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—
Chair

Mr. David Sweet

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• (1540)

[English]

The Chair (Mr. David Sweet (Ancaster—Dundas—Flamborough—Westdale, CPC)): Order, ladies and gentlemen, and welcome. *Bonjour à tous.*

Thank you, Minister, for attending.

We're a little bit behind schedule, so I'll get right to it. I know that the minister has opening remarks.

Does Madam Tining have remarks to make as well? No.

Ladies and gentlemen of the committee, we'll now have the minister give his opening remarks. Then we'll go to our regular rounds of questioning.

Hon. Greg Thompson (Minister of Veterans Affairs): Thank you, Mr. Chairman. I think this will take somewhere between five and eight minutes. We'll have plenty of time for questions.

I want to thank you for inviting me back much sooner than many of us expected. But as I often say, Mr. Chair, we live in the best country in the world, and we owe most of that, if not all of that, to our men and women in uniform.

Today we are reminded of that service once again. We're reminded once again of our truly solemn duty to provide the services and the benefits our brave men and women and families need. Today Canada has lost three of its finest soldiers: Warrant Officer Dennis Raymond Brown, Corporal Dany Fortin, and Corporal Kenneth Chad O'Quinn.

Their sacrifices remind us of why each of us is here today. That was stated by the official leader of the opposition and the Prime Minister. In fact, the member from Sackville, who is here with us now, mentioned today, in his speech on the passing of our former Speaker, the sacrifices of our soldiers.

As I say in so many of my speeches, these remarkable men and women in uniform serve without hesitation and without reservation. We must be there for them, just as they have always been there for us. I know that the thoughts and prayers of all of us are with the families and friends of these fallen soldiers.

Our programs are as diverse as the remarkable men and women we serve. We have, on the one hand, aging and increasingly frail traditional veterans. On the other hand, we have modern-day veterans, younger Canadian Forces members, and their families. That is what guides us in the management of our \$3.4 billion annual budget. That is why our budgeted funding has increased by a total of \$1.6 billion over our first three years in office.

Mr. Chairman, I want to highlight just a few of the items in particular from our main estimates. For example, meeting our veterans' needs means eliminating delays in getting them the support they require. When we took office just three years ago, we had real concerns about the delays in adjudicating disability awards. There was, very frankly, a growing backlog that all of us at this table agreed was unacceptable for the men and women who ensure the freedoms we enjoy. Our government responded quickly with the resources needed to improve the turnaround times on disability awards.

In 2007 we put an extra \$14 million toward approving applications through the system more quickly. This has resulted in an additional \$55 million for awards to our veterans. You'll see that, Mr. Chairman, in the estimates.

Also in our estimates is an adjustment in the amount required to meet our commitment on Agent Orange. We have kept our promise to deliver a solid, transparent, and accountable solution for the Agent Orange *ex gratia* payments.

As you well know, this is a very difficult issue that previous governments of all political stripes didn't want to deal with. We did. We met the challenge. We developed eligibility criteria based on expert research, and we ensured that these criteria were in line with other *ex gratia* payments set by previous governments. We estimated the number of potential recipients by using census and military records. We took into account expert research on the prevalence of Agent Orange-related conditions. We did that to ensure a fair, transparent, and compassionate response to those truly affected.

Mr. Chair, rather than make a promise we couldn't keep, this government chose to honour its commitment and put enough money aside to get the job done, with an approval rate of 60% for all those who applied. Since we began to issue cheques—just five weeks after we made the announcement—2,059 applicants have received the tax-free *ex gratia* payment. More than \$40 million has been delivered to those eligible and to their families.

Let me assure you, Mr. Chairman, that this government has taken many steps to promote the program and its criteria, and we'll continue to do that.

I also want to take a moment to talk about something of particular importance to me and to this government, and that is our commitment to those brave Canadian veterans suffering from operational stress injuries. One cannot image the pain of this kind of injury, the isolation of true suffering, grief, and anguish that our men and women go through.

But there is help, and we continue to help. We've taken that to a higher level, Mr. Chairman, both us and the Department of National Defence. At Veterans Affairs we have continued to provide support, counselling, and treatment for those currently serving, as well as to our veterans.

In the short time since I was here last—and that was only a couple of weeks ago, as you know, Mr. Chairman—we've officially opened two more of our new OSI clinics, one in Ottawa, attended by many of our members here, Mr. Chairman, including you, bringing the total to eight. And we'll open two more clinics, including the residential clinic at Ste. Anne's Hospital this fall.

This past Monday we opened a new, integrated personnel support centre in Halifax, one of eight new centres where DND and Veterans Affairs employees will work side by side delivering our programs and services. Bad weather prevented many of us from being in Halifax for that announcement—including the parliamentary secretary, who lives in Nova Scotia—but I do know that a number of members around this table have made very positive remarks regarding this initiative, Mr. Chairman.

I also want to point out that we have been offering on-site transition services to releasing Canadian Forces members for several years. We are currently operating on 17 bases and wings across the country.

The new centres are more of a coordinated approach to care. They ensure that we don't miss a beat in helping our service men and women move from the support they had from the forces to the programs and services offered through Veterans Affairs. The term we often use is "seamless". We want to make the transition from military life to civilian life as seamless as possible—in other words, as easy as possible, Mr. Chairman.

These new centres will help us to do all of that even better. And Veterans Affairs staff will help those eligible to access a range of services including case management, disability and financial benefits, group health care, rehabilitation, and job placement programs. We will coordinate departmental and community resources to ensure our veterans and their families have the support they need and they deserve.

Veterans Affairs and DND also offer an operational stress injury social support program. OSISS, as it is often referred to, provides local peer support to CF members, veterans, and their families.

There are also many pressing issues we are facing with our traditional veterans. These men and women have a new enemy, and of course, Mr. Chairman, it's time. We need to dedicate ourselves to making sure they receive the help and recognition they've earned and that they deserve. That's why, for example, we have promised to restore benefits and programs for our allied veterans from the Second World War and to extend this assistance also to those who served in Korea.

As well, we are determined to keep the torch of remembrance burning brightly. This year, for example, we will travel to France and Italy to remember the service and sacrifice of Canadians in the Second World War. As you know, and as we all know, we have a duty not to forget them for what they have achieved and what they have done for us.

Mr. Chairman, as our country faces, as we all know, one of the most difficult economic times in recent history, we all have a critical role in delivering quality services and programs in a fiscally responsible manner. Our government is working in this economic context to ensure that each and every one of our veterans continues to get exemplary care and support. We are committed to making sure our veterans and their families receive the care and recognition they deserve, and we're committed to making sure this nation is worthy of its heroes.

Thank you, Mr. Chairman. Merci.

• (1545)

The Chair: Thank you, Minister.

Now we'll move on to questions.

For the first round, Madam Sgro, for the Liberal Party.

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

I will be sharing my time with my colleagues in order to give everybody an opportunity to get their questions in today.

Minister Thompson, I am pleased to see that you're back before the committee. This is the second time already that you have been here in the very short period of time that we have been meeting. So I appreciate your coming with your officials to answer the many questions we continue to have.

I noticed that the funding for your department was cut by \$33.6 million, and I suspect it's largely due to the decrease in compensation payments for exposure to Agent Orange. Given the large amount of money that was put aside and the expectations of people who were going to be applying for the Agent Orange program, is the reason that only slightly more than half of that money was disbursed because the criteria of the program were very narrow for people to qualify?

Hon. Greg Thompson: Thank you, Mr. Chairman.

That's a good question, and I'm glad the member has asked it. In fact, I'm encouraging other members on the other side to ask that very question.

I do take a lot of pride in what we have done in that program. What we did was very fair and generous. As you well know, we set aside just a little under \$100 million for that program—\$95.7 million to be exact.

Of course, Mr. Chair, I alluded to the fact that a lot of time and history has passed under the bridge since this Agent Orange issue occurred. It goes back to 1966 and 1967. In all fairness, it was a very complex, very difficult package to put together simply because of the passage of time.

We followed the previous government's fact-finding mission. I suggested some changes in terms of what they should be doing on the ground, which the previous government responded to. We did make some additional changes to the fact-finding mission to dig a little deeper. But at the end of the day we were basically trying to put together a package and bring back as much of this information as we possibly could to make sure that it was fair and generous.

Mr. Chair, first of all, when I went to cabinet I wanted to make sure we had enough money to do the job. Our best-guess estimate was that we'd have 4,000 people who could potentially receive the *ex gratia* payment. It turned out that today we have a little over 2,000.

It was all linked to science. In other words, you'd have to have a medical outcome or a condition as a result of the spraying. For that, Ms. Sgro, we went to the only available science around the issue of exposure to Agent Orange, and we relied on the Institute of Medicine. There are certain medical outcomes associated with Agent Orange, but never do they say it would cause one of these. They say it's a condition that could be associated with exposure, but they never say this is a cause and effect, if you will.

In fact, Dr. Furlong, who was appointed by the previous government, had been a member of the New Brunswick legislature and was a highly respected individual. In all of his reports—and there's a truckload of reports and work that they did—never once did he say that we should, to use the word that he often used, “compensate”.

We came up with an *ex gratia* payment of \$20,000 tax free. If we had relied on the information provided by the fact-finding mission, none of that money would have gone out to the victims of that exposure.

I think we have done the best job we possibly could with the information and the passage of time. To be very honest with you, Ms. Sgro, it could have been dealt with more effectively right then in 1966, 1967, 1968, that period when the information was fresh and they knew what had happened.

Some of the criticisms we get—and some of these are internal criticisms—are about how we know whether or not it was Agent Orange that caused the medical condition. It could have been the spraying that occurred as a result of the natural resources. New Brunswick was spraying heavily because of spruce budworm. There was agricultural spraying going on in the area. We had the railway companies spraying the same types of chemicals. The list goes on.

Again, I think in all fairness we did the best we possibly could. I'm pretty pleased with the outcome. As in anything, we'll never get it perfect. I would never suggest for a minute, Ms. Sgro, that we have it perfect, but I think we have it about as good as we can. To be very honest with you, many of your colleagues on your side of the House, including former ministers, were pretty pleased with what we'd done. They have been very supportive of me and really believe that we did the best we possibly could.

I thank you and many of your colleagues for that support.

● (1550)

Hon. Judy Sgro: Can you tell me how many individuals who applied were denied access to the program, who didn't qualify based on that criteria?

Hon. Greg Thompson: If I'm correct in this, I think we've had a 60% positive outcome. Of all those who have applied, 60% of them have been approved, which is quite high in circumstances like that. The deputy is just handing me the number now. We've had 3,100 applications and almost 2,100 approved. Some of those cheques haven't been released yet, but I think the number of cheques released is 2,051, so that's where we get the 60% rate.

As you know, the medical condition is the key to many of these cases. This is what's frustrating to some, because you could have a cancer, but if it's not on the list that was established by the Institute of Medicine, which establishes those lists of conditions, that would be the problem. Some of them will say they have a particular cancer, and that body of medical evidence that we relied upon really is, in most cases, the determining factor. In many of these cases we have gone above and beyond the call of duty to identify where these people live and if they do in fact have the condition.

I'll back up a little bit, Ms. Sgro. This was a combination of those who had served in the military and civilians. As you all know, we brought the boundaries way out beyond the base—five kilometres, in fact—because my argument was that the drift of these chemicals could have made a difference in those particular communities. We have relied on everything from school records in some of those rural schools to taxes paid in the community at a particular time, birth certificates, everything we could to unravel the puzzle and make sure we reached out as much as we could.

I'm pretty pleased with the acceptance level. At the end of the day, we will have left money in that fund, which is the second part of your question. That is a result of my going to cabinet and asking for enough to get the job done, assuming that we could have had more.

● (1555)

Hon. Judy Sgro: Thank you very much, Minister.

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

Now Monsieur André, for seven minutes.

[*Translation*]

Mr. Guy André (Berthier—Maskinongé, BQ): Good afternoon, Minister. Thank you for coming to answer our questions.

I see in the estimates that were tabled that your department should reduce its spending by \$24 million during this fiscal year. Given the scope of the Afghan mission, the number of wounded soldiers and people beset by various physical or psychological health conditions, particularly the post-traumatic stress syndrome, is this really a good time to cut spending?

We are told cuts of \$2.3 million are maintained at the Ste. Anne Hospital. Employee representatives say consultations are underway to find ways to make these cuts. People worry and they wonder whether services or employee positions will be cut.

At our last meeting, you said cuts should not affect the quality or availability of direct services to clients. Is that a fact? Are you ready to make a commitment that services will not be affected? How could this streamlining plan be implemented without the quality of services being affected? That would be quite a feat.

Yesterday, your government announced a new network of eight support centres at a cost of \$21 million. It will be mandated to provide care to sick or wounded Canadian soldiers, veterans, and families of soldiers who have been killed. This budget is managed by and under the purview of the DND, and not Veterans Affairs Canada. I am told that most services will be provided on military bases, and thus to those who have been affected recently by a physical or psychological medical problem. From what one can read about it, the budget for these centres will be under the responsibility of the national defence department.

If the services are provided, as they are, will the veterans affairs department have its say or a certain responsibility concerning the management of the care that will be provided in this context?

• (1600)

[English]

Hon. Greg Thompson: Thank you, Mr. André. Again, that's a good question, because when you're looking at the lessened spending by the department, one of the things I can look you in the eye and tell you is that none of that will reduce the services we provide to veterans. And that's one of the things I have laid down as a marker. It's one thing we're not going to do, and we did not do that.

The \$24 million that we've identified will be over the next three years. So if you're looking at the total department's spending, if you will, of \$3.4 billion, that's less than 1%. But none of that will reduce services or benefits to our veterans communities, so I think most of us would take comfort from that. That's just one thing I didn't do. And some of that money is coming from what we call improved program efficiencies, from the way we manage cases within the department. That's one of the things that's going to take place, and there will be some changes to our remembrance activities. So that will be one thing that will change.

There will be some changes to long-term care for our veterans, giving them more choice—and I believe this will require regulatory change—because one of the things we're finding in Veterans Affairs, which is sometimes hard to believe, is that in some parts of the country it costs Veterans Affairs, or the taxpayers of Canada, about \$100,000, and sometimes over \$100,000, per long-term contracted care bed. The reason the veteran is in that bed is it is the only level of care they're entitled to under the complex set of rules Veterans Affairs administers. That's the abbreviated way of saying this, and it makes no logical sense.

So veterans will tell you—and I've been to Camp Hill in Mr. Stoffer's area, and in Judy's area, up to Sunnybrook Hospital—that they would rather have been home with their families if Veterans Affairs had paid for that service to keep them home. It doesn't make any sense.

So those are some of the changes that we're going to bring forward to actually realize that \$24 million in savings. We're going to give the veterans, at the end of the day, better care and we're going to give

them what they want. At the end of the day, we're going to save the taxpayers of Canada some money. That, in my mind, is a good way to do business.

[Translation]

Mr. Guy André: Do I have time left ?

The Chair: For a short question.

Mr. Guy André: When cuts are made in the health care network, we are often told that services will not be affected. But if the staff is downsized, nurses who provide care will have more people to look after and more first-line services to provide. We are told that services will not be necessarily reduced, but actually, they are. Less staff is available to maintain the quality of services.

Could you explain how it is possible to cut funds in a health care institution at a time when more and more people need care, for example people who are posted in Afghanistan? How is it possible to make cuts and, at the same time, improve the quality of services. That is not easy to understand.

• (1605)

[English]

Hon. Greg Thompson: One of the points I'll make is that the only area in Canada where we actually have nurses who are providing that care through Veterans Affairs is at Ste. Anne's Hospital. I just want to make sure, Mr. André, that I get this out, because I do know your concern is a concern of all of us, because it's a first class hospital. It's the only veterans hospital left in Canada. As you all know, these services are contracted out in other facilities. So none of that will be touched.

When you're looking in the estimates and seeing Ste. Anne's receiving less money, it's not related to the number of nurses or doctors or staff on the floor delivering the service, but to the major expansion that took place at Ste. Anne's, which is still ongoing. So these are some of the savings that have been realized from that expansion. When we're looking at the estimates, under capital costs, you'll see a difference of about \$12 million coming back to the Government of Canada as a result of the contract to modernize Ste. Anne's and to bring it up to a certain level of specification. So the cost savings there have nothing to do with the men and women who are actually serving our veterans. Hopefully, that will bring some comfort to you and our colleagues who see that reduction in Ste. Anne's. It has nothing to do with the manpower, the womenpower, on the ground.

[Translation]

The Chair: Thank you, Mr. André.

[English]

Mr. Stoffer, for five minutes.

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

Thank you, Minister, to you and your staff for coming today.

I have just a couple of questions for you.

As you know, sir, last September an assurance was made by the Prime Minister regarding our allied veterans. The deputy minister was kind enough to supply us with information. In the notes we have, there were approximately 25,000 allied veterans with 10 years' post-war residency as of March 31, 2008, which means, according to the promise made by the Prime Minister, that this number of people would qualify for a war veterans allowance.

As you know, sir, that was taken away from them in 1995 under program review. That number of 25,000 obviously would shrink because of the aging process. A number of them would pass on.

I'm just wondering, sir, when these veterans and their families can expect to see, through the government, the war veterans allowance reinstated.

Hon. Greg Thompson: Mr. Chairman, I think the member has sort of framed it in the proper context, because that definitely is a commitment we made. It was under program review in 1995. It was a benefit that went to our allied veterans that was sort of disappeared overnight.

We have made the commitment to reinstate that, which we will do. I believe I had that question from the same member in the House of Commons. In 30 seconds, it's pretty difficult to give a complete answer, but the truth is that it's one I personally want restored.

A number of members on both sides of the House have talked to me about this. It's something that we did get into the platform. It's something that we will honour. To be very honest with you, today, and I shouldn't say just today, we have been working within the department to take a proposal to cabinet. That's something we hope to do very soon, once we get the numbers down and the details laid out.

I'm very positive. Again, the Prime Minister stated this. I'm not sure if it was a question put to him, but he has not hesitated to say it's a commitment that we're going to honour, and it's one that we will definitely honour. We do know the whole history. There's no sense in going into the history of why something was taken away, because the governments of a particular era are elected to do what they feel they have to do at the time, and that was a decision made. But it's a commitment we made that will definitely be honoured.

Mr. Peter Stoffer: I have two other things, Mr. Minister.

First, as you know, you received a letter from the Royal Canadian Legion a while back, as we all did, regarding a possible discussion of reopening the Veterans Charter. In lieu of the discussion of the lump sum payments that are given to members who are required to medically release.... Either they've lost a limb or they have psychological concerns, or whatever, and they receive a lump sum payment.

Of course, the issues and the concerns have been that some of them now are reflecting that it may have been better to have a lifelong pension on top of that. As you know, as you've stated yourself, and as many others have, the big support for that Veterans Charter was the fact that it was a living, breathing document that could change if circumstances warranted. I'm just wondering, sir, if your department has reflected upon the letter received from the Legion, and if indeed those discussions are ongoing.

● (1610)

Hon. Greg Thompson: Mr. Chairman, when we moved to the new Veterans Charter, it was a deliberate choice by the government of the day to move there, with all-party support in the House of Commons. It is a living charter, and there are parts of it we have looked at and adopted as we went along. But in my mind the system we have now does work, and I'll tell you the reason why it's working better than the old system, why I would really hesitate to suggest even for a minute that we're going to go back to the old system.

We have these comparisons, which I'll provide, and I'm not sure if we have them here today, but we have them where it's the old system versus the new system. When the member is referring to the lump sum payment.... We have a hard time getting this out in the public domain and to those who really watch this whole issue. If an individual cannot work and returns, they would get that 100% disability, which today, with inflation factored in, I think is right around \$270,000 tax free. In that, they would have ongoing support payments based on what their salary was in the military, for those who cannot possibly entertain going back to work. So we have a system that gives them the moneys necessary to help them re-establish their lives with the \$267,000 tax free, but also ongoing support for them and their families as they need that.

When we get down to taking a look, and this is one of the areas where I think we have to work at a little harder, Mr. Stoffer, to explain.... One of the things that in the past drove the department to look at this and the previous government to entertain bringing in the new Veterans Charter was...for example, let's take a look at a veteran who's getting a 10% or 20% pension. It starts out at 5%, 10%, 15%, up till you're getting 100%. The average age of a veteran coming into our system is about 36 years of age. Many of those have made the deliberate choice to retire from the military with a military pension.

Those veterans who are coming out—and even in the past this is what happened—many of them are young men and they would get a 10% or 15% pension. That was it. You're on your own, kid, here's a 10% pension. I know this is an exaggeration and it might be a crass way of saying it, but basically it was a prescription for poverty. You're saying here's your 10% pension, and not providing them with the educational and medical benefits, rehabilitation, and all the other benefits we offer under the new Veterans Charter. In the past it was, "Here's your pension, go away."

The new system is that you'll get the support you need from us. And if you're getting a 10% disability pension, that might work for some people, but the average soldier who was getting that 10% spent the rest of their lives trying to ratchet up the pension to the point where they could support their families. They didn't actually provide that veteran with the counselling needed to move from being a soldier to being a civilian in civilian life, to help them or provide them with the tools to make a living for them and their families. That's where Veterans Affairs and DND fell down over the years, I think. It was, "Here's a pension, go away, get out of our face."

I do know, Mr. Stoffer, that you understand the new Veterans Charter, but when you look at the educational benefits that can go to the veteran or his spouse, on top of the tax-free disability they will get, there's also a wide range of other programs they get ongoing, that never end, including rehabilitation and retraining.

This is interesting, too, because I spend a good part of the day looking at some of these statistics. A lot of these veterans who are coming out today are in a position to contribute to their families in an ongoing way, provided they get the tools from us, and that's what we're doing.

•(1615)

As you well know, when a veteran leaves the system today—let's say, for example, he goes out with a 10% disability—I think the wrong thing for us to do is to say, “Listen, guy, you're on your own”, as you would have been under the old system, Peter.

Today, we're not going to say that. We're saying you have skills that are marketable, and if you want to change direction in terms of what you are doing and you think you want to be something other than an aircraft mechanic, we'll provide you with the training to do that. You will have that little bit of a lump sum to help you through it, but all the time that you're getting retraining from us, we'll provide you with that steady flow of income. When you're through that training and you get your job, you'll have exactly what you wanted, a career to lead you and your family through the next 10 years, 20 years, 30 years.

The working life of an average veteran coming out is 30 years, so I really believe that we've given them the tools to carry on and continue to contribute. Canadian veterans have no trouble getting hired, as you well know. If two people are applying for a job and a veteran comes in and says he's applying too—guess what—he's going to get the job because veterans are deemed to be the best workers in the world, the most trainable people in the world. They're very disciplined. They commit themselves to the mission 100%. He's the kind of guy or woman that I want working for me.

The new Veterans Charter, Peter, helps us do that. I don't think we want to go back there. I do know that when we were in Washington last year meeting with the big five nations—Britain, the United States, France, Australia, and New Zealand—they actually looked at our charter. They knew the ins and outs of it. They knew all the moving pieces in the charter. They said you guys have the best system. I'm not just saying that because I'm sitting at this table. They'll look it up and say, you guys have the best system because you really honour and respect the men and women and the family unit. In the past it just always seemed to be about the veteran. It was never about the family unit.

The other reason, Peter, that I'm very strong on this is that if something has happened to the veteran, say, for example, he is suffering from post-traumatic stress disorder, which is another big issue within the military and within Veterans Affairs, which I think we're doing a pretty good job of addressing, if he can't get the training but his wife says she wants the training and she wants to go to university—she may want to finish a nursing degree or do something else—we'll say go for it and we'll help pay for it. We will help, and we have helped. It's made a huge difference in those families. Sometimes it's the reverse, and it is the wife who is hurt or injured or whose career has come to a screeching halt as a result of injury or of being wounded in Afghanistan, and her husband can be eligible for that service, or vice versa.

I think we have a pretty good system, and it's one we can be proud of.

Regarding your bigger question, when we identify those areas where we can change it and we can tweak it, we're open to doing that, and we have done it, Peter, and we'll continue to do that. We do know we have an issue now with some of them coming out in terms of... I shouldn't show my hand, should I, and tell you about areas of difficulty that I've already uncovered myself? I'm just sort of playing into your hands as an opposition member in the House of Commons. Sometimes we're too helpful in identifying our warts and flaws.

The truth is that I've identified some of those myself early on. We improved some of those, and some of them we improved without any public discussion. We just identified that it wasn't working and we fixed it. We want it fixed before you hear about it.

The Chair: Thank you, Minister, and thank you, Mr. Stoffer.

•(1620)

Mr. Peter Stoffer: I assume that's it.

The Chair: That's it. Your question was so interesting, you actually got the maximum time so far.

Mr. Kerr.

Hon. Greg Thompson: Mr. Chairman, I just want to remind you that when I went to university, my old professor said, “You know, Greg, the sign of a good student is the ability to ask a good question.” This student passed today.

The Chair: Thank you, Minister. I'm certain Mr. Stoffer feels very good about that.

Let's see if Mr. Kerr can feel as good about his question.

Mr. Peter Stoffer: Do you want to replay the last testimony when he was here?

Hon. Greg Thompson: Mr. Chairman, I did qualify it. I said, “This student passed today.” I didn't go beyond today and I didn't go back to yesterday.

The Chair: That's good. Thank you, Minister.

Mr. Kerr, you're up for the test for five minutes.

Mr. Greg Kerr (West Nova, CPC): Thank you, Mr. Chair. As a matter of fact, I must be even better because we've used up a minute of my time and I haven't even asked the question.

I'm very pleased to see the minister and his staff here today. I know there are a lot of very good questions that will come out, and I appreciate the depth of answers.

I would like you to expand on one thing that struck me today. It's not the most important question, but it's like when you hear that the only time we work is when the House is in session, that we don't do anything for the rest of the year. In reverse, I hear a lot about your travel of late. I think it's important that people understand just how many requests you do get to travel and how important it is that you are out there representing the government and the Canadian people because of the demands on your time.

I just wonder if you want to expand a bit on the variety of trips that you have taken and what they're about. I've learned how important they are and I think you should share that with the committee. You can use up the entire five minutes if you'd like to do so.

Hon. Greg Thompson: Thank you very much.

I'm no different from any other member of Parliament, again, regardless of what side of the House they're on. We disagree on a lot of things, but you stay in this job only when you're committed and work hard at the job. I think I do work pretty hard.

Today in the newspaper they were talking about a few ministers, including me, in terms of our travel expenses, and my travel expenses on a particular trip. Sometimes I think my wife is the one who's feeding all this information to the media, because I think she'd like to see me home more often than I am.

The truth is, when we do travel...and I think just about every member, on all sides of the House, has accompanied me on many of these missions—as we call them—overseas to commemorate what Canadians have done in World War I and World War II, and in Korea, since we did that last year as well. I think it's important for all of us, given the troubled world we're living in, that we recognize how important these trips are and how gratifying it is as a member of Parliament or as a minister to go on these trips when you have entire villages and countries, if you will, shut down just to say thank you to Canadians for what they have done in liberating their country. We've seen that in France and Belgium. I haven't had a chance to go to the Netherlands yet.

This is very powerful. It reminds us all of how lucky and blessed we are. I know sometimes I say that too many times in speeches, but the freedom that Canadians enjoy as individuals didn't happen by chance. It happened because men and women were brave enough to put on the uniform and stand up for freedom, democracy, and the rule of law. They've always been there for us. When we go to those countries where they understand what it's like to be overtaken by a foreign army, countries like France, it's powerful. It's a powerful reminder to all of us of how truly blessed we are and how much we owe to these men and women in uniform.

We do a number of those trips every year. There is a lot of demand on the part of the Minister of Veterans Affairs, and those who came before me. This is not new to me or to the minister who preceded me, or the one before that. It's something you do, and it's probably one of the most gratifying parts of the job when you go to those countries where they come out in big numbers to say thank you to Canada—the respect that generates.

Of course, being a former history teacher three or four decades back, I think it's one of the strongest messages we can send to our young people, that this is what we have as a country, this is how we've grown as a country, and that's why we have the freedoms we have. We take many young people on these remembrance excursions, missions, with us. It's something we do at Veterans Affairs, and whoever the minister is after I leave will be doing the same thing. It's important work. It's work that very few opposition members in the House of Commons will ever criticize a minister for, because they instinctively know how important it is.

This is becoming difficult to do, and we'll have to cut back a little on how we manage it. It's always tough to manage. The government side sometimes gets in trouble on these missions when we try to get the right mix between young people, the next generation coming up, and the veterans who were actually there and fought. Of course, now

they're getting up in age and it's more difficult for them to travel, and sometimes it's impossible. Looking into the future of how we'll manage that will be a real challenge for the department, because we never want to be criticized for not taking enough veterans with us. It's always that balance that we try to strike. There are health issues surrounding the travel of many of our veterans, and it becomes expensive because they have to travel with caregivers and so on. We're going to do it to the best of our ability as long as we're there.

• (1625)

That's why I often say I have the best job in cabinet. The Minister of Veterans Affairs has a very gratifying job, and this is one group of men and women who, when you do things for them, stand up and say thank you. You can't argue that in all departments of government. It's the “thank you” the Minister of Revenue very seldom gets.

The Chair: Thank you, Minister.

Madam Foote.

Ms. Judy Foote (Random—Burin—St. George's, Lib.): Thank you, Mr. Chairman.

I had the pleasure recently of going to the Royal Ottawa Mental Health Institution, where the minister officially opened the Operational Stress Injury Clinic. We talked about the fact that there were going to be 10 such clinics. I think five are already in operation. Can you tell me where all 10 will eventually be located and how the decisions were made in determining those locations? What about those veterans who have to travel to get to one of those clinics? Will their travel costs be covered? Will we cover the cost of travel for the family to accompany them to such a clinic?

We heard a firsthand account of how valuable those clinics were from veterans who were there. We know the trauma they experience when they return from war, whether they're there fighting or on peacekeeping missions. I'm interested in finding out how well we're taking care of our veterans who face and have to deal with such trauma.

Hon. Greg Thompson: Thank you, Mr. Chairman.

To Mrs. Foote, thank you for being there. It was a great event in Ottawa when we officially opened the clinic. And I thank the two Judys for attending, as well as Scott.

I should remember where we have all these places, but I do have them listed here so I won't forget any of them. I hope I'll answer the question satisfactorily, because there are some other things in that question that I think have to be addressed as well.

The centres we've identified are in Fredericton, New Brunswick, which is really because of Gagetown; Montreal, which speaks for itself; Quebec City, London, Winnipeg, Calgary, Vancouver, and Ottawa. Those are in addition to the five centres that DND has up and running now, which are basically the same types of centres.

In terms of travel, we support the veterans to get to one of those destination sites or one of those clinics.

On why we have identified those sites, Fredericton speaks for itself because of Base Gagetown, which by land mass is still the biggest base in the Commonwealth, if I'm not mistaken. Montreal is a huge city.

On top of that, one of the things we have to do, which is very difficult to do in some of these areas, is identify the professional staff who will actually be there for our clients. So we strategically brought that into the equation. When we're identifying an area like Montreal, you have the psychiatrists, psychologists, social workers, and all the support staff. You have a major airport, which makes it easier for veterans to get in and out. Those factors are all part of determining whether it should be in Montreal or some other city.

So we have one in Montreal and one in Quebec to service the Quebec area. Valcartier is in fairly close proximity. So those are some of the reasons why those cities, and bigger cities, were chosen, because of the professional staff and less difficulty getting in and out of those cities. I live two hours from the nearest airport, so it wouldn't be the right place to put one of these clinics. So that's some of the decision-making around it.

The good news is that we've had no difficulty—I believe, Deputy—in staffing any of these clinics across the country. We have a good relationship with the health authorities in all of those centres, so we've had no difficulty. We've gone into agreements with the provinces and health service districts in all areas to establish these, so we have extremely good working relationships.

I hope that answers most of your questions, if not all of them.

• (1630)

Ms. Judy Foote: Thank you.

For those veterans who have to travel to get to either of those clinics, you mentioned that the travel costs are covered. What about the accommodations, if they're outside of the clinic itself? Do you also cover the cost of travel for family to accompany that veteran?

Hon. Greg Thompson: I want to make sure I am correct on the travel, because I know in some cases that is the case if they need a caregiver, which in many cases they do. But travel to get to those clinics is paid for by the department. If you look in the estimates you'll see a large dollar amount dedicated to travel to and from these clinics. That is something we do.

What we pay for travel versus what other areas pay for travel has always been a sensitive issue. I think our rate of payment for the veterans, since they're doing it by road, is higher than any other government department. So that is factored in and is provided to the veteran.

The Chair: Thank you, Minister.

That's over six minutes on that question.

Hon. Greg Thompson: I think the member wanted to make sure it was provided to the caregivers, and it is. I stated that, but I think she was a little anxious to make sure that was the answer. Is that right?

Ms. Judy Foote: Absolutely, and are their actual accommodations covered if required?

Hon. Greg Thompson: Yes, that's all covered.

The Chair: Thank you for that clarification.

Monsieur Gaudet.

[*Translation*]

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

Good afternoon, Minister.

I would like you to explain how you could cut 1% from your budget and still open 10 clinics. Some were opened last year, and I heard you say you will open another one in Ste. Anne next fall. You certainly need staff and professionals for these clinics. How could you nonetheless manage a 1% cut in your budget?

[*English*]

Hon. Greg Thompson: Thank you.

I'm repeating myself a little bit, but just so you'll know it, none of the direct benefits to veterans were jeopardized in these cost savings. A lot of the cost saving we identified is internal, how they work together as a team in various parts of the country.

Is rationalization a correct word to use on that, Deputy?

• (1635)

Ms. Suzanne Tining (Deputy Minister, Department of Veterans Affairs): Yes.

Hon. Greg Thompson: Okay.

It's a rationalization of those services, but there's no impact in any way on the care to the veterans at Ste. Anne's Hospital or clinics in Quebec City or any other part of the country. None of that has been touched.

In addition to that, we have identified a savings that will occur as a result of giving veterans more choice in where a service will be carried out. The one that I like to use, because it's just the way it is—it's a real life example, if you will—is Sunnybrook Hospital, and I use the one in Halifax, Camp Hill. We're paying up to \$100,000 a year for a bed for a veteran, where if the act, if you will, or the regulatory authority, allowed that veteran to stay at home, he could get the VIP services at home. But guess what? That's how some of the savings have been identified over time. If they had the choice to stay at home.... I know this actually sounds hard to believe as we're sitting here, but they don't have that choice today. They have to go to the high-end service. The veterans say, "If I had some help at home, I could stay at home. My wife wants me at home." But you can't do that. You have to go to the.... You know.

Those are some of the savings we will realize going down the road, making some of those regulatory changes, so that's going to be reflected in that.

Also, Roger, the other thing that is a sad reality is that the biggest enemy of our veterans is Mother Time. I think we refer to it as Father Time; it's more of a negative term in English. Mother is always a softer, warmer sort of reference. So the enemy is Father Time. Every year we have fewer veterans simply because they are up in their eighties, and we're losing, on average, I think it's 2,000 veterans a month. It's an awful number when you think about it. Seventy-five veterans a day, today, in this country of 30 million people, will have passed away.

One of the sad realities of the times we are living in is the passage of some of these men and women just simply because old age has caught up with them.

[*Translation*]

Mr. Roger Gaudet: Do you provide services to stay-at-home veterans? My own mother, for example, will turn a hundred years next October. She was sick, but she went back home and she is being taken care of there. One of my sisters is living with her, but people from the CLSC come every day to provide care. A specific number of hours of service per week has been set. Is the Department of Veterans Affairs implementing the same strategy in order to keep veterans in their own home?

[*English*]

Hon. Greg Thompson: That's a good question and I'm glad you asked it. It's one of the messages that I really want to get out.

What you're referring to here, Mr. Gaudet, is the veterans independence program. That program is designed for women like your mother who require that bit of help. This feeds back to one of the questions I had from Mr. Stoffer. Under the old system of pensions and how benefits flowed to veterans, it was always predicated on the fact that a veteran had to have a disability in order for this to be passed on to the veteran's loved ones. So in your father's circumstance, your father would have had to have been an eligible veteran on a veteran's disability pension for your mother to qualify for that service. That makes absolutely no sense.

One of the raucous debates we've had around this place and the back and forth that you sometimes see in the House of Commons is on the enhancement to the VIP program. We brought some changes into that program, Mr. Gaudet, to make it more fair to those women like your mother.

I've had this discussion with veterans. I tell the famous story of a veteran whom I met in Arnprior, Ontario. He had served and was wounded in the war. I said, "Well, you must be one of our clients." He said, "No, I'm not one of your clients. I had a great marriage, a great business, and I've never asked for anything because I didn't need it, so I didn't ask." But he would be entitled to it. I said, "What will happen when you pass away is your wife will not be entitled to those VIP benefits." It doesn't make any sense, does it?

So you can have a 100-year-old woman who needs a bit of help, but because her husband wasn't receiving a benefit from the department and he had never applied for a pension, he couldn't get it. So we debated this and discussed how we would fix it, and we brought about some changes to it, Roger. And the changes aren't at the level that you would like to see them and I would like to see them, to be very honest with you. We brought it in and we identified those widows, because today we have 75,000 veterans who receive VIP, in total, and out of that we have about 30,000 widows. So we have 100,000 people who receive VIP in the country.

So getting down to answering your questions on that...I think this is why the chair is not interfering with my long answer, because it's an interesting answer and it's a good question. The chairman is being very generous to both of us, Mr. Gaudet.

We brought in some changes to this because women just like your mother deserve help too. So the changes we brought in, Roger, make

it easier for these widows to receive the VIP benefit that they otherwise would not have been entitled to under the system that existed a couple of years ago. We brought it in so that if they are frail and live below a certain level of income, regardless of whether a husband received the benefit or any kind of a pension entitlement, they now would qualify. But the benchmark or the ceiling is quite low. So over time we hope to bring that up and have it enhanced so that we can bring more widows into that same system, because we did allocate around \$28 million for that program. That's one area where I think we have to pay close attention in the coming years. There's going to be more of those women like your mother, because women in our society tend to live longer, and some of the men who are veterans are in poor health because of the service. When they pass on, we're going to have many of those widows in the coming years who are going to need that bit of extra help.

● (1640)

What we tried to do, and I believe we have done it, is design the programs so they can be built upon without any major restructuring. We're looking into our crystal ball and hoping that down the road we can improve it a bit more.

It's quite interesting. Your mother is 100 years of age and she might be getting to the point in her life, because of circumstances, where she will need that help. Hopefully we'll be there to help her.

The Chair: Thank you, Mr. Gaudet, and Minister.

And I apologize for the error. I should have gone to Mr. Lobb and then Mr. Gaudet. So it will be back-to-back Conservative members now.

Mr. Lobb, for five minutes.

Mr. Ben Lobb (Huron—Bruce, CPC): Thank you, Minister, for attending today.

Once again we see Mr. Sweet's charity as well. That's very good of him.

Minister, currently in our committee work we're studying veterans services among G-8 nations. From what I've been able to ascertain, it looks as though the United Kingdom is slightly ahead of Canada in terms of disability awards. I wonder if you could let us know exactly where Canada stands as far as disability awards.

Hon. Greg Thompson: That is a good question. I have heard some talk about their disability award being higher than ours. At first glance that appears to be the case. I'm going to get officials to scurry around for some of these numbers while I'm talking, because I want to make sure I'm right.

I do know that under the British system potentially a veteran could receive about \$1 million in a disability award. They have different categories of veterans. My understanding is there's been very few, if any, who have actually received \$1 million. Ours is about \$267,000. But ongoing support for the veteran and family as time goes on doesn't occur in the British system at the level it does in ours.

When we look at those, I think it's sort of cherry-picking the best from the British system in isolation from all the benefits and the ongoing benefits we provide. But I do know this is factual. It's not making it up as I go along to get out of the committee unscathed. None of the British veterans have ever received the ultimate award of \$1 million. It's out there, and I'm sure in time some will receive it. In fact I'll probably get a call from Britain later on today to say they've had one soldier who received it. But my information tells me, Mr. Lobb, that none of them have ever received that maximum amount. Many of our veterans have received the maximum, and sadly so. Obviously in many of these cases the disability is without question; it's given out.

I think of those serving in Afghanistan—I may be correct—we've had 26 cases of individual soldiers who have received the maximum disability award. In the British system, there's none; it's a big zero. I have to be very careful, because I don't want to criticize the British system, but I do know we have paid the maximum 26 times. They have never paid out the maximum.

• (1645)

Ms. Suzanne Tining: If I may, Madam Chair, when I was last at the committee the question was asked about the U.K. and its recent changes to the disability awards. I committed to bring the committee members the actual numbers the minister is referring to. I delivered my letter today. In the attachment you are going to see the difference between the Canadian and the British system, with three cases for high disability, intermediate disability, and low disability. You'll be able to see the difference.

The Vice-Chair (Hon. Judy Sgro): Thank you very much. That will be very interesting.

Mr. Lobb, you have one minute left.

Mr. Ben Lobb: One minute? Okay.

When I was going through the estimates, the section on the Veterans Review and Appeal Board expenditures, I noticed there was an increase. I wonder if you'd be able to provide a brief explanation on that.

Hon. Greg Thompson: I'm going to try to provide an explanation, Madam Chair. I'm just not sure if it's going to be a good one. You'll have to judge.

The reason is that we brought the board up to a full contingent, if you will. When we took office a little over three years ago, we had many vacancies within the board.

I know, Ron, that you or Suzanne will know the numbers, but I believe that about half the board was vacant.

One of the reasons we moved on this was simply because if you don't have a full contingent on the board these appeals get held up. When we took office, we had a backlog of about 7,000 Veterans Affairs appeals before the board—7,000—so for obvious reasons we said, "Let's get the board up to a full contingent and get it up and running."

That's one of the reasons why you'll see a spike in the numbers there. We brought the board up to a full contingent. As a result of that, we have cut the number of appeal cases from a backlog of about 7,000 down to around 3,000.

Am I correct in that?

Ms. Suzanne Tining: [*Inaudible—Editor*]

Hon. Greg Thompson: I think I'm right. Until someone proves me wrong, I'll consider that answer to be a correct answer.

Here we go: we went from 7,000 down to 2,919. I'm off by 81. That's not bad for a guy from New Brunswick.

Thank you, Mr. Chairman.

Mr. Chairman's back. I could tell by his haircut that Judy had left the chair.

• (1650)

The Chair: Thank you, Minister.

Mr. McColeman for five minutes.

Mr. Phil McColeman (Brant, CPC): Thank you, Minister, for being here.

It's wonderful to hear that we do have one of the top systems in comparison to the other G-8 countries, I guess, or the other countries we've been looking at.

My question is from more of a business angle. Just looking at the main estimates, I notice that the operating expenditures are quite high. I'm wondering if you could please explain why that number is high.

Hon. Greg Thompson: Okay. That's a good question. I looked at that table today, and I know it is high because you're looking at a figure there.... I don't actually have the estimates in front of me, I think it's \$900 million and some, correct?

Mr. Phil McColeman: Yes.

Hon. Greg Thompson: Here it is: \$939 million in operating costs. Most people who run their business would ask why that is so high.

I guess that's where being a businessman comes in, Phil. You're a businessman.

It seems like it's out of proportion because we have a budget of \$3.4 billion, and you're arguing that it's taking a billion dollars to manage, which doesn't make any sense. The truth is that it doesn't make any sense and here's why: we are one of the few government departments—if not the only one—that have to measure purchases and benefits that we provide to our clients within that operating budget. That doesn't make any sense.

I've told the department, but of course the department has taken their instructions from Treasury Board. What we are doing is that many of the benefits that actually go directly to our clients are included in the operating budget. I'll get a list here in legible handwriting that I can read; I can never read my own writing.

But the truth is, that's the reason for it: out of that \$939 million, \$650 million, two-thirds of it, is actually for benefits that go to the clients we serve. Some of the health benefits, such as the hearing aids, eye treatment, and prescription drugs, are all included in that \$650 million, which shows up here as operating expenditures. I don't like the way they do that, because it makes it look like we're not good managers. It looks like we're top heavy, if you will, which is not the case.

Mr. Phil McColeman: It absolutely does, and I think it could lead to a lot of misperceptions if these numbers were available outside of the committee.

I'm just wondering what actions you may be wanting to take on this or anything you might have initiated to separate that, or at least to have it explained, so that when you are presenting financial information, this is known, because not everybody gets to ask the minister this question.

Hon. Greg Thompson: That's a good question. Again, I don't set the accrual rules or the way things are done around this place. But of course it would be beneficial to all of us in this room if it were broken down in a way that we could actually see it, where it was actually visible.

So every time you hear of a veteran getting a prescription—glasses, prosthetics, the list goes on—it would all come out of that \$650 million, so it's going directly to our clients. I guess what we have to ask Treasury Board, or those who set the rules in terms of accounting around here, is to find a way to break that down, because, to be very honest, it's not very fair to our public servants who manage this department; our management expenses are 8.3%, which is within the range we'd expect for any department. That's basically an accounting rule, which I think should be changed, because it really doesn't truly reflect the real cost or real operating expenditures.

It's a good question, and I hope the answer has been satisfactory.

• (1655)

Mr. Phil McColeman: It has been satisfactory.

The Chair: That expends your time. Thank you, and thank you, Minister.

Certainly, Madam O'Neill-Gordon might decide to share her time with you, and you could follow it up then.

You have five minutes.

Mrs. Tilly O'Neill-Gordon (Miramichi, CPC): Thank you, Mr. Chair.

And thank you, Mr. Minister, and your staff for being with us today.

Earlier you said that a good student asks a great question. Well, I have to say that an excellent student has all the answers, and you certainly gave a lot of very clear answers so that we can understand the system.

You elaborated on some of the benefits the spouses get, but I was just wondering if you would elaborate a little bit more on some of the benefits the children get as the result of their parent being a veteran.

Hon. Greg Thompson: The children get all of the health benefits the family would need in a time of crisis. We're there for them, let's

put it that way; we're there for the family, the children, and the spouse under the new charter. That's just something we do.

In terms of ongoing benefits.... This question is coming from a former teacher; you taught school for many years and you were a good teacher, at that. In fact, you taught my daughter-in-law, who reminds me every time I see her what a good teacher you were.

But one of the things we do, and you'll see this in the estimates as well, is to provide educational assistance to the children of deceased veterans. We actually provide that to the children of veterans killed in the line of duty. That's something that very few jurisdictions do, providing such benefits to children. So if a father or mother were killed in action today in Afghanistan—and we opened up here by talking about the three soldiers who we lost today—and that soldier had children, those children would be entitled to educational benefits from the Government of Canada.

Mrs. Tilly O'Neill-Gordon: University?

Hon. Greg Thompson: They'd be entitled to university. It's almost \$10,000 a year. I think it's \$360, almost \$400 a month, ongoing for 12 months a year. That, along with the other support costs we have, is almost \$10,000 per child up until the age of 25. That's one benefit we're very proud of and one that I think is a little bit of a carry-over from World War II. I think Veterans Affairs offered that then as well, and it's been continued under the new charter.

One of the conditions to it, which I think most of us would appreciate, is that we're now going back into disabilities. If you are asking what happens if you come back and have a disability—what about that—the truth is that if you come back and you have a 100% disability, that benefit to your children would happen. We'd honour that commitment to your children in terms of education. That number kicks in, Ms. Gordon, at 48%. For example, children of a veteran who has a 5% disability wouldn't get it, but for those extreme cases where you could make the argument that it's hard for that veteran now to carry on with life—they have a 48% disability—then their children would receive that benefit. If it's 100%, they're going to receive the benefit. If it's 10%, the answer would be no.

That is something I think we're all pretty proud of, and it's something many jurisdictions don't do.

• (1700)

Mrs. Tilly O'Neill-Gordon: If I have time left, you can go ahead.

The Chair: Mr. McColeman, welcome back.

Mr. Phil McColeman: Thank you for your generosity.

Not that I want to belabour that accounting situation you have, but

Hon. Greg Thompson: I think you are belabouring it, though.

Mr. Phil McColeman: It seems to me to be an anomaly. Does it happen in other ministries?

You may not be able to answer that, but it seems to me that unless we get the answer you gave, it provides a window or look at what people might perceive to be a real problem. I would encourage the minister—

Hon. Greg Thompson: Basically what you're saying, Phil, is that it makes the minister look bad.

Mr. Phil McColeman: Yes, and I just don't like it.

Hon. Greg Thompson: The truth is that there's an explanation for it.

This is a question I've had. As you can see, I'm surrounded by very capable individuals, and that's the question I put. If I'm correct on this—and if you don't see them nodding in the right direction, it may be that I'm wrong—I'm told we're the only government department that operates under this particular set of.... This anomaly applies only to us. It's something we'll have to talk about with Treasury Board or those who actually set the accounting rules around this place. I think if it's broken down, then it makes more sense to me. The truth is that you're right: it doesn't make any sense, and you are belabouring it, but I'm not in the position to criticize members of the committee, am I, Mr. Chairman?

The Chair: You will be happy to know that he cannot belabour it any more because his time has run out.

Mr. Harris has stepped out, so I will go to Mr. Andrews from the Liberal Party.

Mr. Scott Andrews (Avalon, Lib.): Thank you, Chair, and Mr. Minister and officials for coming today.

I want to go back to the Veterans Charter. I too agree that the charter is a good arm for us to use when we're gauging how we treat veterans. It's seen around the world as a leader, but you can always do better. And I'm a little bit disappointed to hear you say today that you're not willing to review the charter and have another look at it to see areas where we could do a little bit better.

One of the aspects of the charter that I'm talking about is the disability pension for life. I've got a couple of questions here, and real life questions, that I'd like to get your views on. The settlement dies with the veteran when the settlement is awarded. This means that a widow would receive nothing if the veteran passes away before the settlement is awarded. Question one is, what would you say to that widow when she would receive nothing because her husband passed away before the settlement was awarded? That's one of the flaws in this system.

My second question relates to PTSD. I've got an example of a 30-year-old veteran who finally realized that he was suffering from this after two tours in Bosnia. He went for treatment and after that he returned to his position in the military, but then the military told him that he was unfit for duty due to his past experience. It's not really a good signal to send to veterans suffering from this disorder who are not willing to accept that they have it. So what would you say to a veteran who would have this example, and how would you encourage them to get treatment for PTSD if they're not going to be put back to duty afterwards?

I'd like to get your thoughts on those two questions.

• (1705)

Hon. Greg Thompson: Thank you, Mr. Chairman.

As I hope I have explained to members, we're open to changes within the Veterans Charter. We're not opposed to changes. With Mr. Stoffer what I was referring to was going back to the old pension

system, which would be fundamentally abandoning the charter. That's just something that didn't work in the past and simply won't work in the future.

But in terms of ongoing changes, where we can identify changes that would allow us to do a better job, we're open to that. We're not going to turn the clock back to the old system. I fundamentally believe it did not help our veterans community, particularly the families, move on from military life to civilian life with the support the families needed—ongoing support, medical support, counselling support, retraining, educational support, that type of thing.

In terms of where in the document we can identify positive changes, we're very open to doing that. I never want to make it sound like we're not open to doing that. We have done that, and we'll continue to do it. Many of those changes we can tweak within the department. There's really not a problem doing that, because that's what we're here for. If we can make it work better, we'll continue to do that.

So what I was referring to was going back to the old pension system—you know, give the veteran a pension, wave good-bye, and say, "Good luck, guy." Those days are over. It didn't work then and it wouldn't work now if we went back to it.

What I was attempting to do with Mr. Stoffer was to explain, as best I could in a couple of minutes, basically how the system works. We have that ongoing support for the veteran and their family in terms of lost income, educational support, and so on.

So we'll be there for them. The expression we use within the department is that we never give up on a veteran. And this is so true for everyone I've ever met within Veterans Affairs, and I've met thousands of them. If we can help, we're going to be there to help. That's really our philosophy: we never give up. The charter doesn't give up on a veteran either.

In terms of PTSD, post-traumatic stress disorder, I hope I can answer this question sufficiently. Many of the active service members today are suffering post-traumatic stress disorder and they're coping with it because of the help they get from us and from DND. There's more of an openness to talk about it, to seek help early. The key to a lot of this is for a veteran to come forward early.

I think the key, Mr. Andrews, is that we're slowly erasing the stigma that's attached to post-traumatic stress disorder. In the past, we never wanted to talk about it. We always called it shell shock and battle fatigue; we'd say everything but.

I often say, in every one of my speeches, as Judy will attest—you were there, anyway, and heard me—that one of our goals in our greater society is to eliminate the stigma attached to having to seek psychological help. We can say we have a broken arm or a broken leg. That's okay. But as soon as we say we have to see a psychiatrist, we know what happens then, right? We hear, "I don't want to talk to you any more. I don't want you working for my company any more. I don't want you in the army any more. I don't want you in the navy or the air force any more."

We have moved past that to, “Listen, you’re a valuable member of the Canadian Forces. We want you to get better. We want to make it easier for you to get better. We’re going to give you the tools, and we have the people here to help you.” Now we’re noticing that veterans and active service members are coming forward.

We will have those situations where the help we provided didn’t provide a satisfactory outcome. We’ll always have that; we’ll always have that. We’ll never have 100% satisfaction or a 100% cure, if you will. Just as with any medical outcome, there’ll never be always a 100% cure.

But I think we are making a difference. And the difference, I think, is reflected in the men and women we have retained within the Canadian Forces who are presently getting a pension, if you will—I shouldn’t say “pension”, but in the past it was a pension—and ongoing support from us to do that very thing.

• (1710)

Mr. Scott Andrews: What about the disability pension? If the veteran passes away before the settlement is awarded, that dies with the veteran. Why wouldn’t that be passed on to the widow?

Hon. Greg Thompson: In the case of a disability pension—if that’s related, for example—to a soldier who was wounded in Afghanistan today and who passes away as a result of that injury, that lump sum benefit would go to the widow. It started out at \$250,000. Today it’s \$267,000 as a result of the increase in the cost of living in the last three years. So that would go tax free to the children and the family. That’s in addition to the other benefits, an equal amount of money, that would come from DND to that soldier and his or her spouse and dependent children. At the end of the day it’s all about the family unit, so we are there regardless of when that death occurs. We will be there for that family.

The Chair: Thank you, Minister.

Thank you, Mr. Andrews.

Mr. Clark, you have five minutes.

Mr. Rob Clarke (Desnethé—Missinippi—Churchill River, CPC): I’d like to share my time with Mr. Kerr.

Mr. Greg Kerr: I have just a quick comment regarding a question that Scott raised about the charter. One of the things that I have learned since becoming a parliamentary secretary, from the briefings with the various veterans groups, is that they always refer to it as a living document. By that they mean that they continue to offer opinion and reaction to it. They look at it not as a static document but very much as a living document. It is important to keep that in context. That is how the veterans themselves look at it.

Hon. Greg Thompson: Mr. Chairman, could I respond a little bit to that?

I could have gone into this earlier in the day as well. I do know that the veterans organizations supported and helped design this charter, so it’s not as if—and this doesn’t sound very complimentary—a bunch of bureaucrats came up with this new charter. We sometimes think these anonymous people somewhere within the bowels of Veterans Affairs and DND did this. The charter was designed with the help of these veterans organizations and veterans. They were the ones who helped the department and the government put this thing together, so they are not offside with the veterans

charter. Their fingerprints are all over that charter, and that is what they were asking for. They wanted a better way to provide service to our veterans, and the government of the day responded with the new Veterans Charter.

I want to emphasize again that this passed within the House of Commons without a vote. The present Prime Minister, who was then leader of the opposition, the Bloc leader, the NDP, and the Prime Minister of the day, Mr. Martin, plus the entire caucuses of those parties—the government and all the opposition parties—agreed on this. There was unanimous support. That doesn’t just happen by accident. It happened because it was properly designed. It was properly thought through, and I believe it was properly executed. Our challenge was to implement it.

Some of that is reflected in some of those numbers today, which I actually put in my opening comments—I didn’t call them “unexpected expenditures”. There has been a successful implementation. It is something that all parties in the House of Commons can take a lot of pride in because there is no controversy. It’s one of the few things in this place that we didn’t argue to death. Usually we just argue for the sake of arguing, but in this case there was no argument. It was the right thing to do. We support it.

Those veterans organizations today still support it. I want to emphasize that. Contrary to some opinions, they still support the new charter and continue to provide us with ongoing advice on the implementation—as do members of this committee, Mr. Chairman—on how we can improve it, how we can make it better, and what the next step is going to be. Without question, it has been a success. It has been successfully implemented, and we continue to listen to those veterans communities on how best to improve it.

• (1715)

The Chair: Thank you, Minister.

You have a minute and a half, Mr. Clarke.

Mr. Rob Clarke: Thank you, Mr. Chair. Thank you, Minister, for coming here.

I’m looking at the main estimates here on table 1. What I see here is that in the main estimates from 2003, in terms of actual expenses, there was a deficit. Now I’m looking at 2006-07, where there was a surplus, and in the main estimates for 2007-08 there was actually a surplus again. In 2008-09 there’s another surplus.

I’m just hoping to find out, do we have a forecast, or are we on track to meet the needs for 2009-10?

Hon. Greg Thompson: You’re looking at a document that was prepared by the Library of Parliament. I was busy here looking for what’s in the actual parliamentary document because this is sort of an abbreviated version of what we’re talking about today.

So fundamentally, Mr. Chairman, the question is what? I just want to focus on what the real question is on this issue. I’m just asking for help from the chair, Mr. Chairman.

The Chair: Mr. Clarke asked, in regard to the funds that are appended for the estimates now, if you’re on track to meet all of your responsibilities with the funds that are appended to it.

Hon. Greg Thompson: Absolutely. We are on track, and what we have laid out today is absolutely accurate. There have been no unexpected or untimely hindrances for us or the department. So we are on track, and we pretty well lay that out in all of our documents.

What threw me off is that this is like an abbreviated version within the...just for the sake of reference, I suppose. So no, we are on track, and as I've articulated to Mr. Gaudet and Mr. André both, I've explained why we've identified some of those internal savings. But other than that, we're on track. There are no difficulties within the department, and none foreseen. That's pretty good management, I think.

The Chair: Thank you, Minister.

I want to remind members that we'll need to finish expeditiously in 12 minutes because the bells will ring and we'll be called for a vote.

Mr. Harris, five minutes.

Mr. Jack Harris (St. John's East, NDP): Thank you, Mr. Chairman, I'm happy to be here in the committee, and it's nice to be here in your presence, Mr. Minister. I know one of your predecessors, George Hees, used to call it the best portfolio in government because you got to help out veterans. You seem to be in the same mode of thinking by your friendliness today here.

We missed you in St. John's, by the way, in December. Weather prevented you from coming to present the minister's awards for our service to veterans. I did offer to present them on your behalf, but it was graciously declined by your officials for protocol reasons, no doubt. But we did miss you and it was quite the event.

My good colleague and friend who I am replacing today, Peter Stoffer, has been advocating for veterans for many years, as you know. One of the things that has happened in recent days, in fact just a day or so ago, has been the rollout by Mr. MacKay—I guess also on your behalf because I'm sure the veterans are involved as well—of the integrated personnel support centres. Is this something that veterans have access to on a full basis, the same as in-service personnel do? Can you tell us whether the \$21 million that's talked about is new money, or is it money from existing programs that are being rolled into these centres?

As a supplementary to that—this will show my Newfoundland and Labrador interest, I won't say bias—because of the large number of Newfoundlanders and Labradorians in the Canadian Forces and therefore among our veterans, we are well above our weight in terms of percentage of population. I think we're about 1.8% to 2% of the population, yet both our military personnel and veterans would be well above 10%, so why would it be that there isn't one of these centres in Newfoundland to service the needs of Canadian Forces veterans and members in Newfoundland and Labrador? We'd certainly like to see that, and veterans in Newfoundland and Labrador would like to see that.

• (1720)

Hon. Greg Thompson: Thank you, Mr. Harris, for your kindness.

Again, I'll get right to the answers. In terms of the money, because you mentioned \$21 million, that would be all DND money, so that wasn't part of our expenditures. Again, these centres do apply for all

ranges of military, those still serving and the veterans community as well.

I think the term I used in my opening remarks—and I know you're coming in late to replace Mr. Stoffer, and I appreciate your coming in—is the seamless delivery of service. That was actually a question I've heard in the House of Commons more than once, that sometimes veterans get caught up in that set of circumstances where you're dealing with two bureaucracies. You're dealing with DND and then you're dealing with Veterans Affairs, trying to get the benefits that would flow to you as a result of your service.

I did miss the event in Halifax because of weather the other day, when Minister MacKay rolled this out. The parliamentary secretary, Greg Kerr, missed because of weather as well. But the interesting thing about this is when we hear of men and women leaving the military as opposed to retiring, we often forget that some of these people are leaving the military but it wasn't their choice to leave. Because they're wounded in Afghanistan or injured on one of our bases, or just a medical condition where their career suddenly is.... It's just sort of like a freight train runs them over in the middle of the night. Their whole life turns upside down. One day they're a soldier, the next day they're not a soldier.

So for those who plan their retirement and things go according to their plan and they have planned to leave the military after 20 or 25 years, that soldier usually is not the one who gets caught up in this bureaucracy, if you will, between the two departments. It's always and most generally the soldier who didn't plan his retirement, who just happened to get wounded in Afghanistan, where his life is suddenly turned upside down and for all the obvious reasons sometimes finds it difficult to work through the system. We want to make it truly like one-stop shopping. That's the term I used the other day on a call-in radio show, and I'm thinking, well, I don't know if that's the right term to use, but now I see the term is used quite frequently, even among DND folks, because that's really what it is.

When you're coming in for help and your life has suddenly been turned upside down, the last thing you want is be bounced from office to office and have no results. So that \$21 million.... My people this morning told me that means around 200 positions, which are going to be additional positions with DND, to really focus on that seamless transition for our soldiers, our men and women, and identify how we can help eliminate some of the frustration that's out there. I think we're doing a good job, but I think the job can be done better and to a higher level of satisfaction for our men and women if we coordinate those actions between the two departments. That's what we'll be doing, because they'll be in the same building, the same office, so that we're not....

In terms of—

• (1725)

The Chair: Mr. Harris, you're over your time. I allowed the witness to continue—

Hon. Greg Thompson: And I didn't get to the important question for you, Mr. Harris—

Mr. Jack Harris: The shop is in Halifax, that's the problem.

Hon. Greg Thompson: Yes, that's what I was getting at.

To be honest with you, I don't have a great explanation for why we don't have it. I took a look this morning at the numbers across the country in terms of the various provinces and the number of veterans and so on, but I know you're right in that. I've heard that the number of people who serve generally is higher in Atlantic Canada than in the rest of the country. But I know that in Saskatchewan they actually produce more sailors than New Brunswick, so you can never be sure of the statistics in this business. But I think you're right in that.

That's something I will talk to our people about. I'll talk to Mr. MacKay about it, because I don't have an answer that you can leave with today that would be satisfactory. But I do know that generally they're very strategic in the choice of some of these centres, and I know that in terms of the navy, for example, Halifax is the greatest population centre, if you will. I don't know how that plays out in St. John's or in other parts of Newfoundland.

The Chair: Thank you, Minister.

We have two or three minutes for Mr. André and Mr. Gaudet.

[*Translation*]

Mr. Roger Gaudet: Thank you, Mr. Chair.

I should make something very clear. I have been sitting on the Standing Committee of Veterans Affairs for three years, and I can say this is a committee that is free from partisanship. All members work toward a common goal. We should not forget those who gave us the freedom we have today. It is one of the only committees where partisanship is set aside. And I am grateful to all for that.

I have a question for the Minister or his officials, Mrs. Tining or Mr. Herbert. Is it possible to get the breakdown of the figures in the tables? The Library of Parliament table indicates spendings of \$2.057 billion for pensions, awards, disability and death benefits, and also financial support. You do not have to tell me right away. I would also like to get that breakdown for benefits and health care and rehabilitation services. We know the remembrance programs cost \$44 million. Spendings for the veterans tribunal are also known.

Could you make these breakdowns available to us later on? Thank you.

[*English*]

Hon. Greg Thompson: One of the things we will do, Mr. Gaudet, is provide you with the information, because there are actually some tables that I wanted to bring in today for you, and we want to make sure we have all of them in French and in English.

We all want members of Parliament to have the information in their hands. That's why we went to great lengths today to explain some of those discrepancies in some of the numbers that you see in the budget document, because when you know why it's laid out in a particular way, it makes my life easier. That's what we're doing. So when Mr. McColeman is asking that question in terms of operating costs, that's the kind of breakdown we all should have, because there's no way any member would know that unless I were here explaining it.

We have to do a better job of getting that information into the hands of members of the committee and members of Parliament, because conceivably it could be embarrassing to a member of Parliament. I could put myself in that place, because in Parliament, when you're in opposition you're always attempting to get up and score your points on the government. This is just how it plays out. I'm not just saying this; we've done the whole thing. So conceivably you could have a member of Parliament getting up asking about these operating expenditures. The question wouldn't be asked if they understood the whole story, so it's important that we get the whole story out to you. It's going to be our recommendation that we find a better way to articulate this so that you do have that information.

Today, even in my opening remarks, I went through some of this. I guess openness and transparency are words that we overuse in this place, but the more information we have for our members of Parliament, the better job we can all do, because at the end of the day we're all in this thing together, to do the best job we can for our men and women in uniform.

• (1730)

[*Translation*]

Mr. Guy André: We are hearing the bell, but I think we still have a few seconds.

[*English*]

The Chair: Ladies and gentlemen, it's pretty clear in the Standing Orders that once the bells ring, the chairman will call us to order and dismiss the committee, unless there's unanimous consent to continue.

Hon. Judy Sgro: Can I just add, Minister Thompson, rest assured that you won't now have that question tomorrow.

Some hon. members: Oh, oh!

The Chair: Thank you, Minister, and thank you, Ms. Tining and Mr. Herbert.

The meeting is adjourned.

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