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Chair

Mr. Greg Kerr

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• (0855)

[English]

The Chair (Mr. Greg Kerr (West Nova, CPC)): Good morning, everybody. Now that we have a quorum and we have our witnesses before us, we will start the proceedings.

Conversations on the side I hope will be at a minimum while the witnesses are addressing us.

The norm is that the witnesses will have ten minutes to give an overview. There's a lot more that I know they could share, depending on how much information there is, so the questions may lead to more advanced information. Because we're starting at five minutes to nine, we're going to go to five minutes to ten. We've set an hour for this part of it. We'll have a brief adjournment and then go into the business section.

First, I'd like to say, as we know, that this is under Standing Order 108, a briefing on departmental programs and policies.

We're very pleased this morning to have with us, from the Department of Veterans Affairs, Bernard Butler, who has been here with us before. He is the director general of policy and research. Also, we have with us Charlotte Stewart, who we've met before as well and who is the director general, service delivery and program management. We have both the service side and the policy side represented this morning.

Welcome. It's nice to have you before the committee. It is a new session of Parliament and a new committee, and we have a number of new members on the committee. We look forward to your presentation.

Thank you, and please feel free to go ahead.

Ms. Charlotte Stewart (Director General, Service Delivery and Program Management, Department of Veterans Affairs): Thank you very much.

Good morning, Mr. Chair and committee members. It is indeed a pleasure to be here this morning and to have the opportunity to speak to you about Veterans Affairs Canada as we enter what is a very exciting but challenging time in our history. I am pleased to appear before you with Bernard Butler, who has been introduced.

We'll have an opportunity this morning to talk to you about the department in terms of its basic structure and some information that I think you'll find valuable in terms of how we work, our budgets, etc. I'll move quickly through that; I know you've received a deck that outlines that information for you. Then what we really want to talk

about is the progress and improvements we're making as we serve our veterans.

When I mention that this is a very challenging time, I say that because at this point, for the first time in our history, we're serving more modern-day veterans, those who have served after World War II and the Korean War, than traditional veterans. They have different needs and expectations, and it's very important for us as a department to make sure we're responsive to that.

Very quickly, I will speak a bit about our organization. I know you're familiar with our mandate, but we're proud to say that since 1919 we have served to provide for the needs and benefits of veterans in Canada. Second, we make sure that their actions are commemorated appropriately, both in Canada and internationally.

Within our organization, our minister has three main elements reporting: the deputy minister, of course, who is the chief administrator of our department; the veterans ombudsman, established in 2007, who provides an independent review of issues in the department, works very closely with stakeholders, and ensures that those issues are brought forward to us; and the Veterans Review and Appeal Board, which has been in place for many years and provides a vehicle for those veterans who have an issue or are dissatisfied with a decision on their disability program to bring it back to the department for a review.

I want to talk a bit about our staff. We have about 3,800 full-time equivalents. That's a bit of a bureaucratic term, but basically those are the people across the country who are there to provide services to veterans. What's important for this number is that of those, over 70% provide direct client service. So those are the people who are on the ground, who are providing or administering direct benefits.

Our head office is in Charlottetown, which makes us unique among federal departments. We also have 2,000 employees across the country working within our regional and district offices. These are the employees who are the face of our department. They're the case managers and other health professionals who work one-on-one with our veterans, ensure that their needs are understood and fully met, and make sure they get the benefits and services they need.

Our portfolio spending for this year is upwards of \$3.5 billion. What's important in that number is that 90% of that is direct transfers to our veterans. What that means is that 90% of it is for disability pensions or disability awards or direct treatment—things like drugs, audiology services, dental care. Those are the services that we provide to our veterans. So of the \$3.5 billion, 90% of it goes directly to the veterans. Only 10% of our overall budget goes to support overhead, which is generally seen as being salaries and regular operating costs to maintain a department. This is a very small overall percentage.

I want to talk now about demographics, because this is key to our story today. Our demographics are changing dramatically. There's a chart on page 6 of the deck. Let me just talk about it in terms of what it means to us and what it means to you, as committee members, in terms of understanding what we're dealing with now.

This year, as I mentioned, for the first time in our history we're serving more modern-day veterans than our traditional war-service veterans. The numbers are fairly equal, but there are more modern-day veterans. By 2015 there will be three times more modern-day veterans than traditional war-service veterans. These two client groups have different needs and expectations, and our department has to be set up properly to meet those needs and expectations.

● (0900)

We know that you're quite familiar with some of the needs of our department going way back, but in more recent history we've received a lot of direct feedback, input, and criticism that we weren't there and ready to meet the needs of our modern-day veterans. That's one area we've worked on very hard. We've made good progress and we want to speak to that again this morning.

When we talk about our modern-day veterans, we know they have very complex needs. We know that they've served as career soldiers and that in many cases this was their occupation. They wanted to stay in the military. Those who are leaving need to be transitioned. They need help with re-adapting or transitioning to civilian life. That's where Veterans Affairs first meets them, and it's a very important point in our interaction with them.

As for traditional war veterans, it is very important that we're there for them right now. In many cases they're facing issues of aging and, sadly, in many cases, end-of-life issues. We want to be there to support them and their families.

So how do we serve them? It's about our people and the people on the ground. When I talk about the changes we've made, as someone in service delivery, I'll be talking about the changes we've made that make it better on the ground.

I mentioned 2,000 employees who provide direct client service. We have 60 locations across the country. These are where people can walk in and get help and meet a case manager or other professionals to assist them.

We have a very new and important service delivery model in partnership with DND, the Department of National Defence, with integrated personnel support centres. We're now co-located with them on bases and wings across the country. We actually have a presence at over 30 sites with them. We have 24 formal arrangements on the ground and over 100 staff working on these

bases. That's where DND and VAC can work together, right from the first step of an individual wanting to leave the military and therefore build that relationship and ensure a smooth transition.

As part of service delivery, we're overhauling everything we do. We're looking at every step in our processes. We're cutting red tape. We've reduced turnaround times for major programs, which is going to show up with veterans knowing and feeling that they're getting better service. We're getting more front-line staff and better delegation of authority, so that staff can make decisions faster. We're going to align our resources with where we need them and are adding resources across the country where needed. We're also building our partnership with DND, a cornerstone of the work we will continue to do to make sure there's a transition between the two departments. We won't use the word "seamless"; it's never going to be seamless, but we're making it better.

At this point, Bernard is going to give an overview of our new programs and services.

● (0905)

Mr. Bernard Butler (Director General, Policy and Research Division, Department of Veterans Affairs): Thank you, Charlotte.

Bonjour. Ça me fait plaisir d'être ici encore une fois, Mr. Chair and members, before the committee to share with you some of the progress we're making.

I'm going to talk just very briefly, because I know our time is short, about our benefits and services and how they reflect the change in demographics Charlotte has referred to.

Traditional veteran programming has been in place for many years. And when we talk about traditional veterans we're talking about World War I, World War II, and Korean veterans. For that group of veterans, that older group of veterans, we've had a number of programs that have been in place, as I say, for many, many years. Essentially these were two programs, which we call gateway programs. The first one was the disability pension program, which was designed to compensate veterans for injuries that were service-related. The other major program was an income-tested program, the war veterans allowance. And those were the two main vehicles whereby traditional veterans would access benefits through the Department of Veterans Affairs.

As Charlotte has indicated, we are now in a major transition. This is the first year, the year 2011, when the number of traditional veterans now is actually less than the number of modern veterans we're serving. And modern veterans are defined simply as those Canadian Forces members who have served since the end of the Korean War.

In the early 2000s it became apparent through various discussions with stakeholders, members, and veterans that the traditional programming was not meeting the needs of the younger veterans, particularly in the context of enabling them to move from living and working in a military environment to a civilian environment. Through a period of research and consultation that was quite extensive over time, the Government of Canada adopted, in 2006, the new Veterans Charter. And this was a series of programs basically designed to support the rehabilitation, transition, and reintegration of younger members of the Canadian Forces into civilian life.

On slide 9 you'll see a summary of those benefits and services for modern-day veterans.

We refer to things like disability benefits, which have taken the form now of a disability award, but also major programming to support rehabilitation, financial support, health benefits, and related services.

In the next few weeks there will be major improvements to the new Veterans Charter, which are referred to as Bill C-55, new Veterans Charter enhancements. When these come into effect, they will ensure an additional infusion of financial benefits for the most seriously disabled Canadian Forces members and markedly improve the economic conditions of those individuals who find themselves unable to restore themselves fully. They will benefit markedly from these types of improvements.

Those are some of the changes we are making on the program policy side of the department. You will find that when you compare the two suites of benefits you always have to bear in mind that the policy basis for the benefits and services for traditional veterans has changed and shifted over the last number of years. So we've moved away from a pension model to a wellness, re-establishment, and rehabilitation model. And that's what the new Veterans Charter is essentially all about.

As Charlotte has indicated, there is a whole range of other programs that modern-day veterans can access through the department. Some of these relate to our mental health strategy, which is designed to address the emerging mental health challenges of the younger modern veteran, with a series of operational clinics across the country. We have beefed up resources in terms of our capacity and our case management across the country and have specialized mental health resources that are available to support members and veterans who are transitioning and have these types of challenges.

That's just a very quick overview of some of the changes we are engaged in, in terms of programming and services.

With that, I'm just going to skip quickly to the last slide of the deck.

● (0910)

Remembrance programming is another key element of what engages Veterans Affairs. I understand that our director general for Canada Remembers will actually be appearing before the committee over the next short while, and there will be ample opportunity at that time to have a more fulsome discussion of that.

Mr. Chairman, in consideration of your very tight time limits I'm going to cease talking and turn the floor back to you.

The Chair: Thank you, Mr. Butler and Ms. Stewart. I know it's the kind of story that could go on for a long time. We appreciate your time.

I want to point out that the rotation was set up last spring, so we will start with the NDP and go to the Conservatives. We'll ask you to indicate who is going to be the first speaker on each side.

Mr. Stoffer has already been suggested to us, so we'll begin the clock now with the NDP, then go to the Conservatives and the Liberals.

Mr. Stoffer.

Mr. Peter Stoffer (Sackville—Eastern Shore, NDP): Thank you. I'll be sharing my time with my colleague Irene Mathysen.

To both of you, thank you very much for coming. I know all too well the challenges facing your department in the transformation from what we call the ancient veterans to the modern-day veterans. I wish you good luck on that.

I have a couple of questions. I understand there's some sort of discussion with the advisory board of a reorganization on your advisory board that we called the gerontological advisory board at one time. I wonder if you can advise us on how that is going.

My second question is to clear the air. As you know, there were media reports last year regarding the release of medical information on Sean Bruyey. It was an unfortunate circumstance and was quite serious in its tone. I'm wondering if you can tell us what procedures are now in place to ensure that no person ever has to go through that again.

Thank you so much.

Mr. Bernard Butler: Thank you, Mr. Stoffer.

With respect to the first question, I can certainly advise you as follows. As you know, over the past number of years the department has profited from numerous advisory groups and bodies. The Gerontological Advisory Council was one of them; the New Veterans Charter Advisory Group was another. Those groups provided invaluable expertise and advice to us over time. Those bodies helped to formulate some of the basic principles of the new Veterans Charter. In the case of the New Veterans Charter Advisory Group, they provided invaluable commentary on the charter as proposed and on the implementation, and indeed in terms of recommendations for follow-up.

What we have found, however—and where we are at this point in time—is that the department has determined that we really need now to move away from those types of traditional groups. They took a long time to formulate reports, and because of the structure—not because of the individuals—they were sometimes not as responsive as the department now needs to be. We are now in an environment where we need to be very nimble, flexible, and able to respond to policy issues more quickly than we have in the past.

What we have done now is determined that a stakeholder advisory committee is the way of the future. As a result of that we have invited to the table a broad range of stakeholders. The first planning session of this committee was set up in June 2011, at which time our assistant deputy minister, James Gilbert, chaired a meeting with representatives from all the traditional organizations, such as the Royal Canadian Legion, the War Amputations of Canada, ANAVETS, and all those groups, as well as with some of the more modern groups, such as the Canadian Veterans Advocacy group and the NATO associations.

We now have a group with a broad range of people around the table. We'll be meeting again with them in October to finalize the terms of reference. That broad stakeholder committee will be a committee that we will look to for help in providing us with feedback on issues that are in the public domain, issues of concern to the membership around that table. They will also be a sounding board for issues that we choose to put before them to get commentary on and so on.

This is a new approach. It's a new strategy. We believe that it's innovative. We believe that it's creative. We believe it's the way to ensure broad engagement of veterans organizations. We've made a commitment to all of the individuals around that table that we will evolve with the structure as their needs and our needs evolve.

So we're moving into a new environment. We're moving into a new era. It will not be new to any of the members of the committee that government generally, Veterans Affairs for sure, has to be equally as responsive to the modern groups as to the traditional. Some of the modern groups are not as organized structurally, but they have a great deal of influence in terms of the social media. They have a broad reach, and we need to engage those folks. That's what we are trying to do now through the advisory committee.

In terms of the second question you posed, on the privacy issue, I can assure the committee members here that the Department of Veterans Affairs took this issue exceedingly seriously. It was most unfortunate and regrettable as it unfolded. As a result of that, working with the Privacy Commissioner and with our advisors in central agencies on privacy issue management the department embarked on a very ambitious privacy management action plan to address the concerns and to assure veterans that the information they share with us will be secure, it will be protected, and they should not have concerns into the future.

Elements of that privacy action plan include broad-based training of every employee, reminding them of the basic principles of privacy in information management. I think we're in a good position.

The chair is indicating the need to move on.

• (0915)

The Chair: I'm sorry about that. I just want to indicate that we're past the five minutes now, so Mr. Stoffer's two questions covered the NDP's time.

We'll now turn to the Conservatives for five minutes. I'll ask you to focus, please.

Ms. Eve Adams (Mississauga—Brampton South, CPC): Thanks very much, and thank you for your presentation.

Could you perhaps provide us with some insight into the enhancements from the new Veterans Charter and how they actually provide improved financial benefits to our veterans or most seriously injured veterans?

Mr. Bernard Butler: Thank you for that. I would certainly be pleased to.

With the new Veterans Charter enhancements, there are a number of key elements to it that members around the committee should be aware of. The first one is that over the last few years we were getting advice and we were determining that the income support program, the earnings loss benefit, which is payable to members who are in our rehabilitation program, was not sufficient for low-income veterans.

A group that was most impacted was the group who might have been released a number of years ago at a very low level in the military. If you take an example of a private who might have been released several years ago, if he or she entered our programming today, they would not have an income level sufficient to sustain their needs and the needs of their family. The new Veterans Charter enhancements will ensure that at very minimum those members will receive an income support level of \$40,000 a year. That's the minimum threshold.

For those individuals who were released at higher pay salaries, they will receive 75% of their release salary during the time that they're in our rehabilitation program, and if they cannot be rehabilitated and they cannot return to the work environment, then that earning loss benefit will continue on until they are age 65.

Another major enhancement of the new Veterans Charter is the provision of an additional \$1,000-a-month benefit through our permanent impairment allowance program for those most seriously disabled. If an individual finds himself or herself in a situation where they're suffering permanent and severe impairment and they cannot return to suitable and gainful employment, those individuals will now receive an additional \$1,000 a month payable for life.

The third element of the program is that we've ensured that members who are receiving benefits under the old pension legislation we talked about and people receiving benefits under the new system—some veterans receive them under both.... It was an oversight in the development of the charter, but we now through the enhancements have ensured that they can actually calculate or take into account benefits they're receiving under each act, to ensure that they maximize opportunity for access to exceptional incapacity allowance under the Pension Act and access to our permanent impairment award under the new legislation. That's a significant improvement for veterans.

The final advantage of the new Veterans Charter will be we're going to be giving access to payment options for the lump sum award. You may remember controversy over the last few years. There was concern that there were some younger veterans in particular who might receive a large lump sum disability award for a service-related disability and might in fact not spend it wisely. The response to that through these enhancements will be to enable, with financial planning, members who receive these benefits to elect to take that lump sum as a whole or to take it in a combination of a lump sum and an annual payment or to take the full amount in an annual payment over time.

Those are the key changes that will come. These will add significantly to the financial benefits payable to veterans. Essentially what it will ensure is that younger veterans, the modern veterans who are entering these programs, will be assured of at least a minimum of a \$58,000 payment from the Government of Canada while they are in rehabilitation or thereafter if they can't be rehabilitated for those who are the most seriously disabled.

● (0920)

The Chair: We have less than a minute for a quick question and answer if you want to do it.

Ms. Eve Adams: It's always difficult. We've said that these young soldiers are old enough to go and lay their lives on the line in defence of our nation's interests. When they return, I think it's a very difficult proposition to say that they are not responsible enough to accept a lump sum amount.

I think it's a good thing though that the new Veterans Charter enhancements allow for the choice for the veterans. If they would like to receive the lump sum amount because they would like to buy a home or start a business or for whatever reason it might be, that's available for them, but if they would like to continue receiving a monthly payment that allows them to pace their income, that's also an option available to them.

Could you perhaps explain to me—

The Chair: Ms. Stewart, you are now past the allotted time, so he wouldn't get a chance to answer, unfortunately.

Next on the list is Mr. Casey, for five minutes.

Mr. Sean Casey (Charlottetown, Lib.): Good morning.

Could you tell us about the last post fund?

Ms. Charlotte Stewart: I have some information on the last post fund. Currently they administer, for instance, our funerals and burials program on our behalf.

Mr. Sean Casey: If you were to look at the three most pressing, important issues and challenges within the department and for veterans generally, at the present time and into the foreseeable future, what would they be? What are the big ones?

Mr. Bernard Butler: Three of the most pressing issues—that's an excellent question.

The department is going through major changes in terms of improvements to service delivery mechanisms, as you know. We're going through changes in our programming in terms of enhancements, as we talked about with the new Veterans Charter. We're in a process of looking at things like our health benefits programs and

ensuring that they're modernized and brought up to date to ensure they are reflective of emerging needs. I think that some of the biggest challenges for us over time will be ensuring that we continue to be responsive to the emerging needs and the emerging expectations of the younger veteran. Rehabilitation and transitional issues are the ones we will probably be looking at. Mental health issues for veterans will continue to be a major challenge for us. It will be up to us to stay on top of that to ensure that we're meeting their needs.

In terms of trying to characterize them into any one specific category, that would be difficult. Our focus is on being responsive to those transitional needs, on ensuring that they do in fact adapt and make the adjustment to life, that they become rehabilitated and that they become meaningful contributors to society. Those are the kinds of challenges younger veterans will face, and we will be there to try to support them in those.

● (0925)

Mr. Sean Casey: I was interested to hear that commemoration wasn't one of them.

The next question is for Ms. Stewart. I know that the language issues within the department are part of the transformation agenda, but you said that you're going to be, if I took it down correctly, adding resources across the country. I take it from that comment that the transformation agenda involves a reallocation of resources and not necessarily a broad-based cut.

When you talk about adding resources across the country, does that also include head office?

Ms. Charlotte Stewart: When we speak about our modernization agenda or transformation, we're looking at making sure we have the right resources where we need them. This is critical, because as the number of traditional war service veterans declines, we'll be reallocating resources from the areas in which we had invested to serve their needs, to areas where we have more need, for instance, for the CF. That's usually closer to bases.

If you look at the level of activity close to Valcartier, in Halifax, in Edmonton, and in Petawawa, there's a very high level of activity around the modern-day veterans. We will be making sure we have sufficient case managers and other support people there to meet their needs. So we're working to design a service model that allows us to have the flexibility to move resources.

On reallocation, overall the department's clients' numbers will be declining in the future, as our forecasts show. Generally speaking the department, as with all departments, will make sure it's efficient in its operations and we have the people we need, but we won't have more people than we need.

When I mentioned adding people, we've actually added 20 case managers in the last year and a half to those bases in those areas where we needed them most.

Charlottetown is our head office. It also has a significant client service group there. We have to make sure that our supporting infrastructure around the department is the right size. So as we rebalance and get the right fit around front-line service, our supporting infrastructure, be it in Charlottetown or anywhere else, will have to be appropriately sized.

We can see a shift over time to some offices getting smaller as the need arises, and some getting larger. The key point is that it will all be based on the front line and the number of people on the ground in major areas across the country who need case management services.

The Chair: Thank you, Ms. Stewart. The time is up for that one.

We'll now go to Mr. Lobb for five minutes.

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

My first question is directed towards Ms. Stewart.

In the 2011-12 planning priorities there are a few measurables. One of them is if a member is satisfied with their life—the target is 70%.

Colonel Stogran had some pretty pointed remarks about delivery of service and the experience of the veteran when they're receiving that service. What targets and goals have you set to actually record your objectives?

Ms. Charlotte Stewart: Thank you.

There are many, and they cover the range of our service delivery. First of all, we want to improve our turnaround time from when a veteran asks for a service to when the benefit is received.

● (0930)

Mr. Ben Lobb: How do you plan on measuring that so the new veterans ombudsman, the members of this committee, the Legion, and members of the veterans community can see that? How is that going to be published?

Ms. Charlotte Stewart: We will be publishing our service standards. We have improved our service standard for disability programs—first applications—from 24 weeks to 16 weeks. That has been measured, and we're now meeting that target consistently. That's a key improvement, and that is the program that affects the highest number of our clients. That's a very significant improvement in a fairly short period of time.

Mr. Ben Lobb: Will there be a mechanism for the people receiving the services to have a say? I get that you're saying it's 22 to 16, but is there a way for Joe the service person to say "Yes, I feel very satisfied"? Does he have a chance to express whether 16 weeks works for him or not?

Ms. Charlotte Stewart: They have various means. One is our client satisfaction survey, which we encourage all of our clients to participate in. We work very hard to reach them. In the last little while we've taken new measures to reach out to the newer veterans to ensure that they're responding to that mechanism. When these clients speak with their case managers and other people, they pass on their feedback very directly. They can work through the various organizations they are associated with. The ombudsman, of course, is another key element in our communication. We hear from them as well. So there are formal and informal mechanisms.

Mr. Ben Lobb: Right. That leads me to my next question.

I think it's been reported that the ombudsman either handles or deals with 1,700 individual cases each and every year. Is there a goal within service delivery to steadily reduce that number?

Ms. Charlotte Stewart: Yes, absolutely. We haven't set a target to reduce the number of requests the ombudsman will get. Having said

that, we believe the changes we're putting in place are certainly going to have an impact on that number. I say this because we work with the ombudsman's office and have a very good relationship with them within the department, and they share the sets of issues.

For instance, if there is a particular issue brewing around how long it takes to see a case manager, they'll share that information with us. Therefore, we can use that information to go back and make sure that we're adequately addressing it. I think that information and the work the ombudsman does in that regard is very valuable to us.

Mr. Ben Lobb: You mentioned in your statement that 90% of the budget goes towards veterans. Is that in direct payouts?

Ms. Charlotte Stewart: Pardon me?

Mr. Ben Lobb: Are those direct cash payouts?

Ms. Charlotte Stewart: It includes, for instance, the disability pension, the disability award, and treatment benefits, which are for a veteran who has a disability pension for—

Mr. Ben Lobb: I guess what I was getting at was that of that 90%, none of it is for labour or staff, or for overhead, buildings, and infrastructure. So 90% of the budget goes directly to Canadian Forces members.

Ms. Charlotte Stewart: That's correct, yes.

The Chair: Thank you, Mr. Lobb. You're setting a great tone, as you're actually under your time. Is there nothing else from you?

Okay, then we will move to Ms. Papillon, please.

[*Translation*]

Ms. Annick Papillon (Québec, NDP): I have several questions.

First, the government has announced budget cuts. Will the Department of Veterans Affairs be affected?

Next, according to the study entitled *Survey on Transition to Civilian Life: Report on Regular Force Veterans*, we must expect 12,000 of the 40,000 soldiers in Afghanistan to be suffering from major depression or post-traumatic stress syndrome. Could you tell me if you have the staff required to meet the needs of those future veterans? What specific measures will you be taking to support them?

Patients suffering from post-traumatic stress syndrome can also be very difficult to treat. The department is facing a shortage of specialists. Are you planning treatment solutions for those suffering from mental health issues?

I am also aware that researchers at the Military and Veterans Health Research Institute feel that there is insufficient research into a full understanding of the mental and physical conditions affecting our veterans.

What are you going to do to improve the research into a better understanding of the health problems that our 21st century veterans are experiencing?

The report entitled *Canadian Forces Cancer and Mortality Study: Causes of Death* tells us that the suicide rate for veterans is almost twice as high for those on active service. How does the department plan to deal with this alarming problem?

And how do you explain that veterans can wait up to ten years in certain cases before receiving benefits?

A number of veterans say that they sometimes feel shortchanged by the department, to the point where people mention cases of a breakdown in trust between veterans and the department. Does the department recognize this as a problem? If so, do you plan anything specific to solve it?

According to the *Income Study: Regular Force Veteran Report*, veterans who come under the New Veterans Charter have seen their incomes decrease much more than those who fall under the Pension Act. How do you justify this decrease in the income of our veterans?

• (0935)

[English]

The Chair: Before the witnesses start, I want to indicate that it is a five-minute block, so I may cut you off before you answer all the questions. I just want to caution you.

[Translation]

Ms. Annick Papillon: It's on the record.

Mr. Bernard Butler: Thank you very much for your questions, madam. There were several. I will do my best to answer them.

[English]

I believe the first question was around our deficit reduction action plan response. The only thing I can say right now is that as you are well aware, all government departments have been asked to put forth proposals with respect to these plans. We are all engaged in that process, and as you can well imagine these are all a matter at this time of cabinet confidence. It will be the cabinet that will ultimately decide how each department's responses will be managed. From our point of view we can offer nothing further. Simply, we will wait until our minister tells us how that will play out, if at all.

On the second range of questions you asked, there is certainly a recurring theme around mental health, and post-traumatic stress disorder in particular. I would like to offer that the Department of Veterans Affairs is very much engaged in addressing the mental health needs of our modern-day veterans. We have a very robust mental health strategy. That strategy basically has involved a number of elements. It includes very aggressive case management at the front end for individuals who present with mental health illnesses. We have mental health resources. We have a regional mental health officer in each of our regional offices. We have access to clinical care managers across the country. These are individuals with expertise in managing mental health issues. In partnership with the Canadian Forces, we have no fewer than 17 mental health clinics; we call them occupational stress injury clinics. Veterans Affairs Canada has ten of them, and seven are provided by the Canadian Forces.

Veterans have access to these clinics, as do their families who are experiencing mental health issues. We have access to at least seven specialty centres across the country that deal with addictions and substance abuse, which are often co-existing with mental health

conditions. We aggressively monitor research on mental health issues. We have partnerships that we've developed with other agencies, like the Mental Health Commission of Canada, to help our understanding and our management of the issues.

So we are—

The Chair: Mr. Butler, perhaps in the next round you may get a chance to fill in further. We're well past our time right now for that particular slot.

I'll now go to Mr. Storseth for five minutes.

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

I have to admit I'm a little intimidated. Our last couple of chairs were far more lenient with us, so we're all still adapting here.

The Chair: [Inaudible—Editor]

Mr. Brian Storseth: No argument there.

As we sit down and talk about the transformation, I can't help but look back at Veterans Affairs, and especially our First and Second World War veterans and Korean War veterans. It seems that the department identified different issues as the years went on and we have a patchwork of fixes all over the place. I hope we look at the fact that we do have a major new client base in the department, and with this opportunity for transformational change things can be more cohesive for our modern-day veterans moving forward.

The operational stress clinics are an absolute success. I think it is important, though, that we make sure they have the proper staffing levels. I know I have one in my riding. We have to make sure they have adequate resources so the members in rural communities don't have to drive for two and a half hours to go to Edmonton and the clinics can be more accessible so they can take better advantage of them.

I have a question for you. We talked briefly about the lump sum option and the changes you made there. I think it's good news. For those members who decide to leave a portion of the lump sum, will they accrue interest with that?

• (0940)

Mr. Bernard Butler: Yes, they will. That has been calculated into the formula for payment. There will be an interest payment based on a government standard rate for this type of activity.

If you took your lump sum in annual payments over 20 years, there would be actually more money paid out because of that interest factor. But that's simply returning the interest to the veteran.

The flip side would be that if you chose to take it all as a lump sum you would then have the investment opportunity of that lump sum over that same time period.

Mr. Brian Storseth: Who sits down with the individual CF member as he's making these decisions? Do we provide him with an adviser? Does he have access to a private adviser?

Mr. Bernard Butler: That's a very good question. Under the new Veterans Charter, \$500 is made available for financial counselling to members as they retire or transition. It was recognized that to put money in the hands of individuals without that would put them more at risk. Those services are available through a payment that the new Veterans Charter provides.

Mr. Brian Storseth: Excellent. How many members of the Veterans Review and Appeal Board are there?

Mr. Bernard Butler: I believe—

Mr. Brian Storseth: Sorry. I'm bouncing around on you a little bit, Mr. Butler, so take your time.

Mr. Bernard Butler: I'm going to guess it's around 24 members and 100 staff. The members are Governor in Council appointments.

Mr. Brian Storseth: If you don't know the answer to this, that's fine. I'd appreciate it if you could send this to us in a written submission. How many of those members have medical training?

Mr. Bernard Butler: That is one I'm certainly unable to respond to.

Mr. Brian Storseth: If you could just respond—

Mr. Bernard Butler: We could certainly commit to making that available to the committee.

Mr. Brian Storseth: Do you know about any changes to the Veterans Review and Appeal Board that you can discuss at this point?

Mr. Bernard Butler: Certainly none I am privy to. Again, the chairman of the Veterans Review and Appeal Board would be the better one to speak to issues about the board itself. As you know, it's been set up as of this past April as an independent entity under the Financial Administration Act, reporting to Parliament and to the minister. It might be prudent to consider having the chairman before the committee, where you could get a lot more detailed information.

Mr. Brian Storseth: How much time do I have left, Mr. Chair?

The Chair: Thirty seconds.

Mr. Brian Storseth: All right. Thank you very much, Mr. Butler.

For anybody who hasn't had the opportunity to go to Charlotte-town to visit, the headquarters for DVA does excellent work there. I think everybody should take the opportunity to go down there.

Mr. Bernard Butler: Thank you.

The Chair: Thank you, Mr. Storseth.

Now it's to Mr. Lizon for five minutes.

Mr. Wladyslaw Lizon (Mississauga East—Cooksville, CPC): What, if anything, has Veterans Affairs done to engage youth in the commemoration of veterans affairs in Canada? Is there a specific program? Is there an outreach program for school kids, high school students or university students? Can you elaborate on this?

Mr. Bernard Butler: Thank you for that question, Mr. Lizon.

Absolutely. The Canada Remembers program and the Department of Veterans Affairs are very well aware of the importance of engaging Canadian youth in commemorative activities. Obviously our youth are the future, and we need to reach out to them. The department has been very successful in an educational program that provides educational materials on remembrance activities and

remembrance programming. All that material is made available to schools all across Canada. That's one example of their outreach to youth.

Another good example of outreach to youth is the success the department has had with social media. We've learned that with the age cohort around this table, a lot of us would not be as familiar with things like Facebook, Twitter, and so on. That's where the young people are today. Veterans Affairs has been exceedingly successful with the Canada Remembers group in reaching out to youth through Facebook. Right now, Veterans Affairs has one of the largest corporate Facebook accounts in Canada in membership. A lot of those would be young people.

Those are two examples of how we reach out to and engage youth in commemoration and remembrance activities in Canada.

● (0945)

Mr. Wladyslaw Lizon: One of the groups that always comes to mind are Scouts. They are the ones that are maybe the most knowledgeable through their own programs.

As we know, the lack of knowledge and some kind of insensitivity causes terrible things, like defacing our monuments, for example. Cases like this have happened in the past, and I think will happen in the future. I think it's due to a lack of knowledge in that regard. Could you say a few words on this topic? Is anything specific being done so the level of knowledge is higher? These things should not happen.

Ms. Charlotte Stewart: No, it's very important. The youth of Canada today, unlike people of my generation, whose fathers or grandfathers may have been directly involved in the military, have less of a direct relationship at times. As Bernard mentioned, there are a lot of things happening at the school level. I think our educators are very important and very well informed on our commitment to commemoration. If you go across the school systems, they are working very hard to use the learning materials that are given at a young age in the school system, and to have those children grow up with knowledge that they learn there.

Also, as children become teens, we've engaged them directly in some of our overseas pilgrimages, as we call them, on which we take veterans and young people to key sites, for instance Vimy and others, where they can see first-hand where Canada fought, and they can spend time with those veterans while they're there. When those young people come back, they become ambassadors for Canada Remembers, not for our organization but to remember our veterans. So we're hoping to build in those youth the sense that they are leaders in helping to spread the message and send a positive message of how important it is.

Mr. Wladyslaw Lizon: Thank you.

The Chair: Okay, I want to thank you for the first round.

I'm going to take direction from the committee. I know Mr. Storseth is being helpful in pointing out that we should try to tighten, but normally right now we'd be finished with the witnesses. We've used up the hour, but we started ten minutes late. We don't have time for a second round of four minutes each. We could go to two, if that's the wish of the committee. It is at the committee's direction, because we're just going to the business section, but we do definitely have to wrap up at 10:45 because we have to get to the business. If you're comfortable, we can go to a second round of two minutes each. Is that agreed to?

Some hon. members: Agreed.

The Chair: Okay, then we will go to the NDP for two minutes.

Ms. Mathysen.

Ms. Irene Mathysen (London—Fanshawe, NDP): Thank you very much, Mr. Chair.

Thank you, Mr. Butler and Ms. Stewart. I very much appreciate your being here.

You touched a bit on what I'm about to ask when you talked about mental illness, addiction, and substance abuse. One of the things that's come to my attention through a local professor in London, Ontario, is the issue of homelessness among veterans and the fact that we were very much unaware of that for quite a long time. Now we're hearing some quite disturbing information about the number of veterans who aren't coping and they're ending up on the street or in some cases they're taking themselves into very rough lifestyles in the woods, in the bush.

I wonder if you have taken a close look at the studies, what your plans are to respond to them, and whether additional studies are needed. I'm thinking about aboriginal veterans because so very often they're overlooked.

● (0950)

Ms. Charlotte Stewart: We're certainly taking a look at the study, and it will help inform us. I want to tell you, though, a bit about what we're doing. We will always look to be informed by any new information that comes forward. We understand homelessness is a very difficult issue. It's very difficult to address, because those who are homeless are very isolated, by choice often, and we have to find new means to reach them. They lack trust in organizations—the federal government and others—so we have to develop relationships with those they have relationships with.

On the ground, for instance, when we look at our district offices, they are actively working with organizations that are in support of the homeless, so they will do outreach. They've done a lot of this in the last little while, because this issue is getting much more attention.

We've gone to hundreds of agencies and groups across the country to spread the word about Veterans Affairs Canada. We've gone to advocates of veterans. We've gone to organizations. We're trying to reach the homeless in new ways. We have found and we have served homeless veterans. We have clients now who were homeless and we're working with them. We've had some great success stories, but they're modest in terms of the potential number. We know there is lots more to be done.

With respect to homelessness, we're working closely with other federal departments, most notably HRSDC—it is key to their mandate to support this—and the Canadian Mental Health Association, so that we all tie together and we're not doing anything independently.

We've run pilots—

The Chair: We're at the three-minute mark actually. It's very important, but I know we do have to move on.

Now we go to Mr. Daniel.

Mr. Joe Daniel (Don Valley East, CPC): Thank you.

Obviously, mental health is a big issue with a lot of veterans and it isn't just a one-point fix-all type of situation. What is the VAC doing for veterans with mental health conditions? What programs exist for them?

Ms. Charlotte Stewart: The first thing is to understand when a veteran has an issue. So our case managers, who are the front line in many cases and the first point of contact, are being trained to recognize the indicators of mental health issues, and it's a sensitive area. It's very unlikely that people will come in and ask for mental health support. So the case managers are trained to find a way to work with them to get the information. They get the families involved, because to support people with mental health issues requires good support around them as well.

That's one thing, and then they work with mental health professionals. As a case manager on the ground, you have access to and you can support the veteran to receive benefit from mental health, whether it's a psychologist or an addictions counsellor. There's a range of professionals who are available. They also refer those clients to the operational stress injury clinic. They'll make a direct referral, and that's where, in those 17 sites across the country, a veteran can get direct support.

We're building capacity through those centres as well. It's an area, as you know, where we need to have as many health professionals as possible who are trained in this. If you're not close to an operational stress injury clinic, we can use telecommunications to do mental health. All of the clinics have the capacity for mental health services through telecommunications. That might sound like an approach that may not work as well, but in fact it can, at least to engage at the front. So we're having good success with that as well.

The Chair: We are past time, so I am going to thank you very much.

I understand the NDP is going to pass on its last time slot. Did I get that right or not?

Mr. Peter Stoffer: I thought we were done.

The Chair: You have another two minutes.

● (0955)

Mr. Peter Stoffer: Annick, do you want to go, or maybe Monsieur Genest?

[Translation]

Mr. Réjean Genest (Shefford, NDP): No, that's fine.

[English]

Mr. Peter Stoffer: We're done.

The Chair: We're done. Okay, thank you very much.

Do the Conservatives want to use their last two, or do you want to pass? You want to pass? Thank you very much.

I really want to say thank you to our witnesses. I appreciate there's a lot more we could have talked about, and I'm sure you'll be back at some point.

As you heard from Mr. Storseth, there will occasionally be a request for a written response, so we'd appreciate it if there's a response to that as well.

Thank you very much. We'll take a couple of minutes to let everybody leave the room, and I must point out that we will be going in camera and only those who are associated directly with committee business will stay in the room.

Thank you again.

[Proceedings continue in camera]

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