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Chair

Mr. Gary Schellenberger

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• (1530)

[English]

The Chair (Mr. Gary Schellenberger (Perth—Wellington, CPC)): I'd like to call the meeting to order.

Welcome, everyone, to meeting number 37 of the Standing Committee on Veterans Affairs. Pursuant to Standing Order 108(2), we are studying combat stress and its consequences on the mental health of veterans and their families.

Today we welcome witnesses from the Office of the Veterans Ombudsman: Guy Parent, our new Veterans Ombudsman; and Charlie Cue, acting director, research and investigation.

Welcome, gentlemen.

Mr. Parent, you may begin your presentation.

[Translation]

Mr. Guy Parent (Veterans Ombudsman, Chief Warrant Officer (Retired), Office of the Veterans Ombudsman): Thank you.

Mr. Chair, members of the Committee, I would first like to thank you for your invitation to appear before the House of Commons Standing Committee on Veterans Affairs. This is my first appearance before a parliamentary committee and I am pleased to be participating in this discussion with you today.

With me is Colonel (retired) Charlie Cue, Director of the Research and Investigation Section and Special Advisor in my office.

You have invited me here today to discuss the work done by the Office of the Veterans Ombudsman in relation to combat stress and its consequences on the health of veterans and their families.

I would like to start by saying that I salute the work done on this issue by this committee and in fact by several other bodies. I hope that my views will be useful in your discussions.

[English]

Before going into the subject in hand, let me share with you how the Office of the Veterans Ombudsman operates under my leadership. We currently provide three main services to the veterans community. We provide information on the various programs and services available to veterans and their families through Veterans Affairs Canada and other groups serving the veterans community. We provide assistance and referrals to veterans who come to us, often as their last resort, after being bounced between organizations or after receiving conflicting advice. We also provide intervention. This can be as simple as an informal mediation between a veteran

and a service provider on a single issue, or as complex as a full investigation of a systemic problem culminating in a formal report with recommendations.

[Translation]

To get back to the subject at hand, I would first like to say that I prefer to use the term "operational stress injuries", since it is a broader term than "combat stress". Many veterans who seek assistance from the Office of the Veterans Ombudsman are often dealing with issues relating to operational stress injuries, even if there is another reason for their call. That is why the Office has an interest in this issue.

• (1535)

[English]

Here are a couple of examples that represent different issues brought to our office by veterans and their families in relation to their dealings with Veterans Affairs Canada. Both cases show that Veterans Affairs Canada appears to be ill-prepared to deal with veterans in a crisis situation.

In the first case, a veteran was in receipt of psychiatric services from a physician located in Ottawa, although he was a resident of Montreal. Veterans Affairs Canada, recognizing the importance of the patient-physician relationship, agreed to reimburse the travel for this arrangement. However, the physician in question was posted to Trenton, and when the veteran found himself in a crisis situation and requested permission to travel to Trenton to see his physician, Veterans Affairs Canada refused his request. After three months, when the spouse of the veteran contacted Veterans Affairs Canada because the veteran had become suicidal, she was advised to contact 911. As a last resort, she contacted the Office of the Veterans Ombudsman, which began negotiating with Veterans Affairs Canada on her behalf. During the course of these negotiations, the Department of National Defence stepped forward, resolved the issue in a two-day period, and agreed to reimburse the veteran for his travel to Trenton.

In the second case, during the course of an in-depth transition interview, it was recognized that a veteran had significant mental health issues. Veterans Affairs Canada did not follow up with the veteran after he retired from the Canadian Forces. When his condition deteriorated, the veteran wound up in the criminal justice system and was incarcerated in a psychiatric institution. The family contacted the Office of the Veterans Ombudsman because they did not know where else to turn. We liaised with Veterans Affairs Canada, which eventually addressed the issue.

[Translation]

These two examples show the importance of responding quickly to the needs of veterans suffering from operational stress injuries, since their problems can deteriorate quickly.

That is why the Office of the Veterans Ombudsman will continue to be on guard and provide advice concerning services and programs offered to veterans dealing with operational stress injuries and the Department's transformation agenda. All of the measures designed to simplify and expedite the delivery of services will have a positive impact on veterans who have operational stress injuries.

The Office of the Veterans Ombudsman will work with the Department on mental health issues, and will challenge it from time to time, when we intervene on behalf of the veterans who seek our services. I would also like to point out that employees of the Office have received training so they are better able to help veterans in distress when they call. That information has been very useful.

Individual interventions, discussions with the Department in that regard and any systemic research we might undertake in future will be based on research and studies done by other organizations. That will avoid duplicating effort in this area.

[English]

There are a number of relevant areas that you may want to consider in your work, as these may have been overshadowed by more visible issues. Among other things, there are access to occupational stress injury clinics and transition challenges. Maybe I'll elaborate a little bit about these particular points.

In terms of access to occupational stress injury clinics, we are concerned that people in crisis don't have direct access to occupational stress injury clinics. There are challenges with transitions, going from a spectrum of care in the National Defence area to a spectrum of care by Veterans Affairs Canada. The difference between transitioning from medication and transitioning from a caregiver is an issue that needs to be looked at.

There is complex bureaucracy and red tape in processes at Veterans Affairs, which in fact are really worse for somebody suffering from mental injuries than for somebody suffering from physical injuries. Everything makes those more complex for them.

There is also how Veterans Affairs is dealing with new research that is available in different fields, recognizing some of the latest reports that make linkages between conditions of service and possible injuries. There is the national strategy on homeless veterans. There is awareness and access to programs and services for reservists in particular, and the lack of research on veterans in the criminal justice system. Previously we quoted an example about somebody who did end up in the justice system, but there is no way of tracking how many veterans are in fact there right now.

In 2011 I will continue to push forward on veterans issues by focusing on unfair practices and making realistic recommendations for change. This will benefit all veterans, including those with operational stress injuries.

To focus energies and to guide both me and the Office of the Veterans Ombudsman, I have chosen "One Veteran" as the 2011

theme. This will reinforce the idea that since sailors, soldiers, airmen, and airwomen, as well as members of the Royal Canadian Mounted Police, do not question where and when they must serve, for Veterans Affairs Canada and the Royal Canadian Mounted Police to determine the level of programs and services that will be provided based on the type of service rendered is an injustice of the first order.

To this end, I will be working closely with veterans advocacy groups to encourage them to consolidate their efforts to make the "One Veteran" principle a Veterans Affairs Canada reality, with the focus on service in general rather than on service "where and when". I believe that the application of the "One Veteran" principle will simplify processes, lower costs, and result in better service to veterans.

In the coming months, based on the September 2009 report the office published entitled "Serve with Honour, Depart with Dignity", I intend to pursue the recommendations already made to the minister regarding funeral and burial expenses. I will be putting forth recommendations on identified unfairness issues concerning the veterans independence program, and I will be taking a critical look at the Veterans Affairs transformation agenda.

I encourage you and your parliamentary colleagues to move to pass Bill C-55, an act to amend the Canadian Forces Members and Veterans Re-establishment and Compensation Act and the Pension Act. Although not comprehensive, the extra support that is offered is needed.

In conclusion, I want you to know that I focus on people and the effectiveness of outcomes rather than processes. We are seeing positive changes in the world of mental health at the Office of the Veterans Ombudsman. We will continue to provide an objective viewpoint as to whether or not these outcomes are successful.

Thank you, Mr. Chair.

● (1540)

The Chair: Thank you, sir, for that.

Just to let people know, try to keep your questions short so that we can get the answers back. The ombudsman is only here until 4:30, so we want to make sure that we can get as many questions answered as we can.

We start off with Mr. Lamoureux, please.

Mr. Kevin Lamoureux (Winnipeg North, Lib.): Thank you, Mr. Chair.

In your concluding remarks you made reference to Bill C-55, and you're anxious to see that particular bill pass. I take it you're familiar with the content of the bill. If so, can you give any indication if there are things that should be included in that bill that could be possible amendments? Are there other things that vets are looking for?

Mr. Guy Parent: Yes.

We certainly agree with what is proposed in the present bill. Certainly it rectifies some of the deficiencies that have been identified to date in regard to income loss and EIA and PIA. It also looks at the base salary in terms of income loss. Any recommendations in reference to the lump sum award are also recognized as being needed. There's good improvement in that area.

Having said that, I think we're concerned, as are the veterans, that nothing can be really done until the bill itself is passed. That's why we're encouraging the committee to go ahead as soon as possible to encourage the passage of the bill.

As to if there is anything else that should be in there, maybe my colleague can speak to that.

Mr. Charlie Cue (Acting Director, Research and Investigation, Office of the Veterans Ombudsman): Yes.

The bill's actually just correcting the EIA/PIA. It's correcting a deficiency that was noted in the previous bill, and that's making a good correction for it. It's changing the name of the job placement program, and it's putting in some options for the lump sum. All those things.... It's not comprehensive, but there are minor changes.

They are the first changes to the bill, but from our office's perspective we don't see any problems with them. It's a small step forward. The minimum salary piece is actually not covered in the bill; it's actually covered under regulations. That can be changed outside of the bill if someone wanted to do that.

• (1545)

Mr. Guy Parent: The one concern we might have there about the base salary under the income lost is the fact that there is a difference between the regular force and the reservists. That's a bit of a concern. As we go back to the "one veteran" theme, it doesn't make any difference what was your status of service when you went to Afghanistan, for instance. You should be entitled to the same benefits, which would include compensation, the same salary base.

The Chair: There's just one thing. I know Bill C-55 is coming up, but today we're here on operational stress and suicide. We would like to try to keep those questions as much as we can to that, please.

Go ahead. You still have two minutes.

Mr. Kevin Lamoureux: Yes. Thank you.

You made reference to assistance by helping vets go to Veterans Affairs, and you cited a couple of examples. To what degree as the Veterans Ombudsman do you go to outside organizations, whether it's the Ontario Ministry of Health or Manitoba Health, to seek assistance that goes beyond the typical Veterans Affairs? Do you have reports that would provide that sort of information?

Mr. Guy Parent: In fact it's yes to both questions.

At the first level of intervention, which is the level of information provided, our front-line officers, our client service representatives, handle the calls. We do handle about 2,000 calls per year. These are people who are seeking information as to where to go and what to do. This is where they are directed—2,000 approximately per year—to the right programs. If a program is not available within Veterans Affairs Canada, they will certainly be directed to local, provincial, or community programs to access any of the needs that they have.

Mr. Kevin Lamoureux: You, more likely than anyone else, would be able to provide some sort of a guesstimate—if possible—of suicides. Can you give us any details in terms of what you would estimate it would be?

Mr. Guy Parent: I certainly can't give an estimate, because I think we have the same difficulty internally in the Office of the Veterans Ombudsman as DND and Veterans Affairs, and it is the problem of tracking. Given the fact that a lot of the veterans are self-identified also, it's almost impossible at this point and date to get a good assessment because of the tracking deficiencies.

The tracking overall from National Defence to Veterans Affairs and the transition would help us in determining that in the future.

The Chair: Thank you very much.

Mr. André, please.

[*Translation*]

Mr. Guy André (Berthier—Maskinongé, BQ): Welcome to our committee, Mr. Parent. I am very pleased to meet you. I think this is your first appearance here.

Mr. Guy Parent: Yes, but not my last.

Mr. Guy André: Absolutely not, we hope.

Congratulations on your appointment on November 11. We are happy to have you here. Veterans need an ombudsman to advocate for them.

One issue relates to post-traumatic stress. When we studied the issue of people dealing with post-traumatic stress, a number of witnesses who testified talked to us about statistics. Some were discouraged by the fact that, as they said, from 70 to 90% of initial applications for services or a disability pension were rejected. There seems to be more receptiveness to second applications, 40 to 50% of which were accepted. It seems to have become a knee-jerk reaction for the Department of Veterans Affairs to reject an initial application. A number of witnesses pointed this out. Denis Beaudin, for example, testified to this.

The effect is to deter these people who are dealing with a very serious personal psychological problem. They have the impression they have to fight the Department of Veterans Affairs to have their disability recognized.

Should this situation be a priority for the Ombudsman's attention? Have you defined the situation clearly?

This is quite common. We hear many veterans complain about the fact that they have been denied disability status. This puts them in a truly precarious situation. These are very vulnerable people. Some of them get discouraged and wait years before claiming what they are owed.

You are probably familiar with the situation. I would like to hear what you have to say about it.

• (1550)

Mr. Guy Parent: In my presentation, I did not really go into detail about our future priorities, but I would say that our upcoming systemic review will address precisely these concerns.

Certainly the Department of Veterans Affairs does not distinguish between an individual's immediate and long-term needs. Particularly in cases involving psychological injuries, that causes huge problems. Consideration has to be given to immediate needs and long-term needs.

So we are starting a systemic review. In fact, we aren't starting it, we are almost at the report stage. We are studying the arbitration decision process, from the initial application to the appeal and review by the appeal board. We should have reports on this subject in the next 10 weeks.

We will probably submit our recommendations to the department and the Minister in the form of observations. If we see a need, there will be a public report. In any event, this is certainly one of the major subjects of concern we are also studying.

We are taking a very close look at the Department's transformation, since it is saying specifically that it wants to cut waiting time. That also raises concerns. We might ask whether they are simply going to change the method of calculating or whether they are going to introduce more efficient processes.

To sum up, our Office is investigating this at present.

Mr. Guy André: Do you think this can be attributed to incompetence on the part of the people involved, who are not capable of assessing a person dealing with post-traumatic stress properly, or can it rather be attributed to a policy of the Department of Veterans Affairs to reject the initial application and accept it later?

Mr. Guy Parent: I wouldn't say incompetence, but there is certainly a lack of education and experience, given that this is a relatively new subject. It is not an easy subject, particularly when we're talking about post-traumatic stress. It calls for relatively specific experience.

While I won't say incompetence, I think there is certainly work to be done. The people who decide whether to accept or reject applications need to be prepared, so they are able to understand the circumstances in that kind of case.

Mr. Guy André: Thank you.

[English]

The Chair: Mr. Stoffer, please.

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

Mr. Parent and Mr. Cue, thank you both very much for coming today. I really like the concept of the "one veteran" policy. I think everyone we speak to believes that a veteran is a veteran and a spouse is a spouse is a spouse, etc.

But having said that, would you then be arguing for the hospitalization benefits that World War II and Korean overseas veterans get now under certain criteria, like Camp Hill, Ste. Anne's, etc.? Would you be arguing, then, that our modern day veterans, those who have served post-'53, should have access—someone like yourself, with over 37 years of service? If you had a disability of some kind and you required short- or long-term facility care, should that fall under the guise of benefits provided by the federal government?

Mr. Guy Parent: Well, the "one veteran" concept obviously is aiming towards that, certainly aiming for that in the future when programs are developed, whether it be something of the sort of the new Veterans Charter, that we don't distinguish between types of veterans and service where and when.

I know that, for instance, this is a concept that developed over years that was segregating, not so much after the First World War but more and more so after the Second World War, the Korean War, and the Gulf War, and that sort of thing. So now we've created a lot of little individual organizations, and a lot of programs and benefits are based on service where and when, and we want to get away from that.

Mr. Peter Stoffer: Yes. One of the fears I have is that when the last World War II or Korean veteran dies, those hospital beds will be gone. They'll be turned over to the provinces and then you get in line with everybody else. I've always feared that, because we have a lot of veterans in their seventies now who require long-term or short-term care and they call upon the province to do that.

Another thing you said is you don't have a track of how many prisoners in our systems may be veterans. Wouldn't a letter from you to the federal corrections people, asking them to do a survey within their prison population to find out how many served their country, be helpful?

● (1555)

Mr. Guy Parent: I think it would be. I think you're right, it would be helpful. But I think we go back to the self-identification process. Are they willing?

Mr. Peter Stoffer: Understandable, but the record of that person is very clear when you're an inmate, whether provincially or federally, and I think it would be very helpful to know how many prisoners are in our correctional systems who maybe at one time served our country. If it's an inordinate number, maybe there's a problem there that we can nip in the bud, as you had mentioned this one particular gentlemen, in that case. I just make that recommendation.

But I do have the one thing for you. I know I shouldn't ask about Bill C-55, so I won't. But on the aspect of military personnel who leave the service and then join the public service, as you know, right now the RCMP won a court case that allowed them to take their vacation entitlements over. So if you have 16 years in with the military and you leave because of a medical problem and they give you a public service job in another area, you start at the very bottom when it comes to vacation entitlements. And a lot of service personnel really get, if I may say, pissed off at that.

The RCMP now have that, because they had to go to court to get that. Have you had that request to look into it from any veteran? Because an awful lot of them require that additional time off, because if they are suffering from PTSD, they'll need that additional time off in their new employment just to get everything back in order. An awful lot of them go back to the bottom of the vacation time and are having great difficulties in dealing with that.

Mr. Guy Parent: To my knowledge, we haven't received any complaints in that area, but certainly I see it as a portable entitlement. It's something that you earn. I went through that situation in my previous position at the office, where in fact I left the service with six weeks entitlement of leave and then ended up with three in the public service. So there certainly is some evidence of unfairness there.

But I would think it's more of the responsibility of the DND ombudsman, since it's the portability of an entitlement, but I think in working with the public service and the ombudsman.

Mr. Peter Stoffer: Very quickly, before he cuts me off, sir, do you have any psychiatrists or anybody with mental health training who work for the ombudsman's office?

Mr. Guy Parent: Not at this point in time.

Mr. Peter Stoffer: Are you working towards maybe getting one one day?

Mr. Guy Parent: What we have is the capability, for instance, to contract out to people to help us in investigations where we don't have the skills and knowledge. So we could have a mental health specialist hired by the office under contract to sustain an investigation in process.

The Chair: Mr. Kerr.

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

It's good to see both of you again. Welcome. It's good to have you here.

I'll start by saying that the chair is going to remind me that I have to stick with the stress and mental health issues—that's what the study is about—because there are a lot of questions that I know we'd like to be asking.

I particularly want to point out that we are certainly pleased to have you in the job. I think we remind ourselves that you're there looking for things that can be improved and looking for people who need help. That's exactly why there's such an office and such a position. I would just remind us of that as we go through this difficult issue of stress. We have a department that has been struggling over the last several months, as we all know, to try to come to grips with the changes. I did want to touch on that, because you did a couple of times.

But for one of my first questions, I agree that in dealing with these stressful situations the time is sometimes way too long and that sometimes the ability to deal with an emergency, if you like, has been a difficult one to overcome. But I want to ask you first about.... Because we're all finding out that this whole area of mental health and stress is a complicated one for the private sector, for most jurisdictions in the world, and so on, how important is it in moving forward that the DND-Veterans Affairs relationship gets stronger in terms of the transition, but also in terms of the early identification and the sort of continued watch? How critical do you think that is to the process?

Mr. Guy Parent: I don't think it's important: I think it's essential. I think it's critical. There needs to be more work between the two departments so that in fact issues of transition and tracking, for instance, are handled right from the start to finish. There have been a lot of stopgap measures and bridging measures, but nothing, really, to take somebody who maintains an identity from the time he leaves

the forces until he gets into Veterans Affairs Canada. In fact, the transition centre, for the TPS user, is an ideal place to actually give somebody a veteran's identity.

In fact, in the Canadian Forces, we have the service card that identifies us as having been members of the service and for how many years, but it's really a useless document, whereas in fact if DND and Veterans Affairs actually worked together, they could make that a very good opportunity. It could be a very good opportunity for them to track every veteran as they come to the transition centre, to give them an identification card, and to say, "You are now a veteran of Canada and now you can be identified for all of the other programs". The tracking would be immediate. There would be no transition.

Again, all of these things should be looked at between DND and Veterans Affairs Canada to facilitate what is really a cradle-to-grave type of support.

•(1600)

Mr. Greg Kerr: I appreciate that. I would suggest only that some of those things have started, though, and that the cooperation is a lot better than it was a few years ago.

Mr. Guy Parent: Yes, definitely.

Mr. Greg Kerr: There was a different mindset, as you know. When you left the military, it was a direct cut-off, as opposed to a kind of service for individuals after the fact.

So in that transition, one of the things we've learned—because we've talked about everything from homelessness as it has to do with mental health and so on—is about the peer process that has been brought in, the peer recognition and peer contact. Do you get a sense that it's working better? We've often heard that it's sometimes difficult for staff or professionals to reach out and make contact with veterans who don't want to be reached, but there has been a lot of work recently, I think, on the peer contact, with those who have been there and done it, if you like. Do you see evidence of that?

Mr. Guy Parent: Are you referring to the OSISS peer support network?

Mr. Greg Kerr: Through that process, yes.

Mr. Guy Parent: Yes, it's a tremendous program, and Canada is in fact recognized by many other countries as one of the pioneers in this type of approach. We know of many situations where these peer coordinators have intervened. Because they have gone through this situation, there's a contact, a relationship, that's already established there. They are capable of convincing these people to self-identify and enter the programs, which they otherwise wouldn't do. I know that even in the early days they were saying that they saved many lives by preventing suicides.

So yes, I would support.... In fact that kind of philosophy is also in the buddy system in Afghanistan, where again in fact it's a peer watching over a peer sort of thing. So it's definitely a good way.

Mr. Greg Kerr: Do I have any time left, Mr. Chair?

The Chair: It's too short for you to get an answer, so—

Mr. Greg Kerr: Yes, I knew that.

The Chair: —you'll have another chance.

Ms. Sgro.

Hon. Judy Sgro (York West, Lib.): Thank you very much. I apologize for getting here late.

I went to the usual place, but we had moved because you were coming in today, so my apologies to you for being late.

Welcome. I'm pleased to see that you're spending a bit of time with us today on this important topic. I'm going to try to stay away from the other issues that I'd like to ask you about as the ombudsman and try to stick with our issue about the mental health of our veterans.

Can you give me an idea of the amount of cases that you have coming to you with regard to veterans who are frustrated with trying to access a system and get help? How many of them have you seen? You've only been there for a short period of time. What kind of caseload do you have in relation to this?

Mr. Guy Parent: We have very few that are specific complaints against the OSI treatment or access to treatment or that sort of thing. But we have a lot of other complaints from people who might be suffering from non-visible injuries or post-traumatic stress disorder who have complaints against the system and processes. That's why I mentioned in my presentation that such things as bureaucracy and red tape render the process twice as difficult for somebody in a situation of mental stress as for anybody else.

So we have a lot of complaints about bureaucracy—the waiting to get an answer from Veterans Affairs Canada on a decision for disability pension and that sort of thing. What I'm saying is that we don't have a category that would give us an idea of how many people suffering from OSI or mental stress are actually contacting the office. The two that I mentioned are two of maybe ten since we opened the office that were about particular situations in which we dealt with somebody who had a difficulty related to a mental stress injury.

•(1605)

Hon. Judy Sgro: One thing we're hearing through this study is that someone can be out of the service for 20 years and suddenly start experiencing a variety of symptoms. I would think it would be difficult for them to open up to anybody else. So how accessible are you to individuals coming who want to see the ombudsman?

Mr. Guy Parent: Do you mean to see me personally, or to have their case looked at by...?

Hon. Judy Sgro: I mean to see you personally, because I assume most of them would want to do that.

Mr. Guy Parent: We have a process, and it's very important that the process be followed, because it's a development. It's for us a way and a means to identify systemic issues. If people come directly to me, or if they come to us and say "You should investigate the systemic issues", we have no data to actually scope the investigation and to look at that sort of thing. So everything comes in at the front end as a personal complaint, and then it's handled through; then we have some means of tracking the issue to see whether it is in fact systemic or not.

On your point about people waiting for many years, we also see that on the physical injury side. In fact, veterans and military members are proud; they don't like to say that they're suffering from this and that, and they suffer in silence for years and years. Then they

realize 40 years down the road that maybe they should...it's something they've been suffering with and they've never told anybody. These people are in the same situation: they have no peers, no more connection with DND and VAC. So it's not an unusual thing in the veterans community.

Hon. Judy Sgro: Based on the work that we've done and the work that you've done and what you have seen in your many years of being involved, if you had one recommendation to us, what would it be?

Mr. Guy Parent: I would emphasize the tracking, because it's all about people. If you know where the people are, you can find out what's wrong with them, and you can find out how they're doing, but in many instances that's the big problem. If we have a way and means of identifying people and where they are, then you can find out how they're doing, but if you don't have the ways and means of finding the people.... It's all about people.

Hon. Judy Sgro: Thank you very much.

The Chair: Thank you.

Mr. McColeman, you may share your time, but you'll have five minutes. Go ahead, sir.

Mr. Phil McColeman (Brant, CPC): Thank you.

Thank you for coming, sir.

I was very interested in your comments and in your examples of Veterans Affairs being "ill-prepared for crisis situations", I think your words were, and then your relating access to OSI clinics as extremely important.

Do you have a vision or recommendation as to things this committee might consider in terms of how providing services in those emergency situations could be handled better?

Mr. Guy Parent: I think one of the first recommendations would be that people in Veterans Affairs need to be educated and trained in dealing with immediate needs—in other words with people in crisis, because it's not always a matter of passing the case on to a 911 number, to another agency. Sometimes there is immediate intervention that can be done.

So there's an education piece there, I think, for Veterans Affairs staff. There is also the business of advertising what OSI clinics are really about. I think there was probably a misconception that they were an emergency clinic for people suffering from OSI. Our understanding is that they're not; they are specialized clinics. There's a message there that the communications aspect needs to be done a bit better.

Having said that, if they are to be emergency clinics for OSI, then they should be equipped and staffed to be that. The problem there, I believe, has to do with security and restrictions and all these types of structural problems.

Mr. Phil McColeman: Right.

On another line of questioning, in your experience are these occupational stress injuries—PTSD and the like—still taboo among veterans themselves? Is it still rather taboo among the population to admit to perhaps being in that situation?

•(1610)

Mr. Guy Parent: Definitely.

How long does it take to change a culture? I think it's changing, but it's going to be generations before we see something that is evident. Unfortunately, in that respect the people who have the best chance of looking after their own are the ones more entrenched in the culture of denial or of not coming forward. For instance, in the combat arm in the regiments they say "you have a family" and that sort of thing, but possibly the combat arm is where the people are most reluctant to accept the fact that people will suffer non-visible injuries as well as visible injuries. So there is still a culture problem.

And it's a matter of pride, of course, of soldiers coming back. Added to that, it has to do with things such as universality of service. If I declare that I have a problem, is it going to affect my ability to serve for the rest of my career and therefore influence the wellness of family and that sort of thing? So there's a lot more to it than simply accepting the fact that people will come back injured.

Mr. Phil McColeman: Also, in your examples you referred in either one or both to family members reporting them to you or to your office. I know you're relatively new to the position, but is this the normal case, that it isn't the veterans themselves, who self-identify, but rather the people around them who notice symptoms of the problems, who then try to advocate for that person?

Mr. Guy Parent: I would think you're quite right. In many cases, whether it's contact with the peer coordinating system through OSISS, or contact with our office or Veterans Canada, it's the family member who gets concerned who makes the initial contact.

If there were any other recommendation I would make to the committee, it would be to also look at the family aspect. The families get a lot of publicity but very little action. And they are part of the military unit. A soldier has a spouse and kids, and they're part of the life and the career. They should be looked after as well.

Mr. Phil McColeman: My last comment, if I have time, Mr. Chair, is very short.

I just want to compliment you on your presentation today. I think the "one veteran" principle is a great way to provide focus to the organization. And I was really impressed with your lead, when you told us specifically what the services are that your office was to provide. I appreciated your approaching it that way. These are the things our committee can benefit from, in terms of our focus for veterans themselves as well.

Thank you.

The Chair: Thank you.

Mr. Vincent.

[*Translation*]

Mr. Robert Vincent (Shefford, BQ): Thank you, Mr. Chair.

Your role as Veterans Ombudsman consists in representing veterans, hearing their requests and other demands and advocating for them to the government. Is that right?

Mr. Guy Parent: That's right. I am an advisor to the Minister, I advise him on concerns relating to programs and benefits. My mandate is that I am the representative of Canada's veterans.

Mr. Robert Vincent: So that means that if a veteran has a problem or becomes suicidal, and you talked a little about that a moment ago, his wife can call the Ombudsman to report that there is a problem, that her husband wants to commit suicide and he has called 911. You can undertake an intervention, because you are the representative of veterans. Is that right?

Mr. Guy Parent: On the one hand, yes. But it is important to realize that the Office of the Veterans Ombudsman is an office of last resort. Ordinarily, we refer people to existing programs. However, we can use another approach where circumstances call for it—in English we talk about compelling circumstances. If there is an immediate danger to the family, if it is a matter of health, welfare or finances, we can become involved in the intervention without going through the existing channels.

Mr. Robert Vincent: Ultimately, it is like you being the union representative for veterans in dealing with the government, with the difference that the union president is paid by the government.

Mr. Guy Parent: I am also paid by the government.

•(1615)

Mr. Robert Vincent: Yes, that's what I meant.

What are your targets in relation to suicide in the Canadian Forces? What do you intend to do, as Ombudsman, to reduce the number of suicides in the Canadian Forces? I would like to hear you on that subject.

Mr. Guy Parent: First, we have talked about my mandate as Veterans Ombudsman. You will understand that my work focuses more on veterans than on serving members.

Mr. Robert Vincent: Yes, naturally, but you know that even a person who has resigned or has been dismissed from the Canadian Forces may have experienced post-traumatic stress and the symptoms may emerge later, for example suicidal thoughts. A veteran who has left the Canadian Forces might suffer from the same symptoms as a member of the Forces who is still serving.

What targets have you set for yourself for providing better follow-up for people who have suicidal tendencies?

Mr. Guy Parent: As I said before, we don't deal with many cases that actually involve suicidal thoughts or suicide attempts. So it is not one of our targets at present. As I was saying, we see that as a systemic subject when it comes to veterans, and not one for Ombudsman.

Mr. Robert Vincent: We're still talking about veterans. I agree with you.

Mr. Guy Parent: When it comes to veterans, this is not a target at present, or in the near future.

Mr. Robert Vincent: Denis Beaudin, the founder of Veterans UN-NATO Canada, has told us there was no longer a psychologist or a psychiatrist at the Sainte-Anne hospital. So what is being done to treat veterans who have suffered post-traumatic stress, if there are no appropriate resources?

Mr. Guy Parent: I would not want to state an opinion about that. Is there really no psychiatrist or psychologist at the Sainte-Anne hospital? That surprises me, because it is the coordinating centre for operational stress clinics. I have not necessarily read the details, but I would be surprised if it had come to that point.

Mr. Robert Vincent: You were the Director of Investigations for Veterans Affairs. What does the job of Director of Investigations entail?

Mr. Guy Parent: I could ask my colleague, the current Director of Investigations, to answer your question.

Mr. Robert Vincent: You held the position longer.

Mr. Guy Parent: In fact I held the position of Director of the Research and Investigations Section, and one leads to the other. From the research, we determine the systemic subjects, that are used later..

Mr. Robert Vincent: Could you be more concrete? What kind of research is it?

[English]

The Chair: We're a little out of our timeframe here. We're now moving.

Mr. Storseth.

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

Thank you, Mr. Parent, for coming today. That was a good presentation. The study we're undertaking involves a massive area, so I'm going to keep to one particular area that I think you might have some insight into.

In dealing with mental stress in the Canadian Forces, is the biggest problem a lack of resources or the difficulty that members have in getting help as they go through the bureaucratic maze?

Mr. Guy Parent: I would say it's a bit of both. For instance, the reason we are looking at education and access to benefits right now is that we want to get people in there. Once people are in, the management of their issues is at least doable. But unless they're in the program, nothing is happening. So the access is important. It needs to be done as soon as possible, and it needs to be efficient. That's why we're keeping an eye on the transformation, to see how effective they're going to be at mitigating the difficulties of processing.

In the other areas, like managing stress, it's difficult.

I'm not sure what your point is.

•(1620)

Mr. Brian Storseth: That's all right. We can move on, because I agree with you 100% when it comes to the education aspect, and the current Chief of the Defence Staff has done a great job in initiating some programs that have started to turn the tide on it. But I would say, in my humble opinion, it's far from commonplace for members to be able to step up and say they have mental stress disorder and they need to get help for it. It's usually cyclical. It usually affects them or their families for many years before they ever do come to that conclusion.

One of my problems is when they do come to that conclusion, if they're a current member, getting through the bureaucracy can be difficult and confusing, and often the answer they get back, the explanation for the reasoning of the decisions that are made, is very hard for members to understand. The answers are very succinct.

They don't give you a lot of explanation, which accelerates the mental stress.

Would you agree with that?

Mr. Guy Parent: I certainly would agree that the decision letters, for instance, are not very well drafted or explained, the reasons why or why not, and that's something the department has been working on, to simplify the correspondence to clients so they do understand where they stand as far as the decision that was made. So that's certainly one of the concerns we've identified.

Mr. Brian Storseth: Absolutely. It's even more frustrating for our retired members. It often takes them five, ten, fifteen years to first of all admit they have these issues and then try to address them. They end up dealing with Sun Life or insurance companies, and that is a whole new maze of bureaucracy with far less help, it seems, for these members.

Do you have any recommendations on how we could better deal with this? Should we partner with the insurance company that's looking after this? Because quite frankly, in my opinion, it has not been very satisfactory at this point.

Mr. Guy Parent: I think one of the aspects that could be looked at, especially by Veterans Affairs Canada, is again a matter of education. The more time people have to tell their stories, the harder it becomes for them. So there is certainly a requirement for the initial contact to be well documented so people don't have to constantly go back into theatre, in their memories, to retell the stories. I think that's an important point.

Mr. Brian Storseth: This comes right into the problem you get for both physical and mental injuries. Often they say these guys didn't document it properly. They jumped off the truck and twisted their ankle and went on doing their job. They didn't stop and fill out the proper paperwork. It's the same with mental stress disorders, except it's accentuated because you can't identify the exact moment of injury. I would be interested if you can give us any recommendations in writing on how we deal with that and how we can better assist the bureaucracy with some suggestions in dealing with that.

I know I'm getting short on time, so I just want to make one other quick comment. I agree with Mr. Stoffer. We need to be able to get these people where they're gathering, as you were mentioning, Mr. Parent. One of my fears is not only Ste. Anne's Hospital, but the Legion Halls themselves. When our World War II veterans fade away, these Legions need to be robust places for our current members to go so we have a place to have access to them and to hear their experiences. I would be interested in hearing from you about how we make that more pertinent as well.

Mr. Guy Parent: I think it's a good concept. It's something like the American USO types of institutions or buildings, where people congregate. In fact, they do the same thing in Quebec City, at Place-Laurier, I think. All the veterans congregate there for coffee and they tell their stories and that's very helpful. So I think that's a concept... You could go beyond that in the future and maybe have Legion Halls on bases to bring back the veterans to the military population.

Yes, I agree. They need a place to congregate and exchange.

The Chair: Thank you.

Mr. Lobb, and then Mr. Lamoureux.

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

You've made a lot of suggestions and recommendations today. Could you sum it up for us and maybe give us a couple or three examples of the most easily attainable wins we can have dealing with these issues, specifically around clearing up some of the red tape? Because we want to make sure when someone comes forward that we're getting them through the system as fast as we can to get treated. So from your position and from the research you've done, what are a couple of wins we can have in a short amount of time after this report is complete?

Mr. Guy Parent: I go back, I think, to the concept of dealing with immediate needs, and then dealing with subsequent or ongoing needs afterwards, because again, the complexity of the process doesn't allow for a response to immediate needs. It takes 20 weeks to get a decision, but in the meantime people require benefits and treatment and that sort of thing. So there's some improvement to be done there on the part of Veterans Affairs Canada in looking after these people while they are awaiting a decision, that sort of thing.

Other recommendations.... I think a few things have been mentioned already to certainly solidify the joint efforts between DND and Veterans Affairs Canada to clean up the transition, and certainly the tracking is again one of the recommendations that need to be looked at as an immediate need of the community.

• (1625)

Mr. Ben Lobb: That's a good segue into my second question, because I was going to deal with tracking. It doesn't matter if you're a large corporation tracking your customers or you're Veterans Affairs tracking the veterans you're trying to serve. We know the department has expressed difficulties in achieving this. In your research that you've done, is there another country or jurisdiction where you've seen success, whether it's through the database for the computer software or actually with the implementation?

Mr. Guy Parent: Not that I know of. We haven't done research in that area specifically. I think we've concentrated on the transition problems and the tracking problems here in Canada. Having had the experience with National Defence when I was with the ombudsman's office there, and having been involved in the OSISS report there, even at that point in time, I believe one of the recommendations in the first report was to have some kind of a national database that could track people from the time they joined until they retired.

Mr. Ben Lobb: Retired General Dallaire, now Senator Dallaire, was here in this room and testified about three months ago. He talked about the tremendous success, in his opinion, of the OSISS networks. Is there anything you'd like to see with the OSISS networks? Would you like to see them expanded, broadened, more sharply focused? Is there anything in there you'd like to see improved?

Mr. Guy Parent: What is in place now is certainly effective. There's always room for improvement. I think they're short on resources. The relationship between district offices, for instance, and an OSISS coordinator might be a little bit better so that they're known as a resource, certainly as an immediate need resource. Again, I go back to education. Are all Veterans Affairs Canada staff

aware of the existence of the OSISS and the capability that they have? I would recommend that.

The Chair: We'll move to Mr. Lamoureux, please.

Mr. Kevin Lamoureux: Is it fair to say that in order for the government to meet the needs of our veterans they have to have the data? Mr. Lobb picked up on the point in terms of the tracking deficiencies. As an ombudsman, you provide a report. Is that highlighted? Is it fair to say that because of tracking deficiencies we're not able to properly deal with adequately supporting the vets?

Mr. Guy Parent: Certainly. One area is the self-representation aspect. The onus is on the individual to come forward and tell us what he's suffering from, whereas in fact the onus should be on the department in saying "We used you; we hurt you. Now we'll keep track of you until you are gone." That's an important aspect of it. It's essential that the tracking be done by the department right from the start.

Mr. Kevin Lamoureux: Typically you would hear from an ombudsman. At least from my perspective of an ombudsman at the provincial level, it deals more with processes and ensuring that there is justice, recommendations and so forth. If you think of the average vet who is retired, who would be the true advocate for a vet and what role would you play in that?

Mr. Guy Parent: I think I mentioned in my presentation my concern is that there are a lot of representative groups that identify people by their service where and when. Certainly my objective could be to communicate with these groups and make them realize the value of speaking with one voice. Although I cannot support any group individually, I can certainly look at the issues they bring forward and, as a mandated ombudsman, put them to the minister and the government as one voice. Of course, I cannot support one individual in particular because of having to maintain independence and neutrality.

• (1630)

Mr. Kevin Lamoureux: Finally, in regard to the whole issue of transitional challenges, in particular, individuals who have some form of mild mental issues coming out of the forces, can you comment in terms of the deficiencies that you believe are there? Are there deficiencies in providing that transitional access?

Mr. Guy Parent: I mentioned two earlier.

One, for instance, is the spectrum of care and the fact that the medications available within the DND spectrum of care are not the same as the ones available in the Veterans Affairs Canada spectrum of care. So there is a transition from one medication to another. I'm sure you've probably heard in some testimony that one of the most dangerous stages for somebody suffering from mental health injuries is when you do the transition from one medication to another. The other one is the transition from one caregiver to another.

I think there's work to be done in that area between National Defence and Veterans Affairs that looks maybe at the spectrum of care and how we can actually make it a lot easier so that some of the medications used by VAC could be used by DND, or vice versa, so that the transition is not based on what is available on this side of the fence. What we're advocating in the transition is getting rid of the fence. The smoother the transition can be, the better off the individual will be.

Mr. Kevin Lamoureux: Are different types of medical prescriptions and so forth something Veterans Affairs covers the entire cost of, or do they work with provinces, the primary provider of pharmaceuticals? Are there agreements between the two? How does that translate?

Mr. Guy Parent: If it's a service-related injury, I think VAC pays for it completely.

Mr. Kevin Lamoureux: Would they be compensated by the provinces?

Mr. Guy Parent: I'm not sure of that. I'll have to pass on that one.

The Chair: We're running out of time, but I've agreed that I'm going to give a short question to Peter, Mr. Vincent, Mr. Mayes, and the Liberals, if they have one more short question.

We'll go to Mr. Stoffer first.

Mr. Peter Stoffer: That's kind of you.

Sir, how many people work in your department altogether?

Mr. Guy Parent: At this point in time, we have 32 people.

Mr. Peter Stoffer: You have 32 people.

You said that you receive about 2,000 calls a year. That's only six or seven calls a day. That's not very busy, to be honest with you. I would hope that there would be more coming in than just 2,000 a year. That's only six or seven calls a day. I was wondering if you could tell me what else keeps you busy.

Mr. Guy Parent: I'll change that to ten, then, who are involved.

Mr. Peter Stoffer: Okay, very good. Thank you. I just wanted to know.

Mr. Guy Parent: Ten people are involved in the office. That's the full complement of the office, but there is an operational division that looks after the cases. Again, without simplifying the process, the information is not always available to the person who answers the phone. So there is a research component and a contact component before they get back to the others. It's a fair amount of work.

Mr. Peter Stoffer: I'd just like to make a motion one day that when the committee has a chance, we visit his office and see how they do it.

Mr. Guy Parent: Sure, excellent.

The Chair: Go ahead, Mr. Vincent.

[Translation]

Mr. Robert Vincent: Thank you, Mr. Chair.

Your testimony today dealt with two subjects: suicide and post-traumatic stress. Since you have held this position, what problems have you uncovered in this regard?

Mr. Guy Parent: On the question of suicide, we have talked about that already: we don't consider the issue to be a real problem now. It may be different later.

On the question of post-traumatic stress, we are currently concerned about the problem of access to specialized clinics. That process is not as open as it could be or should be. As well, communications to promote the services available are not up to the job. People are not aware of the services offered, and that is another problem.

In terms of the bureaucracy and the process, the steps to be followed are already so complicated for someone with all their wits about them, and so it becomes a double challenge for someone suffering from post-traumatic stress.

So these are the three aspects we are focusing on at present.

As I said, we always keep an eye on developments relating to the subjects that concern us. All of the personal complaints that are brought to the front line in our office are assessed. That enables us to detect subjects that are developing systemically, which will be added to our subjects for future study.

• (1635)

Mr. Robert Vincent: Mr. Chair, I would like to ask you a question. Is it possible for complaints received by the Office of the Veterans Ombudsman to be broken down by category? That would tell us what problems that veterans are experiencing are the subject of the largest number of complaints.

Mr. Guy Parent: We can send you statistics on the categories of complaints we receive. That is no problem.

Mr. Robert Vincent: Perfect, thank you.

[English]

The Chair: You can send that to the clerk?

Mr. Guy Parent: Yes, we will.

The Chair: Okay, thank you.

We'll hear from Mr. Mayes, and then we'll come over to the Liberals.

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

Thank you very much for the testimony today. I really appreciate it, and I've learned a lot.

One of the things I always like to reflect on is what other people, other countries, are doing as far as veterans and this issue of operational stress go. Have you studied the best practices of countries like Australia, the United States, and the U.K.?

Mr. Guy Parent: We haven't looked specifically at that, because it's not a subject of systemic review right now. We're keeping an eye on anything that is developed in other countries. We certainly keep in touch with other countries, and our process for systemic review always includes a comparative study of other like-minded countries. But in the specific area of mental health, no, we haven't at this point.

Mr. Colin Mayes: What about in particular the suicide aspect of mental health? Have you researched anything that has that?

Mr. Guy Parent: We just have the available literature.

Mr. Colin Mayes: I would think that would be relatively important, because in some of my readings I've found that they are having trouble in the U.K., for instance. I'd be interested to know how they are reacting to that need.

Mr. Guy Parent: I was also a part of the research in Kingston, the forum on health-related research. I'm glad to see that in that area at least now we're focusing on Canadian research. I think a lot of the data that is not available now will likely be available in years to come. That's going to be a great help in that respect.

Mr. Colin Mayes: Thank you very much. I'm looking forward to working with you.

The Chair: Mr. Lamoureux, you can have one short one.

Mr. Kevin Lamoureux: Can you indicate how many vets Canada has, both regular and reserve?

Mr. Guy Parent: You mean vets that are...?

Mr. Kevin Lamoureux: How many vets would we actually have in Canada—regular and reserve?

Mr. Guy Parent: Do you mean clients of Veterans Affairs?

Mr. Kevin Lamoureux: Pardon me?

Mr. Guy Parent: Do you mean clients of Veterans Affairs or potential veterans?

Mr. Kevin Lamoureux: I mean potential vets.

Mr. Guy Parent: In fact the potential vets—no, that's not the clients.

The Chair: I think my analyst just said there are somewhere around 800,000.

Mr. Jean-Rodrigue Paré (Committee Researcher): If you take the potential whole population, there are about 800,000. That's an estimate, because we don't....

The Chair: I was going to say, certainly 800,000 would probably be potential clients.

Mr. Guy Parent: There would be potentially 800,000.

Mr. Kevin Lamoureux: Do you mean 800,000 or 800 to 1,000 vets?

A voice: There are 800,000.

Mr. Guy Parent: That includes reserves and regular force.

Mr. Kevin Lamoureux: Thank you.

The Chair: Okay. With that, I thank our witnesses today for a very informative meeting.

We wish you all the best, sir, in your new position, and maybe we can do what Peter said. Maybe one day we can come to your office and maybe have a tour to see how your operation works.

With that, I thank you very much.

I think Bill C-55 might be coming to the floor, so the meeting is adjourned.

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