



House of Commons
CANADA

Standing Committee on Veterans Affairs

ACVA • NUMBER 030 • 2nd SESSION • 40th PARLIAMENT

EVIDENCE

Thursday, October 29, 2009

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Chair

Mr. David Sweet

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• (0905)

[English]

The Chair (Mr. David Sweet (Ancaster—Dundas—Flamborough—Westdale, CPC)): Welcome to the 30th meeting of the Standing Committee on Veterans Affairs.

This morning we have with us Wilf Edmond and Pierre Allard from the Royal Canadian Legion. We are focusing on a review of the new veterans charter and they'll be giving testimony this morning in that regard.

Mr. Edmond, since both of you have opening remarks I will leave it to you as to who will go first and second. I know that Mr. Allard is very familiar with the question rotation of the committee.

However, Mr. Stoffer has asked for 30 seconds prior to that, so perhaps you will give me a little bit of patience.

Mr. Stoffer.

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

I have an invitation for everybody on the committee. If you wish to attend, Minister Thompson is dropping the puck with a Mr. Hibberd, a World War II veteran who served on the armed forces team that won the gold medal in 1948. He's coming to our office on Tuesday at 1:30 p.m. The minister will be there and I've invited you as well.

I have that jersey and Mr. Hibberd is going to sign it for me, so I thought that if you wanted to meet him and watch the signing of the jersey, it would be kind of a cool thing. That's at 1:30 p.m. on Tuesday, if you wish to be there.

The Chair: Do you have an original 1948 Olympics jersey?

Mr. Peter Stoffer: It's a replica in honour of the 60th anniversary last year. Shearwater air base made a whole bunch of them and Mr. Hibberd said he'd be more than happy to sign this one. There are only five members of the team left. He said he'd sign it, so it will be kind of cool. That will be in room 240 in the Confederation Building.

The Chair: Without further ado, then, Mr. Edmond and Mr. Allard, go ahead at your own convenience.

Mr. Wilf Edmond (Dominion President, Royal Canadian Legion): Mr. Chair and members of the Standing Committee on Veterans Affairs, as Dominion President of the Royal Canadian Legion, it's a pleasure to appear today at your committee to discuss issues related to the new veterans charter.

Firstly, we'd like to commend you for your excellent report "Resetting the Bar", released in May 2008, and "Shared Experiences: Comparison of Veterans Services Offered by Members of the Commonwealth and the G8", released in June 2009.

Your support of veterans and their families is noteworthy. It's obvious that you care, and there should be no doubt that the Legion also cares for veterans and families. We care in a number of ways, including through the provision of representation and advocacy services through our service bureau at no cost to applicants whether or not they are Legion members. We care through our benevolent assistance, our housing initiatives, our youth programs, and through various "Support our Troops" programs.

At this point I would like to turn to Pierre Allard, the Dominion Command service bureau director. Thank you.

[Translation]

Mr. Pierre Allard (Service Bureau Director, Dominion Command, Royal Canadian Legion): Mr. Chairman, members of the Standing Committee on Veterans Affairs, I am very pleased to be here today.

[English]

You have been briefed by Veterans Affairs Canada officials on the new veterans charter program and on the continuum of care in the context of veterans health care programs. We are somewhat surprised that these briefings did not include any reference to the recommendations in your committee's report, "Resetting the Bar for Veterans Health Care". Nevertheless, allow us to comment on what you were told by VAC officials. We fully recognize that they also care for veterans but ultimately must operate "within their authorities", as you are told repeatedly.

You were told that VAC has adopted a continuum of care with an integrated, seamless system of needs-based services along a life course. You were not told that VAC has not adopted recommendation 1 of your report "Resetting the Bar", which was asking for a "redesigned veterans health care program" for "all surviving war service veterans from the Second World War and the Korean War" and all "Canadian Forces veterans". The modern veterans still do not have access to long-term care and that is a gap in the new veterans charter.

You were not told that, according to recommendation 3 in your report, access would be based “on need rather than on the basis of veterans status”. Even though one may be tempted to think that the language used by the VAC officials could suggest that a needs-based approach has been adopted for the three components of health services—treatment benefits, long-term care, and the veterans independence program—the reality is that very complex criteria grids are still in place.

I invite you to look at our brief. You will see an example of what I'm talking about. There are four pages of Veterans Affairs Canada policy. If you turn to page 2 of those four pages, you will note that there are some indicators for the tables at pages 3 and 4. Those indicators mean that there's a simple symbology attached to the criteria grids.

For example, E means that you're eligible; E with a number means that the client is eligible if a qualifier applies; E with a semicolon between the qualifiers indicates that each qualifier stands alone; and E+ means that both qualifiers must be met. When you turn to pages 3 and 4, you will see what the criteria grid looks like. I would suggest that if somebody is calling NCCN, the national client contact network, and asking for information about his or her eligibility, the analyst who's answering the phone had better be well versed in this type of information or the wrong information might be provided.

Note that we are not advocating a complete elimination of eligibility criteria, but surely these criteria grids could be streamlined to three or four basic criteria.

Similarly, we are not advocating access to long-term care for all modern veterans. That might be unaffordable. However, access could be provided to modern veterans who served in special duty areas or special duty operations such as Afghanistan, and to medically released Canadian Forces personnel.

You were told that VAC must eliminate gaps between VIP—the veterans independence program—and long-term care. But VIP is not a panacea. Veterans may indeed choose to stay at home for longer periods. They may ultimately elect to go into community facilities at a time when they are truly frail. You were not told that their caregivers may suffer burnout; ultimately, they will be unable to look after their spouses as they themselves may require access to long-term care. As well, the longer one delays transition into long-term care, the bigger the needs will be. In some cases, institutionalization is the only choice.

You have been told by Veterans Affairs Canada that where there are vacancies in contract facilities all efforts are made to open up these beds to community clients. You were not told by Veterans Affairs that couples continue to be separated at the end of life, including some of these caregivers who have suffered burnout, as VAC contract beds are made available to community placements. No real priority is assigned to spouses in a standardized fashion across the country.

• (0910)

You were told by VAC that they now speak the language of the Gerontological Advisory Council report, “Keeping the Promise”. Even though you were told they have adopted the lingo, you were

not told that they have not eliminated the barriers and have not implemented appropriate screening tools to identify high-needs veterans. Keep in mind its complex eligibility criteria grid.

You were told about joint Veterans Affairs Canada-Canadian Forces integrated support teams to look after the critically wounded soldiers returning from Afghanistan. This is indeed an excellent initiative, championed by the Chief of Military Personnel in the Canadian Forces, which will pay great dividends, and we applaud that. However, it is unfortunate that this concept was not implemented sooner.

Another reality is that the majority of these modern veterans have not yet transitioned to veteran status and are still under the care of the Canadian Forces. Even though these wounded warriors may have benefited from some elements of the new veterans charter, they have not yet tapped the full resources of the new veterans charter in the context of the family of programs available to them.

Furthermore, some may be eligible for a permanent impairment allowance but cannot collect this allowance until they retire, which seems grossly unfair, especially for the critically wounded. More challenging is that those who have been critically wounded in Afghanistan may not be provided with adequate financial resources until the current earnings loss benefits, ELB, criteria are resolved.

As for looking after high-needs veterans, you were not told that Veterans Affairs Canada is facing challenges in case management. VAC's internal evaluation of a pilot project of the Halifax rehabilitation case management reveals significant problems with “case plans not conforming to the principles of case management”. Problems have been identified with respect to “fragmented directional guidance, unclear boundaries for case management, confusion surrounding roles and responsibilities...inappropriate approach to case management...and a focus on benefit delivery rather than case management”. Those are not my words. Those are the words of Veterans Affairs Canada.

More than anecdotally, this description of the problems in the Halifax district appears to be consistent across the country.

You were told that adding eligibility for Canadian Forces veterans for long-term care is a political decision that will have to be considered in time, while, over time, our plan is to specialize the care and services offered in contract beds we now have for the older veterans. In that context, it may be that larger contract facilities are the only ones that have the capacity to look after high-needs residents, including critically wounded warriors returning from Afghanistan.

You were not told that if decisions are not made in a timely fashion to increase eligibility for modern veterans, the significant investment made by VAC in some specialized contract facilities might be at risk. In that context, you may wish to look more closely at what is happening at Ste. Anne's.

For example, after the transition to provincial authorities, will veterans still have access to the same number of priority access beds as exists currently, relying on normal attrition to eventually reduce demand, as has been done in all the larger priority access bed facilities in the country? What will happen to the day program currently serving the needs of veterans who are not yet ready for institutionalization? What will happen to the national centre for post-traumatic stress that is housed at Ste. Anne's? These are important questions.

You were told by VAC officials that the government made a commitment to invest \$900 million into the new veterans charter programs over the first five years of the program. You were not told that by VAC's own accounting they have exaggerated the financial resources required, which seems to be a trend in all VAC program forecasts.

You were told by VAC officials that it may not be adequate to "ask a family of four to survive on 75 per cent of a private's salary for two years while a private is going through rehabilitation", but that it is "better than what there was pre-charter". You were not told that the reality, pre- and post-charter, is that the private would in most instances, if medically released, really be receiving the same two years of benefits, not from Veterans Affairs, but from SISIP, while any disability pension payments would be offset from SISIP benefits, an unfair policy that persists to this day.

● (0915)

You were not told that after SISIP rehabilitation, the private could be eligible, under the Pension Act, for a non-taxable disability pension for life, which would be greater than his guaranteed 75% salary taxable at the time of release under the earnings loss benefits. Keep in mind that a Pension Act payment is a payment, a disbursement, while an earnings loss benefit is a "guarantee of", which has deductions attached. You were not told that, under the Pension Act, monthly disability pensions, non-taxable, would be the same whether you were a private or a colonel.

Since the new veterans charter received royal assent in May 2005 and was implemented in April 2006, VAC feels that the expectations created by VAC with central agencies upon program approval were "highly unrealistic", and again, those are their words. We would suggest that these were not expectations; rather, they were a commitment that under a living charter concept the issue of lump-sum disability awards versus disability pensions would be reviewed within two years of program implementation and gaps would be addressed.

These gaps are known. They exist in the following areas: need for improved family support services; need for provision of adequate financial security; and need for improved rehabilitation services. All these needs are further amplified in the New Veterans Charter Advisory Group report that was released on October 1.

Unfortunately, the reality is that we now have two classes of modern disabled soldiers, most of whom are still serving in the Canadian Forces, while the CF appears reluctant to release them until we are out of Afghanistan or at least until the Canadian Forces has resolved the issues of return to work, accommodation, and/or universality of service. In practice, this means that still-serving wounded soldiers are receiving either disability awards post-2006 or disability pensions pre-2006, and that frustration among the ranks is growing to a boiling point as they are comparing the financial benefits in both programs.

It is becoming obvious that some are less than enamoured with the new veterans charter benefits. It is also becoming evident that critically wounded veterans may not be provided adequate financial security under the new veterans charter.

The Legion cares for those who serve and those who have served. They and their families need our support. A living charter has to be more than words. If the required urgent corrective actions and improvements to the new veterans charter are not implemented, we will come to the logical conclusion that the foundations of the new veterans charter are built on sand.

Thank you.

The Chair: Thank you, Mr. Allard.

Now we'll go to our questions. The Liberal Party is first.

Mr. Oliphant, you have seven minutes.

Mr. Robert Oliphant (Don Valley West, Lib.): Thank you, Mr. Allard and Mr. Edmond.

I'm new to this role and new to this committee.

Perhaps I shouldn't have been, but I have been completely impressed with your presentation. I found it very helpful and thorough, and it's a very good briefing for me as a new critic, so I thank you for the time and the care you've taken on that. Also, thank you for the work you do every day, not just when you come to our committee.

I have several questions, starting with a question on principle and then going to some programs. Perhaps it's my naïveté, but it has been my assumption that the actual foundations of the new veterans charter, which talk about moving from dependence to independence and about trying to move to rehabilitation instead of constant support, are generally accepted as good principles upon which to build, and that the program of Veterans Affairs Canada perhaps has failed in living out the new charter.

But I'm also hearing in your comments that perhaps the new charter has failed. I just want to take a little bit of time on that first question, that principal question about whether the basic foundations of the new charter are there, those basic foundations that I think are noble and were all done in the right spirit of the absolutely appropriate care that we need to give to veterans. I want to start with that first question on the principle, not the programs.

● (0920)

Mr. Pierre Allard: I agree with you that the principle is well founded. We should aim to have our citizens socially engaged and contributing to society. The programs in the new veterans charter were designed to do that, with the best of intentions, as far as I can tell. I must admit that I was there from the beginning, and I was a champion of the new veterans charter, both in 2005 and in 2006.

Having said that, I will note that the new charter, before it had come to fruition, by the time it was analyzed, and by the time it was implemented, unfortunately did not anticipate some of the critical injuries that are happening in Afghanistan. In that context, that is the flaw with the new veterans charter.

Try as you might, it is quite possible that somebody who suffers from a critical brain injury and somebody who has lost two legs and an arm cannot be made well and cannot be reintegrated into society. Unfortunately, the objectives of the program, which would be to make somebody well and to encourage him to return to work, won't work in that context.

So what you're looking at is, let's say, a private who's 21 years old and who has not yet been released, or who has been released, and who will be given a disability award. Some of that disability award might be used to renew his house, to make his house livable, habitable, because he is very disabled. Then, all he is guaranteed is 75% of his release salary, which is taxable. Well, I would suggest that's below the poverty line for that private.

By the way, that guarantee of 75% of income is not disbursements; it is simply a guarantee. If he is receiving superannuation or CPP benefits, the only thing that Veterans Affairs is doing under the extended earnings loss benefit is providing a top-up, which is taxable. Under the Pension Act, this same individual—and let's assume he has a family and two young kids, which is possible today—would be receiving a monthly pension for life, not taxable, and it would extend beyond age 65. Currently, under the new veterans charter, this extended earnings loss benefit stops at age 65, when probably his needs are the greatest.

Looking at the life course, which is what the new veterans charter was trying to do, it somehow failed miserably to provide benefits post-65. This is a flaw that we indicated right from the beginning. Does that answer your question?

Mr. Robert Oliphant: It does. It seems that the context question was meant to be built into the new charter as a living charter, but perhaps the programs have been failing to keep up with—

Mr. Pierre Allard: Yes, with what has happened in theatre and what has happened in reality. Again, in looking at it, we can anticipate that this modern veteran with a brain injury will be required at one time in his life to go into long-term care, probably before the age of 65 because of the after-effects of his disabilities.

And here we are: modern soldiers do not have access to long-term care.

Mr. Robert Oliphant: That's right, and that's—

Mr. Pierre Allard: Unless they meet very, very specific criteria here, which almost exclude them.

● (0925)

Mr. Robert Oliphant: I have so many questions in my head, but I have one on the role of the Legion. Obviously, the context has changed for the Legion as well. It would seem to me that Veterans Affairs Canada could have a partnership with the Legion in helping the Legion to adapt to this new environment as well. As for whether there is an ask from the Legion itself with respect to this.... I'm just moving off the charter for a moment. But within the charter, I think support of groups that facilitate the spirit of the charter is also necessary.

Is there something that the Legion needs to say to us about its needs? It's a huge adaptation that you as well are needing to go through in this changed context. Is there some way the government could be helping you on that?

Mr. Pierre Allard: I could almost turn to our president to answer this one, but I might just suggest off the bat that we are very aware that we must transform ourselves. We're trying to do that, but we want to do it without government support.

Mr. Robert Oliphant: Okay.

I met with three different Legion groups last week and all of them are utterly committed to doing that. They didn't add that last part, so I just wanted to check with you, because they seemed to be looking at something else.

Mr. Wilf Edmond: We are separate from the government. We depend on our membership for our finances and support, and we certainly want to be able to be objective when we have to be—

Mr. Robert Oliphant: Oh, you are.

Mr. Wilf Edmond: —and to ensure that when we promise support to our veterans we can certainly feel that our membership is behind us.

Mr. Robert Oliphant: How's my time?

The Chair: Thank you for saying that. The answer? That was it.

Monsieur André pour sept minutes.

[*Translation*]

Mr. Guy André (Berthier—Maskinongé, BQ): Good morning, Mr. Edmond and Mr. Allard. I met Mr. Edmond in Normandy, where we had a very pleasant time. I am pleased to see him back here.

I find your comments on the new Veteran Charter to be very interesting and important. We can certainly always improve the services provided to veterans.

In your presentation, you said that the modern veterans do not always have access to long-term care. Could you explain to me why this is the case? We are referring to veterans who have participated in recent conflicts, particularly in the war in Afghanistan. Could you tell me how you work with both the public and private health networks in order to provide long-term care to people who have lost their independence. I am wondering, perhaps a bit naively, why veterans would not have access to the long-term care provided in public institutions. Is it a matter of benefits?

Mr. Pierre Allard: As for your first question, the document states: 3.1 General eligibility for health care programs is derived by virtue of being recognized:

a) As having been granted a pension from Veterans Affairs Canada;

We are talking about a pension here, not a lump sum payment. Some modern soldiers may meet the criteria, but only in a very limited number of cases. The majority of them will not be eligible. As for long-term care, we want access to be standardized across the country. Currently, in Canada, the maximum amount that veterans have to pay to receive long-term care are the accommodations and meal costs. This is a fixed amount of approximately \$824 per month. That is what veterans have to pay. Every province contributes to long-term care, and the Department of Veterans Affairs pays the difference. We are asking for the modern veteran also to have access to a program that is standardized across the country and that would cover accommodation and meal costs. Right now, he does not have access.

We are in contact with long-term care networks. Furthermore, if traditional veterans call us and seek our assistance in facilitating their admission to long-term care facilities, we intervene at two levels: we contact the Community Care Access Centres and Veterans Affairs Canada. Does that answer your question?

● (0930)

Mr. Guy André: Yes, that answers my question. So that means that the Department of Veterans Affairs does not provide compensation to an individual coming back from Afghanistan, for example, and who requires long-term care because of a disability resulting from a terrible accident.

Mr. Pierre Allard: That is right, if the person has not been deemed eligible for a pension.

Mr. Guy André: So you have to be deemed eligible for a pension.

Mr. Pierre Allard: Yes, but today, you are no longer eligible for a pension according to the new Veterans Charter. This is the case only under the Pension Act.

Mr. Guy André: So this is a grey area that we need to...

Mr. Pierre Allard: We are suggesting that we solve this shortcoming, not by giving access to all modern veterans, but at least to those who have served in a special duty area, such as Afghanistan, or to those who have obtained a medical discharge.

Mr. Guy André: Do I still have some time left, Mr. Chair?

[English]

The Chair: You have two minutes.

[Translation]

Mr. Guy André: You said that we should reassess the issue of lump sum payments for disabilities relative to what we used to have, the disability pension. In your opinion, what are the shortcomings?

Mr. Pierre Allard: The lump-sum payment was probably established in 2004. At that time, we had already begun to prepare the new program, which was finally presented and adopted in 2005.

In 2004, when we compared the lump-sum payments to those awarded by civil courts, the department felt that the lump-sum payment was adequate. Today, when you look at what civil courts are giving, you can see that the lump-sum payment is no longer adequate.

Also, when you look at what the Department of Veterans Affairs is providing, it could be suggested that the amounts granted by the workers' compensation boards are much smaller. However, what the Department of Veterans Affairs may not tell you is that the workers' compensation boards, out of necessity, have ruled that the lump-sum payment should not be more than 10% of the total amount that will be paid for an individual during a period of time, and that, in addition, there will be a monthly payment. So, in that sense, you are comparing apples and oranges.

So you have to look at the evidence: today, civil court decisions award much higher amounts than those provided under the Veterans Charter. There is one way that we could resolve this problem and that would be to give an annual cost of living adjustment. We could simply give this amount to people eligible for the lump-sum payment, we could give them an adjustment for the cost of living.

If we decide that we need to improve the new Veterans Charter, it is important to remember that these improvements should be retroactive. They should cover all of the people who receive benefits under the new Veterans Charter.

I did not mention family support, which is lacking, despite the best intentions of the people who implemented the new Veterans Charter. In order to have access to care, the veteran must first of all make an application and have it approved. So, in order for families to have access, the veteran must make an application and the application must be approved.

According to the act, in order for families to receive care, they have to go through provincial authorities. Some have even suggested—and this may be the only adequate solution—that military families that are subject to the provisions of the Canadian Health Act be deemed to be exceptions.

● (0935)

[English]

The Chair: Thank you, Monsieur Allard and Monsieur André.

Mr. Stoffer is next for five minutes.

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

Gentlemen, thank you again for coming before our committee.

I truly tremendously appreciate your work on this. I remember very well standing with you and Jack Stagg. Jack came to the parties and asked all of us about the veterans charter. We knew that the veterans charter wasn't perfect, but it was better than what we had before, and thus it received all-party consent very soon through the six major representations of the veterans organizations that are out there. We thought that was a very good day.

But the premise, of course, was that it was a living document, that if there were alterations, changes, things that were unforeseen, or even if they were foreseen, but maybe not as greatly as we had anticipated.... One of them, of course, is the aspect of the spouse. You indicated here that there are two classes of veterans. Well, I would argue that in many cases there are two classes of widows and widowers as well.

One of the issues I'd like you to elaborate a bit more on is SISIP. Some 6,500 individuals across this country have signed a class action lawsuit that is going before the courts in January of next year in order to get SISIP changed. We all know that such money gets clawed back or deducted from the other benefits they receive. In fact, they have to pay into it, and it's one of the few areas in which you pay into a program and then have that money taken away when you really need it the most.

I'd like you to elaborate a bit more on this. This committee, the Senate committee, and two DND ombudsmen have asked that this thing be changed, and it still hasn't been done. I'd like you to comment on that.

The second issue is Ste. Anne's. My great fear about Ste. Anne's is that if it is turned over to the province, the veterans eventually, after the World War II and Korean War veterans are gone, may be following a queue in what we call the provincial system. You've just said that yourself, sir.

You said that a lot of these veterans may fall under provincial jurisdiction, wherever they live in the country, when it comes to long-term care and access to care. That makes me quite nervous. We know that eventually our World War II and Korean War veterans will go; we lose roughly 80 to 90 a day now. The workers at Ste. Anne's are wondering who their clients are going to be in the near future.

Here's my concern. How can the government work with provinces to ensure priority access not just to some veterans, but to all veterans, and especially to their spouses as well? Because as you know, sir, there was the Janet Maybee case in Sheet Harbour; they were separated in the last few months of their lives. It was really sad that federal and provincial bodies couldn't get together to allow these two people to die together in dignity, that they had to be separated. That was quite upsetting. We still have that situation today so I'd like you to elaborate again.

Also, please give our best to the Governor General when you give her a poppy tomorrow.

Thank you so much.

Mr. Wilf Edmond: She already has hers.

Mr. Peter Stoffer: She already got it? Oh, I thought it was on Friday.

A voice: It was early.

Mr. Pierre Allard: I'll answer your two questions.

The first one on SISIP is a very good question, because it brings attention to what I would call a fundamental problem with the new veterans charter, which is that it is still an insurance-based program. The new veterans charter has felt bound to follow all the rules and regulations that pertain to SISIP, which is an insurance program.

That's why they determined that the 75% compensation for salary was logical: it's what SISIP has in place. We now have the fallacy of continuing SISIP rehabilitation and continuing the same type of financial compensation that SISIP is providing while there is a legislated mandate to provide rehabilitation for veterans through Veterans Affairs Canada's program.

I understand that the Canadian Forces and Veterans Affairs have been talking for a number of years now and basically trying to come—together—to the conclusion that SISIP should be eliminated as far as rehabilitation is concerned, and that Veterans Affairs Canada should be the sole provider of rehabilitation. When you are briefed by Veterans Affairs Canada and informed that there are so many veterans who are now in the rehabilitation program, you should ask them how many of those are really being rehabilitated under SISIP. You'll be surprised to find out that probably 55% of the people who are under the rehabilitation program are under the SISIP program, while 45% are probably under Veteran Affairs Canada's program.

The SISIP clawback is unfair; you are quite right. We have said so, you have said so, the Senate has said so, and two ombudsmen have said so, yet here we are, facing a legal intervention. It doesn't make sense. It should be eliminated. I don't know what else to say.

Going back to long-term care, how do we ensure that veterans have access to long-term care? Well, there's a simple way. Under the current system, in 17 or 18 of the large contract facilities, there are beds that are reserved for veterans. Those are called priority access beds. The challenge or the dilemma is that because modern veterans don't have access to long-term care, and because among the traditional veterans some attrition unfortunately is taking place because of aging, there are now some empty beds. This is happening at Ste. Anne's right now. It will continue to happen.

For Ste. Anne's, at least, we're trying to suggest to the government that all those beds—I think it's 426 beds that are at Ste. Anne's right now—should continue to maintain their designation as priority access beds. This means that they should be reserved for veterans, letting normal attrition run through until there is less demand for these beds and then providing access to community residents.

Along the same lines, Ste. Anne's has a beautiful day program that looks after veterans who are not ready for institutionalization. They are coming to the day program and are actually reducing the cost for Veterans Affairs. We're not sure if the Province of Quebec has the same mandate to provide a day program; I suspect they haven't. Other provincial authorities do provide day programs, again saving costs and retarding institutionalization, but eventually institutionalization might happen in some of these cases.

In the continuing transition as attrition takes place in all of the larger facilities reserved for veterans across the country, I think the solution to is that there should be some attempt by Veterans Affairs to reserve these beds—maybe not as many as we have now, but a percentage of them—for the modern veteran, anticipating that they and their spouses will access them one day.

• (0940)

The Chair: Thank you, Mr. Allard.

Thank you, Mr. Stoffer.

We'll go now to Mr. Kerr for seven minutes.

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

Thank you, Mr. Edmond and Mr. Allard, for being with us today. We've talked about this in the committee for some time and we're delighted that we're back into the review process. It's something that we've set as an extremely important priority because there are some significant challenges out there.

I appreciate your continuing candour, Pierre. It's always refreshing.

There are a couple of things I'd like to focus on. I think they're important. We know there's a review process under way. We also know that there's a separate look at all the programs in Veterans Affairs, where they are being studied right now. Therefore, the timing is absolutely critical, I think, to hit the next spring timetable.

We've had some candid discussions before about the Veterans Affairs interpretation, your interpretation, and so on. I think that's healthy. Whether we always agree is not necessarily important. If you were making recommendations today, if you were king, and assuming we can't get all of it done tomorrow, what I would like to hear you say is how you would order the list of essential priorities.

• (0945)

Mr. Pierre Allard: I would not give you priorities. There are 15 recommendations in the New Veterans Charter Advisory Group report and all 15 recommendations are important. Some deal with families. Some deal with economic benefits. Some deal with rehabilitation. I think they are all important. They are fundamental to the care of veterans and their families.

We have fought very hard in committee not to prioritize this. We realize that somewhere along the way some political folks will want to assign a priority, but we think all of these elements are important.

Mr. Greg Kerr: I'm not questioning the validity of that, and I'm not surprised at your answer, but I'm going to push a little harder. The reason is that any time adjustments or changes are made, you know as well as I do that they don't all happen the same day, and I

don't want to see a delay because they're trying to do all 15 things at the same time.

Do you see some being implemented more easily than others?

Mr. Pierre Allard: I'll answer your question by going back to the commitment that this is a living charter, that the living charter gaps would be corrected within two years of introduction. That was done because there was no scrutiny of the legislation in committee, as you are well aware.

On that basis, I am very reluctant to suggest that one thing should be done ahead of the other. That is assigning a priority. Like I said, I think families are important, and there are tremendous gaps in the care of families right now. I can give you an example that I gave at the Senate. It's a true story.

We had a soldier who died in Afghanistan. The family received the death award. The spouse, who had two children, somehow gambled the money away, for whatever reason—we can't legislate against personal choices—and then she committed suicide. Now we have two orphans. Under the Pension Act, these two orphans would be receiving a non-taxable stipend every month. Under the new veterans charter, they receive nothing, so the grandmother who is looking after them is seeking benevolent assistance.

Families are important. Mental health for families is important. Mental health for children is important.

Rehabilitation is important. If you don't have good case management in rehabilitation, then you're flushing the water down the drain.

Economic benefits are important. If you don't provide the basic essentials of life, if somebody has to live below the poverty line, then you're asking him to make a sacrifice that I don't think you should ask him to make, because he's made a sacrifice on behalf of this country.

So no, I will not assign priorities.

Mr. Greg Kerr: Okay.

I'll continue anyway, because I know what a department has to do. I'm just making it clear in looking at these priorities that if they are implemented, they have to be implemented in a process that makes sense. I think it's important that we are aware of that.

You're well aware of that, because you know as well as I do how difficult it is to communicate with the new vets sometimes, in the sense that they don't always want to share information. They're not as forthcoming, but they are also very, very frustrated.

Mr. Pierre Allard: I could tell you about the greatest feedback we're getting, and that's not answering your question....

Mr. Greg Kerr: Yes, but you're getting closer.

Mr. Pierre Allard: Okay. I'm getting closer. The greatest feedback that we are getting is that there are very, very bad feelings about the economic benefits.

Mr. Greg Kerr: I have just a few minutes left, but just on that point—because we'll have other evenings to really get into some of the detail—this has to work. This review has to work. The changes have to happen. We don't want to have an over-expectation, but at the same time, if we don't do it correctly, all of us, if we fail, the problems are going to get worse.

Mr. Pierre Allard: Yes.

Mr. Greg Kerr: That's why I'm asking the way I am.

Mr. Pierre Allard: I think we have to take some measures now. For example, on giving away priority access beds in long-term care facilities because of normal attrition, if we don't look at that and say that in the coming years we will still need a basic minimum of beds in these facilities, those beds won't be there. There is action that has to be taken now to guarantee that access later on. Even if those beds are not filled right now, that's not a problem; if we have reserved those beds for future use, then at least we have put a marker on the system.

• (0950)

Mr. Greg Kerr: Also, because Ste. Anne's is being reviewed, it's very timely that this be up front.

Mr. Pierre Allard: Our point of view is that all those beds should be reserved.

Mr. Greg Kerr: Reserved—I see.

I'll end on this point for now. It's the eligibility chart, which I don't understand. I'm only a layman. I don't understand the process. If you do, you can help me out here.

Mr. Pierre Allard: No, I don't.

Mr. Greg Kerr: You've talked about simplification or making it a simpler process, but could you elaborate on that a bit? I look at that as a real challenge that causes a lot of trouble.

Mr. Pierre Allard: I think the basic solution is embedded in some of the things I've said here. We're looking at 18 different criteria that are further amplified or whatever.

Reduce it to four, okay? Make it simple. That was part of what the department was thinking of back in 2002, 2003, and 2004. That was the logic behind the “Keeping the Promise” report submitted by the Gerontological Advisory Council, which included, in negotiations with the department, providing access to long-term care for modern veterans and improving their funeral and burial benefits.

If we had somehow responded more positively to the “Keeping the Promise” report, I think we would have taken care of this grid. We would have simplified it and we would have provided greater services, which all in all over the life course of the individual probably would have delayed their institutionalization and would have given greater access to VIP, etc., on a needs-based approach. That report was a tremendous report.

By the way, because the government didn't do anything about the report, the Royal Canadian Legion retracted their membership in that august group. Basically, we were offended that the report was not receiving any follow-up.

Mr. Greg Kerr: Again, I appreciate your candour.

The Chair: Thank you, Mr. Kerr and Mr. Allard.

That concludes our first round of seven-minute questions. We're now going to the second round with the Liberal Party.

We have Madam Sgro for five minutes.

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

It's great to see you again. We very much appreciate your frankness and honesty when it comes to some of the issues that our veterans clearly are facing, issues that we want to improve on.

I want to ask you first about the issue of access, whether it's to Ste. Anne's or the Pavilion in Nova Scotia and so on. At the moment, access is restricted to veterans of World War I, World War II, and the Korean War. I can't help but wonder about when that decision was made, as it was not recognizing the combat situations that many of soldiers are in today.

Don't you think we should have access for many of these soldiers coming from Afghanistan who require it today? There's a case in Nova Scotia, I think, of an individual who is in a mental health institute and wants access to the Pavilion, as they call it. Why was that decision made that way?

Mr. Pierre Allard: Like I said, we have been arguing that at least the modern veterans who have served in special duty areas or special duty operations like Afghanistan, or those who have been medically released, should have access to long-term care. There are some right now who need that access and are not eligible.

In addition, in a number of the facilities that Veterans Affairs Canada calls their primary or large contract facilities, there are special wards paid for by Veterans Affairs in order to take care of high-needs veterans, such as people with dementia or whatever. They have provided money for these wards, yet if we don't preserve some form of access for the future, they will lose that investment. That has to be looked at as a priority.

You're quite right when you say that today there are some people who have suffered traumatic brain injury, etc., and who need access to these specialized care wards. Veterans Affairs should do it not on a one-on-one basis, but on a program approach. It's not sufficient to tell you that we're looking after this veteran because he has this special need. We should be looking after all veterans who have this special need, so we should embed it in a program.

Hon. Judy Sgro: Number one, there is the VIP issue and the issue of widows or widowers. You didn't say a lot about that issue. Certainly this summer when I was doing some travelling and meeting people in the Legions and so on, I heard a lot about the frustration of widows in applying for benefits, about difficulty in obtaining them, and I also heard about the frustration with case management and all of those things you've mentioned today.

What are your comments specifically when it comes to widows applying for support, not only for the VIP, but in regard to the whole issue of them applying for a pension?

●(0955)

Mr. Pierre Allard: I think Mr. Stoffer is probably an expert on that. He has pointed out some fallacies that we are painfully aware of. Again, we see a program that was designed with the best of intentions to provide pre-1981 widows with access to VIP benefits. That's number one. We probably exaggerated the financial demand for this program. We can see that by the uptake.

Number two, Veterans Affairs Canada ensured that the criteria for accessing VIP for pre-1981 widows are relatively stringent. Having said that, I will note that these pre-1981 widows whose husbands did not have VIP benefits can actually access the housekeeping and groundskeeping programs. As for the post-1981 widows whose husbands may have thought they would only take groundskeeping because their spouses could look after housekeeping and could continue to do that—they didn't ask for the housekeeping because they thought their spouses were doing a good job—those widows cannot access the housekeeping.

It doesn't make sense. We basically have two classes of widows. By the way, I'm not covering the fact that frail veterans who also are on their own still don't have access to VIP. Their only gateway to VIP is to prove that they have a disability.

The minister has actually said that in a number of councils, either in Parliament or in the Senate, and he has recognized himself it doesn't make sense that to get VIP a person should apply for a disability for hearing loss. It simply doesn't make sense.

Hon. Judy Sgro: I think there's a variety of things that don't make sense. That's exactly the exercise we're going through right now.

The Chair: Your time is up.

Hon. Judy Sgro: Thank you very much. I appreciate your comments and I look forward to another round.

The Chair: We'll go back to the Conservative Party for five minutes.

Mr. Lobb.

Mr. Ben Lobb (Huron—Bruce, CPC): Thank you very much, Mr. Chair.

Thank you, gentlemen, for taking the time to come in today. I'd like to report back to you that the Legion branches in Huron and Bruce counties in Ontario are doing a fine job. I was in Exeter on Sunday and have a number of different events lined up in the next couple of weeks. They do great work and a great job, so I'm passing that information back to you folks.

Again, I'm relatively new to the committee and have been here for under a year. Out of curiosity, what is the Royal Canadian Legion's relationship with Veterans Affairs like? How is the dialogue done? Is it on a monthly basis or a daily basis? Can you give me an idea of how that works?

Mr. Wilf Edmond: I'm not going to say that we're sitting in the same bed, but I can certainly say that the cooperation we've had with the present minister has been very good in my tenure as Dominion president. We even deal day to day, rather than week to week or month to month.

As occasions or discussions arise—I shouldn't say problems—that affect veterans in any way, we are assured of getting directly to our service bureau to make sure they double-check with the government in regard to what the situation is and to clarify it so that there's no misunderstanding. I guess the media will grab onto an awful lot of items that are related to veterans, and we have to ensure that if we're going to comment in any way, we have the proper information prior to supporting or rejecting something.

●(1000)

Mr. Pierre Allard: I will just add that because we have a service delivery arm, a service bureau that represents veterans at all levels of the disability process, we're very well informed on policies and business processes, which helps our advocacy.

We have a good relationship. If I were allowed to say it, I think that within the department a lot of the staff, and even the leadership level, realize that there are gaps in the new veterans charter. I suspect the minister realizes that. What we have to do is find a way ahead to solve those gaps.

Mr. Ben Lobb: That makes sense. In my own domestic responsibilities, my wife reminds me of my gaps quite often. I can appreciate that, for sure.

There's another question I have for you. This must be truly a daunting task. Just in my riding alone there are over 10 Legion branches and just under 300 veterans. How do you get consensus? From coast to coast, how do you understand or how do you know what's good and what's bad under Veterans Affairs? It must be a huge responsibility. How do you get to that point?

Mr. Wilf Edmond: I guess our biggest thing in regard to contacting each branch is our form of communication. One of our biggest assets is our *Legion Magazine*, which contains, as many of you are aware, a lot of information on what's being transacted between the veterans and the benefits people and so on.

At the present time, our new secretary-treasurer is putting out a monthly newsletter that I'm sure will be quite informative for any of the members here who are dealing with veterans themselves. It's a summarized version of what we have transacted in the Royal Canadian Legion on a monthly basis. I think that certainly would be made available to you if you so wish.

Mr. Ben Lobb: I have one final quick question to do with long-term care. On page 4, in the second paragraph, you say:

The longer one delays transition into LTC, the bigger the needs will be. In some cases, institutionalization is the only choice.

In some ways, I see where you're coming from there, but I'm pretty sure that in the Province of Ontario, they're committed to keeping seniors—if I can generalize seniors—in their homes as long as possible to ease the burden on our retirement facilities. Is that generally the way you see this? Let's just use the VIP. Is that generally the way you see it or am I reading backwards here?

Mr. Pierre Allard: You're quite correct. VIP does play a role in helping people stay in their homes. Logically, that's the choice most of us would make. We would like to finish our days in our home.

Having said that, I will note that there is a certain reality and that some of us will not be able to do that. Comparatively, about 12% of Canadian citizens will have to be institutionalized for end-of-day care.

If we look at the uptake for veterans in regard to the services and programs offered by Veterans Affairs Canada, there's probably a 14% uptake by veterans of these services, which brings to the forefront the fact that when Veterans Affairs Canada estimates the funds required for these programs, they should keep those statistics in mind. The uptake is only about 12% to 14%.

There is no doubt that some people will eventually require institutionalization. A number of programs have been implemented in various provinces in trying to delay institutionalization, but they fully recognize that some people eventually may have to move.

The Chair: Thank you, Mr. Allard and Mr. Lobb.

Now we'll go on to the Bloc Québécois.

[Translation]

Mr. Gaudet, you have the floor.

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

Mr. Allard, you spoke about the new Veterans Charter. You said that the executive committee had made 15 recommendations. Have you read these 15 recommendations? I do not believe that the committee has received them, Mr. Chair.

Mr. Pierre Allard: The New Veterans Charter Advisory Committee sent the report to the department in June 2009. The department amended the report to ensure that it was appropriate in all areas. The document was officially received by the department on October 1. It is in the process of being translated, and I have been told that you will be given the document in a week or a week and a half.

In my presentation, I dealt with three themes that were covered by the 15 recommendations of the report. I could provide you with more details, but given that this report has not yet been translated, it is up to the government to present it to you.

• (1005)

Mr. Roger Gaudet: So, Mr. Chair, we will be receiving the report soon.

[English]

It's the living charter in action.

The Chair: That was my understanding, Monsieur Gaudet. It will be distributed to all committee members.

[Translation]

Mr. Pierre Allard: There is also the evaluation plan for the new Charter, of which I have a copy. I think that I sent a copy to your analyst. I can also forward you a copy.

In addition, it appears that the Auditor General will be analyzing the transition process that one goes through when one leaves the Canadian Forces and becomes a veteran. A lot of people are monitoring the transition, including your committee and the Senate committee.

Mr. Roger Gaudet: It is all well and good to study the new charter, but if I go by what you said earlier, namely, that the new recruits will become veterans, in five or six years, there will no longer be any veterans according to the charter, or very few. That being the case, what is the purpose of this charter and who does it serve?

Mr. Pierre Allard: There is still a very large number of modern veterans who are directly tied to the new Veterans Charter process. We are trying to rectify the shortcomings for these people.

We have to act quickly for two reasons. First of all, we promised that we would take action quickly when we introduced the charter, because there is no committee review process. Secondly, the modern veterans with serious disabilities are demanding action from us to ensure that they are not living below the poverty line.

Mr. Roger Gaudet: That is why I asked the question about transition, about including modern veterans with traditional veterans.

Mr. Pierre Allard: We do not make any distinction at the Legion. A veteran is a veteran. I use these terms for no other reason than that the benefits are different.

Mr. Roger Gaudet: I agree, but if one veteran does not have services whereas another does, it is an injustice.

Mr. Pierre Allard: It is a shortcoming that needs to be rectified.

Mr. Roger Gaudet: Thank you very much.

[English]

The Chair: *Merci, monsieur Gaudet.*

We'll now go to the Conservative Party again, with Mr. McColeman.

Mr. McColeman, you have five minutes.

Mr. Phil McColeman (Brant, CPC): I, too, want to express my thanks for your being here today. I hope you take my comments in the same light as I do your candour today. I appreciate your candour, I really do, because my background is that of a small business person. I've run my own businesses through the course of my life.

I want to understand more about why you will not prioritize. I don't want to beat this to death, but I would like to know the rationale for why you choose not to prioritize, because ultimately our committee will have to prioritize, in my mind.

The next steps are, first, the study, which identified the gaps, and then beyond that, we will take next steps to recommend what we can tackle. There will probably be some low-hanging fruit that might be the first things that would make sense, but certainly we will have to prioritize at some point.

I would reflect back to the fact that this is called a living charter, which was identified long before my time here, and it does reflect the realization that nothing is static and that in fact new gaps will emerge, right? In other words, there will always be gaps. It reflects that realization. When gaps are identified in anyone's life, anyone's business, or anyone's state of affairs, you determine what the priorities are, and, if there are multiple gaps, what you're going to tackle first, second, third, and so forth. So I'd like to ask you to please help me understand the rationale for why you choose not to prioritize.

•(1010)

Mr. Pierre Allard: My rationale is relatively simple. In "Keeping the Promise", there was one recommendation. It was simple: put in a program based on needs. There was no need to rationalize. Yet we were told, after the fact, that basically this simple recommendation really meant there had to be prioritization.

In this case, we approached it from the perspective that there are fundamental gaps in three elements of the program: families, rehabilitation, and financial benefits. Those form a whole, so if you fix one but not the other, it's not going to make any difference to the quality of life of the veterans and their families. That was important for us. Plus, there was a temptation, even within the committee as we were receiving guidance from Veterans Affairs, to do the prioritization within the document itself. We don't feel that it is our role to do prioritization.

If the government wants to do prioritization, they can explain how they did their rationalization. We've given you where the gaps are.

Mr. Phil McColeman: That's very unfortunate, because it does not give us your sage advice. I think what you've just stated—and please tell me if I'm misunderstanding—seems to be an all-or-none proposition.

Mr. Pierre Allard: At the end of the day, decisions will be made; we recognize that. I don't think it's our role to prioritize. Our role was to tell you where the gaps were and we've done that.

Mr. Phil McColeman: Okay, but beyond that, in my mind you would be the logical advisers as to what some of the solutions are.

Mr. Pierre Allard: I'm sure we will continue the discussions to get to that level if we need to, but I don't think right now is the time.

Mr. Phil McColeman: I would suggest, then, to our committee that there be another time when these gentlemen can come back and discuss what they see as some of the solutions, because I'd like to hear from them in terms of their suggestions as to what those might be.

Mr. Pierre Allard: But I think I did give you a hint, if I might say so, which was that I think the financial benefits are the ones that are creating a lot of furor out there. Having said that, I'm not even sure, because issues of families and mental health are also creating a lot of furor out there. Issues of case management are also creating a lot of furor out there. If you have the best program, but you can't case-manage it, then it doesn't work.

So what I come back to is that I think we have tried to give you a broad overview of what needs to be fixed. In our logic, it all needs to be fixed or it's going to fall apart. You can have the best program in the world, but if your case manager doesn't understand what the program is about, it's not going to work.

The Chair: Thank you, Mr. McColeman.

Now we'll go to Mr. Payne for five minutes.

Mr. LaVar Payne (Medicine Hat, CPC): Thank you, Mr. Chairman.

Members of the committee, I welcome being here.

Witnesses, I'm a new member of this committee, so I may need a little extra understanding on some of the issues. I have a couple of questions.

The first one, I'm sure, is quite simple. It's in regard to the VIP. In terms of a veteran who applies for and receives approval for assistance under that program, if that individual passes on, does their spouse automatically still receive those benefits or do they have to reapply? Or are they not eligible?

Mr. Pierre Allard: She will receive the benefits that the veteran was receiving. In my example, if he was receiving groundskeeping, she will continue to receive groundskeeping, but there will have to be an assessment that she has a need for that groundskeeping. In other words, there will be a visit, more than likely, or at least a telephone call, from a counsellor or a client service agent to try to determine if the need is still there.

Mr. LaVar Payne: So it's not automatic?

•(1015)

Mr. Pierre Allard: It's not an automatic passing on.

Mr. LaVar Payne: Thank you.

I have another question as a new member. You talked a bit about the SISIP benefit program. I'd like to have a little more understanding of that program and how it affects the veterans. Secondly, as part of that, I would particularly like to hear your comments on how you feel that benefit could be improved so that we aren't running into this situation you discussed earlier.

Mr. Pierre Allard: SISIP is an insurance plan that provides vocational rehabilitation for medically released personnel for up to two years, guaranteeing them 75% of their salary. Veterans Affairs Canada has a legislated mandate to provide rehabilitation, and not only vocational rehabilitation, but also social and psychological rehabilitation, to all veterans who retire, whether it be for medical reasons or other reasons, as long as they need access to the rehabilitation program. In other words, they must have a rehabilitation need.

There is something wrong with having a legislated mandate to provide a service and having an insurance program that provides the same service. In effect, part of the logic in the New Veterans Charter Advisory Group is that early intervention is important. Veterans Affairs Canada is mandated to provide early intervention, but they can't do it because SISIP is still there providing their vocational rehabilitation program, and only to the member, not to the family. So we should eliminate SISIP rehabilitation.

Mr. LaVar Payne: That's the simple answer?

Mr. Pierre Allard: That's the simple answer. If I have a legislated mandate to services—and by the way, I do have to pay some small benefits for that—why would I pay into a program that's providing me insurance?

By the way, the Veterans Affairs Canada program should not be influenced by the insurance model. It stands on its own. That's the problem with the economic benefits that accrue if you are on rehabilitation: we're using the SISIP compensation model, which is fixed at 75%. It doesn't make sense.

Mr. LaVar Payne: Thank you.

The Chair: Thank you, Mr. Payne.

We'll now go on to the Liberal Party for five minutes.

Ms. Coady.

Ms. Siobhan Coady (St. John's South—Mount Pearl, Lib.): Thank you very much.

I really appreciate your being here today.

My name is Siobhan Coady and I'm from St. John's South—Mount Pearl. I'd like to ask you a question specifically about veterans pavilions and the excellent service, of course, that they deliver across the country.

Most importantly, we do know that Second World War, First World War, and Korean War veterans have access to veterans hospitals and pavilions across this country. I have a constituent who is 74 years old. He's a peacekeeper. He served in the Middle East and saw combat, where he had a fellow peacekeeper die in his arms. Unfortunately, he does not have access to the veterans pavilions. Peacekeepers don't, of course, because they were not in the First World War, the Second World War, or the Korean War.

However, they have done a valuable service to our country. They've put their lives on the line. They also are recognized as veterans, of course, but again, they don't have access to the veterans hospitals.

I'm also concerned about those returning from Afghanistan, for example. Will they have access to veterans pavilions? I wonder, gentlemen, if you would care to comment about whether or not we should reconsider our present policy that designates veterans hospitals for only those who have served in the First and Second World Wars and the Korean War.

Mr. Pierre Allard: I guess I'll repeat what I said. Basically, as far as we're concerned, a veteran is a veteran, and a veteran should have access to long-term care.

We realize that a universal program might be unaffordable, but there could be some criteria set that would make it affordable. Those criteria would be service in special duty areas or special duty operations or being medically released. That would be a simple solution.

Based on access to or demand for programs, which we think is 12% to 14% among the veteran population, it would be an affordable program. You're quite right, though: they are not provided access and they should be.

• (1020)

Ms. Siobhan Coady: Sir, could you give me an estimate of how many of your veteran members were peacekeepers? A lot of them would be, of course, and there are those returning from Afghanistan. It's a growing number.

Mr. Pierre Allard: Again, to be very candid, we do not distinguish between veterans on whether they are peacekeepers, or from World War II or Korea, or peacemakers who served in Afghanistan. For us, a veteran is a veteran is a veteran.

Ms. Siobhan Coady: Thank you.

Are there any other services that all veterans do not have full access to? We know they don't have full access to the veterans pavilions. Is there any other service that you're aware of?

Mr. Pierre Allard: They don't have access to funeral and burial benefits. I presume you have read the report of the Office of the Veterans Ombudsman on funeral and burial benefits. They don't have access to that, while traditional veterans do. There are some restrictions on VIP. We could add that the RCMP, as a group, doesn't have access to VIP. So there are some anomalies in the provision of services to people who would be qualified as veterans.

Ms. Siobhan Coady: So you would be supportive of a study investigating whether we could extend further services to all veterans.

Mr. Pierre Allard: We have been and are definitely in support of that. We were members of the GAC, which wrote the report, "Keeping the Promise". It made a simple, fundamental recommendation that didn't have to be prioritized. We have now submitted another report with 15 recommendations that still don't have to be prioritized.

Ms. Siobhan Coady: Thank you.

The Chair: Thank you, Madam Coady.

Now we're on to the second round of five minutes.

Mr. Robert Oliphant: Do I have 30 seconds?

The Chair: Yes, you do. Would you like to ask another question?

Mr. Robert Oliphant: I wanted to add a question, but I'll first make a comment to encourage you to keep your faith in not setting the government's priorities for them. We will resist that as well. Their job is to set priorities and they will resist regularly. Together, we will try to make sure they set their priorities so that we can then offer our opinion on their priorities.

Mr. Greg Kerr: Cop-out.

Mr. Robert Oliphant: No. We didn't win the last election.

Some hon. members: Oh, oh!

Mr. Robert Oliphant: With respect to economic security, I can read between the lines in your priorities that economic security is a foundational step. If the government decided to keep lump sum payments, do you have ideas on financial advice that should go with lump sum payments? Have you had discussions about that and whether that should be included as part of the benefit?

Mr. Pierre Allard: There are divergent views on the lump sum approach, to be perfectly honest. Even the provision of what is given now, which is \$500 for financial advice, is a good step, but it's whether or not that's sufficient to look at a lump sum of, let's say, \$250,000 or \$260,000 and determine the best use of that disability award, especially in the financial circumstances we live in.

I suspect that some people who received a disability award in 2006 may have lost a percentage of that disability award. Whoever was making projections on what is sufficient to ensure financial viability for an individual based on a disability award and what the returns will be might have been, and probably was, wrong. The problem is compounded for someone who has mental health challenges or problems and who might not be able to make the right decisions.

We actually think that, first of all, the disability award has to be increased, but there should also be an option for a continuing payment in lieu of. I don't know how you would come to that program determination, but there has to be something that's done there to ensure that somebody who has mental challenges doesn't go and spend that lump sum foolishly, with his family suffering thereafter. Again, I fully realize that you can't legislate against personal choice, but maybe we have to look at all of these facets of how we provide benefits for serving members and veterans.

• (1025)

Mr. Robert Oliphant: Thank you.

The Chair: Thank you, Mr. Allard and Mr. Oliphant.

That concludes our second round, by the way. We're now into our third round of five minutes.

We'll go on to Mr. Mayes, for five minutes.

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

I welcome our witnesses.

I want to bring some greetings from a new constituent of mine, Betty Hinton, who worked as a parliamentary secretary to this committee to forward the charter. Upon reading your submission, I'm sure she would be a little concerned that the implementation has left some outside the levels of care and the purpose of creating the charter.

But it can't all be bad. There has to be some good stuff. I'd ask if you could give me an overview of the good things you've seen in the charter. Has it all been bad or is there some good stuff?

Mr. Pierre Allard: I think I alluded to that at the start. A program that is oriented towards wellness and reintegrating Canadians into society is a very good approach. That is recognized in a number of other countries. Either they're modelling their programs on ours or we've modelled ours on theirs.

Having said that, I will note that it is not a panacea for every individual. The new veterans charter could not possibly foresee the critical injuries that have occurred in Afghanistan, where people need more than what is provided under the current system.

I can give you another example. A veteran coming back from Afghanistan who has lost three limbs shouldn't have to rely on charity to make improvements to his home because his home is not designed efficiently to look after his needs. If that is the result of the new veterans charter, then we have to look at the gaps and we have to find some solutions.

I think it was a program that was well intentioned, but I think it had an insurance model in mind. I don't think the insurance model is sufficiently structured to meet the needs of the modern veterans.

I would suggest that you invite as a witness to your committee Mr. Bruce Henwood, the chair of the special needs advisory group. You might have heard of their committee. They meet regularly with people who are considered to be high-level disabled veterans. He has some unique views on what is wrong with all the elements of the current charter.

Mr. Colin Mayes: You have said that VAC has overestimated and continues to overestimate its budget. Could you explain what you mean by that?

Mr. Pierre Allard: If we look at what was identified as budgetary requirements for Agent Orange compensation, we will find that the moneys were not spent. If we look at what was identified as the budgetary requirements for the VIP extension for pre-1981 widows, we will see that the money was not spent. Those are examples of what I mean.

I'll go back to my previous example. The uptake on programs for seniors across the country, for example, is about 12% of the totality of the population. The uptake for veterans is about 12% to 14%, which is a little higher. I think the department should use those statistics to guide themselves when they're setting budgetary estimates. That's basically what I am suggesting.

Mr. Colin Mayes: I would suggest that the budget was put in place with the idea that they didn't want to run out of money, so they did have more than enough. Once they started the program, knowing that there were some of those unknowns, they were just making sure they had enough money there to provide for that.

Mr. Pierre Allard: I think they overestimate the unknowns.

Mr. Colin Mayes: Okay.

When the charter was put together, there was a lot of consultation with a lot of groups, so I guess I have to ask, how did we get it so wrong? In regard to your submission, how did we miss all those points? It's quite a surprise, because there were a lot of intelligent people sitting around this table when we were working on the charter, and we were listening to the folks who were witnesses, but there seem to be a lot of holes here. Do you feel that these situations surprised us or do you think they weren't brought to our attention?

Mr. Pierre Allard: We were part of that consultation. So were other veterans organizations, academics, Canadian Forces members, etc. There was something called the Neary report, which provided the logic for basically improving on the Pension Act.

The intent of the Neary report was oriented towards care of families, better case management, rehabilitation, and the wellness program. However, if you read the Neary report, you don't see anything that talks about providing a disability award and providing economic loss benefit to a cap at 75% of salary on retirement. That was a governmental input at the last minute, I would say, which was a surprise to some of us.

As a matter of fact, when we were confronted with that reality, we asked the department to do some focus groups with Canadian Forces members to see how they would react to this. There were some misgivings. We were actually hoping that there would be an opportunity to discuss this in committee, but because the legislation was pushed forward—I think the legislation was actually read in third reading at a Senate finance committee, which had nothing to do with Veterans Affairs—I think we may have missed an opportunity to have a more sober overview of what the legislation really entailed, especially in the context of that breakdown between what the Neary report said and what the actual implementation was going to be.

I defended the new veterans charter. I did that in front of the media. I did that in Parliament. I did that at that Senate committee. Had I known what I know today about critical injuries and the lack of support to families, I would not have done that.

●(1030)

The Chair: Thank you, Mr. Allard and Mr. Mayes.

There are five spots left in the last round: New Democrat, Bloc Québécois, Conservative, Conservative, and Liberal. Fulsome answers have been given today, and that's no indictment; it's just that we have a tradition here that we only time the question, not the answer. It means that we've consumed a lot of time and there's some business to do at the end.

If we want to have that business looked after, you can either relinquish some of your spots or keep your questions tight, whatever you would like to do, to make sure there's some time at the end. Is that okay?

We'll go on to the NDP, then, with Mr. Stoffer.

You have five minutes, but again, please be brief.

Mr. Peter Stoffer: Thank you, Mr. Chairman. I'll make a comment and then ask a very quick question at the end.

Judy, just for your information on the VIP, in 2005 we were assured by the then opposition leader in a letter to Joyce Carter that if the opposition was elected all widows of World War II and Korean War veterans would immediately receive VIP services—all and immediately. In 2008 an enhanced VIP package was introduced, which entitled 10% of them to get it, but under two strict new criteria: one, they had to have a disability tax credit; and two, they had to be income-based. That's not what the original letter said.

So now we have many women out there, and some widowers, who don't fall under the VIP criteria because of these new

restrictions. I'll give you one example of a woman in Halifax. I've been fighting this for almost seven years now. Her husband died as a result of the nuclear incident at Chalk River. Before he died, he applied for VIP services and actually was accepted to receive them. Before they actually came to his house to deliver the service, he died. Because he did not actually receive the service, his wife doesn't get it.

I've been arguing in a peaceful, democratic way for almost six years on this issue for this one lady to get her VIP and they refuse every single time—three different ministers. It just frustrates the living daylights out of me. But that's just a comment in that regard.

I've always said this, and I think it's the premise of any government, that at the end of the day, whatever improvements are made to the charter are political and financial. There will be a cost to it, but I always look at it this way—and Mr. Allard said it as well—a veteran is a veteran is a veteran.

We have these graphs and charts and we need a team of Philadelphia lawyers to figure them out. Veterans don't know that. When they signed up, they had the unlimited liability. We as parliamentarians have the ultimate responsibility for their needs and those of their families, all the way up to and including the headstones. Once we get our heads around that, we can eliminate a lot of this bureaucracy, really attend to their needs, and divert some of that money to them.

That's just a political comment, I know, but I have a quick question for you, Mr. Edmond. We have a veterans ombudsman, Colonel Pat Stogran. I would like to know what relationship you and the Legion have with him in terms of consultation. Do you share ideas? Also, do you and other veterans groups get together to offer ideas and share them? Would this opinion of yours—and I know you can't speak for them—be similar to what they would tell us in the future if they come here?

I thank you very much for the work you did on the veterans charter. I still stand behind the charter. I thought it was a vast improvement over what we had, but we do have holes and they need to be gapped. Also, I'm glad you didn't pick out one of the 15, because they're all important recommendations.

Thank you.

●(1035)

Mr. Wilf Edmond: Thank you.

Really, there is a close relationship between the other veterans organizations and the Royal Canadian Legion. In fact, this weekend we have scheduled a meeting. We call it a "unity meeting". In that meeting, we will be discussing similar concerns. I guess our main objective for the unity meeting would be to make sure that we're all on the same song sheet and singing the same song, as is said, to approach anything in regard to the veterans with a united front.

Yes, we do have a close relationship with the new ombudsman. He was formerly a member of our service committee. We fully support what he is trying to do right now.

Mr. Peter Stoffer: Mr. Chairman, if you ever hear the president of the Legion sing *Song for the Mira*, you will know what he's talking about when he's singing from the song sheet. It is fabulous.

Thank you.

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

Now we'll go to the Bloc Québécois.

Madame Bonsant, vous avez cinq minutes.

[Translation]

Ms. France Bonsant (Compton—Stanstead, BQ): Thank you very much.

I am the daughter of a veteran. My father and my uncle went to war, so I understand where you are coming from. When he came back from the war, my father always told us that he went to war for the family that he hoped to have, so that I would have the right to be here as a francophone woman defending values.

I find it somewhat annoying when you say that you have a program based on needs and yet you roll over and say that you have to choose from three principles. I believe that the person who fights in Afghanistan or in Korea is doing so to defend freedom, and it has nothing to do with whether or not he is married, has children, etc. That is my political opinion.

You talked about compensation for the victims of Agent Orange. During the last war, everybody was talking about it; I am not talking about orange juice.

Does your charter include all of the problems with military bases? The municipality of Shannon made the headlines last spring because the people who lived around the base were suffering from strange cancers. Nobody ever thought to check the soldiers who used to live on the base. Do you intend to track down all of the individuals who lived on military bases and who experienced problems linked to a substance with some scientific name that I do not know?

I would like to hear your opinion.

Mr. Pierre Allard: This is a problem not only for the soldiers, but also, at times, for the people who live close to these bases. We do not have the resources to conduct investigations and obtain information on the members. I think that it is incumbent on the government to do that.

As for the compensation given to the victims of Agent Orange, our view is quite simple. I believe that the first ex gratia compensation, \$20,000, was paid 20 years ago. As it happens, we still use the same \$20,000 figure 20 years later. This does not make sense, because it does not take into account the increase in the cost of living.

Ms. France Bonsant: It would be nice if my taxes to the federal government had stayed the same for the past 20 years.

Given that I only have five minutes, I would like to know if there is a difference between the payments made to veterans from the army, the navy and the air force. My father was in the army and my

father-in-law was in the navy. They do not receive the same compensation. When my father-in-law died, they cut my mother-in-law's pension in half. Is that normal?

• (1040)

Mr. Pierre Allard: According to the Pension Act, there is no difference in compensation whether you were in the navy or in the air force. It depends on the disability rate. If the widow's pension was reduced by 50%, it is because the veterans' pension did not reach 48%. If the pension is 48% and over, the widow's compensation remains the same. If the compensation is less than 48%, the widow receives 50% of the compensation.

Ms. France Bonsant: What determines the percentage? I know that my father had tuberculosis, but my father-in-law survived two shipwrecks. His case was more psychological, it was less visible.

Mr. Pierre Allard: There are guidelines governing the eligibility for pensions. These guidelines are very structured and identify exactly what type of compensation is provided for every type of disability.

Ms. France Bonsant: That means that psychological problems are still a taboo subject in the armed forces.

Mr. Pierre Allard: No, not necessarily. On the contrary, there is a great deal of open-mindedness about that today. We realize that everyone can have mental health problems, whether you are in the army, the navy or the air force. The specific case you are telling me about, in my opinion, is, with the information that you have just given me, to do with the fact that a disability pension was set at a certain level for one individual and at another level for the other person.

Ms. France Bonsant: Yesterday I was watching a special program on Radio-Canada. A young mother had lost her son after he had come back from Afghanistan. She talked about his mental disorders and she criticized the government for not helping him, because he committed suicide. That is happening so often these days. We see these young people go to fight for freedom and then they come back. Yes, they are free, they let them do whatever they want.

Mr. Pierre Allard: That is why, as you said, prioritizing is not a good thing. There are shortcomings and we need to solve them.

Ms. France Bonsant: A person is not a puzzle.

Thank you.

[English]

The Chair: Your time is up.

There are three more spots: two Conservative and one Liberal.

I've already warned you that we have some business at the end, so the briefer you make it, the more likely we are to get to the business.

We'll go to Mr. Kerr.

Hon. Judy Sgro: We have to deal with the motion.

The Chair: We don't have time.

Mr. Greg Kerr: We're prepared to cut back on the time, even if others didn't. I want to make that point.

I assume that you will do the same thing.

I was going to make some comment, but Mr. Stoffer was gracious enough to point out that his comments were political, so that saves me from coming back at him too hard. As a government, we have to actually implement these things. We don't stand on the sidelines and comment.

I do want to make the point, though, that the reason we are all extremely indebted to you—and also pleased that you're here—is that I think all members want to get this process under way as quickly as possible. We've been pushing it. In spite of all the discussion about what might come up, we finally agreed. Let's get on and get the review.

There are a number of other witnesses coming forward. Certainly it'll be a fulsome conversation and you've even suggested an additional one today. I expect that when it's over, though, we'll still be stuck with prioritization. You know that. Hopefully, we will get guidance before we get there. I'd hate to see the good ideas come in and get bogged down because they have to go through a huge long-term process.

That's the only reason, Pierre, as you know, that I was raising it. At the end of the day, somebody has to implement this stuff and I want to make sure that we don't lose that opportunity. That's why I raised it.

Mr. Pierre Allard: And I hope we continue to consult.

Mr. Greg Kerr: We will.

Thank you very much for being here today.

The Chair: Thank you, Mr. Kerr and Mr. Allard.

Now we go to the Liberal Party, for as many minutes as you want to use up.

Hon. Judy Sgro: As much as this is important, we also have two pieces of business to discuss, and it's 10.45 a.m., so I will pass. If someone else has a pressing question that must get answered, then they should go forward.

Mr. Greg Kerr: We're fine on this.

The Chair: That will conclude our meeting today.

Thank you, Mr. Allard and Mr. Edmond.

I think you've heard it expressed by most of the members here, but allow me to thank you for the good work that the Royal Canadian Legion does for our men and women who have served.

We will now adjourn and continue in camera.

[Proceedings continue in camera]

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