



House of Commons  
CANADA

## **Standing Committee on Veterans Affairs**

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ACVA • NUMBER 021 • 1st SESSION • 39th PARLIAMENT

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**EVIDENCE**

**Monday, December 11, 2006**

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**Chair**

**Mr. Rob Anders**

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## Standing Committee on Veterans Affairs

Monday, December 11, 2006

• (1530)

[English]

**The Chair (Mr. Rob Anders (Calgary West, CPC)):** We're off to another start of our veterans affairs committee. We are now beginning our investigation of the bill of rights. We just completed our witness testimony and what not, with regard to the—

[Translation]

**Mr. Gilles-A. Perron (Rivière-des-Mille-Îles, BQ):** I am sorry, Mr. Chairman, if I spoil the party but we are a parliamentary committee made up of elected MPs.

I'm sorry, Mr. Dallaire, but according to our rules you can't sit at this table, even if you're a Senator, because this isn't a joint committee.

**Hon. Roméo Dallaire (As an Individual):** According to the rules that we've looked at, I'm entitled to sit at the table but not to ask questions. I don't have the right to participate but I have the right to sit.

[English]

**The Chair:** I don't think we're even allowed to turn on the microphone yet for Mr. Dallaire, because he's not actually a member of the committee.

I'd just like to inform the committee how I'd like to proceed on these matters. We do have some witnesses here before us today, and I'd like to hear what they have to say for 10 or 20 minutes. Then, after that, as per usual, we'll have members of the committee ask questions. If somebody wants to raise some points at that time, they can, but until that time I'd like to proceed as we normally do.

[Translation]

**Mr. Gilles-A. Perron:** No.

We have to clarify this matter before starting the meeting. This is a point of order. I'm stating that Mr. Dallaire can't sit at the table.

[English]

**The Chair:** I think he does have the right to attend the committee meeting—

**Mr. Gilles-A. Perron:** It is not to “think”; it's to be sure or not.

**The Chair:** Monsieur Perron, I'm about to get to this issue.

He can attend the committee meeting if he likes. Whether or not he sits at the table potentially is a debatable matter. The way I would like to proceed with this is that if we have any questions from committee members, then we would entertain all the questions from committee members. At the point where we have extinguished all

questions from committee members, if Mr. Dallaire would like to ask questions and we still have time, I'm not opposed to that. I would in the future, because I'm a chivalrous fellow, appreciate that I'm notified more than an hour and a half before somebody wants to attend the committee.

That's the way I wish to proceed.

Ms. Hinton.

**Mrs. Betty Hinton (Kamloops—Thompson—Cariboo, CPC):** I realize that this is a bit of a surprise here, but I understand, if I'm correct, from previous committees that I sat on, that the inclusion of Senator Dallaire would require unanimous consent of the committee, and it's apparent to me that this is not going to occur. So perhaps we could save some time for the senator if he knew that at the beginning.

As I just look around this table, I can already tell there's not going to be unanimous consent.

• (1535)

**The Chair:** I understand. All right.

I apologize to our witnesses for how these things sometimes go in committee.

Mr. St. Denis.

**Mr. Brent St. Denis (Algoma—Manitoulin—Kapusksasing, Lib.):** It's simply part of the adventure of being a chair.

Certainly—and I'm speaking for my colleague Mr. Cuzner—there would be no objections on our part. I agree with Betty that it does require unanimous consent. It's not something that we see every day, but considering the subject matter and the experience of the parliamentarian in question, it would be quite appropriate, as far as I'm concerned. But we'll go with whatever you say, Mr. Chair.

**The Chair:** I thought somebody would be amenable to his appearance, Mr. St. Denis, and I suspected it would be you or one of the Liberals.

Mrs. Hinton, again.

**Mrs. Betty Hinton:** Just so we can get a chance to listen to our witnesses, maybe I, or someone, could put forward a motion, because it requires unanimous consent.

**The Chair:** You can put forward—

**Mrs. Betty Hinton:** Is there unanimous consent among the members of this committee to have Senator Dallaire sit at the table?

[Translation]

**Mr. Gilles-A. Perron:** No.

**Some hon. members:** Yes.

[English]

**The Chair:** I do not sense unanimous consent.

**Mrs. Betty Hinton:** We don't have unanimous consent.

**The Chair:** Mr. Shipley.

**Mr. Bev Shipley (Lambton—Kent—Middlesex, CPC):** In all fairness, I agree, but the committee should be made aware, and the chair should be, that as we make all our witnesses line up to come and be a part of it, that is part of the procedure that we want to continue to follow. That's all.

It's nothing against the senator. We want to hear his comments. I think if he wants to come on with his comments, he should come on as a witness, as do others, so that they can be prepared and we can be prepared.

**The Chair:** All right.

I believe Mr. Cuzner is next, and then Mr. Sweet.

**Mr. Rodger Cuzner (Cape Breton—Canso, Lib.):** Very briefly, my understanding of the procedure is exactly the same. Usually what transpires is that the senator would be invited to sit at the table first, and then if they wanted to proceed afterward....

But I'm sure drawing from the senator's experience would be great, and I think that's a great suggestion by Mr. Shipley, for him to come and even present to the committee. I think that would be a tremendous opportunity.

I'm sure the chairman will extend an invitation for you to stay today and listen to the presentation by the witnesses and join us here. I'm sure that would be worthwhile. But we would love to have you back here as a witness, Senator.

**Hon. Roméo Dallaire:** Thank you.

I'm not here to cause a problem. The clerk said I could come. So I'm not here to embarrass anybody. I didn't invent the rules. We'll have to just recheck that and make sure we're—

**The Chair:** Mr. Sweet.

**Mr. David Sweet (Ancaster—Dundas—Flamborough—Westdale, CPC):** I simply want to say, Mr. Chairman, particularly because sometimes rules themselves can be rather sanitized and sometimes abrasive, that in no way, shape, or form, at least on our behalf here, does this shed any shadow on the great respect we have for Senator Dallaire, not only for his position as a senator, but also for the great service he's given to this country.

**The Chair:** All right. I think we've all pretty much said our piece on this. Hopefully, in future we'll have this dealt with differently.

Monsieur Perron.

[Translation]

**Mr. Gilles-A. Perron:** Could I be the first one to speak? I'm not speaking against the presence of a senator or of Mr. Dallaire specifically but, if we create a precedent and let anyone sit at our table, whatever his or her position, this means that we will have to

accept that anybody coming into this room will be entitled to sit at the table whether that person is to be a witness or not. According to our rules, only elected members can sit at this table.

If this were a joint committee of senators and MPs, there would be no problem but I think we should avoid creating a precedent and that is my concern.

Thank you.

[English]

**The Chair:** All right. I think we're now back to normal business.

Mr. Miller and Mr. Ferguson. As I said before, you have either 10 minutes each or 20 collectively, or however you may wish to do that. Then afterwards, in the normally prescribed method, members will have a chance to ask questions of our witnesses.

Gentlemen, the floor is yours.

• (1540)

**Mr. Brian Ferguson (Assistant Deputy Minister, Veterans Services, Department of Veterans Affairs):** Thank you, Mr. Chairman. I'll be delivering our collective remarks today. I thank you for this opportunity to appear before the committee to talk about a veterans bill of rights.

I am here today in my capacity as assistant deputy minister of veterans services branch, to provide my perspective on the creation of a bill of rights and its relationship to the activities that we conduct in the service of veterans. In that context, my remarks will focus on the areas within my purview that would complement the introduction of a veterans bill of rights. As the ADM of veterans services, I can tell you without a doubt that the bill of rights will be welcomed as an important addition to the department's client-centred service approach. We often refer to it as the CCSA. It was put in place several years ago to ensure that all clients, regardless of the point of contact, receive the appropriate service in a consistent, standardized fashion.

[Translation]

For your information, I might add that these services relate to the delivery of monthly disability pensions, medical benefits such as long-term care, the Veterans Independence Program and the treatment benefits, as well as financial support and the whole range of programs coming under the new Veterans Charter.

[English]

All of these programs are delivered through a client-centred approach. At the heart of the CCSA approach is a case plan that is built by highly trained staff with the full involvement of both the client and the client's family. This encourages them to make informed decisions about their own well-being. It fosters a sense of independence and dignity in their lives at a time when many are feeling very vulnerable.

[Translation]

I should note that this plan will be changed when the needs of the client change. It allows several specialists from different fields to work together and, if necessary, the needs of the client can be satisfied by calling on the expertise and resources of local and provincial partners.

[English]

We have 48 client service teams across the country, as part of our service delivery network. To further define what we can do and how we will do it, our department has already developed a clear set of service standards that define guidelines regarding the quality, accessibility, and timeliness of VAC programs and services.

For the benefit of the committee, I would like to take a few moments to tell you about some of the service standards that guide us in our day-to-day operations. To begin, our service standards clearly state that clients can expect to be treated with courtesy, equity, fairness, respect, and sensitivity. It lets clients know that we'll make a decision on their pension application within 24 weeks of the date the application was received. Some 95% of our pension applications are processed within 24 weeks; in fact, the average turnaround time is 16 weeks.

The standards tell clients we'll make a decision on a departmental review within eight weeks of receipt of application. If a client appeals a departmental decision through the Veterans Review and Appeal Board, a decision will be given to them in writing within 30 days of the date of the hearing. If a low-income client applies for income support through the war veterans' allowance, they have our assurance that a decision will be made within 30 days of the time we receive the complete application.

In every matter, we promise to respect clients' privacy, no exceptions. We make tremendous efforts to communicate our programs and services in clear, everyday words.

For the past five years we've produced a client newspaper that goes out to every single client and many others interested in matters related to veterans. Our circulation per issue now exceeds 260,000 copies. It goes all over the world and it's enormously successful. This publication, plus all others, is available in both official languages and in multiple formats so that we reach those who have vision or hearing problems.

To help ensure that we're measuring up to these standards, we regularly conduct a client satisfaction survey. In the third and latest survey conducted in May and June 2005, 84% indicated that they are satisfied with the services they get from Veterans Affairs Canada. That's one of the highest ratings in all of government.

Clients who live in the many long-term care facilities under contract to us also get surveyed every year. Through this survey, we measure ten outcomes, ranging from their satisfaction with the food they are served, to the care they get, to how much access they have to such things as church services. Our last survey shows that 96% are quite pleased with the care they receive.

I would like to now briefly update you on our progress toward implementation of the new veterans' charter. As you may know, it came into effect in April 2006. It represents the most significant change in veterans' benefits and services since the end of the Second World War. This new charter is a comprehensive wellness package of programs designed to provide post-war Canadian Forces members, veterans, and their families with the means to make a successful transition to an independent and productive civilian life. The new Veterans Charter recognizes that the modern-day veteran, with an average releasing age of 36, has a right to and expects programs and

services that are delivered in a timely manner, are responsive to their unique circumstances, and are based on need.

We're nine months into the new charter, and we now have data that confirms our approach is solid and the programs within it are working. One of the most telling examples of its success involves our rehabilitation program. Of the applications processed to date, 94% have been approved. This means that close to 800 CF clients are already getting the medical, psycho-social, and vocational help they need. Even more encouraging is that the approval turnaround time for this program is averaging a mere 38 days. This means that the people who need our help are getting it right away. This is very important, because our research shows that the earlier people get help, the better their chance of recovery.

Having implemented the new Veterans Charter, we would welcome the introduction of a veterans bill of rights as a logical next step.

• (1545)

[Translation]

We believe that the outcome of our approach, of the service delivery standards that we promote and of a new veterans' bill of rights would be to reinforce a long tradition in Canada, that of taking good care of our veterans.

[English]

I thank you again for this opportunity. Mr. Miller and I welcome your comments and suggestions.

Thank you.

**The Chair:** Thank you. You've only taken up seven minutes.

Mr. Miller, is there anything else you wish to add, or will we go straight to questions?

**Mr. Ken Miller (Director, Program Policy Directorate, Department of Veterans Affairs):** No, I don't have any comments.

**The Chair:** Fair enough.

Mr. Cuzner, you're first up, for seven minutes.

**Mr. Rodger Cuzner:** Thank you very much, Mr. Chairman.

I'd like to welcome and thank the witnesses today for their presentation. It was short, concise, and to the point. That's great.

I will ask one question about the charter before I ask about the bill of rights.

With the turnaround time on the applications, you say the outside is 24 months. Is that hard and fast from receipt of application to decision rendered? Is there a qualifier in there? I know it's not uncommon to require additional information, like medical information, from pertinent officials. Is that 24 weeks dependent on the movement of other information, or is it start to finish time?

**Mr. Brian Ferguson:** It is start to finish time, Mr. Cuzner.

If I may go back a bit in time, in about 1995 there was a major pension reform passed, with legislative change, in Parliament. It was undertaken then in the Department of Veterans Affairs because the turnaround times from start of application to actual award for first application were averaging eighteen months. The target set down at that time was a nine-month target, so it remained to be seen whether the department could actually achieve that. In fact, in 1996 when that was introduced fully, the department began almost immediately to meet that target.

Over the years, we've seen a tremendous increase in the amount of pension applications. At the time, we may have been averaging around 8,000 or 9,000 pension applications. Last year, we were over 28,000. In spite of that increase over the years, we have taken a number of measures to improve our productivity, such as the use of new technology and some SWAT teams that have been put together to analyze it. We couldn't reduce turnaround times in other ways that had been successful. So we've actually reduced the turnaround time to its current state in spite of that increase, and it has really been a remarkable experience within the department.

You were probably thinking about this, Mr. Cuzner. At one time, we had a service standard that required that all the information be available. With that information available, we were making a commitment that it would take us four months. We've decided to go back to this other standard simply because there really isn't anybody accountable for collecting that information unless we take the accountability to help the veteran to get it. We wanted to reflect it in the spirit of someone being accountable for the whole process, to reflect that in our turnaround time for official service standards.

• (1550)

**Mr. Rodger Cuzner:** Good.

I apologize to other committee members. I'm probably the newest member on the committee, so this may be common knowledge to the others at the table. I apologize if it is, but could you just give me the *Reader's Digest* version of the consultation that has been undertaken by the department, leading up to the development of the bill of rights? Could you make a comment on that?

Obviously, the Legion would be a major player here, with some of the recommendations that they would have brought forward to committee in past testimony. Do we see their recommendations being implemented into the bill of rights?

**Mr. Brian Ferguson:** As I indicated in my opening remarks, my focus today at the committee will be to focus on some of the services and benefits that the department provides and how we feel a bill of rights will actually help us overall in complementing that delivery system. In fact, as part of our client-centred service approach, it's going to really add an additional important dimension.

I'm not in a position today to further update you on that particular process, other than to confirm that it's under way and going well. I'm certain that my colleague Mr. Hillier, who is responsible for that file, will be pleased to come back and give you an update at a later time.

I should mention that he's doing that because we want there to be absolute clarity in terms of an independent look at the service delivery system from that perspective, so that the individual, entire job of delivery, under the ADM of veteran services, would not be

seen to be also running that process, which is being run by my colleague, the ADM of corporate services.

**Mr. Rodger Cuzner:** When reading through the testimony, what I drew from it was a concern about how families factored into some of the decision-making processes for some of the programs and applications going forward. Could you again give me a view of the role families now play when dealing with veterans?

**Mr. Brian Ferguson:** I think the biggest change has come about in terms of the new Veterans Charter.

I'll ask my colleague Ken Miller to give you an indication of the new kind of programming that's been introduced to assist families.

**Mr. Ken Miller:** It's a really good point, because the role that families play is quite critically important.

I'll address it in two ways. There are certainly benefits under the new Veterans Charter that accrue to family members, but I'd first like to speak to it from the point of view of involving family members in the decision-making process along with the veteran.

Keep in mind that when you're dealing with rehabilitation related to veterans, and it's their condition they're dealing with, the veteran has to agree to the participation of the family. But it's certainly something that we encourage very strongly at the time when veterans are sitting down with area counsellors or case managers in the field to talk about what their needs are, the level of their disabilities, and what kind of services should or ought to be in place to help them. We very much encourage the participation of the family, because there is often an impact on the family in certain ways through the nature of service, the disability, and so on.

It's also been our experience that family members have another perspective to offer. Sometimes when veterans may not wish to discuss certain things, the spouses or the family members may in fact bring certain issues to the forefront. When the veteran is agreeable to that as part of the process, it certainly helps us a great deal to identify needs and put certain benefits in place. It's the informal involvement of the family member.

On the more formal side, coming back to my point that there can be an impact on family members themselves, we created a number of benefits in the new Veterans Charter.

Firstly, if a veteran is disabled to the point he or she can't benefit from the rehabilitation program, those benefits would then become program benefits directly for a spouse. In other words, the focus of the design was such that if the benefit couldn't go to the veteran, we would try to assist the family.

There's a whole range of other benefits as well, which include things like access to counselling if the family members are dealing with issues themselves and, of course, very extensive death benefits if, in the unfortunate situation where that happens, the family needs access to income replacement and compensation for the loss of a family member. It's a fairly comprehensive involvement.

• (1555)

**The Chair:** Thank you very much.

We'll now go to Monsieur Perron for seven minutes.

[Translation]

**Mr. Gilles-A. Perron:** Good morning, gentlemen.

Your colleague, Keith Hillier, gave us quite a challenge when he told us that veterans' bills of rights don't change anything to legislation, don't change anything to policies and don't change anything to service delivery standards. If that is so, what is the use of a veterans' bill of rights?

[English]

**Mr. Brian Ferguson:** As I said, I'm not certain what Mr. Hillier actually stated specifically.

[Translation]

**Mr. Gilles-A. Perron:** June first.

[English]

**Mr. Brian Ferguson:** But I can say that from the perspective of the department, on the departmental delivery side, we think the declaration or the bill will provide an important complement to the services we currently offer.

As you know, we have a number of mechanisms currently in place. We have service standards identified in the booklet that I brought today, our *At Your Service* booklet. I could read those out to you, if you wish, but we have that particular element of the existing service standards that have been established within the department.

We have a number of service mechanisms, such as our national call centre network. We have a joint centre for the care of the injured with the Department of National Defence. We have the Bureau of Pension Advocates to assist and provide free legal service within the department. We have a comprehensive range of mechanisms.

We see the bill of rights adding another important voice to the concerns of veterans. I know this committee has made an amazing contribution over the years. We're all there to try to improve services to veterans as much as we can. I think anything that adds to it would be seen as being exceedingly beneficial by those who have a service delivery role in the department. It's where we place the idea of a bill of rights.

[Translation]

**Mr. Gilles-A. Perron:** Mr. Ferguson, you're acting like a politician : you're using lots of time.

I have several questions to ask and I would like to have brief answers. I only have seven minutes and a half at my disposal and, if you take eight minutes to digress, I won't be able to ask many of my questions.

I'm wondering. I have a striking example to mention to you and I don't want that to be repeated in the study that begins today. As far as an ombudsman is concerned, you have met with three veterans associations and you have suggested three options to them: a high official of the public service, someone reporting to the minister and selected by the minister, or someone selected by the minister but reporting to a veterans organization.

How come we've never heard of that? We got that information from people around us. Could you not brief us regularly to tell us about the progress made about your vision of an ombudsman and your vision of a Veteran's Bill of Rights?

The work is being duplicated. The people coming here have also been witnesses at your place. Unless the minister is the only one to know! However, as MPs, we're not aware of the information you have received and of all the consultations you have started. We don't know anything about that. Have you held any consultations on the Veterans' Bill of Rights? If so, could we have a copy of the results of those meetings, please?

[English]

**Mr. Brian Ferguson:** As I said earlier, certainly the consultation, or the process for getting consultations going, is under way, and I understand that it's going well.

I want to reiterate that my understanding of my appearance here today was to discuss—which I introduced and discussed in my opening remarks—the potential relationship of a bill of rights to the services and the mechanisms we currently have within the department. That was my understanding of what I was supposed to bring forward today. I'm certain there would be absolutely no objection to my coming forward at a future date with an update on the progress that's being made in this regard. I'm just not mandated to provide that today, because I understood that there was a different purpose to this meeting.

• (1600)

[Translation]

**Mr. Gilles-A. Perron:** Mr. Chairman, I like to make a suggestion. Why not ask the department's officials to come here to report every three, four or six months on the ombudsman or the Veterans' Bill of Rights? That might be interesting. It would give them the opportunity to tell us about the status of their consultations, which we could then compare to ours.

In fact, I've always had the impression that you and us are doing the same work and that this work is needlessly duplicated. This is time wasted by the veterans' associations, by us and also, at the end of the day, by you. Both organizations do the same thing but we're still at the same point.

[English]

**Mr. Brian Ferguson:** Thank you for that comment.

**Some hon. members:** Oh, oh!

[Translation]

**Mr. Gilles-A. Perron:** I'm finished.

[English]

I'm through.

**The Chair:** Okay. I'm sure the researchers noted all of that.

Now on to Mr. Stoffer for five minutes.

**Mr. Peter Stoffer (Sackville—Eastern Shore, NDP):** Gentlemen, I thank you very much for your appearance.

I have a few questions here. I've heard these statistics before that 84% are satisfied with the service they receive, and 96% in the long-term facilities are satisfied. You're right, I don't think any other government department can claim this, especially the Department of Fisheries and Oceans. If anybody needs an ombudsman, it's them.

I'm just thinking out loud. With such high approval ratings of service coming from DVA, why do we need a bill of rights and an ombudsman?

**Mr. Brian Ferguson:** If you look at the literature on well-performing organizations, it really is those organizations that are continually looking for ways to improve their services, even in the face of good results, that maintain their leadership position. So I would argue that in this case we want to be absolutely certain that we don't slip back. We're not perfect, so there's still lots to do in terms of making future improvements. The bill of rights and the ombudsman offer good additional mechanisms that help carry us forward to make further improvements.

We've been trying very hard within our own abilities to move those markers. We've done a lot. We've reached that 84%; we've reached the 96%. I think we've all agreed that within the context of service to veterans, we want to strive to get as close as we can to perfection.

So from my perspective, in terms of the ADM responsible for the service delivery, we see the bill of rights and the ombudsman as a very good complement to our efforts to date.

**Mr. Peter Stoffer:** Now, these surveys are done with the people who are clients of DVA. Is that correct?

**Mr. Brian Ferguson:** That's correct.

**Mr. Peter Stoffer:** As you know, we don't often get people calling us up saying great things about government. What we get is an awful lot of people who are dissatisfied.

Have you done any surveys on people who have applied for a hearing loss pension and are turned down, who have SISIP deductions turned down, who are looking for a wheelchair and are turned down, or who apply for VIP and are turned down? I mean, I can go on all day on the various turndowns. There are an awful lot of people who would love to access DVA services, and for a variety of reasons the VRAB and other areas say no.

Certainly this isn't a slight against the people, for example, who I represent in Nova Scotia. We have a gentleman down there, Paul Brown, and his staff, who I think do an outstanding job on behalf of the government in terms of delivery of DVA services. But there are many people who are not getting the services that they believe they are entitled to. Do you do surveys of them?

**Mr. Brian Ferguson:** Well, they're included within the surveys that I've mentioned.

What we do, Mr. Stoffer, is when we get survey results, we look at the areas of weakness. We've been developing now for the past couple of rounds of these surveys a service improvement plan, where the survey results are discussed throughout the organization with the delivery areas across the country. People come up with their ideas for making changes to try to improve our level of service. So we have a very active, ongoing process of self-improvement, if you like, based on those findings that come out.

The survey itself is quite a rich treasure trove of data, because it's professionally developed. It's an independent company that does it. It isn't my organization that runs it; it's run at the corporate level. So we actually follow up and we use the survey results that we find there. That's why I think it's important to note that we have a process that really tries its best within the laws of Canada.

One of our responsibilities is obviously to ensure that we follow the legislation and regulations as prescribed by Parliament and other authorities. When we see areas that we think should be changed, we put our voice in front of them. We make those observations. And committees such as yours that have made major changes over the years have been a most valuable source of input.

I don't know if that answers your question.

• (1605)

**Mr. Peter Stoffer:** No, not really.

I find it rather challenging, and I certainly don't want to deny your statistics that 8.4 people out of 10 who contact DVA are completely satisfied. It's not what I get in my office. I'm not denying those statistics, but if you're including everyone who has a problem with DVA.... Because I could send you a few hundred files that we have of people who are completely dissatisfied with you. There are very few who would say they are. Now, I'm not getting the people calling me up saying great things. I'm just getting the people who have complaints, and there are an awful lot of them.

So I would think that if you included everyone who was cut off or denied a hearing because there were no medical records...in the forties, a guy standing next to a gunner who lost his hearing, and he's turned down; a woman trying to go for VIP services, but buddy didn't apply because he was too stubborn and too proud; or SISIP. I can give you a list of names of people, and I just can't see those people, 8.4 of them, saying that they're satisfied. They're not, because they're telling me differently.

**Mr. Brian Ferguson:** We have about 230,000 clients, so when 84% say they're satisfied, there are still 16% who aren't. When you multiply that by the number of clients, you get a number that wouldn't probably be out of line with your observations. In other words, we have people who still raise complaints; there are people who write in.

**Mr. Peter Stoffer:** On a point of order, could I have clarification, Mr. Chair?

**The Chair:** No, you're already a minute over time.

**Mr. Peter Stoffer:** No, no, he—

**The Chair:** No, end of story.

**Mr. Peter Stoffer:** Okay, I'll ask later.

**The Chair:** Yes.

Mrs. Hinton, for seven minutes, please.

**Mrs. Betty Hinton:** Gee, he's kind of mean today, isn't he?

Thank you very much for appearing.



There were a number of questions running through my mind, one of which was about it taking 24 weeks to get an answer, but you fairly well outlined the reason for the 24 weeks. I admit that's a grand improvement over what you said were the statistics before, but I still think it's a fairly lengthy amount of time.

What I really wanted to ask you...and I'm sorry, this might be a little bit difficult for you. We also touched a little bit on individual clients and how they're handled. One of your points in your presentation is that at the heart of the CCSA approach is a case plan that is built by highly trained staff, with the full involvement of both the client and the client's family. Could you please walk me through a make-believe scenario—and I'm sure you have all sorts of data at your fingertips—where Sergeant John Smith has been seriously wounded, he has now come to you, and his family is devastated by what's happened to him. What's the process? What do you do from step one through to completion, where he has something that's geared entirely to him and his family? How does it work?

**Mr. Brian Ferguson:** I'll deal with step one and then ask Mr. Miller to carry on with the remaining steps.

Step one in that case, if he's been seriously injured, is that we would get a casualty report as part of the DND process. DND would have a case manager assigned, and we would also assign a case manager.

While the individual was within DND, they would make their best possible effort to redeploy the individual within the military. That would be within their ability to do so within their fit for service policy. We know they work very hard at that.

Now, if you take your example, Ms. Hinton, and go to the next step, which is when we become responsible, that's when DND decides there has to be a medical release. When they decide there has to be a medical release, we will get the information from the case manager within DND, and we will do a transition interview. In that transition interview with our staff, the individual will be asked various questions about their health, their needs, and their employment prospects—the whole gamut of questions that will influence development of the case plan.

At this point I'll ask Ken to carry on with the steps in the process.

• (1610)

**Mr. Ken Miller:** Sure, absolutely.

As I think Mr. Ferguson is suggesting to you, the process is not one size fits all. It really depends a great deal on the severity of the injury the individual is dealing with.

Certainly while they continue to be in uniform, they're primarily the responsibility of DND. Once they're out of uniform, they are primarily ours. However, when it becomes apparent that we're dealing with a serious injury, as Mr. Ferguson says, we do receive a notification. If it is quite a serious situation, then our case manager begins interacting with the case manager on the DND side. At some point there would be a decision within DND that this individual would likely be medically released. At that point they become our primary responsibility.

To carry on, the transition interview is the point in the process where all the various needs and issues are identified. That can

happen before or after release. It really depends on the circumstances.

In the situation of a serious injury, the norm would be that it would happen before release, as a preparatory step, so that in fact our professionals within Veterans Affairs are ready to start providing the help. In other words, we really don't want a gap between the benefits to the injured veteran from DND and those that continue with Veterans Affairs after release.

They would develop a relationship with a primary counsellor in our district office, closest to where they live. Their needs would be assessed. If they are a candidate for rehabilitation, as most individuals with a serious injury would be, then they would commence those benefits immediately. Those decisions happen very quickly. I forget the exact number, but in a period of about four weeks from the time we first see an application—and with serious injuries, much faster—we can have those benefits in place.

Keep in mind, too, that under the new Veterans Charter, we don't have to have an entitlement to a disability award or a disability pension in order to start those benefits. They become quite immediately available.

While somebody is in that program, they are eligible for the earnings loss, which is 75% of their pre-release salary. Those benefits would start flowing to the veteran at that point.

A normal track would be that over a period of time—typically over a course of two years, although there is no fixed time limit on it—a person would rehabilitate. First they would stabilize medically, then they would deal with psycho-social issues, and then they would gain vocational rehabilitation—interventions they need to reintegrate. That assumes they're capable of reintegration. If they aren't, and they're permanently disabled, a decision has to be made by the rehabilitation professionals that they've helped them along as far as they're likely to go. At that point, then, they would become eligible for the ongoing long-term earnings loss that continues to age 65, and any other health benefits or supported benefits available to them.

There are very different scenarios, depending on the severity. For the most serious, we try to get in there as soon as we can and make the benefits available as soon as we can.

**Mrs. Betty Hinton:** Thank you. That's fairly thorough.

How do you see the bill of rights supporting a veteran who is injured? I heard you say they have to go through the casualty report and then DND tries to redeploy them. I'm assuming you're talking about something like desk work or something that's not active service.

Having gone all this route, how do you see the bill of rights ensuring that this discharged veteran is getting everything he needs? What do you think has to be in the bill of rights to make certain that no one falls through the cracks?

• (1615)

**Mr. Brian Ferguson:** I'll take a crack, and Ken can add any comments he wishes.

I think the bill of rights would want to ensure that the expectation or outcomes from this process were well understood by the potential recipients of the service; so there would be a guarantee of some sort in the bill of rights that the services we're offering here would be exemplary, and that if those didn't meet a standard of exemplary service, there would be recourse available for that particular individual. I think it would fall into the general class of service standards that we've already developed, in my view, in our *At Your Service* brochure.

I think a bill of rights would really be an important complement to elevate the service understanding and to communicate it in the widest possible manner. As we've indicated in the past, we've introduced *Salute!* magazine to try to get better communications out across the country. This could very much add to that and improve the overall framework of communications.

**Mrs. Betty Hinton:** He hasn't cut me off yet, so I'll do this really quickly.

**The Chair:** I was going to allow him to finish what he was going to say, but your time is up, Ms. Hinton.

Now over to Mr. Valley, for five minutes.

**Mr. Roger Valley (Kenora, Lib.):** Thank you very much.

I'm not sure what you did to him before I got here, but he seems to be particularly testy today, so I'd better move on.

**Some hon. members:** Oh, oh!

**Mr. Roger Valley:** We've talked about a veterans bill of rights, and I see in your notes that you refer to the Americans, who have a GI Bill of Rights. We're talking about the veterans, but there's one step they have to take before they become veterans: they have to serve.

Do our soldiers right now have a bill of rights? Do our forces in the field or in Canada have one?

**Mr. Brian Ferguson:** They certainly have all of the commitments we've made to them. I would have to say they don't have one in the sense you're thinking of, which is why the initiative is under way.

**Mr. Roger Valley:** But we're talking about a veterans bill of rights here?

**Mr. Brian Ferguson:** Well, I think the analogy you're talking about is more related to the Veterans Charter, in the sense that there were a lot of components put into the GI Bill of Rights that Canada then introduced at the end of the Second World War, which became known in Canadian parlance as the Veterans Charter. It really became the foundation for the development of Canada's social service infrastructure, because with one million returning men and women after the Second World War, Canada didn't have in place at that time the social programs it needed to avoid the difficulties that occurred at the end of the First World War when soldiers came home, many of whom were destitute after the war. So the Veterans Charter came into being at that time. It became the rough equivalent of the GI Bill of Rights.

Over the years, it became apparent that the charter did not provide our younger veterans with what they needed, because it had evolved to become a support to an aging population. So we call this one, colloquially, the new Veterans Charter, because it has replaced the

former one. But it's not in the same ballpark, I think, of what we're talking about in terms of a bill of rights, from what I understand the statements to be, if I may say that.

**Mr. Roger Valley:** I wasn't confused before, but I might be now. No, I'm just kidding.

The reason I asked that question is that we've talked to veterans, because we're designing something for veterans. But do we talk to our armed forces now, because they will become veterans also? In the discussions we have or among the people we're talking to, are there any in the armed forces right now who can provide us with some help as we design the bill of the rights to serve them when they become veterans, when they leave the forces?

**Mr. Brian Ferguson:** I'd like to go further with the answer I gave earlier and really return to it, Mr. Valley. I'm aware there is a consultation process under way that's going well, but it's not within my area of responsibility—quite deliberately, to keep it outside of the service delivery arm of the department. I would ask that those questions be addressed more generally to the department, and also to Mr. Hillier in any future return of his to the committee, as he is responsible for that file.

So I really am not in a position today to give you an update on the process under way, other than in the general sense I've given.

• (1620)

**Mr. Roger Valley:** That's fair enough. It's just that I'm concerned that we're taking one step, with some explanation as to how we don't have one for the personnel serving right now, and we're not asking the people there. But I understand it's not your mandate here today.

Can you tell me, after the veterans bill of rights is in place, however long it takes, however we bring it forward, and whatever fanfare we have for it, how can we ensure veterans will know that this information is out there? You mentioned 216,000, did you say?

**Mr. Brian Ferguson:** We have roughly 210,000 to 220,000 clients out there.

**Mr. Roger Valley:** Do you have some insight on how we actually deliver the package or the information to them? I know you mentioned the success of your "fine newspaper", I think you called it. What plans do you have or how would you foresee our delivering this to a population, part of which is getting on in years?

**Mr. Brian Ferguson:** Well, I certainly see it as advantageous that we would have those mechanisms in place. I'm not in a position today to really answer that question—in the sense that it would require an understanding of the precise mechanisms that are going to come forward and how they would be introduced—other than to say that I'm certain it will be a great advantage to us to have those mechanisms in place.

**Mr. Roger Valley:** I guess to be successful, we'd have to have a strategy to make sure it's out there, because if we're going to maintain the satisfaction levels of your department, they need to know what's changed and what rights they're going to have.

**Mr. Brian Ferguson:** Absolutely.

**Mr. Roger Valley:** Thank you, Mr. Chair.

**The Chair:** That was bang-on five minutes. I was impressed.

**Mr. Roger Valley:** I'm afraid of you.

**The Chair:** You were 10 seconds early, and it's much appreciated. We'll hear from Monsieur Gaudet of the Bloc for five minutes.

[*Translation*]

**Mr. Roger Gaudet (Montcalm, BQ):** Thank you, Mr. Chairman.

Considering your figures, if I were you, I would stop looking for graphs and tables since 84% of your clients are satisfied.

I have worked in the field of health care and, when we could achieve 70%, we were ecstatic. Yet, you've achieved 96% about the quality of care provided. It's close to perfection.

You'll never be able to improve on that or do you think that you would be able to and, if so, how would go about it?

[*English*]

**Mr. Brian Ferguson:** As I said earlier, we're not satisfied with the 84% even though it's 84%. We still want to work very hard to see if we can improve that through our service improvement program, which we launch after each one of our surveys. We look for ideas of how we can improve services in these areas throughout the department, from people who make suggestions and from other sources.

If we get a complaint, for example, we don't just respond to the complaint without looking at whether there might be another problem behind it that we could actually fix. Each time we get a complaint we try to have the attitude—and I think it's pervasive throughout the organization—that we don't take the complaint as a personal criticism so much as a system criticism, and we try to fix the system. And we really work hard at that.

In terms of the 96%, we're working continuously with the long-term care facilities to try to improve the services we offer there. Part of the surveying that's done there now is actually done under contract to the Royal Canadian Legion, for surveying of our smaller facilities. Those surveys aren't done by us. In those cases, they're done by outsiders.

We're always looking for ways to improve the service, and certainly anybody's suggestion as to how we could do that is well received. We try to analyze it and see if we can do a better job.

[*Translation*]

**Mr. Roger Gaudet:** Thank you.

The other day, I went to visit the Perley-Rideau health-care center for veterans and someone told me that everything was perfect except for the food. I had given my business card and she sent me an e-mail.

When we went to Sainte-Anne, we didn't talk to anybody because we were always being followed by someone. We were being followed by the Board of Directors and in fact every director was there.

My question is simple. I would like to see the survey measuring the ten service standards. Would it be possible to see that survey? Could you send it to the committee?

[*English*]

**Mr. Brian Ferguson:** The service standards are in a number of forms, but certainly the general service standards are here and in

your service booklet. We can send those to you, should you wish to have them for your records.

Secondly, I should mention for the long-term care facilities that we actually have 10 outcome standards that are measured. I can identify those for you. The 10 outcome areas in long-term care that are reviewed are the following: safety and security; food quality; access to clinical services; medication regime; access to spiritual guidance; socialization; personal care; sanitation; access to specialized services; and activation and ambulation, where they're moving around and staying active. You mentioned food quality. Food quality is very important for individuals who spend their lives in long-care facilities; it becomes a very important part of their day;

Those 10 standards are reviewed on a continuing basis in our long-term care facilities, and questionnaires are sent out to get the answers to them. I can provide a formal list of those standards to the committee, as was requested.

• (1625)

[*Translation*]

**Mr. Roger Gaudet:** Yes.

I'd like to receive not only the standards but also the survey done about the standards.

Looking at your booklet, I have the feeling that an 80 year-old person must find it very difficult to read. Actually, I can be pretty sure about it because I myself wouldn't read it and I'm younger. When you carry out a survey, you have to be sure that the respondents are able to answer the questions.

As far as reasons are concerned, we haven't heard any. You're asking why people are not satisfied but the level of satisfaction is 96%. What more do you want? Hundred percent? If a government could achieve a 96% level of satisfaction, it would do whatever it wanted. I can assure you it wouldn't be bothered by the other 4% nor by the 16% of the other case. I find that difficult to understand.

Thank you very much. You're telling me 96%.

[*English*]

**The Chair:** There you go. Okay.

**Mr. Brian Ferguson:** Perhaps I may respond quickly. We will provide survey questionnaires.

[*Translation*]

Mr. Gaudet has asked for the surveys.

[*English*]

I'll provide those, as requested.

**The Chair:** Fair enough, okay.

Now I believe it's over to Mr. Shipley for five minutes.

**Mr. Bev Shipley:** Thank you, Mr. Chairman.

I want to go to Mr. Ferguson and his comments.

When you were talking about the service, you said your clients can expect to be treated with courtesy, equity, fairness, respect, and all that, and that's what it should be. You go to the part of the decision on the pension application, and it was brought up by my colleague Mrs. Hinton. Twenty-four weeks—that always sounds good, but that's six months. Why does it take so long?

**Mr. Brian Ferguson:** There's an awful lot of information to collect for a first application, and I should mention that we are actually exceeding that standard. We are averaging about four months at the moment. It's a standard that we probably should revisit, given the performance improvements we've made. The reason it was set at that—it was a stretch target at the time—is that we didn't want to mislead our clients in terms of what their expectations could be. So I think we'll go back and have another look at the standards. We do that regularly anyway.

In answer to your question on why it takes so long when someone actually applies for, in this case, a disability award under the new Veterans Charter or for a pension under the old Pension Act, we have to collect the information to determine whether or not the service they had at the time they were injured is eligible—that it was in fact military service—or whether they were injured at the time when they were serving in the military. We have to get records. There has to be an assessment made as to whether the injury was caused by military service. Then we have to get medical information about the level of the injury and whether it's permanent so that we can make an assessment as to the level of payment that would be eligible.

In some cases it's difficult, when people are in their eighties, going back 60 years to find those records. We make every effort to find them. In some cases there isn't a lot of information on the file, so our people will go back and try to regenerate the file as best they can from people's recollections. It's a fairly intensive work activity, collecting that information and getting it right so that it can be presented in a credible way to adjudicators—who, by the way, don't take very long when they get the information. It's really the collection of information that is the biggest bottleneck for the whole system, and one that is not an easy nut to crack, but we're really working hard at it.

• (1630)

**Mr. Bev Shipley:** When you want to go back, then, and you likely go into DND, how accessible are those records? How well do you work together?

**Mr. Brian Ferguson:** We work extremely well together. For the older records, they are actually in the possession of the National Archives—and correct me if I'm wrong here, Ken.

For the modern veteran, they're still in the possession of National Defence. We work very closely with National Defence. We have a number of initiatives under way, and one of them is the continual pursuit of improving our access to their service records by providing resources on bases to photocopy information and to look at better, more technologically up-to-date ways of transferring information from the department. They're extremely cooperative with the department and we have really good working relationships with them.

**Mr. Bev Shipley:** Looking at the veterans bill of rights, the rights of people, and going back to your comments that some of these

records go back a long way and they're very hard to get, in fact, I would submit that some of your clients would say that the records aren't there. Then when we get to the point of the benefit of the doubt, I'll go back to Mr. Stoffer's comments about client satisfaction. I can give you some records that say there is no, very little, and sometimes not any consideration for benefit of the doubt. These people are now at a stage in their lives where they need some benefit. It's not well documented, and it's no fault of theirs, but they are not being given any benefit of the doubt about what actually happened. They get a deaf ear. In fact, comments will come such as, "My lawyer won't even bother talking to them anymore."

I'm wondering what we can do in terms of the veterans bill of rights. Will there be any help for veterans for those circumstances?

**Mr. Brian Ferguson:** As I indicated earlier, I have to continue to remind the committee members that my mandate is not to talk about what the content of the bill of rights or the process will be, but I can tell you in answer to your first question, sir, what the process is relative to the application of the benefit of the doubt in policy terms.

**Mr. Ken Miller:** I can try to clarify that for you, Mr. Shipley.

In terms of how the department applies that concept, it is a concept that's in the legislation, and we do apply it frequently. However, I think it's fair to say that clients sometimes will misunderstand what it means and interpret it to mean benefit of the doubt in the absence of any information at all. It doesn't mean that.

It means that when you have information that seems reasonable and is uncontradicted, although it may not be the injury report or something as definitive as that, the benefit of the doubt goes to the client. It can be information such as—and this is used all the time in our adjudication process—a statement from somebody else who was there, a comrade or a friend, or somebody who can attest to the fact that an injury or some event took place. Whenever we can provide that benefit of the doubt, we certainly do apply it.

**Mr. Bev Shipley:** I've had circumstances in which there were maybe two witnesses who witnessed something. The individual now has come forward because there are issues. Those people now, the witnesses, are not alive. The response in terms of benefit of the doubt, then, is that you don't have any witnesses. There's some of that stuff happening.

I don't know what my time is, Mr. Chair.

**Mr. Brian Ferguson:** I will comment quickly, sir, that if you know of any case like that, we'd like to talk to you about it so that we can see if there's anything else we can do.

**Mr. Bev Shipley:** Thank you very much.

**Mr. Brian Ferguson:** We don't want to give up on it, in any case.

**The Chair:** We will go now to Mr. St. Denis.

**Mr. Brent St. Denis:** Thank you, Mr. Chair, and thank you, gentlemen, for helping us out today.

On the terms "veterans charter" and "veterans bill of rights", to make sure it's clear in the minds of those who read the transcripts and all of us, if I were to describe the Veterans Charter in its new version as the suite or set of programs available to veterans, would that be a fair characterization in one sentence of the Veterans Charter?

•(1635)

**Mr. Brian Ferguson:** Yes.

**Mr. Brent St. Denis:** Okay.

Using one sentence, could you describe what a veterans bill of rights might be? I do know that the Dominion Command of the Legion, in an October meeting, said that turnaround times should not be days or weeks to get to such a result, depending on the program that the veteran is applying for. That aside, could you characterize in one sentence the department's view of what the veterans bill of rights would be?

**Mr. Brian Ferguson:** It's going to be very difficult to do in one sentence, sir.

Going back to what I said earlier, the content of the bill of rights is still being worked on. There's a process under way to formulate that, and as I understand it, it's going well. I'm not really here to talk about the outcome of that process, other than to say to you that the kinds of things we're striving to do in terms of service to our veterans would be well served by a bill of rights. It would add to and elevate the status of the expectations of our clients for what they can get from this department.

**Mr. Brent St. Denis:** I'm not saying the Legion is right or wrong in their view, but it sounds as though the delivery standards are more the direction that the department sees anyway. I'm not saying that's wrong; it needs to end up somewhere. The Legion talks about it, and they are important stakeholders in all of this, along with the other associations.

If it's not service standards, it's something else. The Legion talks about something that's short, something that could be on a little card in a wallet. I'm trying to imagine what that might be. You must have in your mind at least the various sets of possibilities.

**Mr. Brian Ferguson:** I think that's a fair comment. Everybody probably has in their own mind what they might see that to be. Certainly there are probably a lot of different definitions of what a service standard would look like, what the content of a bill of rights would look like. I have my own ideas, but it isn't—

**Mr. Brent St. Denis:** What are those? That's what I want to ask you.

**Mr. Brian Ferguson:** I'm not really in a position to share those with you today, because the process that is under way needs to be respected, and that process is—

**Mr. Brent St. Denis:** So there's no emerging consensus.

**Mr. Brian Ferguson:** Again, I can't answer that. My understanding is that the process is moving ahead well. I'll probably have a chance to discuss that with Mr. Hillier, but I haven't got a status report on where it is and what the content will be. So I want to be able to respect that process.

**Mr. Brent St. Denis:** Okay, so there's no draft of a bill of rights sitting out there in the wings. But I wouldn't see that as a bad thing. I wouldn't see that as any worse than having a bill for the ombudsman in the wings, ready to go. I think it's helpful when governments are ready to propose, and oppositions to oppose, and to work back and forth. If there's no draft bill of rights, that's fine.

Is there a sort of bill of rights for the clientele of any department around, for example, the Canada Pension Plan, the clients being disability recipients or the pensioners themselves? Do you know? I don't think so, but....

**Mr. Brian Ferguson:** I'm not aware. There may well be. I know that other departments have service standards similar to the kinds of service standards that we've put in our *At Your Service* brochure—other departments have that sort of thing.

I'm not aware, sir. I'm sorry I may not be able to respond to that today, but I'm not aware of whether other departments have a bill of rights or not.

**Mr. Brent St. Denis:** Being positive, I think there was a lot of support for this, as there is for an ombudsman. But with respect to a veterans bill of rights, the day after such a list is approved, presumably by Parliament, can you imagine how the life of a typical veteran would be changed?

**Mr. Brian Ferguson:** Again, not knowing exactly and not being able to comment totally on the process, I go back to what I said earlier. We expect that this would give greater assurance and even greater clarity to veterans across Canada and clients of this department about what they could expect from us. I think that's an important adjunct or complement to the communication mechanisms that the department has. Actually, it's a fairly significant gap that's missing in the overall framework, so I would see it as being advantageous.

•(1640)

**Mr. Brent St. Denis:** Thank you.

**The Chair:** Thank you, gentlemen.

Now we're off to Mr. Sweet for five minutes.

**Mr. David Sweet:** Mr. Ferguson, you were mentioning the newspaper *Salute!*, is that right? Is that in electronic form as well?

**Mr. Brian Ferguson:** I believe it is, but I'll have to double-check that.

**Mr. David Sweet:** Could we as a committee maybe get on the e-mail list for that?

**Mr. Brian Ferguson:** Yes, I'll look into that for you, sir.

**Mr. David Sweet:** That would be something to keep up to speed with.

You've talked about continuous improvement, so whether you use continuous improvement, or *kaizen*, or an integrated evaluation innovative process, is that happening on a consistent basis with all of the services you deliver at VA?

**Mr. Brian Ferguson:** We strive to make it happen within the limits of human endeavour. In other words, you may have a priority area where you're focused in on improvement at a particular point in time and have to find time later on to deal with another problem. That's what you're faced with as a management challenge in a large institution.

But I would say that in a general sense, yes, we have an annual business planning process within the department where we formulate ideas for change, and we attempt, through our best efforts, to make those changes. We set priorities on change as part of the regular management process. We look for areas that need improvement, from our client satisfaction surveys, from the observations of our own staff, observations that are made by you.

**Mr. David Sweet:** Do you incent every level of staff for input as well, for them to give their input, the client centres, etc., when they have suggestions?

**Mr. Brian Ferguson:** We try to encourage that kind of culture and ethic across the department. One of the things we ask is, for example, when the employee surveys are done—we also have employee surveys that are done—when we get those levels of results, we seize that opportunity, go back and talk to employees about changes they would like to see made.

**Mr. David Sweet:** I asked that specifically because you said that the bill of rights would give greater assurance and clarity to the client, to the veteran who's applying. But it's also going to put substantial pressure, because even if you make a statement that the veteran has the right to quality, compassionate care, this goes to timeframes right away. So is the department ready for that kind of, how should I say, new encouragement?

**Mr. Brian Ferguson:** You're quite correct. I had neglected to mention that, and it is an important element. I talked about it in client terms, but you're quite correct, it puts a heightened onus on the department. I accept that point; it's a good one too.

**Mr. David Sweet:** The cases that are delayed right now and waiting for the Veterans Review and Appeal Board, are they on a first-come, first-served basis, or are they prioritized?

**Mr. Brian Ferguson:** Are you referring to cases in front of the Veterans Review and Appeal Board?

**Mr. David Sweet:** Yes.

**Mr. Brian Ferguson:** This is really an area that's sort of arm's-length from the department as well. Unless, Ken, you had some information about that—

**Mr. David Sweet:** Does it depend on when my appeal was lodged that I come before the board, or is there a prioritization? In other words, if I'm 92 and likely not going to make it for a long period of time, would you prioritize that, so I would get the first appeal board?

**Mr. Ken Miller:** I certainly know what the department does; I can't speak for the VRAB process. That's something we could provide to you.

Within the department, when we're looking at an appeal or a review, the norm is the order in which it's received. However, when we receive a case where there's something quite pressing about it, whether it be the length of time that it's been in the system, the urgency of the intervention, or the circumstances of the individual, we have a mechanism whereby we elevate the priority of that particular claim or request and deal with it more expeditiously. That's the process within the department, though, not VRAB.

**Mr. David Sweet:** I have a case right now, and I don't want to give much detail, because obviously I want to respect the privacy of this specific case, but it's a veteran who is immobilized. Right now I'm getting good feedback that Veterans Affairs looks after our

veterans well. But there's an interface with HRSDC's CPP that is not very smooth, and I'm wondering, have you heard this before? Again, if there's a bill of rights, going back to my off-the-shelf statement, this is going to mean that in every interface with DND, HRSDC—I'm not certain how many other departments you have—they have to live under that standard.

I don't want to see anybody else have a case such as this one, where because the wound means they can't sign a form, their services were delayed substantially and they were not understanding the nature of it.

I'm wondering, have you looked into this with all of the stakeholders that are going to have to deliver these services, in order to make sure that the transition is going to be as high a quality as the kind of feedback you're getting right now on your appraisals?

• (1645)

**Mr. Brian Ferguson:** I think you've identified an important issue. Again without getting into where the ombudsman and the bill of rights will land, I think you've made an important observation, sir.

I would be interested if you're not violating privacy—not at this committee, but separately—to find out more information about the particular case, if it's not too late to help. Or if it is, at least we could look at whether or not we could learn from it to avoid whatever problems occurred there, if we possibly can. So I'd like to follow up with you on that.

**Mr. David Sweet:** Yes.

**The Chair:** Mr. Stoffer, you now have five minutes.

**Mr. Peter Stoffer:** Thank you, Mr. Chairman.

The question I asked earlier was, if somebody calls into DVA and applies for a hearing pension and they're turned down, then they go to the appeal, are turned down, and say, okay, I give up, and I'm not going to argue this anymore, are they still considered a client with DVA?

**Mr. Ken Miller:** I guess they could be a potential client. If they're not actually receiving a benefit from the department, then technically I expect they would not be a client. But I would need a little more information about the backdrop of your question.

**Mr. Peter Stoffer:** Okay, just a simple one.

I, Peter, served 25 years in the military. I think my hearing loss is because of my military service. I go before the appeals board. They say evidence is not there to show that military service resulted in my hearing loss. I appeal. They say no, you can go to the Federal Court. But who's got the money for that? So I've tried my best, I've appealed, I've lost, and I'm going to walk away from this process and carry on. Would I be considered a client of DVA?

**Mr. Brian Ferguson:** No, you wouldn't be a client of DVA.

**Mr. Peter Stoffer:** Very good. Would family members who make representation on behalf of their veterans, or deceased veterans, who are turned down? For example, a lady who is on...I'll use the gender here. A veteran receives VIP and he dies, and his spouse receives it. Is she considered a client of DVA?

**Mr. Brian Ferguson:** Yes.

**Mr. Peter Stoffer:** Okay. But if a woman applied for VIP whose husband did not receive it, and she's turned down, she's not considered a client?

**Mr. Brian Ferguson:** I'll answer it a little bit more completely.

They're considered clients in our database if they've passed through the process and are officially receiving support or benefits from us. If they aren't there, any time they come back to the department to get...we provide everybody with the basic support, even if they're not clients. In other words, we'll talk to them, we'll assess their needs, and if we have determined they're not clients and they can't get help from us, we will attempt to connect them with other agencies that may be able to help them. So in that sense we try to treat them as clients, even though they're not officially within the client list I've given you, which is the 230,000.

**Mr. Peter Stoffer:** Very good. Thank you.

I was thinking of your statistic of 84%. I'm not sure if the people who are claiming for Agent Orange right now would be very happy. I don't think the people who have been applying for the interest benefits of the money from World War I would have been very happy. And I think a fair number of women who have applied for VIP but were told their husband didn't apply or didn't die in the legislative framework wouldn't be very happy.

But my other question is this. You asked about certain things that can be done to assist veterans, and I thank you for that opportunity. One of them is to ensure we have enough professionals trained in psychiatry in the country, because in Nova Scotia we simply don't have anywhere nearly enough, and a lot of people, especially reservists, are falling through the cracks.

We would also ask about another issue. If you could somehow change the SISIP regulations to stop that deductibility, it would be very helpful. And as you may know—this is more a Defence thing, if you can ask your colleagues in Defence—we're the only NATO country that charges its military for their own benefits, and if you could put a stop to that, that would be very helpful.

I have more, but the mood of the chairperson would cut me off.

I also want to give you a heads-up on one thing. Can your department work with the provinces on this one? I'm sure it doesn't happen just in Nova Scotia.

On Wednesday, there'll be a story by Global TV about a veteran who's at the veterans hospital in Halifax. His wife is now in failing health as well, and they were hoping to get her into the veterans hospital with him. Unfortunately, the rules and regulations just don't allow that. There simply isn't enough time. And I can appreciate that DVA has, because it's for veterans first. They were thinking maybe they can go to a provincial facility to get the same level of care. Unfortunately, the care he receives at DVA is not available elsewhere, so they're in a bit of a jam.

Working with the provinces, if there's anything you can do to ensure that in the later stages of life, a 91-year-old veteran and his 89-year-old wife can spend their last few days or weeks together, it will go a long way to alleviating public opinion that big bad government is dividing these people, which is simply not the case.

• (1650)

**Mr. Brian Ferguson:** Thank you for that comment.

We really feel very strongly, as you do, that we'd like to be able to help in that case and other cases like it. We make every effort we can to help and we will continue to work on it.

In terms of professionals trained in psychiatry, we agree there needs to be more work put into the development of capacity across the country in that. We've observed that. We are working with the Department of National Defence to create a list of trained professionals we can rely upon, as we implement the new Veterans Charter.

The final point is that I'd like to get some information back to you on how the survey was conducted, because I'm not certain we've excluded those types of people from the survey questionnaire.

**Mr. Peter Stoffer:** If you don't mind, that would be great.

**Mr. Brian Ferguson:** We'd like to get that back to you, because it was a professionally done survey using statistical sampling within the plus or minus 5% result.

**Mr. Peter Stoffer:** We can get a copy of the survey, maybe.

**Mr. Brian Ferguson:** Yes, we can get that for you, and also the approach that was taken with those types of clients.

**Mr. Peter Stoffer:** Thank you, sir.

**The Chair:** I let Mr. Stoffer go for six minutes and nineteen seconds. See. I am accommodating.

**Mr. Peter Stoffer:** What a guy. I'm just not worthy.

**The Chair:** Mr. Sweet, you had some more questions to ask in the last round, so here you go again, for five minutes.

**Mr. David Sweet:** Thank you very much.

In your opening comments, Mr. Ferguson, you mentioned that there are 48 client service teams across the country. Are they located in every province?

**Mr. Brian Ferguson:** Yes.

**Mr. David Sweet:** Could you tell me what personnel these teams consist of?

**Mr. Brian Ferguson:** Each team has a client service team manager who guides the team's activities. They have area counsellors who are there to interact with our client base as much as possible, face-to-face, in the area.

Generally they would serve somewhere over 4,000 clients. They have client service agents who support the area counsellors, and there is a division of work between area counsellors who are trained social workers and client service agents, so that they can work with the veterans and their families to do this case planning that we've talked about. And there are health professionals—doctors and nurses—who are part of the team as well, with some administrative support.

That is the composition of the team. It's a multi-disciplinary team, an interdisciplinary team of social workers, managers, administrative support, and medical professionals.

Have I missed anybody in that?

**Mr. Ken Miller:** The only ones I would mention in addition—and it's not part of the team at the district office, but it's a resource for the team—are our rehabilitation experts, of whom we have one at each of our regional offices. They act as a resource to assist that team with rehab cases.

• (1655)

**Mr. David Sweet:** So at these 48 locations, you'd have 50 to 75 staff approximately?

**Mr. Brian Ferguson:** In each of those locations, we have an average of about 15 to 17 staff on each team.

**Mr. David Sweet:** So for most of these professions, you're talking about one person who is on the team.

**Mr. Brian Ferguson:** There's usually one person to that type of assignment. But they have access, as Ken said, to centralized expertise in the region, for rehabilitation and mental health support. That's something we've built with the introduction of the new Veterans Charter.

Plus, there are networks of communication and advice that exist at head office that work very closely with the field staff. If anybody has a question about what to do in a certain circumstance, there is a hotline number within the department that they can call to get assistance right at the client service team level, to help them figure out what to do in an instance where they may have to get some advice and guidance.

**Mr. David Sweet:** Mrs. Hinton questioned you about someone who has a physical injury. More and more, the challenge is that we have veterans who come out who are dealing with psychological issues. Oftentimes, they don't show right away. I'm certain that there has to be a number of those cases.

There is not a clear injury report. A person comes out and seems to be okay. They have optional courses, is that correct? They're not mandatory. These debriefing courses are optional for them when a veteran is released, particularly from a theatre where there is action, correct?

**Mr. Brian Ferguson:** I don't know exactly how it works within DND, but when they actually are leaving the forces, we work with DND to encourage everybody to have a transition interview with one of our social workers, one of our area counsellors. We've been very successful in that. We've had a very high participation rate.

**Mr. David Sweet:** But there are a number of cases in which you don't catch it right away, and even down the road—

**Mr. Brian Ferguson:** Absolutely. You're quite correct. And even with the transition interview, you may not pick this particular malady up until years later.

**Mr. David Sweet:** That's right. A year or two later, we have dementia and we have tremors. How difficult is that, then, for the veteran? It's one thing when you have an injury report, but how difficult is it for the veteran to get service when they reconnect and there is no evidence that anything happened?

**Mr. Brian Ferguson:** The one thing with these unseen injuries is that there rarely is any evidence of the traditional type to make that determination. But certainly for anybody who is out of the system for a number of years, the new Veterans Charter was designed to be able to help those people. If they come back to the department and

they can demonstrate—and we help them demonstrate, actually, with medical advice and other assessments—a service-related re-establishment need, they can go directly into this rehabilitation program that Ken talked about. If they had that particular ailment, they'd be able to come in and get some psycho-social rehabilitation, and would also be eligible for the vocational rehabilitation that would follow it.

Ken, is there anything you'd like to add to that?

**Mr. Ken Miller:** I would add to that. Thank you.

**Mr. David Sweet:** Just before you add to that, Ken, is there no assessment? Would they roll right into it?

**Mr. Brian Ferguson:** No, there would be an assessment. That's what I'm saying. There would have to be an assessment as to whether or not there was a need, based on a service-related re-establishment need. That's our technical term for that process of assessment to determine. There would then have to be follow-up assessments of the degree of operational stress injury, and then there would be a diagnosis of that. There would have to be a treatment plan, and they would be eligible for benefits under the veterans' charter.

**Mr. Ken Miller:** It's an extremely good point, because you're quite right. Not everybody at the time of release is necessarily aware, or perhaps they are aware and they just simply don't wish to deal with it at that time. Both of those situations happen.

We intentionally, as part of the design of the new Veterans Charter, designed a new gateway that veterans could come through other than the entitlement gateway. This is the rehabilitation need entry point that Mr. Ferguson refers to. What we've been seeing in the nine months that the new programs have been in place is, in fact, that approvals for the rehabilitation program are at 94%. Most of the people who are asking for supportive benefits under that program are in fact being approved.

There's another extremely interesting point. I was just looking for the number, but I couldn't find it quickly; however, the number that sticks in my mind is 78% or around that level. Some 78% of those coming to us through that gateway today are veterans who were previously released. They're not releasing today. I think that makes the point very clearly that for folks such as the ones you're concerned about, the door remains open. There is an avenue for them to—

• (1700)

**Mr. David Sweet:** So 94% are actually being approved. That's not a satisfaction rate, that's an approval rate.

**Mr. Ken Miller:** That's an approval rate. Yes, it is.

**Mr. David Sweet:** Okay.

My concern is that if there's an evaluation to try to determine whether this psychological disorder came from combat or before, that would be a real concern to me. That high approval rate at least diminishes that fear in my mind.

**Mr. Ken Miller:** Could I expand on that very slightly?



Probably one of the reasons we have that higher approval rate—and it's really a benefit of doubt application of that concept—is that there are several areas where, whether the individual can put the injury report on the table or not, we're providing that benefit of doubt. Psychiatric injury is one such case. If they've been in a service where they could have experienced that, we give them the benefit of the doubt and provide benefits through the rehab program. Musculoskeletal injuries are another case in point, and hearing loss is another. That means they get access very quickly to treatment benefits that they need under the rehab plan, without that further heavier level of challenge around making the connection.

**The Chair:** Thank you.

That puts an end to that, Mr. Sweet. There is some more opportunity, but you'll have to wait. You know the deal.

Monsieur Perron, for five minutes.

**Mr. Gilles-A. Perron:** I'll make it within three minutes.

[*Translation*]

Since you're good with statistics, I would like you to give me a few.

There are many compensation applications. I'm thinking of young veterans suffering from post-traumatic stress disorder. I'm also thinking of compensation for a knee or a back, etc. What percentage of all those applications are approved?

I believe you don't have that figure but I would like you to send it to us if at all possible. For example, how many compensation applications do you receive each year in total?

[*English*]

**Mr. Brian Ferguson:** Last year, from April 2005 to 31 March 2006, there were 28,599 disability pension applications made, and that was under the old Pension Act.

**Mr. Gilles-A. Perron:** How many received some?

**Mr. Brian Ferguson:** That's how many were actually processed in the department.

**Mr. Gilles-A. Perron:** And how many requests were there?

**Mr. Brian Ferguson:** How many were approved?

**Mr. Gilles-A. Perron:** Yes. How many were approved?

**Mr. Brian Ferguson:** Overall, within the department, there's about a 60% approval rating, if you take the combination of traditional veterans and CF.

[*Translation*]

**Mr. Gilles-A. Perron:** There's something else. About the 40% of cases that are not approved, if they decide to appeal, what percentage of your decisions are reversed by the appeal tribunal?

[*English*]

**Mr. Brian Ferguson:** The next step in the process that an individual has, if they're not satisfied with the departmental decision, is to actually request a departmental review. We will do a review. About 10% of the cases go back for review, and we get roughly the same approval rating out of the reviews. Then, if they're not happy with that, they can use the assistance of the Bureau of Pensions

Advocates and go forward to VRAB. I'm not up to speed on their approval rating, sir, but we'll get that information for you.

[*Translation*]

**Mr. Gilles-A. Perron:** Please. Thank you.

[*English*]

**The Chair:** Thank you.

We'll now go to Mr. Valley for five minutes.

**Mr. Roger Valley:** Thank you, Mr. Chair.

Thank you for all the answers.

You talked about the Veterans Charter and that we're working on the bill of rights to improve things. I need to understand what we have.

You've talked about the fact that when individuals are disabled and we can't rehabilitate them, they obviously get a pension, because it's what you're there to serve. How does the pension work? Does it go past 65 years of age?

**Mr. Brian Ferguson:** I'll attempt to answer generally, and then, if I miss anything, Ken will add some additional points.

Basically, you can take the case of Sergeant Jones, who was mentioned earlier by Mrs. Hinton. If that individual came into the system today and had been medically released from the armed forces, he would be eligible for a disability award for injuries of up to \$250,000.

Ken, is it in increments of \$25,000 or \$12,500?

• (1705)

**Mr. Ken Miller:** It is actually in increments of 5%. It's 5% and upwards, and 1% increments are below that.

**Mr. Brian Ferguson:** When they got that award under the old system, they got a pension. Under the new system, they'd get an award. Under the old system, it was all they got.

Under the new system, they also have protection for lost earnings. In other words, they are eligible if the injuries require that they go into rehabilitation. During the period of time they're in rehab, they are guaranteed to receive 75% of their indexed pre-release salary, plus whatever disability award they receive.

**Mr. Roger Valley:** What if they can't be rehabilitated?

**Mr. Brian Ferguson:** That determination is made after a period of time. They're guaranteed to receive 75% until they're 65. They then get an additional retirement supplement of 2% of their earnings from the earnings-lost benefit, during that period of time, to compensate for the fact that they're unable to contribute to a pension plan.

**Mr. Roger Valley:** When Sergeant Jones hits 65, his pension will be cut off and he'll get the supplement on top of the Canada Pension Plan, but there'll be no CPP because he wasn't eligible to put into it.

**Mr. Brian Ferguson:** He would get 2%.

I don't know. We'd have to look at the circumstances.

**Mr. Roger Valley:** We're not trying to point fingers here. We're trying to figure out if we're going to have a bill of rights that will cover all the bases.

If he's receiving a pension.... As for the age, as we know, people are working longer and everything. If 65 is the arbitrary figure, shouldn't we be looking at the bill of rights to try to get some protection for these people past that age? We no longer have to retire at 65. I'm concerned about that aspect of it.

**Mr. Brian Ferguson:** I want to be absolutely technically clear on the response, so I'll ask Ken if he has anything to add on how it works at age 65.

**Mr. Ken Miller:** "Pension" is probably a bit of a misnomer in this context. It is compensation, and it splits primarily into two pieces.

The disability award, which compensates for pain and suffering, is non-economic. It's the part that compensates through a one-time lump sum payment of up to \$250,000.

The other part is economic compensation. If there has been an impact on someone's ability to earn income, then that's what it compensates for. Because it replaces income the individual would have earned, this may come into question, as you suggested.

Conventional thinking was to go up to about age 65, which is also a point at which other retirement benefits, superannuation, and so on, kick in. Given its policy objective, the program would go to age 65. If someone is permanently disabled and receiving only 75% of income up to age 65, it's the policy rationale for providing that one-time lump sum award at age 65. It's 2% of all the lost earnings that would have been received over a lifetime.

There's also an additional benefit that Mr. Ferguson didn't mention, which is quite important for those who are most seriously disabled. It's a benefit that recognizes the loss of a career path or a career opportunity because of having such a serious disability. It pays a monthly amount through three grade levels that range between \$500 and \$1,500, depending on the severity, and it's a lifetime payment that in fact continues beyond age 65.

We have a safety net program for individuals after age 65, which is the time when lost earnings stop. If they are in low-income situations and don't have other various retirement streams, as most individuals would have, they would then become eligible for Canadian Forces income support. It is a fairly basic level of support, but it's a level of support that continues indefinitely, regardless of age.

**Mr. Roger Valley:** Thank you. I'm glad for the explanation, but I think it's up to this committee to recommend in the future that if there is a gap and that 65 shouldn't be there because of changes in society, we should look at that. It shouldn't be an arbitrary thing to cut off.

When somebody is disabled and unable to be rehabilitated, how much support do we give to the spouse at that point? Is it something we should be looking at to make sure they can take some training to get to the decent job level they need to support the person who can't be rehabilitated? What level of support is in there, and is it something we should be looking at to address correctly?

**Mr. Brian Ferguson:** It's in the legislation and regulations. If the individual is cognitively impaired, cannot be retrained, and is permanently disabled, the right for training and job placement would devolve to the spouse.

•(1710)

**Mr. Roger Valley:** As Mr. Sweet mentioned, sometimes departments don't mesh well together. Is it a problem? Is it something we need to look at?

**Mr. Brian Ferguson:** We have the responsibility under the new Veterans Charter to ensure that job placement activity is successful. We work with other departments in that area to ensure that we collaborate on job placement opportunities, but we have the fundamental responsibility to ensure that the job placement activities occur, including assistance with job finding, training, and other things that might be helpful.

**Mr. Roger Valley:** I'm glad you do have that responsibility, but if it is something that needs to be addressed, since you're handling the operations this is the time to correct it in the bill of rights, if there is an opportunity.

**Mr. Brian Ferguson:** Our understanding—and correct me if I'm wrong, Ken—is that the charter design provides us with that, so we think the design is solid.

**Mr. Roger Valley:** We're only nine months into it, so we may identify a problem, but I'm glad it's there to work. What we want to do is reduce the cracks that people fall through.

Thank you.

**The Chair:** Ms. Hinton.

**Mrs. Betty Hinton:** I have a follow-up on what Mr. Valley said. How many spouses have actually accessed the education opportunity under the bill of rights?

Mr. Stoffer, I want you to know you're not alone. We have the very same problem in my end of the country with seniors who have been married for 55 or 60 years. Then one gets sick, the other is still relatively able, and they split them up; or they're both ill, and they split them up. If it makes you feel any better—it doesn't bring me much relief—those are provincial decisions. So on the federal side of things, you can feel good that we at least ensure a veteran's bed, so we're doing our part. We'll just start booting the provinces to make them do their part too.

Mr. Ferguson.

**Mr. Brian Ferguson:** I'll ask Ken if he has any stats on that. If we don't, we'll endeavour to get them for you.

**Mr. Ken Miller:** I don't have any I can provide, but I'll certainly undertake that. It may be a little early in the program, because veterans who would have entered rehab are probably still engaged in rehab.

**Mrs. Betty Hinton:** I don't want you to go to a great deal of trouble. There must be some cases where you would know immediately that the veteran wasn't capable of working anymore. I wonder in how many of those cases the spouse has been put in some sort of new training system to help support the family.

**Mr. Ken Miller:** There may well be, and I'll certainly undertake to look at that.

I should point out to you that the purpose of rehabilitation in our rehab program, from the point of view of the veteran, is not simply to re-engage the veteran in work. Some veterans can certainly benefit from rehabilitation and may never re-enter the workforce. If the program can assist them to become better engaged to participate better with their families and their communities—in other words, to improve as far along that continuum as they can—that is something of value, and part of the goal of rehabilitation. So it's not singularly for employment.

**Mrs. Betty Hinton:** No. We're in complete agreement. But how many new job training enterprises have we entered into with a spouse versus a veteran?

**Mr. Brian Ferguson:** It's not going to be a big effort to find that information.

**The Chair:** Mr. Sweet.

**Mr. David Sweet:** One of the things that got lost in our questions and I would like to know just for my own clarification is how many organizations or departments you interface with. To my knowledge, it's DND, HRSDC, and the Ontario government for medical services. But how many other stakeholders are there that you have to partner with to deliver services for veterans?

**Mr. Brian Ferguson:** Well, it's those, plus every province. The Royal Canadian Legion provides services directly to veterans as well, to assist veterans with disability awards and pension applications, so they're part of the delivery mechanism for us. They handle a percentage of the total claims coming through the system. Certainly we're partners with mainly those agencies that you've just mentioned.

• (1715)

**Mr. David Sweet:** Okay.

**Mr. Bev Shipley:** I'd like to go back. I know we seem to be pointing a little bit in terms of the satisfaction rate—

**Mr. Brian Ferguson:** Can I correct my answer to the previous question? We also have a very strong relationship with the War Amps, who assist veterans with amputations to get service from us as well. I didn't want to forget them.

**Mr. Bev Shipley:** I want to go back a little bit to the programs, the distribution of them, how you communicate them, and then also to the surveys a little bit.

You talk about how you make a tremendous effort in your programs to be very clear and get them out. You do it through a client newspaper. How do you make these programs so successful in terms of getting them out? How is it administered, if they have that high a success rate? Do you have any idea, if it is that efficient, if it is that successful, what costs are associated with making that communication system work?

**Mr. Brian Ferguson:** We've tried to build as much of it as possible into the ongoing operations of service delivery so that it's not something that's detached from the operation, if I might put it that way. We have obviously the departmental communications function, and one of the products they produce for us is the *Salute!* magazine, which is our newspaper. Our communications function helps us design a lot of these materials that we produce, such as *At Your Service*.

But the strength of the ongoing activity is really embedded in what we call our integrated service delivery framework, which consists of these 48 client service teams, backed up by centres of expertise in the areas of our national call centre network; with our treatment accounts processing centres, which are spread across the country; with our adjudication centre in Charlottetown; and with our foreign country operations here in Ottawa. A whole series of specialized areas where work that is best done centrally is done interacts with this integrated service delivery network across the country. The integrated service delivery network ensures that an interdisciplinary team with all the necessary skills is on the ground across the country. Their job really is to get out there and reach out to their client base and to respond to them when they come to us.

We also have a proactive screening centre that you may have heard of. That is a centre in Charlottetown, which we're actually evaluating to see whether we should expand it or not. It is a centre that, based on our assessment of clients who could be at risk, proactively calls them to see how they're doing. If there's any indication, using a widely accepted screening tool, that they may be in trouble, they get the area counsellor and the local client service team to go out and talk to them and find out if there's something wrong—and generally there is. We'll often find instances where somebody may be going through Alzheimer's disease, or something like that, where we have to get them into an institution.

We strive through this network to have as much outreach as we can to our clients, and then we add to it the *Salute!* magazine and other communications mechanisms. So in a nutshell, that's the methodology we've been using.

**Mr. Bev Shipley:** Is the survey that you've talked about part of the communications that you put out, or is that a totally separate initiative?

**Mr. Brian Ferguson:** That's a separate initiative that does evaluation. It's run, really, out of our central corporate planning operation. The client satisfaction survey that we referred to—the one that said 84%—is run out of our corporate planning shop. They use a tool called a common measurement tool, which was developed for government use a few years ago. It's a very stringent tool. They hire an outside firm to administer that survey. Much of it is done by telephone. It's a survey that has been used three times now by the department.

**Mr. David Sweet:** What aspect, then, Mr. Ferguson, is the Legion involved in? You mentioned the Legion doing something.

• (1720)

**Mr. Brian Ferguson:** The Legion's involved with us in actually helping process pension applications under the Pension Act for traditional clients.

**Mr. David Sweet:** Oh, I thought I heard earlier that they participated in some of the survey analysis as well.

**Mr. Brian Ferguson:** Oh, they do, and I was going to get to that.

That survey I talked about is a general survey of departmental operations. We also have specific surveys on long-term care. Our specific surveys on long-term care are done via three routes. We have a contract with the Canadian Council on Health Services Accreditation, which accredits facilities across the country and the provinces. That's the Canadian Council. We have an agreement with them that they'll use our 10 outcome areas when they accredit facilities for veterans who are resident. So that's one of them.

The second one is for our larger priority access bed facilities. Our own staff will use the same questionnaire and go out and administer it in the facilities that are near them.

The third arm of that long-term care survey is conducted by the Royal Canadian Legion under contract, with the help of volunteers, who use the same tool as the Canadian Council uses, to go out to survey smaller community bed operations across the country.

Those are the three basic mechanisms. We have a general survey for all of the services, and then we have these three mechanisms to survey the long-term care facilities.

**Mr. David Sweet:** So it's just a narrow aspect of the survey.

**Mr. Brian Ferguson:** It's one that has its own specialized survey. The general one also covers client satisfaction in those areas.

**The Chair:** All right. Now we're over to the opposition side again.

Mr. Stoffer.

**Mr. Peter Stoffer:** I have a couple of questions.

Sir, I just wanted to clarify, because I ask every official who comes here the same question. We heard before that there may be some resistance within the department by some officials regarding the need for an ombudsman. Is it correct to say that you two are definitely in favour of having an ombudsman position set up?

**Mr. Brian Ferguson:** Certainly. I think quite definitely. That's a quick answer.

**Mr. Peter Stoffer:** Thank you.

Also, unlike the case of the DND ombudsman, who was restricted in what he could look at in terms of certain dates—because veterans' issues go way back, in many cases, for a very long time—in your opinion, should the ombudsman have access to anything that he or she wishes to look at? We're excluding, of course, legal concerns or privacy issues. Should they have full access and the ability to look at whatever they deem necessary?

**Mr. Brian Ferguson:** Again, without knowing what the specific design of the ombudsman would be, it's somewhat difficult, Mr. Stoffer, to really give you a definitive answer. I would say, though, that they should obviously, within whatever mandate they have, have the ability to pursue that mandate.

**Mr. Peter Stoffer:** Okay.

When Bill C-45, the Veterans Charter, came up, there was an oversight committee made up, I believe, of six veterans organizations and others. Is that oversight committee still intact?

**Mr. Brian Ferguson:** Currently, it is not. The committee came together for a specific purpose. It was called the Veterans Affairs Canada and Canadian Forces advisory committee. It had the six

veterans organizations on it to provide it advice on the best way to handle the needs of the modern-day veteran. Their work coalesced in the issuance of a report that called for change, which was reflected in the Veterans Charter.

**Mr. Peter Stoffer:** Correct me if I'm wrong, but was there not supposed to be a review of the charter after six months?

**Mr. Brian Ferguson:** We are constantly meeting with them to bring them up to date on how well the charter is doing, but not under the official umbrella of that body.

**Mr. Peter Stoffer:** So it's fair to say, then, DVA consistently consults with army, navy, air force, the UN peacekeepers, the Legion, ANAVETS, Cliff Chadderton's group, etc.

**Mr. Brian Ferguson:** To let them know how well we're doing in the implementation of the charter, yes.

**Mr. Peter Stoffer:** Thank you very much, and Merry Christmas.

**Mr. Brian Ferguson:** Thanks, same to you.

**The Chair:** We're back to the Conservative side for questions.

No more? Fair enough.

We have about seven minutes left, and we have another issue of business that I'd like to cover before we wrap up.

With regard to the Wednesday committee meeting, Monsieur Gaudet of the Bloc has indicated to me that he does not want to have a committee meeting that day. My understanding—all based on rumour, because I don't have anything formally—is that the House will probably be rising that Wednesday. Now, this is just a rumour...

I'm so sorry; I haven't excused you yet, as guests. You're welcome to go if you so wish. Thank you very much, gentlemen.

I had kept them here with bated breath.

At any rate, the thinking is that the House is likely to rise after question period on Wednesday. That said, our committee meeting takes place from 3:30 to 5:30. I don't know for sure that the House is going to rise, but that is what I have heard. That's rumour.

Monsieur Gaudet has indicated that he doesn't want the meeting, and I'll open that up for discussion.

Mr. Stoffer.

• (1725)

**Mr. Peter Stoffer:** I would agree; if you want to CX the meeting, that's great.

I'm just wondering, Michel, over the holidays will there be any kind of draft opportunity for the ombudsman one? Or is it too premature to ask that?

**Mr. Michel Rossignol (Committee Researcher):** The intention is to have a draft before Parliament returns at the end of January. I will be working on a draft, and I hope to be able to send it to members of the committee a few days at least before Parliament returns.

**Mr. Peter Stoffer:** Fair enough. Thank you.

My other point is that I agree with cancelling Wednesday, but perhaps the clerk would be kind enough to send an invitation to Mr. Dallaire—not now, of course, but in the new year. As a military person, as a veteran who has received some of these benefits, and as someone who helped with Bill C-45, it would be interesting to get his take, his position, on an ombudsman and a bill of rights and so on. It would be very interesting.

**The Chair:** Mr. Stoffer, I have no problem with Mr. Dallaire testifying here, or what not.

**Mr. Peter Stoffer:** Excellent.

**The Chair:** I think he has tremendous background and knowledge on these things, certainly with PTSDs; he personally kind of lived that file.

The clerk has reminded me that on the issue of ombudsman, we do have a formal motion by our colleagues from the Bloc not to invite anybody else. So he would have to be—

**Mr. Peter Stoffer:** Okay, the bill of rights, say.

**The Chair:** That's right. He would have to be addressing us on another issue.

**Mr. Peter Stoffer:** Okay.

**The Chair:** Understood.

**Mr. Peter Stoffer:** Thank you.

**The Chair:** I think the issue today was just that we didn't have unanimous consent and it was kind of a last-minute surprise.

I'm getting the sense from at least two committee members that we scratch our Wednesday meeting, pending the House rising.

**Mr. Roger Valley:** We didn't realize you took your orders from the Bloc, but we agree with it.

**Some hon. members:** Oh, oh!

**The Chair:** Well, I'm looking for a head nod from our Liberal members—I've got one now—and I can't imagine there's much opposition from the government side.

So there we go. We won't be holding a meeting on Wednesday.

Merry Christmas, and to all a good year.

This meeting is adjourned.

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**Published under the authority of the Speaker of the House of Commons**

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