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## **Standing Committee on Veterans Affairs**

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**Chair**

**Mr. David Sweet**

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## Standing Committee on Veterans Affairs

Wednesday, February 11, 2009

• (1530)

[English]

**The Chair (Mr. David Sweet (Ancaster—Dundas—Flamborough—Westdale, CPC)):** Ladies and gentlemen, let's get started. We welcome Keith Hillier and Suzanne Tining from the veterans affairs department. They are going to be making a presentation today, an overview of the department's services.

I understand you'll be speaking to this deck. Is that correct?

Just one other question. Is it my understanding that you need 30 minutes total?

**Ms. Suzanne Tining (Deputy Minister, Department of Veterans Affairs):** I would say 30.

**The Chair:** It's customary that we give each witness 10 minutes, so I'll just seek the consent of the committee that they'll allow that extra time to go through this deck.

Is everybody okay with that? Agreed?

**Some hon. members:** Agreed.

**The Chair:** All right. Without further ado, we'll go to Suzanne Tining and Keith Hillier.

**Ms. Suzanne Tining:** Thank you for having us today. I'm appearing before you to provide an overview of the portfolio of Veterans Affairs Canada. I will make the presentation, and Keith Hillier and I will entertain your questions during the time available after that.

[Translation]

I'd also like to welcome the existing members of the committee. It's a pleasure to reappear before your committee and to answer your questions.

[English]

I'd like to welcome and congratulate the new members on the committee. As the minister said on Monday, it is a great committee where a lot of important work is happening.

Before I begin, Keith Hillier is the assistant deputy minister for service delivery and commemoration, working in Charlottetown.

An outline of today's presentation is on page 2 of your slide deck. I would like to give an overview of the portfolio and the mandate of the department.

[Translation]

I'd like to cover the following areas: our clientele, the benefits and services for clients, remembrance activities, and stakeholders and partners. I'll make the bulk of my presentation in English, and include some sections in French. However, I'd be pleased to answer your questions in the language of your choosing.

[English]

Our department has a very clear mandate. Since 1919, the Minister of Veterans Affairs has been responsible for the treatment and the care of veterans and to ensure their re-establishment in civilian life.

[Translation]

We are also mandated to help Canadians honour and commemorate the achievements of those who served Canada in times of conflict and times of peace, and to keep the memory of their sacrifices alive.

[English]

Essentially VAC's core business is to deliver programs and services to veterans, families, and civilians, and to provide remembrance programs.

On page 4 you will see what the portfolio looks like. It's a pretty simple portfolio. It is led by the Minister of Veterans Affairs, the Honourable Greg Thompson. It's comprised of a department, which I head. That is the middle box, under the minister and two arm's-length organizations, the Office of the Veterans Ombudsman, which was created in April 2007, and a quasi-judicial board, the Veterans Review and Appeal Board, which was created in 1995.

The Department of Veterans Affairs Act and some other 20 pieces of legislation are administered in whole or in part by the department, and that forms the full legislative basis of our department's mandate. The veterans ombudsman is Colonel Pat Stogran, and he was appointed in October 2007. Mr. James MacPhee is the acting chair of the Veterans Review and Appeal Board, after the departure of the chair in December, and we are awaiting the new appointment.

On page 5 you will see basically the number of employees the portfolio has. The department has just over 4,000 full-time positions. Close to 1,500, or around 35% of these positions, are working out of our 5 regional and 40 district offices located across the country. You will see that just over 1,300 employees are located at the national headquarters in Charlottetown, P.E.I., and you probably know that we are the only full-fledged federal department with a head office located outside the nation's capital.

You see that Ste. Anne's Hospital in the Montreal area operates with a staff of approximately 921. We have a small office in Ottawa, with just under 100 people who provide executive services to the department. The ombudsman's office has 34 staff, of which 10 are here in the capital and 24 are located in Charlottetown. And the Veterans Review and Appeal Board—VRAB, as we call them—has 29 members and a complement of 112 staff to support them.

On page 6 I thought I would give you a sense of our budget allocation over the last few years, because in some circles there might be a misconception that Veterans Affairs is winding down because of the demographics of our traditional veterans. But as you can see, since 2004-05 our budget has been steadily increasing to meet the needs of all our clients, be it soldiers returning from Afghanistan or the needs of our traditional veterans as they age. Increases in expenditures that you see there reflect the increased costs of health care delivery through increased salary costs for health professionals, increased costs of drugs and medical supplies, increased costs for related health services such as physiotherapy, chiropractic services, massage therapy, and many more.

It also reflects the expansion of programs supported by the budget of 2007-08, such as the addition of five operational stress injury clinics that the minister talked about on Monday and the extension of the veterans independence program to low-income and disabled widows.

On page 7 you will see that we have planned, for 2008-09, \$3.4 billion in spending, and if you look at the two main pieces of the pie, you will see that about 60% of our budget goes to transfer payments for disability pensions, disability awards, and financial support. The second-largest piece of the pie is for our benefits and health care budget, so you have a 60-30 split between pensions and health care. That's about what we have in our planned expenditure for 2008-09.

On page 8 the committee was very involved in the work leading to the government statement on veterans rights, and veterans organizations testified on the declaration before this committee in a previous session. So this committee has played a critical role in addressing issues that veterans have raised throughout the process leading to the approval of this bill of rights.

• (1535)

Page 9 is just a summary of our clientele. We serve a very diverse group of clients, and although our clients are primarily veterans, they are not exclusively veterans. The term “veterans” includes traditional war veterans—those who served in the First World War, the Second World War, and the Korean War. In the department you will often hear about “traditional war veterans”, and that is who that comprises. The term “veteran” also includes, of course, former Canadian Forces members.

The veteran status for former CF, or Canadian Forces, members provides the group with recognition for their military service and their exposure to risk—for example, in peacekeeping missions and other modern-day operations such as Afghanistan.

• (1540)

[Translation]

The clientele of Veterans Affairs Canada extends beyond veterans. It includes, among others, their survivors and dependents, including

children and spouses. It also includes active members of the Canadian Forces, former and active members of the Royal Canadian Mounted Police, as well as a number of allied and civilian veterans. More broadly speaking, Canadian citizens are also our partners and our clients.

[English]

On slide 10 we look at numbers of clients. It is estimated that close to 800,000 veterans and still-serving Canadian Forces members are with us today. When you look at the traditional war veterans, you will see that we are serving 76,000 of them as clients, and there are close to 200,000 living. So about 40% of living traditional war veterans are our clients.

As you can see, only a portion of Canada's veterans become clients, because we are serving those who suffer from service-related injuries or disabilities or those who are income qualified.

On page 11 you can see that over the past several years—not surprisingly—our client base has been shifting, and it is expected to change dramatically over the next ten years. We are witnessing a decline in the number of traditional veterans we serve and an increase in the number of modern-day veteran clients who are looking to our department for support and assistance. You can see in the bar chart that around 2012, our forecast shows that the number of modern-day veterans will exceed the number of traditional veterans we are serving.

At an average age of 85, approximately 2,025 veterans pass away every month. But despite the decline in the absolute number of traditional veteran clients, like other aging Canadians, advancing age and deteriorating health translate into more intense and complex care needs, especially in the last six months of their lives.

Modern veterans, many with growing families, have very different though equally demanding needs.

On page 12 you will see the benefits and services available for clients. The traditional veteran who has a service-related disability is entitled to a disability pension, and the pension is a gateway to other benefits and services, including health care. The traditional war veteran who is low income is also entitled to the war veterans' allowance, which is also a gateway to other benefits and services.

Thanks to the new Veterans Charter, modern veterans have access to programs designed to help them successfully transition into civilian life when their military careers come to an end. But all veterans are eligible for case management, mental health support, redress before an arm's-length quasi-judicial board when they are dissatisfied with a departmental decision, free legal services to appeal decisions before the review board, and advocacy through the veterans ombudsman.

I'll go a bit deeper into the different categories of clients and start with traditional veterans. The disability pension program is a major gateway to other VAC services and benefits. A disability pension provides financial compensation to veterans and Canadian Forces members and their dependants for death and disabilities related to military service. The pension amount relates to the degree or percentage of disability, based on functional impairment. It is not an income replacement.

In February 2008, the veterans independence program was expanded so that more low-income and disabled survivors would have the help they need to remain independent in their homes. To date, over 2,000 survivors have been approved under this extension.

On page 14, for those traditional veterans who are facing financial hardship there is an allowance and financial assistance for emergencies. There are also allowances to cover extra costs of disability, such as clothing alterations for amputees.

Finally, in partnership with the Last Post Fund, we work to ensure that every veteran receives a dignified funeral. The service is available when the death occurs as a result of a pension condition or where there are insufficient funds in the veteran's estate to cover the funeral.

• (1545)

As shown on page 15, in the three-year period between 2001 and 2004, our Canadian Forces client population increased by 58%. So it became quite apparent to the department officials that these clients had a wide range of needs that could only be met by a robust suite of programs and services that did not exist but needed to be specifically focused on helping clients successfully transition to civilian life. The result was the new Veterans Charter, launched in April 2006 with the support of all parties.

[Translation]

It was the most substantial reform carried out at the Department of Veterans Affairs since its inception in 1944. We often compare the new Veterans Charter to other documents which need to change with evolving needs. It's important to stress that nothing about it is set in stone. Our programs and our services are going to continue to evolve in order to meet the changing needs of our veterans in modern times. We will ensure that the communication lines remain open with veterans organizations and with the Canadian armed forces community, including families and the servicemen and women of the Canadian Forces.

[English]

On page 16 you will see the five services and benefits that are included in the new Veterans Charter. The new charter provides modern-day veterans with the tools and opportunities to build better lives for themselves and their families after their careers in the

military have ended. It offers personalized case management, access to health services and health insurance, rehabilitation services, job placement, financial support, and of course a lump-sum disability award.

On page 17 we discuss case management. We provide a variety of services for a wide range of clients. Today, help is delivered to clients by multidisciplinary teams of specialized professionals working in private, provincial, and federal settings. This requires solid case management by those who interact directly with veterans, their families, and their caregivers. The goal, of course, is to ensure a high quality of care and support toward independent and autonomous living. That's very much what was behind the new Veterans Charter.

We will now go to page 18.

[Translation]

In addition to supporting the Department of National Defence's efforts and operational stress injury clinics, Veterans Affairs Canada runs 10 treatment clinics for operational stress injuries nationwide, including a national coordination centre at the Sainte-Anne Hospital. Recently, we announced the establishment of a residential treatment clinic which will provide specialized services to veterans, Canadian Forces service men and women, and members of the Royal Canadian Mounted Police who are living with operational stress injuries related to their service. This clinic will have a maximum intake of 10 persons for a one to eight-week stay. The residential treatment clinic should open its doors by April 2010 at the Sainte-Anne Hospital.

• (1550)

[English]

We're hearing more and more about how tours of service in the military can sometimes have devastating effects on the mental health of our servicemen and servicewomen and those released back into civilian life. The need for a comprehensive mental health strategy is critical to treating a growing number of our clients who have psychiatric conditions resulting from operational duties.

So our mental health strategy involves early promotion and early intervention, treatment, rehabilitation, and ongoing care. It also involves building capacity through new clinics across the country to reach as many clients as possible and collaborating with our partners. Together with National Defence, we have established a joint national network called the operational stress injury social support group, OSISS, an acronym that you might hear often. This team has appeared before both this committee and the Senate Subcommittee on Veterans Affairs in previous sessions, and you might want to consider inviting them to hear what they have achieved.

Of course, there are enormous challenges ahead, and we are listening to our clients to best adapt the services to their needs.

To continue on page 19 in reference to mental health support, we are working closely with our DND partners and the families of returning soldiers to identify those most at risk and to intervene early to offer help. There's a lot of research that demonstrates that early intervention in mental health cases is really key to success of the therapy. The operational stress injury social support program, which I just talked about, was created in May 2001 and is a partnership between VAC and DND. It is led by peer and family support coordinators, who provide confidential peer and family support.

I think it is important to recognize that this partnership is the only common and continuous formal social support capability that a CF member or a veteran suffering from an OSI experiences in their recovery or transition from military to civilian life. In addition to sharing the cost for this program, our department is involved in the peer support network on three major fronts: first, of course, many peer support coordinators are co-located in our district offices; second, the St. Anne's Hospital centre and the mental health directorate of our department is providing ongoing training and support for the coordinators; and third, we have a co-manager for the program who plays a key role in program design, implementation, ongoing operation, evaluation, and research.

The OSISS peer support network has 22 peer support coordinators and 20 family peer support coordinators located in 14 sites across the country. In the fall of 2006, bereavement peer support was added to the OSISS program, whereby trained peer volunteers reach out and provide peer support to immediate family members who have lost loved ones through military service.

In reference to page 20, when a client disagrees with a decision on an application for benefits and services, there are two levels of appeal within the department. When these two levels of appeal have been pursued and no agreement has been reached, a client can apply to the Veterans Review and Appeal Board to have his or her case heard before the tribunal.

The Bureau of Pensions Advocates is mandated to provide legal assistance to applicants and pensioners with their applications for review and appeal and to represent them before the board. The bureau has offices across the country and addresses an average of 13,000 claims a year. It is important to note here that no other country that we know of offers this free legal service to their clients.

In April 2007, the government officially announced the creation of a veterans ombudsman and unveiled a new Veterans Bill of Rights. The veterans ombudsman is an independent officer who reports directly to the Minister of Veterans Affairs. Colonel Pat Stogran was appointed in October 2007, so he has just completed his first year as ombudsman.

- (1555)

Turning to page 22, family support, we believe that families are the underpinning of a veteran's well-being. You'll see on this slide the benefits and services available to family members. We all know that when someone in our family suffers an injury or disability, the rest of the family must adjust and face stress and hardship through the temporary or permanent loss of support, so our programs want to

recognize this. We also recognize that the injured family member's rehabilitation is hampered if the needs of his or her family are not being met. So it just makes sense to involve family members in the rehabilitation of their loved ones and to address their needs as well.

On remembrance, commemoration is an important part of our mandate. This is why earlier I said that all Canadian citizens are our partners and clients. In addition to organizing ceremonies and events across Canada and overseas, we are also responsible for numerous memorials and cenotaphs, honours and awards, and for public information and outreach.

[Translation]

The Community Action Partnership Fund, which we administer, provides financial assistance to groups and not-for-profit organizations organizing activities which honour veterans of the Canadian Forces.

We also provide financial assistance to national war memorials and monuments. We commemorated an important anniversary in 2008, the 90<sup>th</sup> anniversary of the end of the First World War. In June this year, we will be marking the 65<sup>th</sup> anniversary of D-Day.

[English]

Turning to slide 24, focusing on youth is a priority for remembrance, and that is why we are working with educators across the country. Our goal is to pass on to our young people the memories of veterans' achievements and sacrifices and the contribution our men and women in uniform have made to the building of our country and the promotion of Canadian values in troubled areas of the world.

As an example, every year at this time or before this time, we launch in the schools our Valentines for Vets project across the country. Our parliamentary secretary for the minister was at the Perley Rideau Veterans' Health Centre yesterday to distribute some of these Valentines for Vets to the veterans who are living there.

Here in Ottawa there will be a drop-box in Confederation Park for anyone who wishes to leave a valentine. The cards are collected and sent to veterans in long-term care facilities across the country. The box is in the park throughout Winterlude, right beside a heart-shaped ice sculpture, which I hope doesn't melt between now and Valentine's Day.

Another example is partnering with the National Capital Commission. You will have received your invitation to our illumination ceremony for an ice sculpture with a NATO theme, which will take place on Thursday this week. This year marks the 60th anniversary of NATO, and close to 500 veterans and guests will attend the evening ceremony. We will also have diplomats from the 26 member countries in attendance.

So we have a number of initiatives that we continue to pursue to find ways to honour milestones as a tribute to our veterans.

Page 25 deals with stakeholders and partners. We work very closely with the six major national veterans organizations, but the six names you see there are not the only organizations we work with. The national council represents 55 organizations, including aboriginal veterans, Gulf War and Korean War veterans associations, and others.

We also have a number of advisory groups. You have the list here. The Gerontological Advisory Council advises the department on how to address the changing needs of our traditional veterans, so they may continue to enjoy optimal health and well-being as they age. The composition of these advisory groups is representative of veterans organizations, academics, and other experts who are there to provide advice to us.

You have the new Veterans Charter advisory group, and they are really relatively new, but they are providing tremendous help in assessing how the programs are meeting the needs and identifying gaps in services that we have not contemplated.

We also have our latest one, the mental health advisory committee, which will have its first meeting next week.

As I said before, the Department of National Defence is really one of our closest partners, if not the closest partner we have. Modern-day veterans represent an important and growing client group for our department. This fact and Canada's commitment to the successful re-establishment of injured soldiers have promoted the need for greater consultation and closer cooperation between Veterans Affairs and National Defence than ever before, in order to bridge the gap between military and civilian life.

I'm going to stop here.

• (1600)

[Translation]

Over the upcoming years, we are going to face interesting challenges and thanks to your help and advice I hope that we will be able to take up these challenges and honour the government's commitment to our veterans.

[English]

I want to thank you for your attention. We would be pleased to answer questions, and I also want to say that departmental officials can come and brief you on any specific aspects you have an interest in, or engage in a discussion on the programs and services we are offering.

Merci.

**The Chair:** Thank you, Deputy Minister.

I wonder if you could go to page 19 just for the committee to make sure, because one thing was printed and I believe you said something different. Just at the bottom, you had mentioned "20 family peer support coordinators". Is that correct, rather than 12?

**Ms. Suzanne Tining:** That's what I have. I'll have to double check, because my notes say 20, but you're right, the slide says 12.

We'll clarify that for the committee members.

**The Chair:** Thank you, Deputy Minister.

**Ms. Suzanne Tining:** Thank you.

**The Chair:** We'll proceed to questions now.

On the first round, Madame Sgro, seven minutes.

[Translation]

**Mr. Roger Gaudet (Montcalm, BQ):** On page 19 of the French version, it states "22 peer support coordinators and 12 family peer support coordinators". I don't know what it says in English because I don't have it.

**Ms. Suzanne Tining:** It says the same thing in English.

**Mr. Roger Gaudet:** So there are 22 coordinators.

**Ms. Suzanne Tining:** That's what I said, but the slide refers to 22 and to 12. So, I'll have to get back to you with the right figure.

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

**The Chair:** Is that okay, Mr. Gaudet?

**Mr. Roger Gaudet:** That's perfect, Mr. Chair.

[English]

**The Chair:** Okay.

Madam Sgro.

**Hon. Judy Sgro (York West, Lib.):** Thank you very much.

And thank you so much for your presentations. I think it probably warms the hearts of everyone to see the kinds of programs that are going on and the outreach that is being done.

I have a couple of questions. Unfortunately, I had a death in the family so I wasn't here on Monday. But there are some comments from the minister that I'd like you to explain a bit. The minister indicated, and his quote was, "If you died today and your wife needed VIP treatment, guess what, she wouldn't get it."

Does the department plan to fix the problem as to who's eligible for that VIP program?

**Ms. Suzanne Tining:** On access to VIP, let's say you are the partner of a veteran. The veteran received VIP before he died. Therefore, as his spouse, you will be receiving VIP at the same level until the end of your life. That's the program that exists now.

The addition that was made in the budget last year was for low-income and disabled survivors who did not have access to VIP because the veteran did not request it before he or she died—mostly he. The government decided to provide these widows with access if their husband had been able to qualify but never did ask for it. That was a change in Budget 2008.

**Hon. Judy Sgro:** Is there a reason that the veterans who are eligible for this program are not reaching out for it? I would assume the kinds of services that are offered are fabulous and would be of huge assistance, say to the wife of a male veteran.

Why wouldn't we give it to all veterans automatically? You wouldn't have to wait to see if they applied for it. Maybe many of them don't even know it exists.

•(1605)

**Ms. Suzanne Tining:** Keith, can you give the numbers?

**Mr. Keith Hillier (Assistant Deputy Minister, Service Delivery and Commemoration, Department of Veterans Affairs):** In terms of VIP, currently there are 74,000 veterans and a further almost 29,000 survivors receiving VIP, for a total of around 103,000.

The issue of others being eligible for programs is really a matter for the government. That's the prerogative of the government to put forward programs for Canadians.

We ensure that those who are eligible for the program are made aware through the various outreach programs we do in consultation with the Royal Canadian Legion, other veterans organizations, announcements, and outreach through our district and regional offices.

Eligibility is a much larger question, not just for this program but for any program of government. The government of the day decides on eligibility through the cabinet process.

**Hon. Judy Sgro:** There is such a large number of people who don't take the services; I can't imagine them not wanting it if they knew about it. We could look at something as simple as income tax forms and putting a box there that asks whether they are a veteran. If that box is checked, they automatically get additional information. It just seems that there should be a better way dealing with this issue.

I have a further question on our veterans from Afghanistan. Men and women are coming back from Afghanistan, and I think it would be very hard for them to say they're in need of assistance. Our image of our men and women who go abroad to fight for our country is of people who probably would not find it easy to say they think they need help.

The follow-up seems to be done most immediately. But what about a year later when some of these things start to react within families—domestic abuse, a variety of other things? Is there a connection so that a year or two or five years later, when the symptoms really start to appear, they would reach out and know they're entitled to services?

**Ms. Suzanne Tining:** Yes. For this fund there is no limit to the time in which you can access services, contrary to the case in other countries. I know for a fact that, for example, in the United States and the United Kingdom, you have a limited time in which to actually request the services of veterans affairs. We don't have a limit here.

The point is that before a serving Canadian Forces member leaves the forces on a voluntary release, our professionals will have a transition interview with this individual and with members of the family if they want to attend. They will have a conversation with this member about what he or she feels his or her needs are, and then

we'll work with him or her on a transition plan well before the day that he or she walks out the door.

We also have outreach with our family coordinators across the country to make available to them the information on programs and services that could be available to their spouses, because you are quite right, often the individual himself or herself will not recognize that he or she is in need of help.

The more information we can have in the general public about programs and services available, the better the chance that we will be there for someone who needs us. We are working with all our partners in veterans organizations and elsewhere to make that information available.

**Hon. Judy Sgro:** Thank you very much.

**The Chair:** You have one more minute, Ms. Sgro.

**Hon. Judy Sgro:** Thank you.

What are the qualifications of the people who sit on the mental health advisory committee?

**Ms. Suzanne Tining:** We have representatives from the six major veterans organizations, and we have specialists—I don't have the list with me—who have been recognized in a number of different areas of mental health.

•(1610)

**Hon. Judy Sgro:** Thank you.

**The Chair:** Thank you, Madam Sgro.

Monsieur André.

[*Translation*]

**Mr. Guy André (Berthier—Maskinongé, BQ):** Good afternoon, Madam. I'd like to thank you for having given us a really good snapshot of the array of services provided to veterans. It was a good basic summary, especially since I'm just getting up to speed on this file.

Yesterday, we discussed the budget with the minister, which totals about \$3.4 billion; it has not gone up much. I read that that there was a call to reduce the budget forecast by \$24 million, by way of rationalizing services. So there would be an attempt to provide more services with less money. Given that we are currently engaged in the conflict in Afghanistan, I imagine that the demand for health care services, whether it be for post-traumatic stress disorder or injuries, will actually increase. And yet, we're being asked to rationalize. I'd like to hear your thoughts on this.

I'm thinking most specifically about Sainte-Anne Hospital. The hospital is being asked to cut its spending by \$2.3 million this year. How are these cutbacks going to affect the quality of care clients receive?

In Quebec, for example, there were 39 or 40 area counsellors covering Quebec City, Montreal, and most of the regions. I observed that the caseload, i.e. the number of clients per health care professional or case manager, was quite high. The caseload is also high when it comes to the traditional clientele, as you call them in your document.



The average case manager's caseload is around 600 traditional clients. I have some roots in that community because in a previous life, I was a social worker in a CLSC. I compared this caseload with the caseload I had back then, and I found it to be quite high.

Is the service delivery model working? Have services been streamlined? Are those working in the field and providing health care services happy, and by this I mean the case managers, nurses, and other professionals? Can cutbacks be made without there being a major impact on service delivery?

**Ms. Suzanne Tining:** Your question can be broken up into three sections. As to whether or not they are happy, I'll ask Mr. Hillier, who's responsible for service delivery, to respond.

**Mr. Guy André:** Happy, well that's one way of putting it. Are they capable of carrying out their duties in a manner...?

**Ms. Suzanne Tining:** If I can just give you a succinct answer to your questions.

You talked about restructuring of services and the \$24 million.

**Mr. Guy André:** That's right.

**Ms. Suzanne Tining:** Every four years, the Department of Veterans Affairs, just like all federal departments, has to review all its programs and services. It's called a strategic program review. The purpose of this exercise is to review all programs in order to determine which programs are the least in keeping with government priorities.

Government priorities can change and if the administrative apparatus isn't on top of these priorities, money may not go to the right place. Every federal department has to review its programs and identify the 5% of programs which are fully aligned with objectives or not as effective.

The Department of Veterans Affairs was subject to a strategic program review in 2008-2009, and the findings were published in the budget which was passed a couple of days ago.

In the case of the Department of Veterans Affairs, 5% of \$3.4 billion actually totals far more than \$24 million.

• (1615)

**Mr. Guy André:** The findings were published, but was the whole study published, and used to determine this outcome?

**Ms. Suzanne Tining:** No, it still hasn't been made public.

**Mr. Guy André:** So it still hasn't been published. Will the committee be able to get access to this document?

**Ms. Suzanne Tining:** I'm waiting to hear back from the Treasury Board Secretariat as to the ministers' decisions on the strategic review.

**Mr. Guy André:** Will it be made accessible soon?

**Ms. Suzanne Tining:** I hope so, because if we want to implement this, I'll need the report on the Treasury ministers' decisions.

**Mr. Guy André:** I imagine the committee will have access to that document.

**Ms. Suzanne Tining:** If it's made public, yes.

So that's the strategic review and service rationalization piece, in a nutshell.

The second part of your question was with respect to Sainte-Anne Hospital. You mentioned cutbacks to the tune of \$2 million. I just want to clarify something.

**Mr. Guy André:** \$2.4 million.

**Ms. Suzanne Tining:** Yes, that's right. I just want to point out to all committee members that every department manager, as well as all public federal public service managers, must constantly review the way they administer public funds. So in this particular case, the director general of Sainte-Anne Hospital must, just like every manager, review the entire budget and figure out how to provide the best services given the money available in the budget.

This year, Sainte-Anne Hospital held consultations between the union and labour to review just how the hospital will be able to stick to its budget next year, in fiscal 2009-2010. However, no staff cutbacks have been planned to date, and no reduction in terms of client services.

An attempt is always made to maintain services and benefits at the current level. And when hospitals are concerned, they try to ensure that there's no reduction in patient services. As part of this process, decisions are made as to spending and managing the budget in order to come up with the amount in question.

As far as your 39 or 40 counsellors and their caseloads are concerned, those numbers are only a piece of the puzzle. For example, when it comes to our traditional veterans, in many ways you may say that it's easier for a case manager to process the case of a member of the armed forces who comes back from Afghanistan with complex psychiatric or psychological problems. Keith and his team have a well-oiled network to determine acceptable caseloads.

Over the course of the past three years, the department has had to deal with major changes which have affected our front line service providers. They've had to adapt to serving both the traditional geriatric clientele—seniors—and the new generation of 20 or 30-year-olds who have major mental health needs.

I hope I've answered your question.

Do you want to add anything, Keith?

• (1620)

[English]

**Mr. Keith Hillier:** I can add to the deputy's comments, particularly with respect to the Quebec region. I spent two days last week at Valcartier. I had the opportunity to meet with the VAC-DND team that's actually located on the base. I also had the opportunity to meet with the director and the client service team manager from the office in Sainte-Foy.

I think there are a couple of things to bear in mind. First of all, with regard to some of our modern-day veterans, particularly those who are going through the various types of rehab, whether it be vocational or psychosocial, the caseload is much more demanding. It's for this reason we recognize that in some cases, particularly where we're very close to Canadian Forces bases, we need a different mix.

As the deputy had noted, 600 is a number, but some of these people in the case mix of 600 receive a cheque via direct deposit into their bank account each month, so the actual level of intervention is very, very low.

However, for the most serious cases, we're looking at a different model. We're actually going to be testing some models in Sainte-Foy, at Valcartier, and in three other locations across Canada to see what would be a more manageable workload. Also, in those cases where the caseworker identifies that a veteran or a veteran's family member has a specific need, by giving increased delegation authority we can expedite that need through the system much more quickly. We can do that by giving more delegated authority to those who are there with the veteran. We're very sensitive to that.

As a matter of fact, in Valcartier we actually have 15 Veterans Affairs employees who are working full time. They go to work every day at Base Valcartier.

In terms of the numbers of area counsellors, we've actually increased the numbers in Quebec slightly over the last number of years. In fact, we're doing work around Saint-Jean and Bagotville as well. On April 1 we'll be opening a new note on our call centre in Montreal, so that our clients who prefer to have

[*Translation*]

for French services we'll have a single number to call. The call centre will be located in Montreal for our francophone clients. There has been a lot of pressure, and there is a lot of work to do. However, I think that now,

[*English*]

we're actually trying to do that balance. Part of it is that my management team and I are actually having our management meetings on Canadian Forces bases, where we're having an opportunity to interact with the men and women and to hear first-hand what some of their issues and needs are.

**The Chair:** *Merci beaucoup, Monsieur André.*

Mr. Stoffer, who was the star of *Power Play* on CTV last night, *cinq minutes, Monsieur.*

**Mr. Peter Stoffer (Sackville—Eastern Shore, NDP):** Thank you, Mr. Chairman.

Deputy Minister and Keith, thanks for coming here today with your officials. I have a few questions for you. If you don't have the statistics here and could send them to us at your convenience, that would be really kind.

In your pamphlet you say that 79% of people are satisfied with the services. Well, if I were a veteran or a family member and I had received a service, I'd be satisfied, too, but do you take statistics of those who are turned down? I'd sure like to know those statistics and what they think of DVA when they're turned down.

On the charter, the minister received a letter from the Royal Canadian Legion, which we've all received as well, asking that a discussion of the charter be looked at, that it be reopened. As you know, the lump sum payment for veterans who are disabled is causing a lot of grief for individuals. This is a living document that all parties signed on to and that all the major veterans groups

supported on the premise that if there were problems or anomalies the charter could be looked at and reopened.

Have there been discussions within the department about looking at that and giving the option to veterans of either a lump sum payment and/or a lifelong pension? You may know that in Britain, just prior to Christmas, they announced a new benefits package. In the event of the unlimited liability, the ultimate sacrifice, the estate receives up to \$1 million Canadian. In the case of severe injuries, they can receive a lump sum payment and a lifelong pension. This kind of blows our compensation package out of the water in that particular regard, so I'm just wondering if discussions of that nature have taken place.

Of DND personnel who are currently working, I've heard that at last count there were over 900 within DND receiving a VAC pension. I'm just wondering if you can give us an up-to-date figure on that.

Also, on Agent Orange and the probability for the acceptance for Agent Orange, all the papers have to be in by the end of April, I believe. Can you tell us how many have received the \$20,000 to date and how many the department anticipated prior to when the program was put in?

Last but not least, on the Veterans Review and Appeal Board, how many men and women of the Veterans Review and Appeal Board have military and medical backgrounds?

Here's the very last one for you. Maybe it's just the way I read this. On page 4 of your pamphlet you say that the "Ombudsman reports to the Minister", but on page 21 you say that he reports annually to Parliament. Does that go to the minister first and then to Parliament or...?

That's the last question. I have many more, but I'm sure the chairperson would cut me off.

Thank you.

• (1625)

**Ms. Suzanne Tining:** I'll start with these seven. We'll go through all of them and you'll stop me when you have enough?

**The Chair:** When it's reasonable, yes.

I should note as well, just so I can serve the committee properly—and I'll pause the time for a second—that I detected that there was an undertaking with Mr. André, and you were going to get him some numbers as well, as far as the expenditure on management is concerned. Is that what I heard in the last exchange, that you were going to provide some...? I just wanted to make sure that the undertakings were done here in terms of the two requests.

**Mr. Peter Stoffer:** And, sir, before I let her answer, I have one last question. This one may receive a written reply later.

When the Prime Minister in September of last year made a commitment to the allied and Commonwealth veterans regarding the war allowance, I'm sure the minister must have known how many allied or Commonwealth veterans we have in the country over the ten-year period and what that would cost. I'm wondering if you have that information, or if not, if we could have it later.

What was the government's anticipation for that promise?

**Ms. Suzanne Tining:** We will look for the numbers, but I'll start answering your question.

On the first part of the question, which was on the letter from the Royal Canadian Legion about the requirement to reopen the new Veterans Charter, you may have heard over the last two years the minister and departmental officials talking about a living charter. It is my understanding that when the new Veterans Charter was announced, the government committed that this new Veterans Charter was going to be a living charter and that we would modify the charter according to the needs as the needs became more visible and understood by us.

I've referred to the new Veterans Charter advisory committee, and of course one of their big pieces of work is to help us identify what works well with the new Veterans Charter programs, what doesn't work well, and what's missing. Later in the spring they will present their first report. I know for a fact that one of the areas that was identified early on is earnings loss. For example, when a veteran is undergoing rehabilitation, he is entitled to 75% of earnings loss compensation while he is getting himself ready to go back to work. The way the charter has been created, it's 75% of your pre-release military pay, and for some of the lower-ranking military men and women, that's not very much. So that's one area we need to look into to see if there are some changes needed.

That was your first question.

On your reference to the United Kingdom and the changes they've made recently to their allowances in the case of disability or death, I would be pleased to provide to the committee the analysis that we've done comparing the United Kingdom's recent announcement to the new Veterans Charter. I know you can't compare just the amount of the disability award, because the new Veterans Charter is an all-encompassing series of programs. The minister has asked for and we have done the comparison, and I'd be happy to provide that to the members of the committee to show that in most cases our Canadian veterans are better served by the new Veterans Charter than under that big number of \$1 million, for example, coming out of the United Kingdom.

That's your second question.

I can't read my writing for the third question. I'll go to Agent Orange. We've had, if my numbers are right, for 2009...cheques issued, approved payments, up to—

• (1630)

**Mr. Keith Hillier:** February 2.

**Ms. Suzanne Tining:** And that's just over \$1.1 million...no, it's \$20,000 by the number of veterans.

The creation of the ombudsman is through an order in council. He is a special advisor to the minister, so he reports to the minister. But he has to report to Parliament once a year, and the minister will be presenting his report in Parliament. So through the minister he will report to Parliament.

Can you refresh my memory on the next one?

**Mr. Peter Stoffer:** Yes. How many men and women on the Veterans Review and Appeal Board have medical or military backgrounds?

**Ms. Suzanne Tining:** I will have to get back to you on that. I don't think we have the information here.

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

**The Chair:** That's a sizeable amount of time on Mr. Stoffer's questions.

The clerk says we'll check the blues, and wherever you've said you'll provide information, I'll put it in a letter to remind you, to make sure that everything's clear on what you need to provide.

**Hon. Judy Sgro:** Will you ensure that whatever information comes in is given to all members of the committee?

**The Chair:** Absolutely.

Now we go to the Conservatives.

Mr. Kerr, for seven minutes.

**Mr. Greg Kerr (West Nova, CPC):** Thank you, Mr. Chair.

I think it's been an extremely helpful presentation today. Even though I've already been briefed a few times, I keep learning. I think it's just amazing what does go on.

She mentioned that we were at a very special event at Perley Rideau yesterday, and I will recommend that we go there as a committee to visit at some point. We gave out valentines that were made by young students from across the country, and it was quite amazing to see the reception and the reaction of the vets. It also reminded us that these young people are both aware and very, very appreciative of what the veterans have done. So a lot of progress has been made on that front compared to several years ago.

Also, there are some great gifts and mementos for sale there that are created by the vets, and they're quite unique and quite special. If the committee does go, we want to take our wallets with us. We didn't get out of there yesterday without making a few purchases along the way.

I know there's a lot of interest and a lot of concern in terms of the support for returning vets and those who have gone through severe stress. I think it's one of those areas that we have become more aware of and more sensitive to as society moves on.

I'd like if you could talk about how that is working in a general way and where you see areas of potential change, because I know there's a lot of thought on that. Also, please expand on the relationship with DND, because there's a terrific amount of work that may not show up under this budget that is covered through the DND process, and that does help.

There are a few other areas, but perhaps we'll start there and see how the time goes.

Thank you.

**Ms. Suzanne Tining:** I will ask Keith to cover that.

**Mr. Keith Hillier:** With respect to the handling of individuals and some of the challenges, it really starts when the members are coming back—from Afghanistan, for example—and they have a decompression time in Cyprus. There are actually DND caseworkers and some people who formerly served in Afghanistan who are there with the men and women before they come back to Canada to identify individuals who may be having particular problems.

So we, working with DND, are looking to see if there are any potential client issues that need to be dealt with right from the very early stages. When the client comes back to Canada, we can immediately work on a case management plan and try, to the greatest extent possible, to have a seamless transition between DND and ourselves. That's why we are present on bases such as Valcartier, Edmonton, Gagetown, and Petawawa. We're also expanding into others to make sure we have that level of service.

In terms of the case managers, the case manager has a multidisciplinary team available that consists of doctors, nurses, and social workers. They have the ability to make referrals, if necessary, depending on the nature of the illness. For example, with PTSD, they'll refer them to an OSSIS clinic for peer support.

So every client has a case plan that is developed by medical and social work professionals to meet the needs of that particular client, with the view of rehabilitation and successful reintegration to continue their military career or in fact to reintegrate back into society if they choose to leave the military. So that's the general process.

The other thing that's important in the process is that the OSSIS peer support is being viewed very, very successfully. I know there was a lot of information in the material, but other veterans administrations around the world are actually looking to this experience in Canada—the success in the OSSIS peer support—as a way of connecting with those particular individuals.

●(1635)

**Mr. Greg Kerr:** One of the things that I think it is important to understand—and Peter Stoffer has rightly pointed this out—is that a matter of concern will always be there. Not everybody is satisfied with the end result. Not everybody is going to receive the service they want.

Perhaps you could expand on how those dissatisfactions are dealt with and how they arise. It is a matter of concern, I know.

**Ms. Suzanne Tining:** I'll answer both your question and Mr. Stoffer's question. I have to say that when I got into this job two years ago that was one of my first questions. The department said they had a very high rate of satisfaction and I said, "Who did you ask?" If you only ask the people who get the service, you probably will get a higher number. I was briefed, and I could provide more information, but we're asking both the ones who are getting yes and the ones who are getting no as an answer in our sampling of services.

When people are not satisfied, I think it is fair for me to say that the redress mechanisms available to our clients are probably more extensive than what you have in the many countries that provide services to veterans. I refer to the fact that if you make an application and are dissatisfied with the decision by the department—it may be that you get a yes, for example, on a disability pension, at 40% of

disability, but you feel you should be at 50%—then you can ask for a review by the department, and we'll do the first review. If you're still not satisfied, there's a second review by a higher level in the department. That's two levels of review in the department. Then you can go to the Veterans Review and Appeal Board. In order to prepare you for that, you can provide more information than that which supported your initial application. You have a lawyer to help you go through what would strengthen your case before you go before the tribunal, and then you have the tribunal.

These are all put in place to make sure that if you are not satisfied with a decision by the department, you have redress mechanisms. Of course, with the introduction of a veterans ombudsman, which has been in place for just over a year, you can also appeal to him and say that you're not satisfied with the tribunal's decision. The ombudsman can identify whether or not it's a systemic issue and either raise it in his report or raise it with the minister.

**Mr. Greg Kerr:** Thank you.

**The Chair:** That is your time, Mr. Kerr.

We'll go to the second round now for five minutes.

Madam Foote.

●(1640)

**Ms. Judy Foote (Random—Burin—St. George's, Lib.):** Thank you, Chair, for arranging for today's presentation. It has been very informative, but there are questions coming out of it that I'd like to put to you. Some of them you may have to get back to us with the answers, if you don't mind.

On the reference to a bill of rights, I'm wondering if this is enshrined in a piece of legislation.

**Ms. Suzanne Tining:** It is not, but there are some binders with information that have been prepared for your information.

The veterans Bill of Rights is signed by the Prime Minister and the Minister of Veterans Affairs. I can go through it quickly.

**Ms. Judy Foote:** If you have it there for us, that's okay.

It isn't actually a bill that's been enshrined in legislation.

**Ms. Suzanne Tining:** It's not a bill, as in legislation.

**Ms. Judy Foote:** Is there any intention to make it a piece of legislation?

**Ms. Suzanne Tining:** Not that I am aware of.

**Ms. Judy Foote:** On page 10, where you talk about the number of veterans who are availing of service, I think you said it's based on income. Was that one of the qualifiers? I'm wondering what the parameters are there.

**Ms. Suzanne Tining:** We have a great number of programs and services. The main entry to these programs and services is that you have to be a veteran and the disability or illness that you are asking benefits for is related to your service. That becomes a pension condition, if I'm looking at the traditional war veterans.

We also have some programs that are available to veterans where the entryway is low income. If you are a low-income veteran, you have some of these programs available to you. Because there's such an array of programs, there are different entryways, if I can use that word, for a veteran. The basis is that for any benefits and services you have to be a veteran and it has to be related to your service.

**Ms. Judy Foote:** I understand that clearly, that it has to be a veteran. I'm wondering what do you determine to be low income? Is there an entry figure?

**Mr. Keith Hillier:** Generally, with regard to the war veterans allowance—I can use that as an example—which is available to traditional veterans, people who are in receipt of the guaranteed income supplement would be people who would be eligible for the war veterans allowance. That's the income—

**Ms. Judy Foote:** That's the base.

**Mr. Keith Hillier:** That's the range we're in.

**Ms. Judy Foote:** On page 15, where you talk about benefits and services for clients, modern veterans, one of the things you mention you're doing is providing more support to families. Could you elaborate on that?

**Ms. Suzanne Tining:** First, on the family side, I referred to the transition interview with the serving member before he comes to be a veteran. That I think is the first place where the family gets in touch with all the programs and services that could be available to them. We also have, in our OSISS, operational stress injury social support network or system, peer coordinators who will be family members who have gone through some of the experiences that a new generation of veterans are going through, and they, as a network, are supporting other family members.

I'm looking for the list of services available to families. I just can't put my hand on it.

Okay. They are involved in case management together with their partner. A family could also have access to the veterans independence program—VIP is a term you will use more and more—for housekeeping and grounds maintenance, in support of them while their partner is unable to do that. They can also have education assistance for themselves, for the partner, or for the children in the case of deceased veterans. Also, if the veteran is not able to go and get some education, there are some cases where the education benefit could flow to his or her partner.

They have survivor benefits, of course, when a person has died. They have health benefits coverage, child care assistance.

As I said before, the families are included in all the discussions on rehabilitation, case planning, and counselling. So they can hear...and they can also voice comments and be able to support their spouse. They have free legal service to dependants, and of course they can always access the veterans ombudsman if they feel they're not getting the support they need from the department.

• (1645)

**The Chair:** That's all your time. This is a quick round, only five minutes.

Now we go to the Conservative Party, Mr. Lobb.

**Mr. Ben Lobb (Huron—Bruce, CPC):** Thank you very much for coming today, Madam Tining, and to your colleagues as well. It is appreciated. This is a very satisfactory overall briefing on the department. It really is a success story, in my estimation.

I know we have a number of legions throughout our riding of Huron—Bruce, and I know the veterans independence program has been a tremendous support for those veterans, for hearing aids and the basic requirements for people as they get older, as well as for the basic fundamentals of groundskeeping and snow removal. It has been a tremendous asset and assistance to them in being able to stay in their homes. I have a relative who is 89 years old and he and his wife are still in their home in Goderich and getting by quite well.

My first question for you here is about two major funding programs your department has, the cenotaph/monument restoration program and the community engagement partnership fund. Could you provide a little more detail regarding those programs?

**Mr. Keith Hillier:** First of all, with regard to the cenotaph restoration program, this is a program whereby the Government of Canada will cost share on a 50% basis with organizations, municipalities, etc., for the repair of existing monuments or cenotaphs. It does not include the construction of any new cenotaphs. It's in reaction to a need across Canada, because some of the monuments and cenotaphs that had been constructed many years ago were falling into a state of disrepair. So working together with community groups, we're able to fund a number of projects. I think the numbers of projects that we approve are in the deck.

It goes through a committee process for approval, with some outside experts in monuments included, for example, so that when the proposal comes in, we actually look at it to make sure it's a good idea from an engineering standpoint.

Separate from that is the community engagement program. This program is used very, very extensively by community organizations and some smaller veterans organizations—and I don't mean organizations such as the Royal Canadian...but I mean small groups in small communities—to do commemorative events. Basically, there is an application process, where a project is proposed by a community group who would like to do something in remembrance in their particular area. We look at the merits of the proposal to see if it is consistent with where we want to move forward in the area of commemoration. In fact, the vast majority of these projects are approved, but they tend to be of varying dollar values, from as low as \$250 in some cases to tens of thousands of dollars when national organizations are looking at holding a very large commemorative event in every provincial capital, for example. So it's fairly wide-ranging—but it's actually to inject some funds into communities to help them commemorate the sacrifices of our veterans.

•(1650)

**Mr. Ben Lobb:** Speaking in general terms, which programs and services are utilized most by our veterans—let's say by our traditional veterans?

**Ms. Suzanne Tining:** When you look at the amounts of money we spend, because of the structure of the services and benefits for veterans, disability pensions are a big part of the budget. The disability pension program is the one that is most used because it is the gateway. You have to start there, as every veteran who has access to health care will have a disability pension.

As far as the numbers go—

**Mr. Keith Hillier:** Just to give you a sense of the clients, there are approximately 800,000 people in Canada potentially eligible for our benefits and services. The most used program today is the disability pension program, with 178,000 Canadians in receipt of a disability pension. As for the disability awards, which are part of the new Veterans Charter, there are currently 10,400 clients in receipt of those. In terms of the war veterans allowance, the low income...that we talked about a few minutes ago, there are approximately 27,000 recipients. There are 103,000 Canadians in receipt of VIP. And in terms of medical services, whether they be prescription drugs, other medical or dental services, hearing aids, and what have you, there are 111,000 clients receiving various types of medical benefits.

**The Chair:** Thank you, Mr. Lobb.

Now, Monsieur Gaudet, *pour cinq minutes*.

[Translation]

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

Madam Deputy Minister, last year I went to Petawawa and to Quebec City to meet with the soldiers. They spoke of a single-window approach—this may not be your area of responsibility—and the fact that it was extremely cumbersome for them to obtain information. There had been plans to create a single window.

Has that been done on the military bases? It was in order to reduce the administrative problems, the red tape, if you will. Has that been done?

**Ms. Suzanne Tining:** Yes. Keith mentioned earlier that he was in Valcartier last week and that we have integrated centres on the bases where members of the armed forces and employees of the Department of Veterans Affairs are working together at a single window to provide information to soldiers serving on the base, as well as to their families. That is called an integrated services centre. Veterans Affairs is present on 17 bases throughout the country, but the integrated centres that I have just mentioned are currently located on five bases: Petawawa, Valcartier, Shilo in Manitoba, Edmonton and Gagetown. We are working closely with the Department of National Defence to establish a presence on all of the country's main military bases. Therefore, this plan should be in place in the coming months and years. We feel very strongly that we must respond to the needs of our client. With respect to the client, it doesn't really matter if the services are provided by Veterans Affairs or the Department of National Defence. What matters to the client is the knowledge of the programs and services that are available.

As I said earlier in my presentation, because this new generation of veterans has specific needs, the two organizations can no longer

operate as separate entities. They have to work together to decide what makes the most sense, and whether it will be an employee of the Department of Veterans Affairs or a National Defence employee who will be providing the service.

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

I have another question. I don't know if our veterans are aware of the fact that the armed forces are making use of Yoda. I don't know if you read that in *La Presse*.

Are Veterans Affairs using Yoda?

**Ms. Suzanne Tining:** I did not read the article about Yoda.

**Mr. Roger Gaudet:** I will see about it tomorrow.

**Ms. Suzanne Tining:** I saw the headline, but I did not read the article.

•(1655)

**Mr. Roger Gaudet:** The army was calling for proposals.

**Ms. Suzanne Tining:** We are talking about *Star Wars*. I really can't answer your question since I have not read the article.

**Mr. Roger Gaudet:** You can give it some thought and then get back to us.

Now, I will turn to the main estimates for Veterans Affairs, which were included in the document provided to us by the Library of Parliament this week. For 2006-2007, the main estimates totalled \$3.2 billion, and the real expenditures were \$3.027 billion. For 2007-2008, the planned expenditures were \$3.375 billion, with real expenditures totalling \$3.196 billion. That means that in 2006-2007, \$175 million was not spent, and \$189 million in 2007-2008. That is why you mentioned earlier that the budget would have to be realigned.

Can you tell me why this money was not spent? Some veterans would like to have more services, etc. I would like an explanation for that.

**Ms. Suzanne Tining:** To answer your question, it is because most of our programs can be considered quasi-statutory. Therefore, if someone meets the requirements of the program, the department has no flexibility when it comes to... The person is entitled to use the program, so it will be paid for. We can't say that there is no money left and refuse to pay. So when you ask about the difference between the forecast and the real expenditures, unfortunately, we are not in a position to be able to plan to the nearest dollar, to know how many veterans will come asking for our services. What is clear, however, is that if more eligible veterans ask for these services, then we have no choice but to provide them. Therefore, it is possible that we budget for a certain amount, but end up providing more services to our veterans. That is a partial explanation for the difference in the two numbers. It does not cover everything, but that is the main reason for the discrepancy.

**Mr. Roger Gaudet:** When the Charter and the ombudsman's position were created, one might have thought that—and pardon the expression—the money was going to disappear in providing for the veterans and those who were in need. That is what came to my mind. Since we have a Charter for veterans and a veterans' ombudsman, that is where the money could have been invested. That is what I meant by my question.

[English]

**The Chair:** Merci, Monsieur Gaudet.

Thank you very much, Deputy Minister.

Now we'll go to the Conservatives for five minutes. Madam O'Neill-Gordon.

**Mrs. Tilly O'Neill-Gordon (Miramichi, CPC):** First of all, I want to thank you for a great presentation. As a newcomer and a beginner, I need all of this information, and I found it very interesting and informative, so I really appreciate all your work.

My question is probably very direct and comes from something I heard the other day. It was about veterans who have passed away, who before they passed away had never received any services. Does that mean their widow does not qualify to apply now either?

**Ms. Suzanne Tining:** I'd like to make a distinction.

**Mrs. Tilly O'Neill-Gordon:** Okay, I could have missed something.

**Ms. Suzanne Tining:** No, it's not that. I think on Monday when the minister...and perhaps today when I answered some questions, there were some questions related to the veterans independence program, which, from a survivor's standpoint, involves grounds handling and housekeeping, which are two pretty key services as you age or as you have physical needs. The change introduced in the budget last year was to the effect that you had aging widows whose husband—and in most cases, it was the husband, if you can allow me to say that—would not have asked for these services while he was living, but now the widows are in need of these services because they are disabled and have low income.

Before the budget of last year, there was no way for the department to give them that service, because unfortunately their husband had not come to us before he died. So that's for the veterans independence program.

For families, there are, as I said before, some benefits available to survivors. When you look at the disability pension, when the veteran dies you could say, "Well, you don't need the money any more", but there is a survivor's pension that follows.

• (1700)

**Mrs. Tilly O'Neill-Gordon:** Okay. But even if he had never received any, would she still qualify or would they still qualify to apply for this?

**Ms. Suzanne Tining:** If he never got a pension for a pension condition, then the survivor is not eligible for a pension from us.

**Mrs. Tilly O'Neill-Gordon:** That's what I mean. So they couldn't appeal, or they couldn't go through any of that process?

**Ms. Suzanne Tining:** No, because technically, although the individual would have served, he would not have had an injury

related to service that would make him eligible to any benefits or services that we administer on behalf of the government.

**Mrs. Tilly O'Neill-Gordon:** So then the widow doesn't qualify to apply for it?

**Ms. Suzanne Tining:** That's right.

**Mrs. Tilly O'Neill-Gordon:** Okay, thank you.

**The Chair:** Mr. Kerr, you have two more minutes.

**Mr. Greg Kerr:** Comments from the various organizations have often been mentioned, and it's an extremely important part of the advice you receive before policies change. At the meetings I've been at with you and the minister, it's been mentioned several times how pleased the representative groups are with the fact that it is a living charter and that therefore it is expected that they'll make many comments.

I wonder if you wouldn't mind emphasizing a bit more the kind of involvement you have with the organizations, the types of meetings that go on, and the kind of commentary you get back from them.

**Ms. Suzanne Tining:** As I said before, we have a very strong partnership with the Royal Canadian Legion, which is the biggest of the veterans organizations, and with all of the others. We have a legion in almost every town in the country. They have been working really hard with us over many years through the advisory committees we have set up, and through the ongoing working relationships we have with them, because, frankly, they are hearing from the veterans their satisfaction or dissatisfaction with whatever the department is doing or whatever the government is doing, and probably they're hearing many more things that they can inform about.

So it is a very strong partnership, and it has been part of the culture of the department, I would say, over the many decades to work very closely with veterans organizations and to allow them, as we are allowed, into what they feel are the issues for the clients that we serve. It's been paying tremendous dividends over the years, because we are not necessarily experts in all fields, and we are certainly not present as much as they are on the ground.

I'm not sure what more I can add.

Keith, do you have anything to add?

**Mr. Keith Hillier:** Really, when you look at it, the veterans organizations and the various advisory committees, which are made up of representatives and veterans, are quite capable of informing us of the concerns they're experiencing themselves as veterans or about what they're hearing from their colleagues. There's lots of information and lots of advice.

**Mr. Greg Kerr:** Thank you.

**The Chair:** Thank you, Mr. Kerr.

Now, as the format for rotation calls for another five minutes for the Conservative Party, is there anybody else who would like to question?

We'll go to Mr. Clarke.

**Mr. Rob Clarke (Desnethé—Missinippi—Churchill River, CPC):** Going back to health care for the veterans independence program, transportation for northern veterans getting to and from some of the communities is very difficult. Some of the communities are 500 or 600 kilometres away, or even further. What I'm kind of curious about are the allowances. Are there allowances for the veterans so they can meet their psychological needs or medical needs? Many of these people don't have the means to shell out the money in the first place. Is there a type of program available for them at that time?

**Mr. Keith Hillier:** For all veterans who have health-related travel needs, there is a reimbursement that would include things such as transportation costs. It would include things such as meals and accommodation. So if a veteran has a need to get medical service that is not readily available in the community, they are eligible for reimbursement of reasonable costs to get to and from the medical appointments.

• (1705)

**Ms. Suzanne Tining:** If I may add to that, we also have started, as a pilot project, tele-mental health. Because of the lack of professional psychologists and psychiatrists, especially in remote areas, we have an experiment going on in Calgary. We have videoconferencing with a health professional, who is not, perhaps, in that remote community but can provide support to deal with the individual's needs. So that's an area we are also looking into.

**Mr. Rob Clarke:** When you say reimbursement, one of my concerns is that the residents in the north who are veterans don't have the funds to pay for their trips, and thus they're going without. Is Veterans Affairs looking at the option as well of paying for their needs at that moment?

**Mr. Keith Hillier:** This is the first I've heard of that particular concern, because we have been working on a reimbursement basis. But I believe there are certain circumstances when basically a special needs fund could look after certain expenditures when the veteran is in what I would say considerable need. Off the top of my head, I would think it would have to be done on a case-by-case basis when we look at these particular needs cases. But there is no formal mechanism to get an advance or to have, for example, a credit card to which it could be charged. If there are cases of veterans experiencing difficulty in that regard, if you would be good enough to bring them to my attention, we'll have a look at them.

**Mr. Rob Clarke:** Thanks.

**The Chair:** Thank you, Mr. Clarke.

There are still two minutes left, so if you don't mind, Mr. Stoffer, I'll just take a question and then the rotation will go to you.

I walk by the National War Memorial often, and my concern is the amount of security at the memorial. We've had a couple of incidents. Is your department in charge of security at that location?

**Ms. Suzanne Tining:** For events that are being held at the National War Memorial site, it's a shared responsibility between the National Capital Commission, us, and, on November 11, the Royal Canadian Legion.

As far as security goes, my understanding is that we are consulted, but it's the National Capital Commission's responsibility.

**Mr. Keith Hillier:** I could add to that. I don't have it in front of me, but there are some security measures that may not be actually obvious to people when they pass by. For example, there are video cameras on the site that are being monitored, so that if inappropriate behaviour is seen at the site, police can be called immediately. Also there are other informal patrols by security or what have you. No, you don't see the presence on the site, but there are actually video cameras running.

**The Chair:** I could suggest something. I think it's done with total innocence due to ignorance, but I see the tomb of the unknown soldier casually sat upon. I think a tasteful sign at that location to really explain to people who are not aware of the dimensions of that memorial—that it's an actual tomb—might be a consideration in some review for that. It's troubling, and yet, as I said, I think for the most part people do it innocently, but it's also a place of dignity and respect and memorial. I think we owe it to the veterans that we take some kind of vigilance around there.

Mr. Stoffer.

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

Regarding Madam O'Neill-Gordon's question on the VIP, again, you're right, if the veteran did not have VIP—and correct me if I'm wrong—and then he dies and she wishes to apply for it, she has to have a low income or a disability tax credit. If she doesn't have those, she doesn't qualify.

But if a veteran had VIP and he dies or she dies, the spouse gets VIP. She doesn't have to have a disability tax credit or a low income. She automatically receives it. What's happened is that they've developed a two-tier widow, even though the promise was made that all widows would receive it. This is the difficulty I have, and this is where the minister and I split hairs many times. That's not what was promised. The promise to Joyce Carter was that all widows would receive it upon the death of the veteran. There was no classification. There were no check marks. There was no disability taxing. I have widows who were told by DVA to see their doctor, obtain a disability form, and go back to CRA. If you can get a disability tax credit from CRA, then you can apply for VIP. What 85-year-old widow has the time to do all of that? That's the frustration I have. That's my statement.

Before my question, I want to give very good praise to I think two of the greatest DVA employees you have, and they are Paul Brown and Wendy Shea in Halifax. They have me on their back all the time, and they do a tremendous job. They and the staff hidden away in a Halifax shopping centre are unbelievable. Even though I may not like the answer, they are absolutely perfect, and I hear that from veterans groups as well.



The other thing too, Madam for you, is the fact that if a veteran marries after the age of 60 and then dies later, the spouse receives nothing. But that's not a DVA problem; that's a DND problem. I'm working on that one to fix it.

My question for you is something I've asked DVA before, and the minister has been very receptive, although it's a challenge—not for St. Anne's Hospital but for hospitals across the country that are provincially run yet funded by DVA for the veteran. When the veteran is elderly and placed in, let's say, Camp Hill hospital, their spouse isn't able to go with them. They are separated. We had the Maybee case in Halifax, which was national news. Unfortunately, Mr. Maybee passed away yesterday, so that problem won't happen any more.

Are there discussions with the provinces across the country to be able to tell elderly veterans in the last stages of their lives that their spouse will be able to be with them in their room, to cohabit for whatever remaining period they have? I know when I spoke to Paul Brown and Wendy Shea they had those initial discussions, because a lot of it has to do with the provinces. It really is quite sad: an aging veteran who is under a palliative situation for a few months and can't be with their spouse at the end of their lives. I find that rather challenging. Are there discussions within DVA for that?

• (1710)

**Ms. Suzanne Tining:** We recognize that this is a challenge. To the extent we can, when we work with a veteran in order to get them into a long-term care facility, our preference is to find the veteran a facility close to home and a facility for both men and women. However, depending on the level of care of that veteran—let's say the level of care is at the higher end—we focus on what the veteran needs in order to deal with his physical care or his health care. That may mean, at times, that the only long-term care facility that can provide that level of care does not allow spouses, for example. So each case is a case in itself.

I want to thank you for your comments on the two individuals in Halifax. I feel very privileged, as head of the department, to have such a committed group of professionals who really do put central to their own daily lives the care and the needs of the veterans. In terms of our front-line staff, I have more staff than one could think of whose own needs are put second fiddle to whatever they can do to meet the veterans' needs. It's a great privilege to serve, frankly, as the head of a department that has such committed people.

Again, as in your example, we are doing, and I'm very confident that our staff is doing, everything we can to accommodate the wishes and needs of the veterans. At times, though, you have to make a decision on whether or not to allow a long-term care facility that doesn't quite provide the level of care required but does allow the spouse.

• (1715)

**The Chair:** Thank you, Mr. Stoffer.

Thank you very much, Deputy Minister, Mr. Hillier. We appreciate it. Thank you for not only answering all the questions but also committing to get back to us with information. The committee has to move on to some regular business, but if you would like to shake hands and say goodbye, you can take two minutes to do so.

After that, members, we need to return to some business before we adjourn.

• \_\_\_\_\_ (Pause) \_\_\_\_\_

•

**The Chair:** Order.

We have a little bit of business to complete before 5:30. I always like to get you out of here on time, before I have to ask for unanimous consent to extend the meeting.

We have a number of invitations that we need to take a look at. The first invitation is for February 24 here in Ottawa.

I should note right away that there's a mistake in the French version. It says "*jeudi*" and it should say "*mardi*".

**Hon. Judy Sgro:** You're getting good; you noticed that before anyone else.

**The Chair:** No, it's the fine clerk's expertise that brought that to my attention; credit where credit is due.

At any rate, it's the 24th. I'm certainly at the disposal of the committee. We can just leave this invitation for individuals, which certainly would be how I would like to do it, or work up a whole budget and travel there as a committee.

Is there any comment on that?

**Hon. Judy Sgro:** If I may suggest, Mr. Chair, given the fact that it's right here in Ottawa, I think it should be up to each one of us to look at our schedules and make arrangements to go.

**The Chair:** Yes, for those who can. Thanks, Madam Sgro.

Monsieur Gaudet.

[*Translation*]

**Mr. Roger Gaudet:** I would like to make a suggestion. I don't know if it could be done on a Monday or Tuesday afternoon. We could travel there at the time that is usually set aside for our committee meeting. On Tuesday mornings at 10:30, many members are in the House, on duty, or they are attending other committee meetings. If we were to schedule it for Monday or Wednesday afternoon, then we could all go. That is my opinion.

• (1720)

[*English*]

**The Chair:** Thank you, Monsieur Gaudet.

Mr. Kerr.

**Mr. Greg Kerr:** I just want to point out that the date in the invitation is because it is the official opening, and they thought it might be special because of all the interest in the facilities, that maybe the members would like to be there. So I don't think we can change the date, and if we can't go as a whole group, I think individuals should feel free to go.

**The Chair:** Okay, it looks as though there's consensus that we go individually.

Certainly, again, I'm at the disposal of the committee. If sometime in the future you want to travel there as a committee and see the operation, we could do that, but of course, as Mr. Kerr said, you'll miss the grand opening.

It sounds as though we have consensus that individual members will just go if they'd like. Of course, it has been requested that you RSVP, so please let them know whether you will or won't go, okay?

**Mr. Greg Kerr:** I won't suggest a bus again, Mr. Chair.

**The Chair:** Thank you, Mr. Kerr.

Next is the Memory Project invitation. Do we have paper on that? No, that was distributed at the last meeting.

The suggested date that has been requested by the Memory Project is Thursday, February 26. It will go from 7:30 a.m. until approximately 10 a.m.. That's just at the Chateau Laurier, so it's within walking distance. I understand they will provide breakfast. So again I just wonder, first off, whether that date works. If it doesn't, I guess we can go back to the Memory Project people.

If that date is good for most people, then the second question would be, are you okay with treating that the same way as this other invitation, that we just make our way as individuals?

**Hon. Judy Sgro:** I think it makes sense to do it that way.

**Mr. Greg Kerr:** I understand we don't have to stay right until 10, if we have other arrangements and responsibilities.

**The Chair:** I think it's like any meeting. If you have another meeting to go to, I think they'll understand. We can certainly respond to them in our RSVP, and individually as well, and let them know if we can stay for the whole thing.

Members, the clerk has just informed me that she's going to be the quarterback on this, so you'll simply RSVP through the clerk whether you can make it or not and how long you can stay.

Mr. Stoffer.

**Mr. Peter Stoffer:** Thank you very much for that.

Will all the coordinates and numbers and stuff be sent to us so that we could then call her back?

**The Chair:** Yes, absolutely. We could do that by electronic mail, and then your staff could get it and respond to that.

Mr. Andrews.

**Mr. Scott Andrews (Avalon, Lib.):** Mr. Chair, on the Memory Project, the invitation letter that was sent to us suggested a Tuesday or Thursday in March, not February.

**The Chair:** Apparently they got back to the clerk with a much more expeditious date.

Again, if there's consensus, then we can tell them to change the date, or if it works for most people.... I'm at your behest.

Monsieur Gaudet.

[*Translation*]

**Mr. Roger Gaudet:** You don't feel like visiting Ste. Anne's Hospital on a Monday instead of on a Tuesday? I could leave from home and stop in there on my way.

[*English*]

**The Chair:** Monsieur Gaudet, right now we're speaking about the Memory Project, not Ste. Anne's. This is the Memory Project that the Dominion Institute is putting on. We distributed that information earlier. There's a breakfast on February 26.

So do I have consensus, then, that again we'll just deal with that individually? That's February 26, for breakfast.

**Some hon. members:** Agreed.

**The Chair:** Okay, see you there.

Next you have a budget in front of you for the continuation of the G-8 study. We're going to need approval of this budget in order to continue on with that study and the comparison of services. The clerk has accounted for possible travel, possible reimbursements. That doesn't mean we will actually expend all this money, but it's basically a safe budget in order to make sure, should there be videoconferencing or travel, that there are adequate funds there.

Madam Sgro.

• (1725)

**Hon. Judy Sgro:** Is this the other half of the study that was already started by the committee?

**The Chair:** That's correct, in the 39th Parliament, and we made a motion to adopt that and continue.

**Hon. Judy Sgro:** Is the budget approximately half of what it was last time?

**The Chair:** We don't have the exact number of what it was last year, but whatever we didn't expend last year was clawed back. The same will happen on this one.

**Hon. Judy Sgro:** That's fine. I'll move that we approve it.

**The Chair:** We have a motion for approval. Is there any more discussion?

(Motion agreed to)

**The Chair:** Thank you.

Of course, we'll do the scheduling on the G-8 witnesses after this.

The next item is the one for Ste. Anne's—Monsieur Gaudet, we're here at that one now. This will be for a bus, I believe, for all of us to travel by coach to Ste. Anne's to visit the facility. It's a one-day trip. We'll have to make sure that we not only pass the budget but we'll have to deal with it through whips and so on as well.

Is there any comment on the budget?

We also have two proposed dates of March 23 and March 30. I would think we might have to go back to our whips anyway to make sure, because we'll be gone for the whole day. We will say that right now everybody is fine with those dates, but I suspect we'll have to wait for approval from everybody's whips.

[*Translation*]

**Mr. Guy André:** Is March 23<sup>rd</sup> a Monday?

**Mr. Roger Gaudet:** Yes, and so is March 30<sup>th</sup>.

**Mr. Guy André:** Well in that case, I would agree.

[English]

**The Chair:** I have just been told that we need to go the liaison committee and we'll need a specific date.

Madam Sgro, you said the 30th.

**Hon. Judy Sgro:** I suggest the 30th.

**The Chair:** Then it's March 30, as far as the date is concerned. Is that okay with everybody? All in favour?

**Some hon. members:** Agreed.

**The Chair:** The next item is the trip to Charlottetown. I had asked the clerk whether it was possible for us to travel there and back in one day, in order not to extend it, and it is if we charter a flight. Surprisingly, chartering a flight is actually cheaper than commercial. Again, I'm at the service of the committee. We can go commercial or we can charter a flight. My schedule is busy enough that I'd like to do it in a day.

Mr. Stoffer.

**Mr. Peter Stoffer:** You're correct, a charter actually is much cheaper all around and much more convenient. It saves us an awful lot of time.

You're right, going there and back in one day is a benefit to all of us, not that spending a night in Charlottetown isn't a lot of fun—trust me, it is—but the reality is that we can get a lot done there. They give you a fabulous tour of the place and it's well worthwhile.

Greg, I don't know if you've had a chance yet yourself.

**Mr. Greg Kerr:** No, I haven't had the chance.

**Mr. Peter Stoffer:** It's quite a facility.

**The Chair:** Do we have consensus for the clerk to go ahead and make a budget for that?

We need to have a date for that as well. Can we work out the budget, and then we'll discuss the date here when the budget is presented to us? That way we'll have a better idea if we're moving with the 30th as well.

• (1730)

**Mr. Ben Lobb:** Mr. Chair, what's the purpose of the trip to Charlottetown? I may have missed that.

**The Chair:** That's where the main offices of Veterans Affairs Canada are located, so we'd see the entire operation.

**Mr. Greg Kerr:** It's one department that's outside of Ottawa.

**Mr. Ben Lobb:** Besides the obvious about going there and seeing the facility, which I'm sure would be great and nice, is there a particular purpose for us to go there? Is there a particular group we want to talk to, or is it just for show?

**The Chair:** Mr. Lobb, I'll leave that to other members to discuss with you, because I believe we moved and accepted at the last meeting that we would go there.

Mr. Stoffer.

**Mr. Peter Stoffer:** Part of the discussion we've had is that that's the main office, the only one outside of Ottawa.

Second, the bottleneck we have in terms of claims, and you'll have this as well when you come across it, is the Veterans Review and Appeal Board, and how that whole process works. When you're there, it's much easier to understand how that entire process works—travel claims, etc.—especially for the newer members. You get to follow an agent, and that agent will say, you call in and here it is, and this is how the whole process works, or at least is supposed to work.

It enables us, once we have a first-hand view...and also it gives DVA the opportunity to meet the committee, people who normally don't get to come here. We meet deputy ministers, ministers, and parliamentary secretaries, but we don't get to meet the front-line people half the time. Trust me, it's a great...I wouldn't say honour for them to meet us, but they really appreciate the fact that we would take the time to see them hands-on, because the deputy minister is right, they do a fabulous job within the realms of the legislation. It's good to go and meet them and discuss their issues and ask them point-blank what we can do to help them make their job even better. They'll tell us. It's quite good.

**The Chair:** Mr. Kerr.

**Mr. Greg Kerr:** I know it's going to be astounding that Peter and I are going to agree at least twice in the same day, but the thing that struck me when my briefing started was that because it is the only department outside of Ottawa, it's really nice for them to see the MPs and to get questions they normally wouldn't get. It's Ottawa coming to them, which I think is a very nice thing to do. It's as much for their benefit as it is for ours, really.

**The Chair:** I'll recognize Mr. Lobb, and then *le prochain monsieur*.

**Mr. Ben Lobb:** With that being said, I think that's a perfectly good reason to go and see the facility and understand the process flow there, so it sounds good to me.

[Translation]

**Mr. Guy André:** You did not understand? I apologize.

With respect to the two meetings, I would like to know if the clerk will provide us with a draft schedule for our meetings with those people. Will we be provided with a schedule for our approval?

[English]

**The Chair:** If you're speaking about the studies, yes. There will be an opportunity for the parties to submit suggested witnesses as well, for the G-8 study particularly.

[Translation]

**Mr. Guy André:** I was talking about the meeting at Ste. Anne's Hospital. Will there be a draft schedule and will we be given the names of those whom we will be meeting with? For example, will we be seeing some of the patients, the health care workers, management?

Who will we be meeting with in Charlottetown? What about the schedule? Will these be submitted to the committee for our approval?

•(1735)

[*English*]

**The Chair:** *Oui monsieur*, and we'll try to make sure this is done in enough time that if there's some concern we can get some adjustments.

[*Translation*]

**Mr. Guy André:** Fine. Thank you.

[*English*]

**The Chair:** Is there any other business that needs to be handled here today?

Okay. Just one more thing before I adjourn. Because Madam Sgro made it public, the sympathies of the committee to you for your loss in your family.

We'll call this meeting adjourned.

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