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Chair

Mr. David Sweet

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• (0900)

[English]

The Chair (Mr. David Sweet (Ancaster—Dundas—Flamborough—Westdale, CPC)): Good morning, ladies and gentlemen.

My BlackBerry says that it's nine o'clock, despite what the clock on the wall says, so we'll start on time our 27th meeting. This is the first meeting of our review of the new Veterans Charter. You know that over and over again we've heard not only members of this committee but also witnesses talk about the fact that it's a living document.

We have as witnesses today Mr. Ferguson and Mr. Mogan from Veterans Affairs Canada.

I understand that you have a deck you're going to be going through. Was it e-mailed to the members?

Mr. Brian Ferguson (Senior Assistant Deputy Minister, Policy, Programs and Partnerships, Department of Veterans Affairs): Yes, it was, but I have extra copies.

The Chair: Anybody who needs a copy can signal to the clerk, and he'll make sure he gives you a copy.

Without any further ado, we'll begin.

Mr. Ferguson, do both you and Mr. Mogan have comments?

Mr. Brian Ferguson: I'll be delivering the comments this morning, Mr. Chair, but both Mr. Mogan and I will be engaged in the follow-up discussion.

The Chair: Very good then, Mr. Ferguson; the floor is yours.

Mr. Brian Ferguson: I might clarify that the deck was provided for your information. I'm not going to go through it in detail. I will have opening remarks and cover some of the content there.

Mr. Chair and committee members, it's a pleasure to appear before you today with my colleague, Darragh Mogan, who is director general of policy and research, in order to provide an update on the new Veterans Charter. We are committed to keeping you informed on how well the charter is meeting the unique needs of our modern-day veterans and their families. It's hard to believe, but it's already more than three years since we implemented this very important suite of programs and services.

As I mentioned, I provided you with a document that contains detailed information about the development of the new Veterans Charter and the progress since implementation in 2006. The document also contains a couple of case scenarios that, although they are not intended to be a representation of all our client cases,

illustrate how the programs of the new Veterans Charter can and do make positive changes in the lives of modern-day veterans and their families.

The charter's programs can be summed up in one word: wellness. They give modern-day veterans the tools and opportunities they need to build better lives for themselves and their families after their career in the military has ended. The charter offers personalized case management, access to health services and health insurance, rehabilitation, job placement, financial support, and a lump sum disability award. In short, it offers opportunity with security.

The new Veterans Charter has laid an excellent foundation for meeting the needs of our modern-day veterans, and in fact was recently described as follows in a review carried out for the Australian Department of Veterans' Affairs:

The New Veterans Charter in Canada is the closest to a "wellness approach" of the systems we reviewed. It is based on enabling and rewarding a return to the best life possible.

Having said that, the new Veterans Charter has always been described, as you mentioned earlier, Mr. Chair, as a living charter. Plainly put, this means the new Veterans Charter is not set in stone. Our programs and services have evolved and will continue to evolve to meet our CF clients' ever-changing needs as they arise.

Over the past three years, VAC has made changes to maximize efficiency within its existing authority and has been exploring and analyzing the potential gaps that were identified through various sources. In addition to the Veterans Affairs Canada internal assessments of the programs, we have collaborated with the Department of National Defence and the Canadian Forces through various forums, have consulted with stakeholders, including veterans organizations, and worked with advisory groups, including the new Veterans Charter advisory group and a special needs advisory group. Additionally, the department has examined other sources, including information on best practices of other countries.

We know that approximately 6,200 CF regular force members were released in 2008-09, and of these, 1,060 were medical releases. Additionally, we are cognizant of the fact that Canada's combat role in Afghanistan will end in 2011, and it is anticipated that there will be an increased number of VAC clients at that time.

As of October 1, 2009, the new Veterans Charter advisory group report has been received by Veterans Affairs Canada. It has as a major theme early introduction to rehabilitation services as key to a successful transition. Indeed, the National Institute of Disability Management and Research reports that an injured worker has only a 50% likelihood of going back to work after being laid off for six months, with this percentage dropping dramatically to 20% after one year.

In addition to considering amendments to the programs of the new Veterans Charter, it will be imperative that VAC work with DND to ensure that potential VAC clients receive the necessary intervention as early as possible, to ensure that clients are able to achieve optimal outcomes and make a successful transition to civilian life. In other words, intervention must occur as soon as possible, prior to an individual's release from military service after injury or illness.

Let me review some of the points contained in the handout you have received.

First, it is clear that prior to the introduction of the new Veterans Charter on April 1, 2006, programs existing at that time were not responding to Canadian Forces veterans' needs for recovery and rehabilitation. These needs arose from both physical and operational stress injuries. At that time, the only gateway to VAC services was by obtaining a pension. Most pensions were awarded for amounts insufficient to provide an adequate income, as they were constructed to provide compensation for pain and suffering received in service to Canada and not as income replacement. Thus, we could offer a disability pension and associated treatment benefits, but we could not offer an income stream into the future. In addition, no rehabilitation was available. Real needs were not being met, as too many pensioned and non-pensioned CF veterans were not successfully transitioning from military to civilian life. We recognized that a new wellness model based on modern disability management principles was required.

The details of the program that came into effect as the Canadian Forces Members and Veterans Re-establishment and Compensation Act are described in the handout provided to you.

● (0905)

A key feature of this package of services is that there is direct access to rehabilitation services—physical, psycho-social, and vocational—without the requirement to apply for and receive a disability award.

Let me discuss briefly the introduction of a disability award, which has replaced the pension. The disability award is one part of a dual award system aimed at providing both a payment for pain and suffering and an economic payment to cover any employment earnings loss incurred while undertaking a rehabilitation program. The earnings loss is calculated at 75% of the veteran's pre-release income and is indexed. If the member is incapacitated, the payment continues until the member turns 65. Seriously wounded veterans are also eligible for a permanent incapacity allowance, which recognizes that there are challenges in seeking stable, continuing employment. If the member is killed in service, the surviving spouse receives the earnings loss payment until the member would have turned 65.

While the main focus of the new Veterans Charter is its wellness programs, the financial payment scheme is heavily weighted to provide the most financial support to those most seriously injured, while providing a safety net of rehabilitation services should injuries be missed upon release from the Canadian Forces.

[Translation]

We, at Veterans Affairs Canada, are going to continue our efforts to develop our services for veterans.

● (0910)

[English]

We feel that the charter is making a difference. We also feel that it needs to be continually reviewed as a living charter. We at Veterans Affairs Canada are continuing our work to ensure that the charter evolves to meet the changing needs of our clients and to develop approaches that result in positive client outcomes.

Thank you for the opportunity to provide you with this update. I would be pleased to take any questions now with my colleague Darragh.

The Chair: Thank you, Mr. Ferguson.

We will go first to the Liberal Party, and Mr. Oliphant.

Mr. Robert Oliphant (Don Valley West, Lib.): Thank you for your comments.

I'm a new member of the committee, so my questions may show some naïveté or lack of knowledge. I have three areas I want to check on.

One is essentially the schedule for implementing phase one, phase two, and phase three of the new Veterans Charter. What remains to be done on phase one is to be completed by December 2009. Then, by 2010, we would have phase three completed. I'm not sure exactly what phase one, phase two, and phase three include and whether we're on track for phase one, and then phases two and three.

Mr. Brian Ferguson: If I could clarify, that refers to the program evaluation being conducted on the charter. One of the commitments the department made was that there would be a formal program evaluation undertaken. Those three phases are really timelines within that evaluation framework.

With that, perhaps Darragh might indicate what the targets are.

Mr. Darragh Mogan (Director General, Policy and Programs Division, Department of Veterans Affairs): I don't have the exact aims for the second and third phases, but the first phase is to size up whether the new Veterans Charter is doing what it is supposed to do. In other words, is it changing the trajectory of transition for people leaving the military and going into civilian life? That's a very large generalization. It is meant to be done by December, as you know. The other two phases follow on that in terms of the effectiveness of each element.

Concerning the third phase, I think the best thing would be for the director general of audit and evaluation to submit to you a little summary of what it is, so that I don't misrepresent it here.

Mr. Robert Oliphant: It would be helpful for me to know what role the veterans, as direct recipients of benefits from the programs, are playing in the evaluation of the charter: who is being surveyed, how are they being surveyed, who is in and who is left out, how are you contacting them, what is the sample size, things like that.

Mr. Darragh Mogan: There is certainly a consultation element to it. As part of the summary of the phases, I'll ensure that it's recorded for you.

Mr. Robert Oliphant: It would be helpful to get that in writing, just to see exactly who is being consulted and how.

The second area I want to talk about is the career transition portion of the program and whether it is considered successful. I read in the package that enhancements to it are being planned. It has the lowest uptake of any of the portions of the charter, yet it's one I have been hearing more about from some veterans. Maybe they are not understanding or they are not able to access the programs, or they're not quite sure how to do that. What is your experience on that portion of the program?

Mr. Brian Ferguson: Thank you very much.

You're quite correct that there has been slower-than-anticipated take-up of the job placement program, which is a key part of the charter. I should mention that there are two ways job placement actually takes place within the context of the charter. If someone is going through rehabilitation, as part of the vocational rehabilitation component, job placement efforts are made on behalf of the graduates of the program. The job placement program that is standing out as a program in its own right is the program that was designed for all releasing members to access, regardless of whether they required rehabilitation.

We've done an analysis with our colleagues at the Department of National Defence, and there were some misunderstandings, I think, from people at the beginning of the introduction of the program about its availability to them. With DND, we've been working through means to communicate better, putting articles in the internal magazine that goes out to all military personnel, and making other efforts in that regard.

The other thing is that I think at the time when we introduced it, there was kind of a burgeoning economy and people may not have been aware that this was available to them. So basically what we're doing is implementing a few changes to the program and its accessibility, and we hope to see a greater take-up. For anybody who

has gone through it, all of our evidence is that it's an excellent program.

● (0915)

Mr. Robert Oliphant: Is it woven into the Department of National Defence's outplacement? It seems to me it needs to start earlier than once one becomes a veteran, whether or not there is a problem of jurisdiction between two departments.

Mr. Brian Ferguson: It does need to start earlier, and we're working on that together. There's not a problem with jurisdiction, but up until the introduction of the program, DND had taken some efforts on its own to help members. With this program now, there's another tool in the toolbox. We are now working with DND to make sure it's a seamless activity between the two departments. But you're quite correct, we need to get in as early as possible, because some of the thinking about your future career requires that you do that not at the time of release but early on.

Mr. Robert Oliphant: I've wondered whether there's any sense of a stigma attached to that program, that if someone avails himself or herself of the program, they are acknowledging a problem, and whether there's any kind of work being done on that.

Mr. Brian Ferguson: We haven't actually heard that there's a stigma. We were concerned that there could be a worry that if too many individuals actually were starting to look at job placement, that could be a potential recruitment issue. But we haven't found that actually. In fact, DND personnel have been very supportive, both rank and file and senior members, in trying to help us figure out ways to get the program more accessible. There's actually a strong link to recruitment in this element of the charter, because if you can demonstrate to recruits coming into the forces that government cares enough about them that they'd actually help them with their job placement, it's a good thing.

Mr. Robert Oliphant: My assumption is that we'll get more into the lump sum disability, but I just wanted to open up that question on how it will be increased in the future, what model is being discussed in terms of cost of living, whether it will require legislative changes, how we keep it being monitored to ask is it enough, and when it's not enough, how we increase it.

Mr. Brian Ferguson: Do you want to take that?

Mr. Darragh Mogan: The initial amount of lump sum was based on pain-and-suffering court awards in Canada and about double what, for instance, workers' compensation pays. There are now court awards that are beyond the \$262,000 or whatever the number is at the moment. They are based on a table of disabilities. It's much more restrictive than our own. Our own is probably the most generous table of disabilities. That's the means by which you calculate how disabled someone is. At the moment, by itself, I think the argument could be made that maybe it needs to be updated. But in the context of that and the dual award system, I think we'd have to have more evidence of the need to raise the rate. If we were to raise it, it would have to be a decision made by the government and the resources would have to be found to do that.

Mr. Robert Oliphant: Would it require a legislative change or a government decision?

Mr. Darragh Mogan: It would have to be a legislative change.

The Chair: Merci, Monsieur Mogan, Monsieur Oliphant.

Maintenant le Bloc québécois, M. André, pour sept minutes.

[Translation]

Mr. Guy André (Berthier—Maskinongé, BQ): Good morning, Mr. Ferguson. Good morning, Mr. Mogan.

I listened to your presentation on the new charter. I see that you are the Senior Assistant Deputy Minister, Policy, Programs and Partnerships, Mr. Ferguson. My question is a bit beyond the charter debate, but it does pertain to veterans. This subject matter is a concern of mine at present. I don't know if you will be able to give me an answer. I'll go ahead, since we have experts here with us.

I would like to know how the funds allocated to health care programs for veterans are broken down in the provinces. In Quebec, for example, health care is provided for veterans. Most services are delivered by the Department of Veterans Affairs; services are delivered by CLSCs in some regions and by long-term care centres in others.

How are these funds allocated? In what sectors does the Department of Veterans Affairs provide funding? I don't know if you can give me an answer.

• (0920)

[English]

Mr. Brian Ferguson: Darragh will answer.

Mr. Darragh Mogan: And I'll do it in English, sir, just to make sure that my answer is, as I understand it, accurate.

[Translation]

Mr. Guy André: It's not a problem.

[English]

Mr. Darragh Mogan: There are two ways in which we provide health services to veterans.

One, when it's related to a war service disability, Veterans Affairs pays 100% of the cost, and it doesn't matter *à travers le Canada*, it doesn't matter where. The other is where the eligibility is based on income, through the war veterans allowance or the veterans independence program, and we pay what provinces do not insure. So in long-term care, it might be a different amount we pay in Saskatchewan from what it would be in Quebec, depending on how much coverage the individual has as a resident of the province. That's the basic policy foundation for the payment of health services.

[Translation]

Mr. Guy André: Unless I am mistaken, in the case of veterans receiving long-term care at Ste. Anne's Hospital, all hours of care are covered by the Department of Veterans Affairs. However, if a veteran lives in Trois-Rivières or Nicolet, for example, since they are usually Quebec residents, long-term care is often provided by the provincial health department in return for a portion of the patient's pension.

Does the Department of Veterans Affairs cover a portion of the costs when the veteran receives services other than at Ste. Anne's Hospital?

[English]

Mr. Darragh Mogan: The relationship remains the same, whether the individual is in l'Hôpital Sainte-Anne or in a licensed

community care facility. If the care is for the pension disability—war pension or service-connected pension disability—we pay 100% of the costs, and there's no *assurance du Québec*. If not and it's another eligibility, we will pay for up to a maximum of what, in the case of Quebec, Quebec does not pay for. Whether it's in Sainte-Anne's, where there is a \$115 per day insurance paid every day for a veteran who is eligible for *l'assurance-maladie du Québec*, or in a licensed nursing home in Chicoutimi, it doesn't matter where, the same principle applies.

[Translation]

Mr. Guy André: Are you talking about a drug plan?

Mr. Darragh Mogan: I am.

Mr. Guy André: But if the patient is treated somewhere other than Ste. Anne's Hospital, whether it is in Trois-Rivières, Nicolet, Quebec City or some other place, all of the lodging costs, long-term care, are covered by the province. You are talking as much as \$115, but if the patient is not staying at Ste. Anne's Hospital, the health care costs...

[English]

Mr. Darragh Mogan: If care is assured for someone resident of Quebec, it doesn't matter where they are; whether they're in Sainte-Anne's or in *un foyer d'hébergement à Trois-Rivières*, it won't matter. We'll pay what is not covered by the province. I think our accommodation and meals amount to \$850 a day. To give you an example, say the level of support from the province was \$1,000 a day and the cost of care was \$2,000 a day, then Veterans Affairs would pay so that the cost of care to the individual was only \$850 a day, which is our rate.

[Translation]

Mr. Guy André: So that is the difference. That's fine. Okay.

[English]

The Chair: Thank you, Mr. André.

Now Mr. Stoffer, for five minutes.

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

Thank you gentlemen for coming today.

I have comments on just a couple of issues. First of all, I think the charter has improved the quality of life of veterans and their families; but as in everything, things need to change. One of the things I'd like to see—and this, of course, would require legislative change—is to see the RCMP fully incorporated into some sort of a charter, because right now, if RCMP veterans go to DVA for any assistance they require, they don't qualify for things like the VIP program, etc. So I think a discussion on their inclusion will eventually have to take place.

I also have here information on what the British do for their HM Armed Forces personnel. They've doubled the upfront payment to £570,000 for the most severe injuries or death. That's quadruple what we give. This is one of the things I'd like to see changed. I know we work side-by-side in Afghanistan. The guys are sitting there, thinking: well, if you go, your family gets this; if I go, my family gets that. So maybe it's something to look at in the future.

As well, what's most important is that this or any other lump sum payment does not affect eligibility for any other payment schemes they get. So there must be no deductions, no clawbacks, for example.

One of the problems we have is that the charter will move along and eventually will change to benefit the modern day veterans, yet we still have outlying problems from before. We still have many veterans who are getting the SISIP clawback deducted from their medical payments, or deducted from other payments. That's still a problem.

We have veterans who are still concerned about the marriage after 60 act. If they're married and remarry at 59 and live for 20 years and die, then their second spouse gets the pension. But if they marry at 60 and live 20 years and die, the second spouse gets nothing.

These are old hangover problems that our veterans are still dealing with.

Also, there is the issue with the amount of money a pensioner leaves when he dies. The spouse only gets 50%. That should be bumped up, because in many cases the spouses then dip right into the poverty world.

The Veterans Charter I think is doing an admirable job, but there's no question it needs to be improved.

I have three questions for you.

When military personnel leave the service because of either a physical or mental injury and go into the other public service for jobs, some of those people in those jobs are looking at these guys and thinking, hmmm, if you're not good enough for the military, what are you doing in here? So there needs to be more sensitivity training in the rest of the public service to let them know these men and women are coming from the military and that they should not be treated with kid gloves, but with understanding that they may be going through PTSD issues or some things of that nature. That's one question.

Two, there is the concern about the future of veterans when Sainte-Anne's gets privatized. Or, if it doesn't get privatized, what's going to happen to the thousands upon thousands of veterans who will need hospital care when World War II and Korean veterans pass on? What's going to happen to the modern day veteran in that regard?

Three, we have 220,000 clients at DVA and 750,000 to 800,000 retired RCMP and military personnel, meaning that two-thirds of the people who have served aren't your clients. What are you doing, especially in Veterans Week, to get the message of the charter out to everybody in Canada to say if you're a veteran or the spouse of a veteran, we may be able to help you? Not just through the Internet or through the legions, what are you doing to get that message out there through the newspapers and television and radio to let them know

these benefits are out there for them? This type of message went out, by the way, to all of the British papers, so every single person there would have seen it.

Thank you.

● (0925)

Mr. Brian Ferguson: Thank you very much for your comments and your kind words about the charter and the concerns you've raised.

Before we close, I would like Darragh to talk a bit about the British payment, because we've done a comprehensive analysis of it with an apples-to-apples comparison with our charter, which might be helpful to the committee.

Mr. Peter Stoffer: Sure.

Mr. Brian Ferguson: Your point on sensitivity training is well taken. We haven't encountered that problem, but I can understand your concern that it could be a factor, that people might be saying what you mentioned. To be honest, I haven't heard anywhere else that it's an issue, but we are working with DND very closely, so I will follow up on your remarks to see if it's something of concern.

Mr. Peter Stoffer: I could give you some private examples.

Mr. Brian Ferguson: Could you do that, sir? That would be very helpful.

Secondly, with respect to Sainte-Anne's, there's one clarification to make: we are not considering privatizing Sainte-Anne's, if that's the terminology used.

Mr. Peter Stoffer: Sorry—transferring to Quebec.

Mr. Brian Ferguson: Okay just to clarify.

Thirdly, in terms of the need for long-term-care beds, our indication is that Canada has a lot of capacity in this area, which veterans are accessing, and we see utilizing the Canadian social safety network with the kinds of programs we have.

Darragh, perhaps you could elaborate on that point and then talk a bit about the British experience.

Mr. Darragh Mogan: When Veterans Affairs, in 1946, acquired a lot of this large hospital capacity, there wasn't anything out there in the community at all. With the coming in of medicare, social safety nets, established programs, financing of things that all parties support over the years, there are now 220,000 to 235,000 long-term-care beds. In terms of making a selection about where they're going to go when they need long-term care, home would be the best place to go if they can do it, of course, but if they need to go into an institution, as it were—to use a pun, given this committee—they'll vote with their feet. They'll go into the community eight to nine times out of ten. We have a lot of experience to show that. We feel the Canadian Forces veterans are probably like the traditional veterans: if you give them the choice to go into the community, that's where they'll probably go.

Second, we would need a parliamentary change. We need a significant regulatory change to re-establish for Canadian Forces veterans what the traditional veterans had. We have to remember, there was no choice back in 1946 for traditional veterans.

Mr. Stoffer, you raise the British experience. I notice that Mr. Allard is here from the Royal Canadian Legion, so he's had a look at the paper we've prepared on this and made some corrections to it. Generally, what has happened is the British went to a lump sum system the year before the new Veterans Charter came in. The tariff doubled it to £500,000 to £560,000. My son lives in England, and I know that the price of a gallon of gas there is almost two and a quarter times what it is here. He paid \$800,000 for a small home where he lives in northern England—and it's a very small home. So the cost of living is a little different.

Secondly, if you look at the top four tariffs that the Ministry of Defence has, for the most severely disabled, there may have been one or two awards. There have been none at the top tariff yet, despite the fact that their military is three times as large as ours and they've had bigger deployments since 1990.

I have great respect for what the Ministry of Defence in Britain does. The job placement program we adopted holus-bolus, and I think it has the elements of success. I think the apples-to-apples comparison suggests that in terms, at least, of the amount of the disability award, things are not quite what they would seem with that direct dollar-per-pound comparison.

• (0930)

The Chair: Thank you, Mr. Mogan and Mr. Stoffer.

Now Mr. Storseth for seven minutes.

Mr. Brian Storseth (Westlock—St. Paul, CPC): Thank you very much, Mr. Chairman.

Gentlemen, thank you for coming in today.

I'll piggyback on Mr. Stoffer's point. The sensitivity training for the public service may be one thing, but I think a lot of these men and women in my area end up going into the private sector. I think what we need is better education on this for the Canadian public in general, particularly for things like PTSD and some of the things that some of our guys are going through when they come back. Oftentimes this is diagnosed years after they come back from Afghanistan, so it is something we need to see throughout our society as a whole, and not just in the public service.

I'd like to ask you, first of all, what tools you've used to evaluate the success of the new charter.

Mr. Brian Ferguson: One of the biggest tools is the program evaluation that's coming forward. It will be the most comprehensive review of the charter, in terms of a formal evaluation in the three phases we talked about. Even before the launching of the evaluation, we've had feedback mechanisms that have been in place. For example, the new Veterans Charter advisory group, which has issued its report, has been reviewing the charter for some time now and has been identifying areas that they think need to be improved and areas that are working well. We have the special needs advisory group, which is a group of severely disabled veterans who provide direct input to us on a regular basis. We have a lot of interactions from our

staff, obviously. The feedback that we get on a daily operational basis is very important to us as well. The cases that come across the desk are learning experiences for us in the department. So we have a variety of mechanisms.

I don't know if I've missed anything there, Darragh.

Mr. Brian Storseth: As far as these advisory groups, can you give me an example of who they're made up of?

Mr. Brian Ferguson: Perhaps Darragh will mention the composition of the special needs advisory group.

Mr. Darragh Mogan: It comprises seven Canadian Forces veterans, all of whom have reported disabilities of over 80%, and they may be physical, psychological, or both. They have a lot of experience dealing with Veterans Affairs and disability. None of them are particularly shy about letting their views be known. They have released four reports to us that are very insightful and helpful. As a result of a lot of the reports we get from them, we adjust how we operate within our current authority to be a lot more sensitive to the kinds of things they need.

The new Veterans Charter advisory group is made up of practitioners, academics in the areas of disability management and psychiatry, veterans organizations, and practitioners in physical and psychological injuries.

• (0935)

Mr. Brian Storseth: Have you noticed a significant difference in your feedback from newer veterans compared to Second World War and Korean War veterans?

Mr. Brian Ferguson: Yes, there's a different culture among the newer veterans. They are quite demanding in the information they need from us. I guess the Internet is pervasive and everybody is used to getting lots of information, so it's changing. We're exploring ways to better meet those needs through proper and upgraded technologies.

I will make a comment, but we basically have to verify these numbers. The perception we have at the moment is that we're getting fewer client complaints around charter issues than we used to get around the old pension issues. Most of the negative comments about departmental performance still have to do with the pension process, but not very many are surfacing around charter issues.

I want to verify that so I'm not misleading the committee, but that's our perception at the moment around the charter.

Mr. Brian Storseth: I have two military bases in my riding, and from my conversations with current and recent veterans, a lot of them go to blogs and websites for their information. They don't seem to have an organization they identify with to deal directly with Veterans Affairs.

Is that a fair assessment? If so, are we moving toward trying to identify an organization that these CF members feel comfortable going to and working through?

Mr. Brian Ferguson: There are currently six veterans organizations that interact regularly with us. Three of them were founded around the traditional veterans' cause. Three additional ones have been founded around support to CF veterans.

I can't comment on how veterans feel about those organizations. They exist to serve them, and I think that comment would be of extreme interest to them.

On the point about blogs, you're quite correct about keeping track of blogs. I read somewhere that there may be 133 million blogs out there today. We're really looking at whether we should have one so that people can access it a bit more. We're considering that issue as a sort of technological outreach.

We don't create veterans organizations in the department; we work with them.

Mr. Brian Storseth: I think it's a fair point in seeing how the department can better reach out to some of these newer veterans.

In my last minute I want to talk a little bit about PTSD and the problems some of our veterans are having five, six, or seven years later. They're into their new careers and finally being diagnosed with PTSD.

What kinds of support systems do we have in place, and how effective have they been in supporting these members who are now out of DND and solely reliant upon Veterans Affairs? I know we have the ombudsman who does good work, but what kinds of support systems have we set up? Are we looking at improving them and disseminating that information to these gentlemen?

Mr. Brian Ferguson: Thank you for that question, because it's such an important issue for us. So many individuals who are injured are injured with operational stress injuries, and those don't go away overnight. Basically what we have in place.... I won't talk about DND's process; they have excellent services while they are in service.

When they arrive at our door, we have both a clinical and a non-clinical support system. One is in partnership with DND, which is called the operational social support network or the peer support group, OSISS. I don't know if your committee has been briefed on that recently. That peer support network was founded by DND, but about 70-plus percent of the people who go to that network for peer support assistance are veterans. It caught on in a very major way with veterans.

That peer support group counsels individuals, and the peers who run these support groups are people who suffer from operational stress injuries. Our Sainte-Anne's hospital provides the clinical support to that peer network so that individuals don't get overburdened while suffering from an OSI and helping others who are suffering from OSIs. That group is used as a means to listen and assess problems that have arisen among the people who go to the groups, and they are referred to our services when the individuals are ready for them.

On the clinical side, we have established ten operational stress injury clinics, where clinicians, in a team setting, work with veterans who are diagnosed through those clinics and a treatment plan is established for them. Through our case managers in the department, the treatment plan is monitored, with continuous feedback on the treatment plan and the case, in an attempt to stay on top of the issue.

This differs quite dramatically from the way the department dealt with cases like this in the past.

● (0940)

Mr. Brian Storseth: If I can just make one last quick comment, that is great, and these operational stress clinics are doing an excellent job, but these men and women often have to interrupt a current career, so they need easier access to the financial rewards so they can do it without burdening their families at the same time.

Mr. Brian Ferguson: That's a very good point, sir, and Darragh may want to talk a bit about this.

We offer psycho-social, medical, and vocational rehab as part of the Veterans Charter. We don't force anyone into vocational rehab if they're not ready for it. If the diagnosis is that they have a psychological trauma they have to overcome, they're into treatment for that, and while they're in that rehab, the earnings loss payments kick in. If they're in the psycho-social rehab, they're covered, and if they need medical rehab and/or vocational rehab, they're still covered.

The program is set up as a safety net for that type of experience.

The Chair: Thank you, Mr. Ferguson and Mr. Storseth.

Now over to the Liberal Party, for five minutes. Madam Sgro.

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

It's great to have you back and to get an update on the new Veterans Charter. I congratulate you on the work you've done so far, but as always, everything is a work in progress. Certainly the committee is interested in seeing how we can assist you in moving the issues forward.

I have a couple of questions on the lump sum disability award. Once individuals receive that, what other assistance are they entitled to? Do they get their cheque, walk away to start a new life, and that's the end of their contact with you?

Mr. Brian Ferguson: There's quite a lot of additional assistance, if required. In a sense the charter has moved to a model of independence. It is an attempt to have people transition from military life and become independent contributing citizens of Canada not requiring support in the future to actually achieve that.

In that regard, the lump sum is paid as a recognition of pain and suffering. The other programs that come into effect immediately, or even before a lump sum, because you don't have to have a lump sum payment to access them, are meant to assist in that independence, getting back to civilian life. If they need rehabilitation, psycho-social, medical, and/or vocational, they get 74% of their earnings until they're finished that program. If they can't come off that program because they're totally incapacitated, that payment index stays until they're 65. If it's someone who was killed in service, the spouse is entitled to that payment. That's another payment that's available.

If someone is severely injured, there's also a permanent incapacity allowance. That's a regular payment that's paid in recognition that some of these individuals are going to have intermittent work. In other words, they might find a job, they're off our books, but they run into a problem later and they have to go back. So there's a permanent incapacity allowance that's paid for the most severely injured.

Hon. Judy Sgro: I cannot imagine any man or woman coming back from an experience in Afghanistan, no matter what they want to think at the time, who does not need some ongoing psychological assistance for what they have seen and gone through. So if they come back and receive some sort of a lump sum payment and think they're going to be able to renew their career and go on to doing something else, how are you tracking any of them? Or are you tracking? I recognize the Privacy Act, and all these other issues, but someone comes back, especially, I think, our soldiers who feel they've just been through so much, but they're just fine, and it's only two or three years later, through domestic violence or something, that they surface. Does anyone have any kind of a system tracking any of the former members?

• (0945)

Mr. Brian Ferguson: Yes.

Darragh, I guess you'd like to take a...

Mr. Darragh Mogan: Yes. You've raised a really important point. As was mentioned earlier, not all the psychological illnesses conveniently arrive at our door when individuals leave the military, or even when they get back. They're late onset. Sometimes situations arise that no one can control.

So the one thing about the new Veterans Charter, you may not get a lump sum at all, you may not need it, but it's like medicare: it's always there if it's needed. And if you need it more than once, twice, three, four, five, how many times you need it in your life, it's always there. It's a statutory guarantee.

Every person leaving the military gets a transition interview. And I think we've got to the level of sophistication now that we can see the early warning signs that we may need to follow up on an individual, and we do.

These are well-trained, capable individuals coming back, and they're great assets to Canada when they leave. We've got to be careful we don't overdo it. But if we see an early warning system, if it's a family problem, if we see that somebody is showing signs of a potential problem that we've seen before, we'll follow up with that individual after they leave. And it will be based on the transition interview or an indication from the base surgeon when they leave.

But we have to respect their privacy, and we do. We go to great lengths to do that.

Hon. Judy Sgro: What kind of assistance is offered to the widow or widower?

Mr. Darragh Mogan: When the soldier has died in service or as a result of service, the assisting officer from National Defence would be the first one there, as you would expect. But the individual, when they're ready... And you don't want to rush on the bereavement process, but they need to know they will have 75%. Under the new Veterans Charter they'll have all the benefits the veteran would have had had the veteran survived, including the capacity to go back into a rehab program if she or he needs it, whenever they need it. There will be child care support when they're in that program. There's quite a comprehensive list of things they will get as a survivor of a veteran killed in action or whose disabilities caused their demise.

Hon. Judy Sgro: And what about the children?

Mr. Darragh Mogan: The children can get counselling and support through the health services provision under the Public Service Health Care Plan, and that's available to the survivors as well.

The Chair: Thank you very much, Mr. Mogan, Madam Sgro.

And now on to Mr. Mayes, for five minutes.

Mr. Colin Mayes (Okanagan—Shuswap, CPC): Thank you, Mr. Chair.

I'll be sharing my time with Mr. Lobb.

I know the charter provides support for the families of veterans. If the Canadian Forces personnel is killed in action and his family is provided for, I was wondering if there's any provision for some of the costs that would be incurred by the family in post-secondary education, for instance. Is that part of a death benefit?

Mr. Brian Ferguson: It is.

Mr. Colin Mayes: Could you explain that to me?

Mr. Darragh Mogan: If the parent has greater than a 50% disability, and certainly death in service is greater than that, then the Education Assistance Act falls in place for the children, which provides for tuition, I think it's up to \$4,000 or \$5,000 now, and a monthly stipend while they're in school, up to age 25. And beyond 25, if it's a natural course of continuing education, such as a master's degree in engineering, there's something to manage it.

Mr. Colin Mayes: Okay.

And the rates of payment for disability pensions provided under the Pension Act, vary by the number of children the vet has, but the lump sum award does not. Could you explain why that wouldn't be adjusted to reflect the number of children in the family?

Mr. Darragh Mogan: The thinking at the time—and this is a living charter, so thinking can change—was family coverage came through the Public Service Health Care Plan, through being able to use the veteran's benefits if the veteran was unable to use them as a result of service. Just like the court awards and workers' compensation lump sum awards, there's not a recognition of the individual's social status, rather the pain and suffering the individual goes through. Recognize there's a counter-argument on that, and we do recognize that, but as part of the living charter at least there are discussions, and we're aware of that.

● (0950)

Mr. Colin Mayes: Thank you.

Mr. Ben Lobb (Huron—Bruce, CPC): One of the points from the new Veterans Charter advisory group that came out in the October 1 report was the idea of early intervention, an area for improvement. Early intervention can mean many things to many different people. That's a very broad statement, but in its intent it's very specific. I wonder if you could elaborate on where you see that going, how that can be improved.

Mr. Brian Ferguson: We really see that as essential, and one of the big learnings that we've had is that we could do better at early intervention. So we're working very closely with the Department of National Defence to do what we can within our existing authorities to achieve early intervention, and also to look at whether we need to make any further proposals to amend our ability to get in there earlier.

In terms of what we're doing now, we've created 19 integrated personnel support centres where we have staff working with DND to actually get together around the cases that are evolving, particularly for the most seriously injured. So our two case managers are actually in conversation with each other. While the member is in service, DND has a lot of programming that they can bring to bear. They have psycho-social programming, and they have medical programming as well.

So the short answer, I guess, is that we're working very hard to see what we can possibly do to improve that early intervention, and we're assessing whether or not we need to make any further changes.

It's an excellent question.

Mr. Ben Lobb: In following on that report as well, it talks about financial security, and we've heard many comments so far this morning from various members from various political parties. But in line with that, I think we know across Canada that the level of fiscal and financial literacy among Canadians is quite poor. Our young men and women who serve are quite young when they enter, and consequently their level of financial literacy, unless there's been some intervention along the way, is also quite low. The question is, in this comment about financial security, is there a component there that will aid our veterans, our young men and women and our older men and women, about how to manage the money that they have received from Veterans Affairs?

Mr. Brian Ferguson: There is. There's a component of the charter that offers financial advice to the veterans, at their choice, where we encourage them to use the free financial service that is available from the department to actually assist them, particularly if it's a fairly significant lump sum, because a significant lump sum gives many of

these individuals a unique opportunity to buy a home or to make a significant serious investment. We're also very concerned about the potential for wasting that particular resource, and that's why we introduced that particular component.

There's a balancing act, obviously. If someone is mature enough to serve Canada in a military context, there's a line that you don't want to cross in terms of telling them how to live their personal lives. There's also the issue around the old Pension Act, where we had similar circumstances arise from time to time as well. So it sort of transcends the kind of payment that you're making. It's an issue, and we've made an attempt in the charter to try to come to grips with it.

Mr. Ben Lobb: That's good to hear.

A voice: Good question.

The Chair: Thank you, Mr. Lobb.

Now on to Monsieur Gaudet.

[Translation]

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

Two of the cases presented in the update of the New Veterans Charter are Joseph and Shawn. Joseph is 52 years old, and if I read correctly, it says that his son attended school in the summer of 2009. Shawn is 49 years old. The document seems to say that he started working in February 2008.

Why did it take eight, nine, eleven years to see results in their case?

[English]

Mr. Brian Ferguson: I'll have to look into this in further detail, but if I understand your question, you're saying that he was released in 1997 and he didn't start his pharmacy program until 2009.

● (0955)

[Translation]

Mr. Roger Gaudet: No. It says that his son started pharmacy school in 2009. I hope that he is not the one who became a pharmacist in 2009, because he was 52 at the time. Eleven years later, he would have been 63. I do not think people go into that line of work at that age.

What I mean to say is that it took 9 and 11 years to help them. That is what I do not understand. You say that the new charter helps veterans, but I wonder. It seems to me that it takes a long time. I'm not blaming the charter. It may depend on National Defence at the time they were discharged. I put the question to you.

[English]

Mr. Darragh Mogan: For my part, we're kind of stumped on that one. We're not finding the same example in the material we have that you have in the material in front of you.

Maybe to generalize here, what can happen.... There may be an error in the French-language version.

In one case, there may be a fair delay between the time an individual leaves the military and the time he or she gets a benefit, because the individual didn't come to our attention or was in psycho-social rehabilitation for quite a period of time and wasn't ready to take on a vocational role. That's a possibility as well.

Mr. Brian Ferguson: This case is an individual who was released in 1999 with muscular skeletal injuries and PTSD. That would be what would delay, in a case like this, the coming into stream of a new job. What we offered was continued counselling and medical treatment for the PTSD, and we didn't put a timeline in the document as to how long that could take. Once that was done, the individual was referred to a vocational rehabilitation specialist, who developed a vocational rehab plan and interdisciplinary consultation, which included his psychologist.

If I may, we don't have any timelines in a vocational rehab plan either. It could be that both elements took considerable time. While he was covered for this, he was covered for his training expenses, including his tuition, and he got an earnings loss benefit. The social safety net was there. Now he's started work in his chosen career, which we consider to have been a good outcome, even though it took a long time.

The Chair: Mr. Ferguson—and I'll credit you some time, Mr. Gaudet—are we talking about page 17*en français*?

[*Translation*]

Mr. Roger Gaudet: Yes.

[*English*]

The Chair: It is the same case in English on page 17.

Mr. Brian Ferguson: Excuse me, I didn't realize that.

The Chair: Do you want to respond to that?

Monsieur Gaudet, I'll give you some extra time.

Mr. Brian Ferguson: I would think that similar issues maybe existed with Joseph as well.

Mr. Darragh Mogan: I think one needs to remember that when there's a post-traumatic stress disorder or an operational stress injury involved, if you want to set people up for failure, as the rehab specialist will tell you, put them in vocational rehab before they're ready. They'll be worse off than if you hadn't done anything at all. So there's a great deal of sensitivity, perhaps even too much, and that can account for the delay. But if a person isn't ready to be in a vocational rehab program, another failure is probably not what you want to encourage or encounter.

[*Translation*]

Mr. Roger Gaudet: I agree with you. A woman in my constituency has been to the Veterans Board 8 or 13 times. She appeared before the board last Wednesday. She said that if she did not win her case, she would come back 25 times if that was what it took. There has to be a way of putting an end to that.

What does the charter do to help veterans win their case and bring the matter to a close? It's all well and good to appear before the board, but someone has to pay for it.

[*English*]

Mr. Darragh Mogan: I can't really comment, as you know, on the Veterans Review and Appeal Board. I understand that there can be frustrations with the pension system. That's one of the reasons you don't have to have a pension or an award in your hand to get access to the new Veterans Charter. If an individual has a rehab need, on the day we know about it he doesn't have to have his pension or disability award card in his hand before we can help him.

We certainly want and are permitted to make the pension process a lot easier for individuals. But it is a quasi-judicial system. It is based on precedent. It is based on the rule of law. Once you get into that sort of situation, things sometimes take a little time. It can get very frustrating. We didn't want to be in a position, and we're not now, of having a new Veterans Charter fall, as it were, victim to a quasi-judicial system. It is a system that lets us respond as early as the individual need is identified, as long as it's related to military service.

• (1000)

The Chair: Thank you, Mr. Mogan. Thank you, Mr. Gaudet.

Can someone find out if the bells are ringing for a vote right now?

It's now over to Mr. McColeman for five minutes.

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

I do want to extend congratulations on the fact that you and our program were recognized internationally by the Australian community, and they were the head agency for the international look at programs. Of course, there are always areas for improvement and a lot of the discussion has been on that today.

I'm interested in going down a line of questioning about where it does tip the balance, because I think you brought up the point about where you actually cross the line of offering too much. That will be different for different people, but certainly the experts in the field of assistance say there's a point at which the individual has to want this rehabilitation and has to want to get back into the workforce. Most probably do, but it's different for different people. Do you have difficulty in dealing with that with the charter as it exists?

Mr. Brian Ferguson: To say that we don't have any would be misleading. Actually, I think it's a continuing issue because, as you say, with each individual case it's probably different, and each has to be assessed on its own merits.

Our case managers are trained social workers who are trained in dealing with the new processes under the charter. One of the things we try to do right up front is establish a contract with the individual. There's a contractual relationship whereby the individual says, "This is what I want to achieve out of my rehab program and this is what I'm committed to do to help make that happen". That's a new tool, if you like, that helps us in this regard.

But there is a strong recognition that you're talking about people here. You're talking about people who for years and years and years in the system would have bent over backwards to do everything possible for our veterans. They still will, but they have to learn that in this new environment you really are helping them in a better way if you can get them to focus on their transition. I think we're making good progress in that regard, but it's not perfect yet.

Mr. Phil McColeman: I think the committee is kind of directing questions that way. How do we offer them more of a hand up, more of a way to make the transition? Perhaps it's reinventing themselves in their lives out in the private sector. In that regard, I'm not so certain I'm clear on this, but if a veteran has an opportunity, let's say, such as in that one example of going into a drafting career as an architectural technologist or something like that, is there a program that incents the employer to provide an opening for a veteran?

Mr. Brian Ferguson: No, not that I'm aware of. I know there have been a lot of efforts made by the Canadian private sector communities in certain areas to take steps to help veterans, but I'm not aware of any broad-ranging, comprehensive program.

Mr. Phil McColeman: Is it something that you—or the department—have ever explored?

Mr. Brian Ferguson: Our response has been the job placement program. As part of the planning in the job placement program, it really does connect individuals with employers and gets them to approach employers. That has been our response to date.

Mr. Phil McColeman: I guess there are a lot of parallels to my way of thinking in a community that I've spent a lot of time in, the community of people with special needs, often with disabilities that aren't so severe that they cannot work 20 hours a week. They may not be able to work 40 hours a week. In this case, they're generally in fairly menial work, but having said that, I will say that it improves their self-image so much. It helps them so much.

Often the way to get them into a work environment is to provide an incentive to the employer to consider this person in that work environment. I'm not suggesting subsidizing wages, but even a tax incentive program of some sort can facilitate this. To me, it's just another tool in your tool box.

I'm suggesting that the program look at this possibility because there are a lot of people who do desire to work, although maybe not full time because they're not able to focus that long. Maybe it's a way to still get them out there and into meaningful work. Again, there are all the self-image benefits that go along with that. As for overcoming other problems, an employer may say they need someone full time, not part time, or that type of thing. This is just another idea.

I also wanted to comment on the chart. In the deck, it's on page 13.

•(1005)

The Chair: I just want to advise you that you're at 5:36 right now. There is another Conservative slot, but you're going into the second question period.

Mr. Phil McColeman: I'll just make a quick comment.

I'm really, really buoyed by the favourable rate of approvals when people access the program. I really want to commend you on that.

Thank you.

The Chair: Now we'll go to Mr. Kerr for five minutes.

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

The Chair: Madam Sgro?

Hon. Judy Sgro: On a point of order, Mr. Chair, could you save five minutes or so at the end of the meeting so that we might talk about new business?

The Chair: Absolutely.

Hon. Judy Sgro: My apologies.

Mr. Greg Kerr: Does that come into my time?

Hon. Judy Sgro: Certainly not. I'll let you have it from the Liberal time.

Mr. Greg Kerr: Now I'm rattled. I don't know what to do.

Welcome, Mr. Ferguson and Mr. Mogan. It's good to see you again.

As just a general thing, because the committee wants to look at the charter itself and do a review, one of the things I've learned in this short year of being associated with the department is that there's an incredible amount of activity that goes on, and often the overlaps take place. You can tell from the questions, which sometimes go into an area that's totally separate, and so on.

One of the things I want to focus on for a moment and get some comments on from you as we try to move forward is that there's an evaluation process under way, and I think it's important that we're made very clear what that is so that we're not duplicating effort. But the committee does want to take a look at the review, and certainly when I started off, in my briefing last November, one of the first things we ran into was the discussions with the legion about this living document. It still sticks in my mind that there were many players who participated very actively in the creation of the original document, and I think the committee would probably like to hear from the appropriate groups that were early participants. So it would be helpful to know what the list looks like, so we can make sure that we at least include those who should be here.

The other thing, though—and perhaps you can help us out a bit here—is whether there are some things where we'd add to a problem, as opposed to a solution, if we delve in them too deeply right now. In other words, is there a point to waiting until the evaluation process is complete before we get into that?

I'm not looking for us to avoid it. I just don't want us to get involved in duplicating effort if in fact we're going to get a report in a few months that's going to clarify something.

Can you comment on that? As we move forward looking at this, I'm sure every member here wants to be helpful. We all have our individual frustrations, including, I know, professionals in the department, but I think we have something good going here as a basic premise. The process is a good one. The charter has some excellent opportunity to even improve on what it's doing right now, but we want to make sure that we're being helpful, as opposed to simply adding a parallel track going down the road.

Do you have some general comment as we move forward as to things that we perhaps should be considering ourselves as a committee?

Mr. Brian Ferguson: I could say something. And Darragh, perhaps you have some comments.

I wouldn't put any constraints on the committee in terms of looking at the charter, because I think it should all be examined from cradle to grave.

However, there is one area—and I don't know how to express it clearly, but it was touched on here: Maybe the committee could ponder the issue of independence versus assistance. I know it's a pretty intangible area, but it's one that is important in the overall scheme of things. Sometimes you get bound up in a particular case where you just know in your heart that there needs to be a bit of discipline but you can't get there because there is just no possibility in the end. In other cases, you want to do more, but you may feel that you can't get there.

What I'm throwing out is a very intangible suggestion, but it is an important one, because it's an area where I think this committee could offer some informed judgment as to where the department should be heading.

•(1010)

Mr. Darragh Mogan: The only thing I would add is that what you as politicians focus on is going to be very important. It adds evidence. If, for instance, findings of this group on notion A, B, and C were the same as the veterans organizations on A, B, and C—the special needs advisory group, the new veterans charter, the research, and the international evidence that's there—that just adds weight to moving forward in those three areas, and in my view, it can do nothing but good.

Mr. Greg Kerr: Thank you. That's pretty clear.

The Chair: Just for clarification, Mr. Ferguson, when you were talking about the aspect of the intangible, is the limitation primarily with the fact that the individual CF member does not want to go ahead with any kind of treatment or the process that you have for employment re-engagement, or is it more on the privacy issue, or is it both?

Mr. Brian Ferguson: I think it's both, and we've wrestled to find the right balance between the two, from time to time. It's not something you can legislate in that sense, but it's something to be aware of in the overall picture, that it's a constant balancing act as we go through the implementation of the charter.

The Chair: Thank you.

Now we'll move to the Liberal Party for five minutes.

Mr. Andrews, do you have some questions?

Mr. Scott Andrews (Avalon, Lib.): Yes, I do. Thank you very much, Mr. Chair.

I've asked the clerk about a couple of the reports that you have identified on page 24 of your slide presentation, the NVCAG report and the SNAG report. I understand we will be able to get copies.

The SNAG report from January, it says here, "identifies gaps with respect to financial compensation". Exactly what gaps were they referring to there, and do you agree that those gaps exist?

Mr. Darragh Mogan: I'm talking from memory here, but one major one was what happens to individuals who have disabilities that are so severe, maybe no table of disabilities can compensate for them? Their position there is that perhaps there is some merit in considering something like a catastrophic injury allowance or a payment, something that goes beyond, that recognizes terribly disfiguring injuries—quadriplegia, missing four limbs, horrible things that none of us would ever want our children or anyone to have to face—where no amount of court award, if you use court awards as a basis, or table of disability can compensate.

That's one. The other is that we have individual, customized case management plans for individuals with severe disabilities. That's within our current authority.

So those are two major themes that actually run through all four of the special needs advisory committee reports. They kind of stack—one leads to the next, to the next—and the fourth is really a summary of the previous three.

A number of really very positive suggestions are made in these reports, and we've tried to implement them within our current authority. These are our most needy customers, and they know how the system works. As I mentioned before, they are not shy about telling you how it works—or how it doesn't, sometimes.

Mr. Scott Andrews: You say you try to best implement them within the current authority. What is the change that needs to happen to make sure that we can implement the other concerns?

•(1015)

Mr. Darragh Mogan: Well, some of what they are recommending requires authority of resource, so that would be a new change, such as this catastrophic injury payment that they have raised with us. That's a decision to be made by politicians when the evidence is put in front of them.

The others are in the case management review that we have just undergone, which is now finished and is being implemented. You'll see some reference to it, particularly where it's focused in the IPSCs, where there's a seamless integrated approach to handling those individuals from the time they are about to leave the military or from the time they know they are about to leave until they're into civilian life. There is a lot of emphasis on that.

There is a lot of emphasis on taking away what the special needs advisory group calls the bureaucratic red tape that may be there and that stands in the way. Sometimes they're right, and sometimes the desire to control and get accountability actually puts a barrier in the way of a veteran getting something they need. That's another area they're really focused on.

It is quite an interesting report, as you will see when you have a look at it.

Mr. Scott Andrews: Okay.

On the NVCAG report that was released this year, could you just give us something more in-depth on that particular one and on some of the recommendations included in that report?

Mr. Brian Ferguson: You could talk about the themes, perhaps.

Mr. Darragh Mogan: There are some major themes in there. We've talked about early intervention. We have, on the new veterans charter advisory committee, a chap named Wolfgang Zimmermann, president and CEO of the National Institute of Disability Management and Research. He's a worldwide expert on return to work, and this is what he said to us: If there's nothing else you do, make sure that some organization that has all the authority to act intervenes immediately, because you create more opportunity for an individual who needs rehabilitation by doing early intervention and early planning than by doing anything else.

You'll see that theme running through their report. Another deals with the adequacy of financial support for those who have severe disabilities. You'll see that in there. You'll also see notions that have come up from the Gerontological Advisory Council, which deals principally with older people; simply put, an integrated model of care means that a case manager should have all the authority they need to bring all the resources that are necessary into play to help an individual achieve a rehab plan.

So those are kind of the three themes—from memory, at least. It's a really long report.

Mr. Scott Andrews: As we move forward, looking at the current status, is there anything else that you guys think needs to be done and reported on? Are there other groups, or is there a gap somewhere in what we need to analyze and see how we update the charter?

Mr. Brian Ferguson: Our hesitation is an indication, I guess, that we don't... We've tried to canvass as broad a possible audience as we can in looking at gaps and issues. I'm not aware of any area that...

Do you have anything to suggest on that, Darragh?

Mr. Darragh Mogan: Well, you did look at practices and principles in an earlier version of this in this committee. That was helpful, and that's what we've done. To look at the new Veterans Charter equivalent for the U.K. and New Zealand and France and Italy—those people who serve in, for instance, Afghanistan, which is the current but by no means the only deployment—would be useful. You've done it. You might look very closely at what they do and compare it to see whether they have effectiveness measures that would be useful in your deliberations.

The Chair: Thank you, Mr. Andrews.

Now the last slot of time is for the Conservative Party. Mr. Storseth will be sharing with Mr. McColeman.

Mr. Brian Storseth: Thank you, Mr. Chairman. Yes, I'll be sharing my time with the member for Brant.

Mr. Ferguson, when we left off we talked about a case study in which a former CF member continued with the public service and eight or nine years later was diagnosed with severe PTSD, by military doctors. You told me that there is a financial incentive to

look after him while he goes to his rehabilitation. Is this financial incentive coming from the department, or is it coming from the civil service insurance provider?

Mr. Brian Ferguson: There are two possibilities.

If the individual is medically released with severe injuries from the forces, there is the possibility that it would have been through their insurance plan under SISIP, in which case it's for vocational and not for medical and psycho-social rehabilitation after they leave. Basically, in cases like that we work very closely with DND to close the loop by having our medical and psycho-social programming connect to their rehab.

If they come off rehab at the end of two years, which is the normal entitlement, they're still eligible, if they haven't completed it, to come through the Veterans Charter rehab program, because it can go on.

• (1020)

Mr. Brian Storseth: This is the case even for a member who starts this process eight years down the road?

Mr. Brian Ferguson: Yes, that's true.

Mr. Brian Storseth: One concern we have is with dissemination of this information to some of these guys, because a lot of them feel that they're left to their disability program, and unfortunately, insurance providers often prefer to say no rather than yes.

Mr. Brian Ferguson: Yes, that's understood.

Mr. Brian Storseth: Mr. McColeman.

Mr. Phil McColeman: Thank you. There are two things I'd like to clarify. I'd like to know as a committee member where we should take this as next steps. I'm hearing two things. I guess what I would really like is your opinion on these.

First of all, one thing that was just mentioned a few questions ago was the possibility of providing ex gratia payments for exceptional catastrophic situations. You don't have that ability right now. Is that correct?

Mr. Brian Ferguson: That's correct. We don't have that authority.

Mr. Phil McColeman: That's something this committee could consider. The view is that those who are most severely affected by their service to this country, those who have had unbearable circumstances resulting from it, are the most important, in my mind. It's not to diminish the importance of our serving the others, but especially those.

Mr. Brian Ferguson: I think that theme resonates through all of the charter itself. Rather than commenting on a specific proposal, I think this committee would be well served, as was suggested earlier, by our providing a list of areas to you, of people and issues. I would commend to you the reports that are coming to us, because most of what we're learning is from that input to us. As part of your deliberations, you probably should have a good look at those, rather than hearing me comment on a specific recommendation from the report.

Mr. Phil McColeman: That's fine. I'd just like to get into my mind conceptually a sense of where this committee might go.

The other point is that I'm trying to put some context around the notion you were talking about, which is the ability to be compassionate but yet apply the "hand up" principle so that people try to achieve independence and have responsibility in that equation. I've written it down as the committee perhaps considering guidelines—and I see them as guidelines rather than rules and such—for engagement on the part of this act; guidelines that we might provide you for engagement, to put some frame of reference around this.

Is that what you're looking for?

Mr. Brian Ferguson: I think that articulates it very well, sir. I think something along those lines from the committee would be most appreciated.

Mr. Phil McColeman: Okay, thank you.

The Chair: Thank you, Mr. McColeman.

I understand the Liberal Party has no more questions.

[Translation]

Mr. Gaudet, do you have a question?

[English]

Mr. Stoffer, do you have another question? Go right ahead.

Mr. Peter Stoffer: Yes, sir, I have a couple of things.

It's called a living charter for a reason, to assist them in their lives to move forward. But one thing the charter doesn't address is what happens when they're about to die. Right now the Perley, Camp Hill, and Colonel Belcher institutions are available for World War II and Korean overseas veterans only. Those who served in the Suez crisis or the Cuban missile crisis are now in their seventies. There's no hospital care for them. They fall under the general provincial guidelines. Is that correct?

Mr. Darragh Mogan: Well, yes and no. The yes is that they are residents of the province and have insured care, as do the veterans in Colonel Belcher.

Mr. Peter Stoffer: But right now, if I'm a World War II overseas veteran, I can go to Camp Hill and the federal government pays for it. But if I served as a modern-day veteran in the Suez and am 70 years old and need hospital care, I can't go to Camp Hill, so I go to a general nursing home or something, and it's paid for by the province, not the federal government.

Mr. Darragh Mogan: Well, if the care is needed for the pension disability, it's paid for by the federal government.

Mr. Peter Stoffer: Okay, and if it's not...?

Mr. Darragh Mogan: If it's not, it's part of the insurance system that a person has as a resident of a province.

Mr. Peter Stoffer: This is something that's going to come down the pipe. Within 10 to 15 years, most of our World War II and Korean veterans will be gone. What's going to happen to those beds in the future? Personally, I'd like to see what are called centres of excellence across the country, where the living charter goes all the way through to and including the death of the individual, where the permanent care for that person and their spouse is provided under the federal government guidelines and not put onto the provincial guidelines. But that's a topic for another day.

You said they get 75% of their pension. If a guy's making \$50,000 and he's injured and is on a disability award, he can get 75% of his earnings until he's 65. That means around \$37,500 a year for that person. What happens at age 65?

• (1025)

Mr. Brian Ferguson: At age 65, then like the rest of Canada he has his old age pension and other means. For these individuals, an amount equal to 2% of their earnings over that time is paid to them as a lump sum, in order to recognize the fact that they weren't contributing to any kind of RRSP; that's the other provision.

Mr. Peter Stoffer: At 65 that's all terminated, isn't that right? Then he goes on regular Canada Pension Plan, etc., and so in many cases he actually could end up with less income when he turns 65. Is that correct?

Mr. Brian Ferguson: I would assume that would be true.

Mr. Peter Stoffer: You see, therein lies another problem. Age 65 is the last point at which you should be losing any income whatsoever, as in the old SISIP plan, under which it was clawed back. This is a problem that many veterans have. When you're 30, you don't think about this, but when you turn 65 and see that deduction, it's going to hurt. This is something that I would hope we as a committee could address; that the payment go to the person till death, not till age 65. This is something I will be recommending to the committee that we look at.

I know there's a cost factor, and Darragh, you're right: there will have to be legislative changes in the House. We understand that. But I don't think that because you turn 65 it should stop. No one, I believe, after serving their country, should lose income at 65, in this particular case. It's no reflection upon you; it's just the way it works. It's something we need to change.

I thank you for coming today and look forward to working with you and the committee in improving this charter all the way through, and also that of the RCMP. Thank you.

Mr. Brian Ferguson: Thank you very much.

The Chair: Thank you, Mr. Stoffer.

I'll just take another cruise around the room.

It doesn't seem that there are any other questions.

I have one, and depending on your answer, it would be one that I certainly hope we investigate.

With the charter, if there's a catastrophic injury and the lump sum payment is made, is there any other resource that the CF member or their family has for ongoing income?

Mr. Brian Ferguson: It depends on the extent of the catastrophic injury. If it's so severe that they're totally incapacitated and that judgment is made, then the earnings loss would be there for good, until age 65.

The Chair: Without giving too much detail, for privacy reasons, take a situation in which someone was injured and is a quadriplegic, has children, and of course has the payout—and that has helped them significantly—but there are still 40 more years of family obligation. The spouse is tied up being a caregiver, and they have no other access to income. That's a concern for me.

Mr. Brian Ferguson: I know we can't discuss it here, but if we could follow up with you on that particular case, we'd be delighted to do so.

The Chair: Yes.

Mr. Darragh Mogan: There is a lot that can be done in addition to providing income support. They would get full treatment under the public service health plan. Their kids would get treatment coverage. We could provide counselling to the spouse and to the children. Under the VIP we can provide all manner of home adaptations and home improvements that an individual needs, especially a quadriplegic. There's a lot that can be done.

Mr. Brian Ferguson: And we don't know whether the door is closed on the income or not.

The Chair: My concern is if this is beyond a specific case.... And of course, being in theatre of combat, injuries happen more often than we'd like. For a young family that has children, in particular, it's a long time for them to go without any additional resources.

Monsieur André.

• (1030)

[*Translation*]

Mr. Guy André: I have two main questions.

Generally, I find that the Veterans Charter still offers a range of services—health services, psychosocial services and so on—for people who need them.

However, I find there is one weakness, even though there are many services for veterans and they are managed by a large federal institution. People who live in remote rural communities often use services in their community because they sometimes have to travel very far to obtain services. Their first reaction is to look for services in their community. However, in cases of post-traumatic stress or other psychological disorders, for example—because physically, it is always easier to get care, for a sore arm, for instance—they do not always have the resources and specialists to meet their needs.

What are you doing at the Department of Veterans Affairs to raise awareness among stakeholders in rural communities, to train specialists who are familiar with problems related to veterans? We often hear veterans say they need a veteran to help them, that is, someone who has been through the same experience. What are you doing on that front?

And to quickly conclude, a second question. Actually, it is more of a request. We have debated the issue. Mr. Stoffer and I have talked about it. The issue is the role of the services provided by the federal government relative to the services provided by the provinces and by Quebec, and the division of tax revenue to cover those services. Do you have any documents that give a detailed explanation of this type of situation, for example, a person who is 65 years old, lives in a rural area and is receiving long-term care? Do you have any documents you could submit to this committee that would explain this type of situation?

[*English*]

Mr. Brian Ferguson: We'll provide you with that documentation, sir.

On the first point, and Darragh may want add a few other points to it, we are making considerable efforts because we recognize the issue of rural access, particularly to psychological counselling and support. One of the things we're doing with our operational stress injury clinics is that many of them, if not all of them, are building in tele-mental-health capacities. It is working quite well where it's been tried out, in terms of rural New Brunswick and Newfoundland connecting into the Fredericton clinic. They've been doing it, I think, in Alberta. We've had extensive discussions with certain provinces about connecting into their telehealth network so that we can do more that way. A lot of these rural areas are never going to have a lot of capacity, but we can do it through other means. So we're looking very hard at that issue.

The Chair: Thank you very much, Mr. André and Mr. Ferguson.

Mr. Mogan, did you have something to add?

Thank you very much for your fulsome answers. It's always good to have you here. I look forward to seeing you again.

We will now go in camera for committee business.

[*Proceedings continue in camera*]

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