the following:

- (a) any medical, surgical or dental examination or treatment provided by a health professional;
- (b) the provision of any surgical or prosthetic device or any aid approved by the Minister, the maintenance of the device or aid and any home adaptation that is necessary to accommodate or facilitate its use;
- (c) preventive health care approved by the Minister; and
- (d) pharmaceuticals prescribed by a physician, dentist or other person authorized to prescribe pharmaceuticals under the laws in force in the province or the country where the pharmaceuticals are provided.

5 (1) Where treatment benefits are provided in Canada, the rate at which the treatment benefits and any administrative costs related thereto are payable is

- (a) where the treatment benefits are fully insured health services of the province in which they are provided, the rate established by the province for those services and costs;
 - (b) where the treatment benefits are not fully insured health services of the province in which they are provided and, in respect of that province, an association of health professionals has adopted a fee schedule for treatment benefits and costs, the rate that is approved by the Minister and that is based on that fee schedule; and
 - (c) in any other case, the rate normally paid for those treatment benefits and costs in the community in which the treatment benefits are provided.
- (2) Where treatment benefits are provided in a country other than Canada, the rate at which the treatment benefits and any administrative costs related thereto are payable is
- (a) the rate established for former members of the armed forces of that country for those treatment benefits and costs; or
 - (b) where no rate referred to in paragraph (a) is established, the lesser of the rate that would be payable to the client under subsection (1) if the client were resident in Ottawa, Ontario and the actual rate paid by the client for the treatment benefits and costs.

Supplementary Benefits

6 A client who receives treatment benefits referred to in paragraph 4(a) or (b) under section 3 and a client referred to in paragraph 3(3)(a) or any of subsections 3(4) to (7) who receives those benefits as an insured service under a provincial health care system are eligible to receive supplementary benefits as follows:

- (a) the costs of travel incurred by the client who travels to receive those treatment benefits;
- (b) where the client's health needs are such that the client needs to be accompanied by an escort on travel referred to in paragraph (a), the costs of travel incurred by that escort; and

- (c) the remuneration of an escort referred to in paragraph (b), where that escort is not the spouse or common-law partner or a dependant of the client or any other member of the client's household.

Avantages médicaux

3 (1) Les clients ci-après sont admissibles à des avantages médicaux au Canada ou ailleurs, à l'égard d'un état indemnisé :

- a) l'ancien combattant pensionné;
- b) le pensionné civil;
- c) le pensionné de la Croix-Rouge;
- d) le pensionné à la suite d'un accident d'aviation.

[...]

4 Les avantages médicaux sont constitués de ce qui suit :

- a) tout examen médical, chirurgical ou dentaire ou tout traitement fourni par le professionnel de la santé;
- b) la fourniture de tout instrument chirurgical ou de toute prothèse, ou de toute aide approuvée par le ministre, l'entretien de la prothèse ou de l'aide et toute adaptation du domicile qui en permet ou en facilite l'utilisation;
- c) les soins préventifs approuvés par le ministre;
- d) tout médicament prescrit par un médecin, un dentiste ou toute autre personne habilitée à prescrire des médicaments en vertu des lois en vigueur dans la province ou le pays où le médicament est fourni.

5 (1) Lorsque les avantages médicaux sont fournis au Canada, leur coût et les frais administratifs connexes sont payables de la façon suivante :

- a) lorsque ces avantages médicaux constituent des services de santé entièrement assurés par la province dans laquelle ils sont fournis, au taux établi par la province pour ces services et ces frais;
- b) lorsque ces avantages médicaux ne constituent pas des services de santé entièrement assurés par la province dans laquelle ils sont fournis et qu'à l'égard de cette province une association de professionnels de la santé a adopté un barème d'avantages médicaux et de frais, au taux approuvé par le ministre et fondé sur ce barème;
- c) dans tous les autres cas, au taux habituellement payé pour ces avantages médicaux et ces frais dans la localité où sont fournis ces avantages.

- (2) Lorsque les avantages médicaux sont fournis dans un pays autre que le Canada, leur coût et les frais administratifs connexes sont payables de la façon suivante :
- a) au taux établi pour l'ancien membre des forces armées du pays relativement à ces avantages médicaux et à ces frais;
 - b) à défaut du taux visé à l'alinéa a), au moindre du taux qui serait payable au client aux termes du paragraphe (1) si celui-ci résidait à Ottawa (Ontario) et du taux réel que paie le client pour les avantages médicaux et les frais.

Avantages supplémentaires

6 Le client qui reçoit les avantages médicaux visés aux alinéas 4a) ou b) en vertu de l'article 3 et le client visé à l'alinéa 3(3)a) ou à l'un des paragraphes 3(4) à (7) qui reçoit les mêmes avantages médicaux au titre de services assurés dans le cadre du régime d'assurance-maladie d'une province sont admissibles aux avantages supplémentaires suivants :

- a) les frais de déplacement engagés par lui lorsqu'il se déplace pour obtenir ces avantages médicaux;
- b) lorsque ses besoins de santé sont tels qu'il a besoin d'un accompagnateur pendant les déplacements visés à l'alinéa a), les frais de déplacement engagés par ce dernier;
- c) la rémunération versée à l'accompagnateur visé à l'alinéa b), si ce dernier n'est ni l'époux ou le conjoint de fait du client, ni une personne à sa charge, ni quelque autre personne vivant avec lui.

[32] VAC has a "Hospital Services (POC 05)" policy designed to provide direction on the approval of health care treatments provided within hospitals and other health care facilities to veterans (CTR at pp 14-16). That policy states that eligible veterans may access outpatient or inpatient services at a MDC that provide several specialized fields of expertise.

[33] A VAC document entitled "How to Process Requests for Treatment/Intervention at Outpatient and Inpatient Multi-Disciplinary Clinics" [Request Business Process] states that pre-approval by VAC is necessary for eligible veterans to access services at a MDC (CTR at pp 23-28).

[34] Finally, VAC's "Health-related Travel" policy provides direction on the payment or reimbursement of travel costs incurred by eligible veterans to obtain certain treatment benefits. Travel expenses require pre-authorization by VAC and the policy specifically notes that "all air travel should be pre-authorized by Veterans Affairs Canada" (CTR at pp 5-12).

B. The N2LA's decision is reasonable [35] The Applicant argues that the N2LA's decision is unreasonable due to the harsh consequences it will have on her. The Applicant alleges that she is "now of limited means as a pensioner, and suffers from chronic pain, a loss of social contact, and the prospect of being unable of independent living". The Applicant states that delaying the reimbursement has aggravated her condition, precluding her from paying for an upcoming and required knee surgery.

[36] The Applicant submits that the N2LA decision is unreasonable for the following four reasons:

Denying the reimbursement on the basis that she had already utilized the services of this inpatient program and that she already benefited from VAC's Treatment Benefit Program for other health issues is unreasonable because it is not only factually incorrect but also does not constitute a reasonable basis upon which to deny access to an available resource she needed to receive.

The N2LA unreasonably suggested that she did not need the inpatient treatment because she already registered for a bariatric surgery. She argues that she was required to lose weight to undergo the bariatric surgery.

The decision maker concluded that she had not been diligent and did not exhaust all of the outpatient services. However, she submitted an affidavit where she enumerated all the resources she was accessing, which included but were not limited to trauma counsellors, dieticians, swimming for exercise, psychological counselling on an outpatient basis. She argues that denying her the reimbursement on this basis is simply "an excuse for a Case Manager to deny coverage, there is no end to being able to say "[w]ell, she could do more.""

The N2LA erred in stating that she did not consult the outpatient obesity specialist that was recommended to her by VAC. She contacted her general practitioner who contacted the outpatient specialist. However, the outpatient specialist's response letter was not forwarded for a year, and once it forwarded, her case manager had not seen it. After waiting for a response for various months, she concluded that there would be another waiting period until she could get an appointment and that would be on an outpatient basis only. She was also recommended to consult another specialist; however, they did not take new patients and did not have a waiting list.

[37] The Applicant's submissions cannot be sustained.

[38] As indicated in VAC's Request Business Process, the Applicant's Case Manager was responsible for assessing her particular needs and gathering information and evidence. They were also required to consult health professionals, which could include an IDT, in order to assess the appropriateness of the inpatient treatment requested by the Applicant. The Applicant's Case Manager followed the Request Business Process by consulting the IDT, who unanimously concluded that other appropriate outpatient treatments, such as the recommended eating disorder specialist in Vancouver, remained available to the Applicant. The VAC's conclusion that the Applicant was required to exhaust the remaining local

outpatient treatments such as the eating disorder specialist recommended to her in September 2019 is a finding that is reasonable on the evidence adduced. It is compliant with VAC's policies, and lies within VAC's institutional expertise.

- [39] Furthermore, contrary to the Applicant's first submission, the N2LA did not deny reimbursement because the Applicant had already completed the same inpatient program or was already using VAC's Treatment Benefit Program for other medical treatments. That issue is nowhere to be found in the VAC reasons issued on August 23, 2021 (CTR at pp 158-159). A statement in relation to the Applicant's attendance at different MDC programs was rather made during the IDT meeting of July 8, 2021, and was made in a different context where all of the Applicant's attendance at different MDC programs were noted, for all of her conditions (CTR at pp 55, 178, 243-244). The fact that the Applicant attended other MDC programs had no impact on the ultimate VAC Decision. In any event, that issue is not part of the N2LA's decision.
- [40] Rather, the N2LA reasonably concluded that VAC could refuse to reimburse the Applicant because she decided to go to Bellwood despite being informed beforehand that any costs incurred without VAC's pre-authorization would not be reimbursed and that other potential interventions such as outpatient/community treatments would need to be explored, such as the eating disorder specialist in Vancouver or similar specialists (obesity specialist), before an inpatient treatment centre would be approved.
- [41] On the second issue raised, on the Applicant's registration for bariatric surgery, the N2LA's decision does not address nor invoke that issue at all in concluding that the Applicant's expenses for inpatient treatment could not be reimbursed, for the reasons noted above.
- [42] The last two issues raised by the Applicant are intertwined and relate to her access to outpatient community services and her consultation with the eating disorder specialist in Vancouver, as recommended in September 2019.
- [43] On the Applicant's argument that she did yoga, went swimming and accessed numerous resources such as a trauma counsellor, a psychologist and a dietician, the CTR — when considered in its entirety — demonstrates that the N2LA did not deny the Applicant's appeal because she did not access any resources. The Applicant's appeal was denied because "other options were available closer to your community such as [the eating disorder specialist] in Vancouver or similar specialists (obesity specialist) [...]". The N2LA went on to state that "VAC considers other potential interventions such as outpatient/community interventions before approving an inpatient treatment center" (CTR at p 235). In other words, VAC insists that all local outpatient/community interventions should be exhausted before approving an inpatient treatment center outside of the community, because of the cost implication (CTR at pp 234-235). In this case, VAC had recommended that the Applicant consult a specific type of resource as an outpatient (an eating disorder specialist); however, there was still no evidence that this type of local specialist had been consulted by the Applicant.

- [44] On the eating disorder specialist from Vancouver that was recommended to her in September 2019, the Applicant submits that the N2LA's finding that she failed to consult that specialist is unreasonable. The Applicant found and filed a letter of the specialist in question, dated October 7, 2020. The Applicant argues that she had therefore consulted this specific eating disorder specialist, unbeknownst to VAC when it rendered the VAC Decision on July 8, 2021 (CTR at p 196). Therefore, the VAC Decision is factually wrong, and the Applicant should be reimbursed for her expenses.
- [45] I disagree. The content of the eating disorder specialist's letter demonstrates that the N2LA's conclusion is reasonable. First, the Applicant was told to consult a specific eating disorder specialist in Vancouver in September 2019 (CTR at pp 54, 173, 238, 243). At the time that the VAC Decision was rendered on July 8, 2021, no evidence had been submitted to VAC indicating that the Applicant had indeed consulted this particular eating disorder specialist (or other similar specialists). While VAC was aware that the Applicant's family physician had made the referral and that she was placed on a waiting list, this does not prove that all local outpatient resources were exhausted by the Applicant by the time the VAC Decision was made (CTR at p 173, 238).
- [46] Second, and contrary to the Applicant's submissions, the eating disorder specialist's letter does not indicate that she consulted them, as recommended by VAC. Rather, the letter clearly states that when the Applicant was eventually able to interact with the eating disorder specialist, she sought to obtain an obesity diagnosis in order to be referred to a MDC where she would be able to receive inpatient treatment. The letter then states that the Applicant "wants inpatient treatment", which the eating disorder specialist from Vancouver did not offer. The letter also provided the name of another local eating disorder specialist in Duncan, British Columbia (CTR at pp 196-197).
- [47] Consequently, the letter does not support the Applicant's argument that she had consulted and pursued an outpatient treatment with an eating disorder specialist as recommended in September 2019, and that her expenses should therefore be reimbursed. Rather, the letter demonstrates that the Applicant only wished to pursue inpatient treatments. The letter also does not dispute the N2LA's conclusion that "[i]t was determined that other options were available closer to your community such as seeing [the eating disorder specialist in Vancouver] or similar specialists (obesity specialist), attending a dietician and participating in structured exercise. VAC considers other potential interventions such as outpatient/ community interventions before approving an inpatient treatment centre" (CTR at p 235).
- [48] The CTR, when considered in its entirety, illustrates that the Applicant was unwilling to pursue outpatient treatments and likely preferred inpatient treatments because she believed that the latter would more effectively address her eating disorder. Statements such as "[she is] insisting [that] she needs to go to inpatient for weight loss. She has an appointment next week with a dietician, however, she doesn't think she needs to see her as she 'knows what to eat'. She is saying she needs to know WHY she overeats (and in her opinion only an inpatient treatment centre can address that)" (CTR p 238), indicate that the Applicant had

already concluded that any additional outpatient treatment would be inefficient and was focussed solely on attending an inpatient treatment facility.

- [49] As previously mentioned, the letter from the eating disorder specialist from Vancouver demonstrates that the Applicant did not consult this specialist as an outpatient. The fact that the Applicant was on a waiting list is also not persuasive. There is no evidence that the Applicant actually tried to obtain services from a different eating disorder specialist, if the ones suggested had a too long waiting list. The eating disorder specialist's letter thus supports the N2LA's conclusion that the Applicant failed to exhaust all outpatient treatment options available. On that basis, the N2LA's decision to deny the reimbursement of the expenses incurred for Bellwood is reasonable.
- [50] Finally, during her oral representations, the Applicant argued that given the potentially harsh consequences of this decision on her health, the N2LA was required to explain why its decision to uphold the VAC Decision best reflected the intention of the Parliament (Vavilov at paras 133-134). In her view, the N2LA failed to provide such justification, rendering the decision unreasonable.
- [51] First, it is important to note that the N2LA's reasons for the decision include the N2LA National Second Level Appeals Unit Appeal Officer Worksheet; and not only the decision letter (*Braithwaite v Canada (Attorney General)*, 2024 FC 777 at para 40). While the decision letter dated July 6, 2022, is two pages long (CTR at p 234), the N2LA National Second Level Appeals Unit Appeal Officer Worksheet is about 24 pages (CTR at pp 237-261).
- [52] Second, while I understand the Applicant's position, even if the decision can result in harsh consequences, the evidence demonstrates that VAC pre-emptively notified the Applicant to refrain from purchasing plane tickets or attend Bellwood until authorization was granted because otherwise the costs would not be payable by VAC (CTR at pp 242, 245). It is also relevant that the VAC Decision rested on the Applicant not exhausting all outpatient treatments available to her such as consulting an eating disorder specialist. Ultimately, the N2LA's decision addresses these two issues: 1) the Applicant not seeking treatments from an eating disorder specialist as recommended; and 2) the Applicant purchasing plane tickets and attending Bellwood despite being explicitly informed that she was required to obtain VAC's approval beforehand (CTR at p 235). There remains no evidence that the Applicant made other serious attempts to consult an eating disorder specialist as an outpatient.
- [53] In the end, the N2LA's reasons, including the N2LA National Second Level Appeals Unit Appeal Officer Worksheet, properly inform the Applicant as to why her expenses cannot be reimbursed and properly address her submissions. At all times VAC notified the Applicant of the case she needed to meet to be able to obtain payment of her expenses for inpatient treatments at Bellwood : 1) the requirement to consult an eating disorder specialist or similar specialists (obesity specialist) as an outpatient before approving an inpatient treatment center; 2) to not purchase plane tickets or attend Bellwood before being pre-approved for the expenses.

[54] The Applicant decided to ignore VAC's clear advice and took the matter into her own hands. While the Applicant had every right to attend inpatient treatments at Bellwood if that was her decision, she could not impose the costs of that decision on VAC and circumvent the Request Business Process necessary to obtain pre-authorization and then reimbursement.

[55] As a result, the N2LA's decision is reasonable. The reasons are justifiable, intelligible, coherent and consistent with the applicable factual and legal constraints, including applicable VAC policies and Request Business Process.

[56] It is also important to note that while the N2LA's decision is reasonable, VAC has notified the Applicant that "once all outpatient recommendations have been exhausted", an inpatient program may be considered (CTR at pp 158-159). To the extent that the Applicant does consult the eating disorder specialist from Vancouver, or a similar specialist (obesity specialist), and she continues to suffer, she may then seek approval for another round of inpatient treatment.

C. Evidentiary issues [57] The Applicant submitted evidence on judicial review, including on a motion before the hearing to adduce new evidence, that was not before the N2LA. This Court has long established that evidence that pertains to the merit of the case and was not before the decision maker is inadmissible on judicial review. None of the exceptions to that rule has been established in this case and, in relation to many documents, they post-date the decision (*Association of Universities & Colleges of Canada v Canadian Copyright Licensing Agency*, 2012 FCA 22 at paras 19-20).

[58] In any event, I have reviewed these documents and their admission into evidence would not have had any impact on the reasonableness of the N2LA's decision. None of the documents are relevant or demonstrate that the N2LA's decision upholding previous VAC decisions to deny the Applicant the reimbursement of her expenses is unreasonable. The new evidence adduced on the motion is presented to establish that the Applicant indeed required medical treatments, as predicted in the materials presented to VAC. However, while that may be the case, in my view, that evidence is not relevant to the VAC Decision refusing to finance her inpatient treatment at Bellwood for the reasons that the N2LA explained. The motion to adduce new evidence is therefore dismissed.

V. Conclusion [59] While I sympathize with the Applicant, the N2LA's decision in this case is reasonable and in compliance with its factual and legal constraints. The application for judicial review is therefore dismissed.

[60] The Respondent has not sought any costs and none are granted.

JUDGMENT in T-687-24

THIS COURT'S JUDGMENT is that:

This application for judicial review is dismissed, without costs.

"Guy Régimbald"

Judge

FEDERAL COURT

SOLICITORS OF RECORD

DOCKET:

T-687-24

STYLE OF CAUSE:

SHARI CAMPBELL v ATTORNEY GENERAL OF CANADA

PLACE OF HEARING:

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DATE OF HEARING:

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JUDGMENT AND REASONS:

RÉGIMBALD J.

DATED:

APRIL 7, 2026

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