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Mr. Greg Kerr

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• (1530)

[English]

The Chair (Mr. Greg Kerr (West Nova, CPC)): We'll begin our continued review of the delivery of front-line health and well-being services for Canadian veterans.

I am pleased to welcome the veterans ombudsman, Mr. Parent, and Mr. Walbourne, director general at the ombudsman's office. Good to have you here. Also from the department we have Mr. Hillier, an assistant deputy minister, and Mr. Lalonde, a director. Good to see you again.

Before we get into your presentation and questions and answers, we have a motion to deal with. I'll ask the mover of the motion if she wants to move it at this time. Does everybody have a copy? It's being sent around now? Okay.

Go ahead.

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

I move that, in the opinion of the committee, Rob Anders, MP for Calgary West, be removed from veterans affairs committee.

The Chair: Thank you, Ms. Mathysen.

I'm prepared to rule on this because I looked at it before we started. In my opinion, the motion is out of order. The reason it is out of order is that, according to the interpretation of the House rules and Standing Orders, only the House itself has the method and means to deal with the membership of committees. Committees do not have the right to change membership. That's within the purview of the House.

So this motion is out of order.

Ms. Irene Mathysen: Mr. Chair, is it possible to get a written version of your ruling?

The Chair: I'll provide an explanation, certainly. Okay?

Ms. Irene Mathysen: Good. Thank you.

The Chair: Are we through with that for now, then?

As I said, I'm pleased to have our ombudsman and staff here today. We know that a lot of work goes on within your shop, and we appreciate all that you do in looking at issues of interest to veterans. So we look forward to hearing from you today.

The routine is that we'll hear your opening comments, and then we'll allot a little time for Mr. Hillier to make a brief opening

statement. Then we'll go around to the various members of the committee for questions and answers.

So, welcome.

Mr. Guy Parent (Veterans Ombudsman, Chief Warrant Officer (Retired), Office of the Veterans Ombudsman): Mr. Chairman, members of the committee, I'd like to first start by introducing my director general of operations, Gary Walbourne, who of course is here to answer all the hard questions.

Thank you for allowing me the opportunity to appear before you and to contribute to the great work this committee does for our veterans and their families.

[Translation]

I have been following with interest the activities of the Standing Committee on Veterans Affairs and the testimonies offered by a variety of witnesses who talked about a wide range of issues.

For my part, I would like to focus my presentation today on the present-day challenges and barriers to the delivery of front line services faced by our veterans and their families.

[English]

As the veterans ombudsman, I represent upwards of 800,000 Canadian Forces and Royal Canadian Mounted Police veterans and their families. My team is dedicated to ensuring that these veterans, including the 216,000 who are clients of Veterans Affairs Canada, are treated fairly in accordance with the Veterans Bill of Rights.

I would like to start by offering our interpretation of "fairness", which we see as both a value and a measurable outcome. We measure fairness according to three criteria:

Adequacy: are the right programs and services in place to meet the needs?

Sufficiency: are the right programs sufficiently resourced?

Accessibility: are eligibility criteria creating unfair barriers, and can services and benefits be accessed quickly and easily?

Let us look at some challenges and barriers through that lens of "fairness".

Budget reductions may have an impact on the sufficiency of programs delivered to veterans. Since October 2011, I have been publicly requesting that Veterans Affairs Canada be exempt from the government's budget reduction plan. This would be in line with the actions taken in other countries, such as the United States and the United Kingdom.

Payments made to veterans or their family members are not handouts or welfare benefits but remittance of a debt incurred by the Government of Canada, which agreed to compensate citizens who have chosen the military or federal police service as a career. At the very least, we must ensure that any cost-cutting activity does not affect the quantity and quality of services received by our veterans. There must be a guarantee that sufficient resources, both human and monetary, will be there to support programs.

[Translation]

We must ensure that any cost-cutting activity does not affect the quantity and quality of services received by our veterans. There must be a guarantee that sufficient resources, both human and monetary, will be there to support programs.

[English]

If economies can be realized to increase efficiencies in the process, any available funds should be redirected to areas that are underfunded, such as the funeral and burial expense program.

Veterans Affairs Canada and the Department of National Defence need to be better prepared for the future. We anticipate that missions will likely lead to an increased number of injured veterans because of the multiplicity of tours and more complexity in case management due to a higher number of psychological injuries. The cost of dealing with the impact of the mission on deployed personnel, in terms of the rehabilitation and care of the injured, should be an essential part of up-front mission planning and should be a joint effort between the Department of National Defence and Veterans Affairs Canada.

[Translation]

The transition from military service to the civilian community brings up many issues related to the adequacy and accessibility of programs. Many of the witnesses you have heard from in the last few months have indicated that some veterans are experiencing difficulties in transitioning from a close-knit, interdependent military culture to an open, independent civilian community.

[English]

I believe it's not what these veterans are facing but rather what they are leaving behind that is the greatest challenge. They lose an identity and a sense of belonging. As the release interview is not mandatory, only those veterans who know they will require help post-release generally are interested in doing one.

If a Canadian Forces or RCMP member suffers service-related injuries that manifest themselves after release, the key documents required to access VAC benefits will be proof of service and medical records. These essential documents are readily available at the point of release, but are subsequently transferred to the Library and Archives of Canada. A mandatory release interview for all, including reservists, where releasing members agree to have service records and health records transferred to a VAC database, as well as the issuing of an ID card reflecting the veteran's file number, would ensure prompt access to benefits in the future. Furthermore, if such a card is subject to periodic renewal, it would provide the basis of a tracking system, whereby all veterans can be reached, including reservists.

In one of the previous hearings, it was mentioned that financial security is an important determinant of health. One challenge some reservists face is that in contrast to the regular force veteran, they are not entitled to the \$40,000 earnings loss benefit, as introduced by the improvements to the new charter. So if two privates, one a reservist and the other a regular force member, working alongside each other are injured in the line of duty and are permanently incapacitated, the regular force member will be guaranteed an income of \$40,000; the reservist will only be guaranteed an income of \$24,000. This is in conflict with the fact that the impact identified in the regulations governing changes to the new Veterans Charter clearly indicated that the absolute minimum salary for an individual to sustain a decent living while undergoing a vocational rehabilitation program is indeed \$40,000.

Issues and gaps in the delivery of health care services also relate to the adequacy of programs. The highest number of complaints received by the ombudsman's office relate to health care. These complaints cover a wide range of issues, including reimbursement of travel expenses, limitations on treatment protocols, and the cumbersome approval process. One clear gap is that the long-term care program does not include a strategy to incorporate the Canadian Forces veterans who may require long-term care down the road in priority placement. There seems to be an apparent gap between programs to keep veterans and spouses at home as long as possible and the provisions of a bridging measure, such as subsidized access to assisted living facilities.

• (1535)

[Translation]

Another barrier to adequate health care is the fact that all of the operational stress injury clinics that were put in place do not cater to veterans who are in crisis; veterans must be stabilized and free of addiction before gaining access to their own clinics. In a system where programs are based on needs, this is hardly fair.

[English]

The complexity currently built into the program's criteria and processes creates an overarching barrier to program accessibility. Over the years, veterans have been categorized by where, when, and how they served, which explains why there are 18 veteran client groups used by Veterans Affairs Canada. 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 to determine that the level of programs and services provided will be based on the type of service rendered is an injustice of the first order.

Access to benefits should be determined by injuries and illnesses related to service, and should be the same for all veterans, regardless of the nature or the location of their service. Categorization has led to the fact that even within the veterans community there are those who do not consider themselves veterans when compared to our war veterans. My office has chosen to adopt the theme of “one veteran” for the duration of my mandate. We do not provide consideration to veterans based on when and where they served but recognize them based on the fact that they served honourably.

One further challenge, and an added layer of complexity, is that the onus to prove service-related causes for an injury or illness is left to the veteran or his representative, when in fact the custodian of the evidence is the Government of Canada, either Library and Archives Canada or the Department of National Defence. When files are obtained by Veterans Affairs Canada, the information contained within it is reviewed and forms the basis of the decision, but it is not provided to the applicant.

In addition to the challenges I've just highlighted, my office is working on systemic reviews aimed at identifying gaps and challenges in specific areas, such as the review of procedural fairness throughout the benefits delivery system, the application process, accessibility and program delivery of mental health services, long-term care strategies, and the programs available to families.

In closing, I would encourage members to support the exemption of Veterans Affairs Canada from the government's budget reduction measures. In the interest of fairness for our veterans and their families, I would ask that the committee work towards ensuring that any budget exercise does not affect the quality and the quantity of benefits available to our veterans, and that they remain sufficiently funded, both in terms of finance and human resources.

● (1540)

[Translation]

Further, I would ask the committee's members to address the unfair issue of differential treatment of reservists under the provisions of the Earnings Loss Benefit. I firmly believe that those who sustain similar illnesses or injuries while serving their country should have access to the same benefits, regardless of the nature of their service and where and when they served. It's a matter of fairness and I ask for the committee's support in this matter.

[English]

Finally, I would humbly suggest that the committee consider the three pillars of fairness as they continue their work of the committee. Are the right programs and services in place to meet the needs? Are the right programs sufficiently resourced? Are our eligibility criteria creating unfair barriers, and can service and benefits be accessed quickly and easily?

Thank you again for the opportunity to speak to you.

The Chair: Thank you very much, Mr. Parent. I appreciate that.

Now we'll go to Mr. Hillier for a few brief comments.

It's good to see you again.

Mr. Keith Hillier (Assistant Deputy Minister, Service Delivery, Department of Veterans Affairs): Thank you.

Thank you, Mr. Chair and committee members, for the opportunity to meet here today.

I'd like to introduce Mr. Raymond Lalonde, who's my director general responsible for our network of operational stress injury clinics across Canada.

Over the past few months you have heard substantial testimony from qualified, credible expert witnesses who spoke passionately on the subject of Canadian Forces members transitioning to civilian life. My goal today is not to repeat the information already presented but rather to summarize some key points and to address any outstanding questions you may have.

Veterans Affairs Canada is fundamentally changing the way we do business. Our vision is to become equipped to serve veterans and their families better, faster, and in more convenient and modern ways.

[Translation]

In fact, the Minister of Veterans Affairs outlined quite a few details of the more recent service improvements when he presented the main estimates to the committee a few days ago.

[English]

We've been strengthening our relationships with shareholders, working collaboratively in gathering intelligence from our veterans, partners, and advocates, and the department is responding to this information. We are on the right track for modernizing our services and our benefits.

Certainly, there is a lot of work left to be done. It is important to remember that improvements take time, but progress has been and will be steady.

We work in collaboration with the Office of the Veterans Ombudsman. An example of this collaboration is the Benefits Browser, which was first developed by the Office of the Veterans Ombudsman, has since been adopted by the department, and is now available for use across our offices.

[Translation]

An example of this collaboration is the Benefits Browser which was first developed by the Office of the Veterans Ombudsman and has since been adopted by the department. It is now available for use in all our offices across the country.

[English]

The benefits browser quickly displays and sorts information, thereby improving the capacity of our front-line staff to respond faster and provide veterans with the relevant information they need.

We are developing a second tool for use by Canadian Forces members, veterans, and their families.

Thank you, Mr. Chairman. Those are my opening remarks.

● (1545)

The Chair: Thank you very much.

Of course, questions can go anywhere once they leave this chair and go elsewhere, so everybody should be ready.

We go to Monsieur Genest for five minutes.

[Translation]

Mr. Réjean Genest (Shefford, NDP): Mr. Parent, it seems to me that there is a lack of fairness in how veterans are treated. We see that, depending on whether they served in the regular forces or as reservists, they are not treated the same way. Whether they served in war time or on peace missions, they are treated differently. I noted that there are 18 different categories, but you are only dealing with one.

As for those categories, what recommendations would you make to the government in the spirit of fairness, regardless of whether the person is an officer or an ordinary soldier, or where the person served? What recommendations would you make directly to the government or to the members for legislation to resolve this situation?

Mr. Guy Parent: That's a very good question. That's exactly why I chose the theme "One Veteran" for the duration of my mandate.

In fact, over the years, we have created these different groups because the programs have been developed directly following missions, deployments and wars. After almost every conflict, we reinvented a suite of programs that applied to certain groups of veterans. That has developed over the years so that we now have several veterans groups created mainly based on the mission the veterans took part in.

I would recommend to the government and to Veterans Affairs Canada that they not create veterans categories any longer, but instead have one single category. I would also recommend that they acknowledge that all veterans—either of the Royal Canadian Mounted Police or of the Canadian Forces—must be treated the same way if they sustain the same injury or the same illness. I think that's what is important.

We have a table that shows a comparative study of the programs provided by various countries. I could certainly send it to the committee later. In the United States, the benefits programs recognize two types of veteran. The British armed forces have only one group of clients to serve. Australia has four. So, Canada is really outside the range.

Furthermore, it concerned me to see that, a few months ago now, the Department of National Defence had developed a series of programs that people can enrol in, as long as they had served in Afghanistan. We are continuing to create programs that target only certain missions.

Mr. Réjean Genest: What also seems to be emerging is that the majority of the complaints that your office receives has to do with health care.

What is it that isn't working with respect to the health care provided by the government to veterans or serving members? How is it that there are so many health care-related complaints?

Mr. Guy Parent: That's another good question.

I would say that, of all the programs for veterans, it's probably the most complicated. It contains a lot of sub-programs and benefits related to health care, but others that are not necessarily related to health care itself. So it's very complicated. You know, people have access to 14 programs, which deal as much with medication as with in-home treatments and special treatments. It's complicated. It's certainly the reason why the majority of complaints has to do with health care.

Most of the complaints are resolved with the department's cooperation. Our basic principle is to try to resolve the cases as simply as possible.

● (1550)

Mr. Réjean Genest: So, in your opinion, the major problems relating to these two issues stem from the fact that we are multiplying the number of categories, of programs and so on? We are multiplying the bureaucracy and, by the very fact, we are reducing the possibilities that a sick person has. Someone who's sick, regardless of where the person is from, regardless of the illness, needs care and needs income, whether he or she was injured by repairing a gun at Valcartier or somewhere else.

Mr. Guy Parent: Exactly: it's military service.

Mr. Réjean Genest: So all of this should be simplified.

Mr. Guy Parent: That's exactly why, in my opening presentation, I spoke about the complexity of the programs as a very important factor when it comes to fairness. All the systematic reviews of certain benefits programs that we currently do are done from this perspective: we ask ourselves whether the process is too complicated, if the resources are sufficient and if the programs are adequate.

[English]

The Chair: Thank you very much, Mr. Genest.

Now we go to Ms. Adams for five minutes.

Ms. Eve Adams (Mississauga—Brampton South, CPC): Thanks very much, Monsieur Parent, for coming here, and thank you for your advocacy on behalf of our veterans. You've been doing just an outstanding job.

I would be remiss if I didn't mention that it's International Women's Day, so I'd like to pay particular tribute to all of the wonderful women who serve for us and the women who support our armed forces and our veterans.

Monsieur Parent, you mentioned during your testimony that an ID card would be helpful, and that hopefully that ID card would have an expiry date. Can you tell me which other countries currently have that type of ID card and what types of features are included in that?

Mr. Guy Parent: Right now we are in the process of looking at the options, at what other countries are doing, and at what that card would be like. Should it be a card with a chip? Should it be a card with a memory? We're just at the very basis right now of looking at those aspects of it. People do get a card now when they leave the Canadian Forces, but it is a card that is really useless. It has a nice picture—mine is from 10 years ago, so I looked pretty good then—but the thing is the card doesn't have a gender or a date of birth, so you can't use it at an airport; you can't use it anywhere.

Since we're already going through the process of giving somebody a card, our view is that maybe it should be a value-added card. Then even if a veteran is not injured—and as you're all well aware, some injuries do not become evident until later on—at least that person would have an identity already within the VAC database and would be able to actually access the system without a whole lot of effort to try to get health and service records.

That would certainly be a good thing to do.

Ms. Eve Adams: That's a very interesting concept actually. It seems very helpful.

My next question is for Mr. Hillier.

Could you tell me the degree to which we'll be able to measure the success of the transformative agenda?

Mr. Keith Hillier: There are two ways we are going to be able to measure it. First, there's the formal way, in terms of the reports on plans and priorities that are tabled, as well as the departmental performance report, and we have numerous statistical reports that show us what the wait time is.

But I think what's important to me, in addition to these documents that we table in the House, is the reaction I get when I visit Canadian Forces bases and wings. I have soldiers coming up to me to say they got their disability award in a very short period of time and that it's not the way it used to be. Veterans tell me they're not having to wait as long as they used to for reimbursement for travel. Colleagues say, "I was at my folks' house on the weekend and I was helping them prepare the documentation for the veterans independence program, and gee, the forms are a lot easier than they used to be."

So I think there are really two things. There are the formal reports that I would ask people to review, particularly the departmental performance report, but also the stories and the feedback I get from veterans and their families.

Ms. Eve Adams: Do you keep metrics as to satisfaction results and so on by department?

Mr. Keith Hillier: Yes, we do satisfaction surveys, and also—

Ms. Eve Adams: Sorry to interrupt, but are those segregated by combat missions?

Mr. Keith Hillier: No, they're not. They're not segregated. There's a segregation between war-era veterans and modern-era veterans. There's no segregation based on the theatre where you may have had action.

• (1555)

Ms. Eve Adams: Could you perhaps comment on the ombudsman's comments that there are some veterans who weren't aware of the types of benefits that were available to them?

Mr. Keith Hillier: Unfortunately, there are situations where sometimes people aren't aware, and that's why last year, with the support of the chief of military personnel, we visited about 20 Canadian Forces bases and wings and had town halls to outline to the men and women the types of services and benefits....

In addition to that, everybody leaving the Canadian Forces, whether for medical or any other reasons, have access to a transition interview with one of our staff, where we sit down with the person

who is leaving the Canadian Forces, generally about 60 days before they leave the Canadian Forces.

Ms. Eve Adams: When you say that they "have access to", is that mandatory?

Mr. Keith Hillier: I would leave that question to the Canadian Forces.

Essentially, the theoretical answer is yes. Sometimes people don't always show up. The participation rate is well over 80%, so a lot of people actually go to the interview, particularly those who are being medically released, who may see an immediate need for assistance from Veterans Affairs Canada, as opposed to somebody who maybe is just winding down their military career, is in good health, and may not have the same interest in our services and benefits.

The Chair: Thank you very much, Ms. Adams. The time does go quickly.

Mr. Casey for five, please.

Mr. Sean Casey (Charlottetown, Lib.): Thank you, Mr. Chairman.

My first question is for Mr. Hillier.

You've had a chance to see the commemoration study that was done by this committee.

Mr. Keith Hillier: I'm aware of it peripherally. I'm not responsible for the commemoration program.

Mr. Sean Casey: Okay, thank you. I won't be unfair and ask you about it then.

Mr. Parent, welcome. It's nice to have you here. Is your office adequately funded?

Mr. Guy Parent: I'll leave that question to my director general of operations. He handles the funding, so I'm sure he can answer that.

Mr. Gary Walbourne (Director General, Operations, Office of the Veterans Ombudsman): Thank you for the question.

For our current operational size and our mandate, and what we've chosen as our budget plan and business plan for the forward year, we are adequately funded, as it is right now. Our operating budget is about \$4.1 million.

Mr. Sean Casey: Thank you.

Mr. Parent, I'm going to ask you for some advice, and I think part of the answer is toward the end of your remarks.

What should this committee be doing? Right now we're engaged in this study on health and well-being. Once this study is wrapped up, what should the priorities be of this committee?

I know in your second last paragraph you have some comments there. Quite frankly, for me, they appear to be a bit general. If you were to say to us, here's what your priorities should be, what would they be?

Mr. Guy Parent: It's a good question.

My first one would be the complexity of programs, to work with the department to try to simplify that as much as we can, and I think the “one veteran” concept would eliminate the majority of the complexity. There will always be some. Obviously, when you're administering benefits related to health care, there will always be some complicated mechanisms and procedures, but all of these themes of the one veteran are certainly fundamental as a way to go for the future. If you minimize the category, you minimize the complexity, and the communications are easier because it's all focused on one type of veteran. I think that would be one of the things.

I didn't say this in my remarks, but I would also suggest that the harmonizing of programs between National Defence and Veterans Affairs Canada is probably a very important area. If you ask anybody that is either just releasing from the forces or just released from the forces, the transition is very important. We have programs now that exist on both sides, on the Veterans Affairs Canada side as well as DND/CF, and they're not harmonized. The accessibility criteria are different, for instance, for vocational rehabilitation. The ceiling for those programs is different as well. It leads to a lot of confusion and that sort of thing.

I would say transition, complexity, and the one veteran are things that would be worth doing some work on.

• (1600)

Mr. Sean Casey: Thank you.

In your remarks, you also urged upon us to follow the example in other countries with respect to exempting the Department of Veterans Affairs from the cuts, and you'd be well aware of what happened in the House this week. It's too bad we didn't have you here sooner. Maybe you might have been able to change some minds.

If you follow the debate in the House, one of the things that we repeatedly heard from the minister was that if this motion passes, it's a vote in favour of red tape and bureaucracy, almost seeming to imply that it would be impossible to reduce red tape and reduce bureaucracy if Veterans Affairs Canada had their budget maintained.

Could I get your perspective on that?

Mr. Guy Parent: I can't really speak for the minister, but I made a statement publicly a few months back expressing my concern that Canada didn't look at their veteran population the same as other countries do. We are an evidence-based organization, so what impact the budget is going to have on veterans programs and benefits we won't know until things are in place and the budget is announced. In fairness to my organization and my team, we can't comment on that particular aspect.

As to red tape and bureaucracy, there's some work to be done. I think any economies that might be realized through this channel should be redirected to programs such as funeral and burial expenses. This is really unfair: people fought for a burying standard and we don't even bury them to that standard.

The Chair: Thank you, Mr. Parent and Mr. Casey.

Mr. Storseth.

Mr. Brian Storseth (Westlock—St. Paul, CPC): Thank you, gentlemen, for coming in.

Mr. Parent, thank you for your continued service to our country and to our veterans. It's very important.

I am sometimes a little uneasy when I hear some of the comments made by the opposition. Let's talk about my veterans in Cold Lake who have been getting benefits. Do you have any indication that they're going to have a reduction in benefits because of the upcoming budget?

Mr. Guy Parent: We have assurances from the minister that the benefits will not be affected. However, as an evidence-based organization, we have to wait. We have mechanisms in place to gauge whether there will be an impact on veterans and their benefits. I go back to our pillars of fairness. Efficiency is an important aspect of fairness. It would be a concern to have programs that, because of a lack of personnel, were not well-funded or well-administered .

Mr. Brian Storseth: Also of concern are programs that are not efficient in their delivery.

Mr. Hillier, what about the VIP program, or any other program requiring my veterans to travel from Cold Lake to Edmonton? We had some problems with the timeliness in which they're paid. There are still some concerns about that. What was one of the ways you made sure that my veterans got paid quicker for their mileage?

Mr. Keith Hillier: We looked at our business processes and how we were doing it.

You also make reference to the veterans independence program. To achieve some of the faster turnaround times and wait times, we're re-engineering our programs. We're trying to eliminate steps that probably have no value to the veteran or the department.

Mr. Brian Storseth: I also understand technology has been part of it, particularly direct deposit.

Mr. Keith Hillier: I want to be clear on the direct deposit. Veterans have been receiving direct deposit of their pension cheques and their disability awards for many years. The change is with respect to reimbursements for travel, medical, etc. In fact, approximately 50,000 veterans in the last year have taken advantage of the fact that they can get their reimbursements much faster through direct deposit.

Mr. Brian Storseth: So this is an example of technology making things quicker and easier for our veterans. I think that's positive, and I know you do as well, Mr. Parent.

If this means that there's some redundancy in, say, payroll clerks that we don't necessarily need at Veterans Affairs, would you see that as a bad thing? Sorry if my question is not very clear.

•(1605)

Mr. Guy Parent: If this had an effect on the accessibility, the length of time it takes to get benefits, or the amount of time it takes to get somebody at the call centres, it would be something we'd be worried about.

Mr. Brian Storseth: Reimbursements are often brought up with me because my guys have to travel a significant distance. The improved technology makes for better service to our veterans. That's a positive thing. Right?

Mr. Guy Parent: It's positive.

Mr. Brian Storseth: When you advocate to maintain budgets, you're not advocating that we have to maintain every staff member in their previous job. It doesn't mean that they can't be reassessed and put into different jobs. I don't suppose that's what you're advocating for. I imagine you're advocating to ensure that veterans' benefits and this tool that you talk about are maintained and in fact enhanced.

Mr. Guy Parent: Yes. I'm advocating for fairness for veterans and their families, and always for more fairness, easier access, and easier services and benefits.

Mr. Brian Storseth: And absolutely we can't tie the department's hand behind its back to go in that direction. We need to make sure it is as efficient as possible.

Mr. Guy Parent: But my office is there, Mr. Chair, to be vigilant and to look at the impact of these changes.

Mr. Brian Storseth: Absolutely. I couldn't agree more.

The Chair: Be really quick, please, Mr. Storseth.

Mr. Brian Storseth: I agree with you one hundred per cent when you talk about the complexity of programs. My guys often call all the red a "maze". So I want to thank your office for helping with that.

I'd like you to talk briefly about something you discussed, which I call "silos". There is the silo of the Department of National Defence and the silo of Veterans Affairs, and there's a little bit of crossover between them. I'd like your input on how you perceive these silos—whether they're a positive or a negative—and what you'd like to see happen with them.

Mr. Guy Parent: That's a good question.

Mr. Chair, what we're looking at here is the fact that, like many other departments.... I worked at DND for many years. There were these types of layers or silos. It doesn't matter what you call them. That structure affects the capacity of the personnel within those silos to know what's going on throughout the department holistically. It actually forces people to work out of baskets.

But not all veterans should be treated out of one basket. They might need a little bit here or a little bit there. Hopefully, the transformation is going to take us there. That's what we'll be looking for—whether veterans are getting access to benefits they rightly deserve.

And is it complicated...? We find, for instance, that in communications within the department, people are very knowledgeable about their own programs, the ones they administer. But when it comes to something different, there's really little knowledge there.

So I think people need to be educated and need to be knowledgeable about the whole program, not just about what's in their silos.

Mr. Brian Storseth: Thank you very much.

The Chair: Thank you very much, Mr. Parent.

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

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

Gentlemen, all of you, thank you very much for coming.

Mr. Parent, I want to thank you. It is rather sad that in 2012 you have to read

that...services provided will be based on the type of service rendered is an injustice of the first order.

That's pretty strong language. I'm sure when you wrote that you had to really think about it. I just wanted to say how sad it is we are still talking in those types of terms. But I do thank you very much for your presentation.

My only question for you is, what kind of work and liaison do you do with the DND ombudsman, in terms of the transitional services for DND and over to DVA? That's a question you can answer later.

I have one I'd like to ask Mr. Hillier.

Mr. Hillier, the recent survey that came up showed an 80% approval rate of the services. I was wondering, sir, if you could provide for the committee—not now, but at a later time—information on how the survey was conducted and how many people participated in the survey. Did the people who do not receive benefits participate in the service, or was it just the people in receipt of benefits who participated in the service? And how many of those did? If that could be provided to us—at a later time, if possible—that would be great.

•(1610)

Mr. Keith Hillier: I'd be happy to provide that, Mr. Chair.

Mr. Peter Stoffer: Thank you, sir.

Sir, your paragraph says "As a Department, we are on very solid footing...." It goes on a bit more. And then it says, "Our responses and actions are well thought out and appropriate."

I just want to give you four examples. Then you tell me, if you can, if they're appropriate.

Ninety-seven-year-old Louis Dionne of North Vancouver is in a hospital getting a pacemaker. His wife is 89. He was told by DVA that they would have an answer for VIP service, if they get it, within 16 weeks. That's number one.

Number two, 87-year-old David Kurts in two years was denied four different times for various benefits. He's a World War II and Korean War veteran.

Ninety-year-old Sarah Atwood served in World War II but not overseas. She didn't dip her toe in the Atlantic. She was denied a bed at Camp Hill Hospital even though she's in the final stages and about to cross the bar, and even though beds are available at Camp Hill.

Ninety-year-old Ted Shiner was denied VIP service and efforts for his footwork. He is 90 years old.

Do you think, sir, that is an appropriate and well-thought-out position, when services for these elderly World War II and/or Korean War veterans are either denied or delayed? Wouldn't their age alone tell the local staff in those offices that they should be able to go in there and help them immediately with their concerns?

I just ask you that question.

Mr. Keith Hillier: I guess my first response is that obviously, due to privacy concerns, I cannot make any comment on any of the individual cases you mentioned.

I can say on a much more general basis that the employees of Veterans Affairs Canada care about the veterans and their families. I've been around government for a long time. I've worked in numerous departments. I've worked outside of Ottawa. I've worked all over this country, and I've never seen employees as dedicated as Veterans Affairs employees.

I can assure you that if there is any way to ensure that a veteran gets what he or she needs, the front-line employees of Veterans Affairs will go that extra mile to make sure it happens.

Mr. Peter Stoffer: Mr. Hillier, I thank you for that. There isn't one person on this committee, at least as long as I have been on this committee, who would disagree with the sentiment that for VAC employees, when they wake up every day and go to bed, their number one thought is how they can help those veterans and their families and improve their lives. That is absolutely true.

I just gave you four cases, among hundreds, if not thousands, of cases I've worked on since I became a member of Parliament, in which this has been all too common. Art Humphreys, 87 years old, was denied a lift into his basement. He was told that he no longer needed to go there. This is a typical example, and it goes on and on. To say that your actions are well thought out and appropriate.... In some cases, yes, they are, but in many cases, they're not.

I say that with great respect. We need to do better in ensuring that a 97-year-old doesn't wait 16 weeks to get an answer. You'd think it would be a no-brainer to get in there and help the person and fill out the paperwork later. As a good friend of mine, and a member of this committee, said, why don't we just give everyone their benefit and then chase the other 2% or 3% after that.

Mr. Parent, I was wondering if you can answer the question regarding your work with the DND ombudsman and the kind of liaison you have.

I thank you, Mr. Hillier, for your time.

Mr. Guy Parent: Thank you. That's a good question, Mr. Chair.

There is often confusion about the difference between the DND ombudsman and the veterans ombudsman. We have a role to play, both sides, in fact. The DND ombudsman has jurisdiction on the veterans side as well. Any veteran that requires proof of service or

has complaints about superannuation or a pension and so on would go to the DND ombudsman.

On the reverse side, as the veterans ombudsman, I would look after the people who are wearing uniforms now—serving members—if their complaints are about benefits they are receiving from Veterans Affairs Canada.

On the transition aspect, because we're both involved, because of the roles I've just mentioned, I think what's important is the fact that we facilitate the transfer of files between one office and another. It's more so when people are suffering from PTSD, when repeating the story can be a trigger for another crisis.

We have the possibility of doing hot transfers of files so that we can take the file and brief the DND ombudsman on certain aspects of the case and that sort of thing. My intentions, within the next year or so, are to see if we can do some joint work with the DND ombudsman to look at aspects of transition from both ends of the transition spectrum: coming out and going into civilian life.

• (1615)

Mr. Peter Stoffer: That would be very good.

The Chair: Thank you very much, Mr. Parent.

We now go to Mr. Lobb for five minutes.

Mr. Ben Lobb (Huron—Bruce, CPC): The first question is for Mr. Hillier.

How many first-time applicants would you receive at Veterans Affairs every year?

Mr. Keith Hillier: It's generally in excess of 20,000.

Mr. Ben Lobb: Okay. Of those 20,000, how many would be accepted?

Mr. Keith Hillier: It is in the range, normally, of 73% to 74%.

Mr. Ben Lobb: So 4,000 to 5,000 a year—I won't say they are rejected—are set aside for future processing.

Mr. Keith Hillier: No, they're not set aside. Maybe I'll just explain.

When somebody makes an application for a disability award or a disability pension, for example, those who are successful with the first application are in the 73% to 74% range.

After that, once the person is notified that they have not been successful in obtaining the benefit, or the benefit to the extent they would like, they have a right to go to the Bureau of Pensions Advocates. Or they can have someone, such as a Royal Canadian Legion services officer, work with them.

If they have information that would change the decision, rather than having them go to the Veterans Review and Appeal Board, they can ask the department for a review. We actually do several thousand of those each year. When, in fact, there is new information, it can be done in a very easy fashion.

Mr. Ben Lobb: Just on that, then, at the review and appeal board level, I think they overturn about 50% of the decisions?

Mr. Keith Hillier: Yes.

Mr. Ben Lobb: Then inside the department you have your own mechanisms to review these applications?

Mr. Keith Hillier: Yes.

Mr. Ben Lobb: Is there a way, or are you looking at a way, to try to catch some of that 50% before they have to go all the way to the review and appeal board? Is there a way that the department can help try to reduce that number? Do you have a target to do it?

It seems to me that would be a huge efficiency right there.

Mr. Keith Hillier: I think there are a couple of things to bear in mind. First of all, as part of our outreach, we have over 50 employees across Canada who are available to help veterans prepare their claims, and we're looking at other methods of outreach in the not-so-distant future.

The other part of that is that as the minister announced at the press conference in Winnipeg with regard to reducing red tape, and based on the recommendation of the veterans ombudsman, we have made and will continue to make more improvements in the decision letters, so that people have an understanding of exactly why the decision was made and what evidence was looked at.

Mr. Ben Lobb: I'm also going to ask Mr. Parent about that. That's good, but is there a way you can catch it before it gets to the decision letter? It seems to me that the quicker you catch it upstream—

Mr. Keith Hillier: I understand what you're saying, and I just want to give you a little bit of a sense of the operational dynamic. In some cases, veterans who were claiming for more than one condition might say, "Look, I have the information for two of my conditions, and I'll put it through so I can get part of my claim in pay, and then come back later."

I just want to assure you that the main reason things are subsequently overturned isn't that the adjudicator isn't giving the benefit of the doubt, but rather that new information comes to light, particularly when somebody is working with a lawyer. I might add that Canada is probably one of the only places, the only country in the world that I know of, that provides free legal advice to veterans in order to bring their claims forward.

Mr. Ben Lobb: Okay.

Mr. Parent, I think your presentation, and certainly your predecessor, Colonel Stogran, talked about funerals and burials. What would you consider an acceptable dollar amount to set for a veteran for the year 2012? What is the number, in your opinion, the department should look at?

Mr. Guy Parent: That's a very good question, Mr. Chair.

The funeral and burial expenses, as you know, were the subject of the first official report of the office by my predecessor. To date, none of the recommendations have been addressed by the department.

Some of the recommendations do not require any funding or anything like that.

With regard to the specific aspect of the question, on what a decent burial price or cost would be, if you wish to use those terms... again, as I said before, veterans have fought for Canada's standard of living, but they've also fought for Canada's standard of dying. The standard funeral in Canada costs between \$8,000 and \$10,000, and \$3,500 is now provided by Veterans Affairs Canada. So I don't think I have to do the calculation. But they fought for a standard and I think we owe it to them.

• (1620)

Mr. Ben Lobb: I'm not—

The Chair: Sorry—just finish and we'll pass it on.

Mr. Ben Lobb: Can I just make sure I'm clear on that point? At \$8,000 to \$10,000, you would feel that this was fair?

Mr. Guy Parent: I would say that is the national standard cost as identified by the association of funeral directors of Canada.

The Chair: Thank you very much.

We won't take that off your time, Mr. Strahl, so go ahead for five minutes.

Mr. Mark Strahl (Chilliwack—Fraser Canyon, CPC): Thank you very much.

Mr. Parent, I was interested in the section on the transition from military service. First of all, you mentioned that the release interview is not mandatory. Do you think it should be?

Mr. Guy Parent: I definitely do, and in fact at this point in time the transition interview is mandatory for people who are being released medically and who have to access services or a continuum of services from their service to Veterans Affairs Canada. It is not mandatory for reservists, and many of them just go back into full society and sometimes fall through the cracks. Again, I think if we have programs—and the majority of programs at Veterans Affairs Canada are based on needs—then the only person who can identify needs is the individual himself or his family. So this interview is important.

I would add, Mr. Chair, that the healthy veteran may also need a transition interview, because if you've been in the forces for 35 years and you've never been in civilian society, it's quite an experience. It's quite different.

We also need to look at the psychosocial aspect. People talk about reintegration. If you've never lived in the Canadian civilian context, it's not reintegration, it's integration, and there need to be programs that are actually oriented towards that aspect of it.

Mr. Mark Strahl: I don't know if this falls under your purview or if this is more DND's, but you've served in the CF and can maybe speak to it. My thinking would be that when someone is transitioning out, it's almost too late, and you should have been preparing them throughout their career.

Are there programs in the Canadian Forces that soldiers, sailors, airmen, and airwomen can avail themselves of to help them so that it's not such a shock for them, as you said, to step out into the great unknown? Are there programs throughout their careers that help them to plan financially and all the other things they may need to plan for, for their post-military life? Do those programs exist?

Mr. Guy Parent: I can't really speak to the programs of today. I can speak of my experience in 38 years in the forces, and then I decided not to make a career out of it. They had programs called the second career assistance network that were geared towards preparing military uniform personnel or service personnel to actually go to a civilian career. But if you have two years of service, you're 20 years old, and you're anxious about going to your next mission, what's going to happen 20 years down the road is not that important.

Again, to get a straight answer on that you'd have to ask somebody from National Defence as to what exists today. But if the question would be, are they necessary, yes, I think they definitely are.

Mr. Mark Strahl: If I have some time, you also were critical about the access to occupational stress injury clinics in terms of a veteran having to be drug free, etc., to access that. How does that compare, perhaps, to the provincial system or private clinics of a similar nature? Is that unique to Veterans Affairs, or is that kind of the norm in terms of these sorts of clinics and what they require before someone accesses their programming?

Mr. Guy Parent: Mr. Chair, I believe we have an expert here on the OSI clinic. The national coordinator is here, so I'm sure he'd be able to—

Mr. Raymond Lalonde (Director, National Centre for Operational Stress Injuries, Ste. Anne's Hospital, Department of Veterans Affairs): We have ten clinics. Nine are outpatient clinics and one is the in-patient residential clinic. As the ombudsman was saying earlier, there is concern about the access to some of our clinics. We hear that it's mainly around the access to the in-patient clinic.

We are working at developing policy options to ensure that we can better serve those who, I would say, require crisis emergency support. The residential treatment clinic at Ste. Anne's Hospital does respond to a need, but there are needs for those who are in crisis and who require emergency support that we need to factor into our continuum of service.

So we are working on this, and there will be policy options, and service delivery will implement these options when they're established.

•(1625)

Mr. Mark Strahl: Thank you.

The Chair: Thank you very much.

That ends round one. We're going to go to round two, which is a four-minute round. I think the committee has agreed to go into a first

round again, for a shorter question period at that time. Is that correct? I know there has been some discussion and consensus.

Some hon. members: Agreed.

The Chair: It's just lovely. I just feel wonderful about this.

So we'll go to the second round with four-minute rounds.

I believe we start with Ms. Papillon.

[*Translation*]

Ms. Annick Papillon (Québec, NDP): Thank you, Mr. Chair.

Mr. Parent, thank you for coming to testify. We are really quite blessed to have you here.

I read the report you submitted. Please excuse me if I don't have enough time to ask all the questions I would like to about this.

I know you received a large number of complaints in 2010-2011 about disability awards. Have you seen a decrease in the number of those complaints since Veterans Affairs Canada is allowing the payment in annual instalments, rather than in lump sums?

Mr. Guy Parent: That's a very good question, Mr. Chair.

The new Veterans Charter, which includes the lump sum, got a lot of reactions from the veterans community in general. What is very important to understand is that the programs in the new charter are not yet very well known. The lump sum is seen as if it was the only program that people will have access to, based on the programs in the new charter, but that's not necessarily the case because it may be combined with other programs.

The changes made to the charter have shown that there could be some flexibility in how people can access the lump sum. This is certainly an improvement. Now that we have the flexibility, we need to continue working with the department's representatives to be even more flexible in order to respond to the needs of the individual. If the new charter is based on the needs of the individual, we should therefore adapt access to benefits based on the needs.

Ms. Annick Papillon: At your office's request, you did a study on the new charter. You determined that it, compared with the Pension Act, was not advantageous financially for veterans with disabilities and their families.

Could you give us a little more detail about the outcome of the study?

Mr. Guy Parent: The study was based strictly on the lump sum, which we are comparing with the monthly pension in the former program. It doesn't take into consideration the other programs. It isn't necessarily a true representation of the programs, given that it addresses only one part of the programs provided under the new charter. The study doesn't take into account the financial benefits of the rehabilitation program...

Ms. Annick Papillon: Are you not seeing that there are now too few people to receive the permanent impairment allowance, for example?

Mr. Guy Parent: We don't have the exact numbers here, but I think the department's statistics should be available.

Since there will be a review of the improvements made to the charter in a few months, we are getting ready. The government mandated that exercise following changes made to the act. A special team was designated specifically to analyze the improvements and the impact on the veterans, as well as to establish a comparison with the old system. We want to submit a basic document we can use to discuss improvements or the review of the charter when the time comes. We intend to consult representative groups of veterans and to present the committee with an in-depth study of the new charter.

•(1630)

[English]

The Chair: Thank you very much. Four minutes goes quickly. I know Mr. Stoffer will allow you some time in the last round. I just have that feeling.

We now go to Mr. Lizon for four minutes.

Mr. Wladyslaw Lizon (Mississauga East—Cooksville, CPC): Thank you, Mr. Chair.

Thank you, witnesses, for coming here today.

The first question I would like to ask, Mr. Parent, is on these identity cards that Madam Adams asked you about. Where are you at the present time? Have you planned on...? It's a very interesting idea. We did hear from veterans, even on the recent trip to the east coast, that at some point in their life, if they are not careful enough and have all the documentation in their hands, it's hard for them to get the service records or medical records. Where is your planning, and what would you need to finalize the project?

Mr. Guy Parent: That's a good question, Mr. Chair.

As this point in time, we have a contract out for an organization to look at what is within the realm of the possible, what types of cards exist, what the cost is, and how we could integrate that type of mechanism. Obviously, this is one of those projects that would probably involve a joint effort between me and the national defence ombudsman, because it touches both sides of the equation.

At this point in time, we have been promoting it. We have promoted it in our annual report. Whenever I speak in my outreach and whenever I speak to the department, I always talk about the issue, but we haven't done anything at this point in time to actually introduce it. That's why I'm asking for the support of the committee in actually trying to make it happen. In fact, it's more than just a transition. It's also the tracking aspect that is very important.

Mr. Wladyslaw Lizon: My second question is regarding equality. Maybe you could clarify. You were talking about equality, and then you defined it. My question is whether veterans themselves would agree with your definition. I will tell you why. I know quite a few traditional veterans. Some of them—the ones who were in the front lines—consider they have done more than people in the back, people in some of the delivery services or support services. Some of them may get offended that they would be treated exactly like the other ones. What is their view?

Mr. Guy Parent: In the context of fairness and equality, we see a change in the veterans community in considering themselves as one veteran. I think Afghanistan has helped a lot because it's a more equal service than the Second World War or the Korean conflict. Recently in an outreach visit we had one young CF veteran just back from Afghanistan who opened up about the way he felt, the way he was treated. All of the veterans who were there, including people from World War II, came on board and everybody supported one another. In other outreach visits, people have stood up and said they really like this idea of “one veteran”. So the community of veterans is happy with that.

There will always be a difference between the people who are in a dependency system like our war veterans and the ones who are under the new Veterans Charter, but we need to reconcile that and focus on looking after their injuries and their impact on their families, rather than where they came from before.

Mr. Wladyslaw Lizon: On the burial services, you mentioned that a fair amount would be between \$8,000 and \$10,000. What do you think the eligibility criteria should be?

Mr. Guy Parent: One of the recommendations we made in the report has to do with access to those burial services and the benefit program for CF veterans. Right now there are strict eligibility criteria. You're eligible by right if you're a World War II or Korea veteran pensioned for injuries related to service. When it comes to a CF veteran, the actual cause of death has to be the injury that they are being pensioned for, and there's also an income testing involved. So it's complicated. We think it could be eased off. Our recommendations address that aspect of it.

I can give you an example. Years ago, Ken Barwise out on the west coast, a double amputee with eight other shrapnel wounds, died on the operating table. Because his heart stopped on the operating table, his death was not deemed to be related to his service. So the burial was paid for by charitable donations.

•(1635)

The Chair: Thank you.

Now we go to Ms. Mathysen.

Ms. Irene Mathysen: I want to thank all of you for being here, and for all the service you provide to veterans. It's so important to us. On our trip to Halifax, we had a chance to speak with an almost retired RCMP officer. On behalf of RCMP veterans, he said they felt very left out and overlooked by Veterans Affairs Canada. I'm wondering what recommendations you might be able to make to Veterans Affairs to give consideration to the needs of those RCMP veterans.

Mr. Guy Parent: I am very concerned about the way the RCMP veteran is treated. If you think complexity is a problem for the CF veteran, the RCMP is even worse because they have to deal with two departments. There is no advocacy group for the veterans of the RCMP. There's an association, but they don't play much of a role in working to implement programs and benefits. Veterans Affairs Canada administers benefits on behalf of the RCMP. It's very complicated. On the CF side, you have the universality of service, which actually allows people to get out. On the RCMP side, you have the duty to accommodate, which actually keeps people in. If you're going to keep people in, you're going to be looking after them with health care programs and that sort of thing. So there's a dual role there that the RCMP plays. Veterans Affairs administers the benefits, yet the adjudication for benefits is also being done by Veterans Affairs. So it's very complex.

My intention is to meet with the new commissioner shortly and to start afresh. I'm a simple search-and-rescue technician from the air force, but I can't see why the Government of Canada would give money to the RCMP so that they can give the money to Veterans Affairs Canada so that they can administer benefits. Why don't they give the money directly to Veterans Affairs Canada to look after all veterans. It goes back to my theme of "one veteran", which is less complex. It's the way to go.

Ms. Irene Mathysen: Thank you.

Mr. Hillier, you said that if a veteran goes before the Veterans Review and Appeal Board and needs representation, there is a lawyer. That seems rather adversarial. If the whole point is to make sure that veteran is taken care of appropriately, why a lawyer? Why have that sense of it being adversarial?

Mr. Keith Hillier: Mr. Chair, I would suggest that it's not adversarial. I think it's important to note that while a lawyer is provided to the veteran, the lawyer and the veteran would appear before the appeal board, but the department does not put up a defence. It is not adversarial, the way you would think in a normal court setting when there's side A and side B. There is no position put forward by the Department of Veterans Affairs.

Ms. Irene Mathysen: Okay.

Monsieur Parent, as I said, we were in Halifax and we had the privilege of meeting Dr. Heather MacKinnon. She provides support. She's a former medical officer who served in the regular and reserve forces.

Among her many concerns was the concern that modern-day veterans are not receiving the same level of care as their predecessors did, because those modern-day veterans have to navigate through the public health care system that is provincially provided. In fact, when those modern-day veterans need long-term care, it's denied in terms of veterans hospitals. They have to go to the public sector, which is

very often inappropriate. There doesn't seem to be any really positive transitional services, according to Dr. MacKinnon.

Should there be medical transitional services set up across the country so that both regular and reserve forces can make a better transition? Should modern-day vets have access to veterans hospitals?

● (1640)

Mr. Guy Parent: Those are good questions. Thank you very much.

Certainly, that's the way to go. The difficulty, the concern right now, is that the spectrum of care within the Canadian Forces and the spectrum of care provided by the provinces and Veterans Affairs Canada are completely different. So is the compendium of medications. You can take somebody who is suffering from PTSD, is under a certain medication in the Canadian Forces, but that medication is not available to the province or Veterans Affairs Canada because it's not on the list. Of course, anybody who is suffering from this type of injury normally undergoes a crisis period if they change medication.

So there are all of these things, and that's why I go back to say that the transition is an important one. And it's not just leaving; it's what you're going to be facing as well on the other side. The more we can do to welcome people into the health care community, the better off the veterans and their families are going to be.

The Chair: Thank you very much.

That's very precise for a simple air technician. I thought it was very good.

We're now down to—and I'm very pleased to have him back visiting us at the committee—Mr. McColeman, for four minutes, please.

Mr. Phil McColeman (Brant, CPC): Thank you, Chair, for welcoming me, and I'll extend my appreciation for you being here as well.

In the last Parliament, I served on this committee and we went through the new Veterans Charter. My question to Mr. Hillier is this. I suppose maybe over the last five years and such there have been changes to the new Veterans Charter and enhancements made. On a budgetary level, what have you seen in terms of dollars to Veterans Affairs from the government?

Mr. Keith Hillier: Mr. Chair, with regard to the new Veterans Charter and overall government expenditures, as was noted here on Tuesday afternoon, with the tabling of supplementary estimates (C) and the main estimates, there's been a continual increase in the budget of the Department of Veterans Affairs over the last number of years.

Mr. Phil McColeman: When you say there's been more money that's been sent by the government to Veterans Affairs, can you quantify that in any way for us here today?

Mr. Keith Hillier: I don't have the numbers off the top of my head. They were tabled on Tuesday afternoon. But it's been many millions of dollars, particularly with regard to Bill C-55, which came into effect last fall, and in fact increased the amounts of money for those most injured. So there have been significant amounts. I don't want to quote an amount, but I know that the budget of the department is over \$3.6 billion, approaching \$3.7 billion. So there has been a constant increase.

If you look at the budget figures, you will see the amounts are significant, in that, sadly, with the passing of many Second World War veterans, those budgetary expenditures are going down, but with regard to the modern-day veterans, and we have about 72,000 right now, those budget expenditures have been increasing in areas such as disability amounts and in the earnings loss program, for those who are on the rehabilitation program.

Mr. Phil McColeman: I remember that as part of our work we studied PTSD in the modern veteran community and how it is a phenomenon that wasn't experienced perhaps to the same extent in the traditional veteran community.

Mr. Parent, I love your conceptual proposal of less complexity. I think that's absolutely the direction we should go, in many ways and across many departments of government.

I would ask, Mr. Hillier, when you hear that expression of less complexity, can you give us a couple of specific examples that you're working on to make sure the system is less complex and therefore more efficient and less costly to operate administratively?

• (1645)

Mr. Keith Hillier: I'll start off. There has been considerable discussion this afternoon about the veterans ID card, and I can tell you that we are working with the chief of military personnel staff on that by trying to make a.... Right now at Veterans Affairs we work with a Veterans Affairs number. Most men and women who serve—I would say all men and women who serve—relate more to their service number. So we're working on initiatives to see how data could be transferred using a service number, and we are also looking at the issue of the card.

One of the things that veterans have told us is that they don't want a DND card and a VAC card; they don't need both in their wallet. That's why we're working with the chief of military personnel to come up with a card that will indicate that somebody has served their country and also be of use for veterans issues. We're actively working on that as we speak.

Mr. Phil McColeman: Are there any steps that you're taking to strengthen your relationship with the veterans and with the stakeholders?

Mr. Keith Hillier: It's really a couple of things, in terms of stakeholders. Certainly the Department of National Defence is a big stakeholder. I co-chair a committee with Rear-Admiral Smith at the strategic level. We had a meeting with stakeholders recently—I'm trying to think back now—in February, and we had one in the fall with the stakeholders to get their input on important issues related to both service delivery and policy. Also, they are giving us some feedback as to what they're hearing on the ground from members.

At the operational level, I think it's really important to note that when somebody is leaving the Canadian Forces for medical reasons, our case manager—"our" meaning VAC's—works with the DND case manager so that there's a seamless hand-off. They work together for a period of time, so that when the person comes over into VAC, we are not strangers to them.

Also, I'd like to point out that at the integrated personnel support units across the country I have 100 staff who go to work every day at a Canadian Forces base or wing, and they work side by side with military personnel to provide a one-stop service, so that if a veteran or someone still serving has some issues or some questions, they can go in to the integrated personnel support centre and hear about things that affect them related to the Canadian Forces, and also hear about the services and benefits to which they may be entitled from Veterans Affairs.

The Chair: Thank you very much, Mr. Hillier.

That concludes the second round. I'm going to suggest four-minute turns for the final round. We have time to do that. Knowing that the answers and the questions tend to run a little over, I don't think we have time for five minutes.

If the committee agrees, we'll start a four-minute round and go with that.

Is that okay?

Some hon. members: Agreed.

The Chair: We're going to start the four-minute round, then, with Ms. Mathysen.

Ms. Irene Mathysen: Thank you very much, Mr. Chair.

I'm so glad to have this time, because I have a significant number of questions.

I want to go back to the problems facing modern-day veterans, and the issue here is the meetings they have with the veterans review board.

When a veteran applies for a disability, frequently they're denied on the first application. Then they appeal. They go to the appeal board, and they may be denied again.

The problem that's been identified—and I think you've identified it too—is the mountain of paperwork that is required. For most veterans it's just overwhelming, particularly if they are suffering from mental health concerns. They feel as though they can't possibly manage; they can't fight for themselves. One of the realities is that in my community, and in a number of communities, too many of these veterans end up on the street. They're homeless. In some situations, they slip through the cracks.

In Halifax, we met with Jim Lowther and David MacLeod. They've been doing work on the ground. They've actually found 13 veterans who were homeless and have managed to support them and get services for them and get homes for them. Their complaint was that Veterans Affairs hadn't been able to find them. Mr. MacLeod and Mr. Lowther found these men, but Veterans Affairs wasn't able to. They're operating their support services and shelters with their own money. They're not receiving any funding.

This reminded me very much of what's happening in my own home community. We have a number of veterans. There's been some attempt to study and determine how many there are, but still there is this sort of missing piece in terms of Veterans Affairs pursuing this issue of homelessness for very vulnerable people.

I have to say I've met some of them, and they're very fragile. They need support. They need help. I was wondering, if you were able to make a recommendation around Veterans Affairs and its interaction or support for homeless veterans, what would that be?

• (1650)

Mr. Guy Parent: Thank you very much for the question.

I think homelessness for veterans has probably been an issue since the office was introduced, in the last couple of years. Certainly my predecessor's campaign triggered a lot of projects within Veterans Affairs Canada, and I'll stay away from funding and budget and all that. I'm sure Mr. Hillier can address that aspect of it.

Our biggest concern with the homelessness program at this point in time is the absence of a national strategy for homeless veterans in Canada. There are a lot of individual projects that work with different approaches, and I think all of them have proven to be of some benefit. I just recently went to Vancouver and dropped into the drop-in for homeless veterans in Veterans Memorial Manor, a very good project there as well. But again, we keep talking about projects.

We think that regional inconsistencies in Veterans Affairs Canada are in themselves unfair, because we do have inconsistencies, and veterans should not suffer or be treated unfairly because they have chosen to live in a certain place in our country. It should be the same across the board.

That's the one thing that we see is lacking: a national strategy. The thing is that these projects should now be helping to inform some kind of a national strategy for homeless veterans. Again, I think most of the ones that are in place right now are working, but there is more work to be done at that level.

I would certainly like to take this opportunity to commend the Royal Canadian Legion for the work they do for the homeless population, because I think everywhere we've gone, we've seen that those projects are being helped by the Royal Canadian Legion.

The Chair: Thank you very much.

That's your time.

I would allow one thing. You did reference Mr. Hillier in funding. I don't know if Mr. Hillier wanted to make a brief comment or not.

Mr. Keith Hillier: Funding is not the issue.

Homelessness is very complex, as you know. We have our case managers available all across Canada, and I know, for example...I've

met with Mr. Lowther in Halifax. I went to Halifax to see him. He's doing wonderful work. His team and my team in Halifax work very closely together.

In terms of funding, there are various emergency funds that are available when something comes to our attention. There are emergency funds available so that we can help out in many situations.

Ms. Eve Adams: Thanks very much. Pardon me, and please bear with me; I lost my voice yesterday.

Following up on that, we met at the Good Shepherd Ministries in Toronto with individuals who are helping the homeless veterans population, and in fact, after the presentation, I sat down with one gentleman who had been homeless, who had faced down many addictions, including alcoholism.

Could you give us some insight into the types of programs that are available to our veterans once they've left, especially if they haven't sat in that transition interview with you?

Sometimes post-traumatic stress disorder or some types of addictions will only crop up a year or two years later. What types of services are available to our veterans then?

Mr. Keith Hillier: First of all, there are no time limits on services that are available to veterans as it relates to the rehabilitation program.

With many of these people, and I have been to Toronto and other places across the country, and some of these people, sadly, are suffering from addiction issues. Getting them into rehabilitation programs... The programs that we have available are, for example, retraining, where someone can get a new skill. The reality is that if they're having issues with addiction or with anger management, or if they're having issues of social adjustment, in every case the case manager sits down with the veteran and his or her partner, as the case may be, or a military friend, whoever they may want to bring to the interview, to try to set some realistic objectives for them, with a goal to getting them off the street.

I can tell you, it's a very fragile exercise. Many of these people do not trust society, and it takes a long time. I was talking with one of the caseworkers in Montreal just recently, and they had been working for eight months with a veteran to try to get the person's trust so that they could move that next step forward to be able to get the treatments they need, because before you can get into services and benefits, you really have to deal with the particular issue. As one of my caseworkers said to me at the IPSC in Gagetown, New Brunswick, we, as average Canadians, sometimes have difficulty understanding how these people live. To a homeless person, their major priority is the next meal.

• (1655)

Ms. Eve Adams: Thank you.

My next question is to you, Monsieur Parent.

We also met with a physician, a female physician actually, out on the east coast, Dr. MacKinnon, I believe her name was. She compared DND's health records retention to that of VAC, and she indicated that when somebody is there to see her and that person is still in the armed forces, the medical records are sent in centrally and she needs to report in to DND, whereas once somebody is with Veterans Affairs, she'll complete the paperwork, but there's no central repository for that. It's not forwarded anywhere. It simply stays with her, and she was concerned about that.

Could you comment on that? Have you ever looked at that? Are there privacy concerns? I think there's a balance to be had there perhaps.

Mr. Guy Parent: I think, again, that's a good question, and Mr. Chair, the best way to answer that is that it's a transition issue. There needs to be facilitation and harmonizing between what DND does and what Veterans Affairs Canada and the provincial health care programs do. There certainly needs to be some work done on that.

There are, as I answered a question earlier, discrepancies between the spectrum of care in the Canadian Forces and the spectrum of care available between the provinces and Veterans Affairs programs. There is also a difference in the compendium of medication, where in fact drugs are not the same, and there's a transition to be made there, which leads sometimes to crisis.

We're concerned about the paperwork issue. There were some aspects of that concern that were present when I was still in the armed forces, about medical officers actually writing out paperwork for people in uniform trying to access Veterans Affairs Canada benefits. There was a problem there because they would have to divulge to the service the injuries these people were claiming for, and that became really complicated.

I'm not really sure whether this answers your question or not. Is it Heather you were talking to? Heather Armstrong?

Ms. Eve Adams: Yes, MacKinnon.

Mr. Guy Parent: MacKinnon, sorry.

I'm not sure which paperwork in particular she was talking about.

Ms. Eve Adams: She was indicating that....

Am I out of time?

The Chair: We're out of time. Maybe you can discuss that at the end of the meeting.

Ms. Eve Adams: Afterwards, Mr. Parent.

The Chair: Thank you very much.

Mr. Casey, for four minutes.

Mr. Sean Casey: Thank you.

If you're about to discuss it later...Dr. MacKinnon is a family physician in Halifax who has voluntarily decided to limit her practice to veterans only, and she gave a very compelling presentation to us in Halifax.

Mr. Parent, I appreciate that several times today you've mentioned the funeral and burial program and the underfunding, and there have been excellent questions from Mr. Lobb and Mr. Lizon on this topic.

You've put lights around this in one or some of your reports. It was one of the specific recommendations of this committee in our last report. I've pressed the minister in question period on at least a couple of occasions about this. What explanation have you received with respect to the intransigence of the government on this issue?

• (1700)

Mr. Guy Parent: That's a good question, Mr. Chair.

On that particular issue, in every meeting with the minister it's certainly a subject that we talk about. We have been told they were working on it. Again, this is easily understandable, at this point in time, for the financial aspect of this program.

However, as I said before, some recommendations of the report have nothing to do with finance. They have to do with the administration of the benefit. For instance, people have to go to a coupon-cutting exercise. There are only so many dollars for flowers, so many dollars for caskets, so many dollars for the minister or the priest. People who are mourning at that point in time shouldn't be subjected to that aspect of it.

The approach from DND is that all of that is submitted as one, and then they pay for a certain amount and that's it. That was one of the things.

One of the recommendations had to do with recognizing the impact of cumulative or numerous injuries on the body over a period of 40 to 50 years. It would be certainly fair to recognize that as the cause of death, rather than to be specific on what actual injury caused death.

We're more disappointed with the inaction on those recommendations than the ones that have to do with the financial aspect. But we'll keep working with the minister to try to get some movement on that, and hopefully this committee will as well.

Mr. Sean Casey: Thank you.

You've heard, as I think everyone has, that the justification for the decrease in the budget of Veterans Affairs going forward is the death rate among the traditional veterans. I know you've written on this, so I'm basically giving you a chance, if you will, to expound on your view of that explanation.

Do you understand what my question is?

Mr. Guy Parent: Yes. It's a very good question.

In fact, Mr. Chair, I've expressed that position before the office. We think to look strictly at the assumption that the population will diminish and there will be less requirement for resources is wrong, because there are other populations that will increase the number of clients of Veterans Affairs.

I know for a fact, after a career in the forces—and many people will probably support me on this—that many people who are suffering right now in service are not declaring their injuries because they would be, again, subject to the universality of service and kicked out. When all of these people retire, they will be declaring their injuries and therefore accessing benefits from that.

There are people now who are retired from the armed forces and who have not yet exhibited symptoms of PTSD or other psychological injuries, but they will in the next few years, especially if you look at the number of people who were in Afghanistan. So that will also increase some of those clients of Veterans Affairs Canada.

To date, there are still some people from World War II who are applying for benefits, who have suffered in silence for many years. All of a sudden they realize that they've been limping since 1947, so maybe it is because of their service, and they're still applying for benefits.

To assume the population is going to be smaller... Yes, we realize it's the reality that we lose 1,200 veterans of World War II every month. But, again, with all of these other things in the hamper and the complexity of the modern cases that have to do with comorbidity and very intricate case management aspects, this will certainly increase the workload.

The Chair: Thank you very much. We are beyond time on that as well.

We go to Mr. Lobb for four minutes.

Mr. Ben Lobb: Mr. Hillier, if a veteran has gone through the process and has been denied, has gone through VRAB and has been denied, his or her next opportunity is to go through the court system.

Mr. Keith Hillier: That's correct.

Mr. Ben Lobb: Who pays for the veteran's court costs, the legal fees?

Mr. Keith Hillier: The veteran. Once it goes to court, the veteran is responsible.

Mr. Ben Lobb: Okay, so the veteran pays. If he's successful at court, he has the opportunity to go back to the VRAB and plead his case at that point in time again.

Mr. Keith Hillier: No. The way it would generally work, Mr. Chair, is that a case could go to the Federal Court. The person would not be represented by the Bureau of Pensions Advocates before the Federal Court. In fact, the court normally would either agree with the decision of the review and appeal board or in fact would refer the case back to the review and appeal board, which sort of means, we don't agree with you.

• (1705)

Mr. Ben Lobb: Right. That's what I meant when I said it goes back to the VRAB again.

Mr. Keith Hillier: Yes.

Mr. Ben Lobb: Then if he or she is successful at the VRAB, do the court costs that took place prior to that get reimbursed?

Mr. Keith Hillier: I don't want to speak on behalf of the VRAB. I'm not part of that institution.

Mr. Ben Lobb: Okay, but the department does not reimburse those legal fees incurred by the veteran.

Mr. Keith Hillier: Not that I'm aware of. I don't know if in fact the judge in a ruling might assign costs.

Mr. Ben Lobb: Mr. Parent, given your document here, your report, "Veterans' Right to Know Reasons for Decisions - a Matter of

Procedural Fairness", are you reasonably satisfied that the department is moving in the right direction to meet the needs that are specifically laid out here in your report?

Mr. Guy Parent: Yes. Moving in the right direction, Mr. Chair, I think would be a fair comment.

We have mechanisms in place, as a follow-up action to the report, to look at decisions, letters that will be produced in the next month or so. Normally we look at a six-month period. Certainly we'll be getting back to the department to see how satisfied we are with the actions to date.

Mr. Ben Lobb: I have two quick questions. In the 2009 report from the former ombudsman, he commented about eligibility for the permanent impairment allowance. There were changes made both in dollars and in eligibility in the enhanced Veterans Charter that came out last year. Are you reasonably satisfied with those changes for eligibility for the permanent impairment allowance?

Mr. Guy Parent: Mr. Chair, any improvements to the new Veterans Charter are welcome. Given the fact that it was supposed to be a living document that was on life support for five years, it was nice to see that there are finally some improvements that were made.

Mr. Ben Lobb: Okay. That's a good segue into my last question, if time permits. When do you think is the next time this committee should start to look at the charter again?

Mr. Guy Parent: Certainly in time for the review. I think the review is mandated for two years in the legislation. I'm not sure what the timeframe is, but we are certainly going to be prepared to produce something to have some kind of presentation to the committee for that timeframe.

Mr. Ben Lobb: So at some point in time in 2013 you think it would be reasonable if the committee started to take another look at the charter.

Mr. Guy Parent: Yes, definitely.

Mr. Ben Lobb: Do I have any time left, Mr. Chair?

The Chair: It's unbelievable, but yes, you do, a very little bit.

Mr. Ben Lobb: In the whole process of the application being denied, and then going through the process we just discussed, which is really only about one-third of the way, if you want to take it right to the very end, to the appellate court, what can we do to speed this up? Is there a way that we can save the veteran the bureaucracy, the legal fees, to try to get it right for the veteran? Do you have an idea whether there is a way we can do this? This would literally be years and years before you would finally get a result. What can we do here?

Mr. Guy Parent: It's a very good question. Mr. Chair. There's probably a lengthy answer to that short question.

This “Reasons for Decisions” report was the start of a concept to look at the whole spectrum of disability applications, from the time of the initial adjudication to the Veterans Review and Appeal Board reconsideration stage, the last stage.

We are right now working on a report that should be with the minister within a couple of weeks, which has to do with all the Veterans Review and Appeal Board decisions that were sent to the Federal Court and were subsequently returned to the Veterans Review and Appeal Board for review.

We have a contracted firm that looked at all these cases that were sent back to the Federal Court, and we found some common denominators there for the reasons they were sent back to the VRAB for review. We firmly believe that if those things exist at that end of the spectrum, they probably also existed at the front end. So we need to make the link between the two. I can't speak of the details of the report, but it certainly will be public, probably within a couple of months, depending on how long it stays with the minister.

Our intentions then are to actually provide some companion reports to fill the gap between the two, so we'll work on the process itself. At that point in time we'll be able to look at recommendations to Veterans Affairs Canada on how they can increase the efficiency of the process.

The Chair: Thank you very much.

Mr. Stoffer, you have four minutes.

● (1710)

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

Mr. Parent, the other day we raised the issue of Harold Leduc, who is a veteran who works on the VRAB. If he came to you looking for assistance, would your office be permitted to assist him? He is an employee of DVA through VRAB, but he's also a veteran himself who is going through some challenges, which he stated very publicly, and we assisted him in that yesterday.

If he came to you looking for help, would you be able to assist him?

Mr. Guy Parent: Certainly we could, depending on the situation or the case; we are there for all veterans.

Mr. Peter Stoffer: The situation is that his medical and psychiatric information was released through the department, in his opinion to denigrate him. So if he came to you with that type of information, you would be able to assist him, would you?

Mr. Guy Parent: In fact, this is another good question, Mr. Chair. Because it has to do with access to privacy, it's out of our jurisdiction, so we would not be able to assist him.

We are concerned with the access to privacy of any veteran. We certainly have put measures in place in our own organization to make sure this doesn't happen. We have restricted access to our tracking system; only the people who work on cases have access. We have some concerns, but if it has to do with access to privacy, we don't have jurisdiction.

But we would point people in the right direction. We answer all calls at our office, and if people are uncertain where to go and what

to do, they can call our front line in Charlottetown, and we'll be able to assist them concerning where to go.

Mr. Peter Stoffer: Mr. Hillier, you indicated that Canada is one of the few jurisdictions that gives a client a lawyer if they need legal assistance in order to adjudicate their case before the board.

I find that quite sad, to be honest with you. One, it's expensive; two, it's time-consuming; and three, in most cases people just give up after the first or the second denial. It's rather challenging, when someone has to wait almost two years or sometimes three years, get a lawyer, and go through VRAB to get a hearing aid or a stairlift for their home, or VIP services.

This is the type of frustration that I express on behalf of those individuals. If the benefit of the doubt were applied from the very beginning....

For example, Marshall Demetrician of Edmonton has a psychiatrist's report from an individual who studied psychiatry for many years indicating that there is a high probability, in the doctor's opinion, that his concerns have been affected through military service. VRAB denied him.

I know you can't answer that, but that's the type of frustration people have: they go to the doctor, they spend hundreds of dollars of their own money to get a report—which is not reimbursed, by the way—only to be denied, in many cases by people who have never worn the uniform.

That, sir, is the frustration. And those very good people you talked about, those wonderful front-line employees, should have the authority, with peer-reviewed medical evidence, to make the decision, based on the medical evidence and the benefit of the doubt, to immediately grant access to the benefit and services they require.

I believe, sir, that if we worked in that way, not only would you be able to achieve what you really wish to do—and I know you attempt to do it all the time—which is to provide speedier or faster resolution to the services, but many more veterans wouldn't need a veterans ombudsman. When you think about it, when you have an ombudsman, you have a problem. Isn't that right?

I say that just by way of advice and regard. I want to thank you again for your tremendous service over the years, because I know, sir, that on a personal level you do a very good job. You obviously have to abide by the legislation and the regulations that you work under.

But in my personal view, working on this file for over 14 and a half years, there are many ways in which we can streamline the process to make it much faster, give the true benefit of the doubt off the bat, and not let veterans and RCMP members feel that they need to have a lawyer or feel that they're actually begging for something, because in many cases this is what we hear from them. When a veteran gets a benefit right away, they're ecstatic. They love you; they think it's great.

The Chair: Mr. Stoffer, we're quite a bit over. I was enjoying every—

Mr. Peter Stoffer: That's all I wanted to say.

The Chair: I'd like to say I haven't heard it before, but you're fairly consistent.

Mr. Peter Stoffer: I have no questions.

The Chair: Okay. Thank you.

Would you like to respond?

Mr. Keith Hillier: Mr. Chair, I would like to respond, because I think there are some clarifications that are really important here for the benefit of all members.

First of all with regard to the Veterans Review and Appeal Board, they do not hear any appeals for health: issues of health services, treatment, and benefits are not in the purview of the Veterans Review and Appeal Board. I want to very clear: there are levels of appeal, but they are not with the Veterans Review and Appeal Board.

With regard to the issue of adjudication, again I want to point out that 73% of the incoming applications for a disability award or disability payment actually get a yes the first time. There's a team of adjudicators, approximately 60 people, who are extremely well trained, and they are supported by a team of eight medical specialists. The law requires them to give the benefit of the doubt to the veteran; there is no question about that.

In some cases, unfortunately, there is no benefit of the doubt to be given. If the information is missing, or if in fact... In the system that we have, we are never going to be at 100%, because there will be some claims that won't be valid. That's the reality of a claims system. I think we need to work to make sure that the veterans get every benefit and every service they are entitled to.

With regard to the lawyer, 73% get through, and actually with the help of a lawyer. The fact that the Government of Canada pays for a lawyer to make sure to go that extra mile, to make sure the veteran gets everything they can.... I think we as Canadians should be very proud of the fact that we are going to do that for our veterans.

Just as an indulgence, Chair, if I may, since we talked about... I thank you very much for your comments about me. I missed the estimates meeting on Tuesday. Unfortunately, I had a medical situation. It was the first time in 14 years that I haven't been here for the estimates.

I may be dating myself.

I would just like to put things in perspective a little bit. My colleague mentioned that he gets a lot of his business from health claims. Last year we processed 13.5 million health claims through the system. As part of that, last year we filled 5,386,000

prescriptions. We processed 174,126 dental claims. I give you these figures to provide a sense of the volume.

The ombudsman fulfils a very important function, because sometimes things go the wrong way, one might say, but I wanted to give you a sense that we're in the business of hundreds of thousands and millions of transactions. I'd like to think that every one is done perfectly, but we don't live in that world, and we have an ombudsman who can come forward and say that somebody didn't get the benefit or service in the manner we might expect.

• (1715)

The Chair: Thank you very much, Mr. Hillier. That was time well spent.

We now have Mr. Strahl for four minutes.

Mr. Mark Strahl: I will give my time to Mr. Lizon. I'm generous today.

Mr. Wladyslaw Lizon: Thank you.

Mr. Parent, I would like you to comment on transitional services. You made a statement that the people moving to civilian life need services to get used to a new environment.

What do you exactly mean? This would suggest that they live in some kind of isolation. That's not the case. Many people who are serving whom I know socialize and are part of the community. Professionally, I would understand if it's a relatively closed circle; they go by different rules from those followed by people in civilian environments. But they are not necessarily taken out of normal day-to-day life. What, therefore, do you mean in saying that they have to be completely "reintegrated", not integrated?

Mr. Guy Parent: That's a very good question, Mr. Chair.

We used to say in the military that the military is not a career, it's a way of life. You're surrounded by a culture of interdependency in the forces. A lot of things are provided for you, without you having to queue in line or anything like that. The best example of that is a doctor for the individual. A doctor is provided by the service on a day-to-day basis. If you don't feel well, you go to the infirmary, and you're looked after by a doctor right there and then. For the annual medical it's the same thing.

Well, the individual who now transitions into the civilian community now has to get used to all that. Where do you go for a doctor? What's a walk-in clinic? All of these things are unknown to the military person, because these things have always been looked after for him.

Another example would be salary negotiations, unions—all of these things. They're non-existent for the individual.

So you go from a world of interdependence to one of complete independence. Somebody has to explain to you how it works, and there's a stigma attached to it when you're not... Of course, some people do very well if they have the ability to do things for themselves, but a lot of people in the forces are really living the culture. They feel that all of a sudden they've been abandoned by the system.

I think it's necessary to have somebody in the joint personnel support unit say to the healthy veteran, "Okay, now you'll be going into civilian society. Is there anything you're concerned about? Is there anything we can do to help you out?"

• (1720)

Mr. Wladyslaw Lizon: I don't know whether you have the number, but what would be the percentage of people leaving the military who need or require those services?

Mr. Guy Parent: I would say it's a high percentage. We have 5,000 people, on average, coming out of the forces every year, and 900 to 1,000 from the RCMP. I'm sure many of them would need that kind of transition. It should at least be made available. Right now it is not available.

Mr. Wladyslaw Lizon: I understand.

With regard to our trip to Halifax, it was mentioned a few times that Dr. Heather MacKinnon—and I would just like to clarify this—made some statements that were incorrect. But it may not have been her fault; she probably based that on the cases she deals with. For example, she stated that the majority of applicants for veterans benefits were turned down on their first application.

As you mentioned, Mr. Hillier, that's not true, because about 75% are actually approved. We also understand that another 50% are approved on appeal.

Mr. Keith Hillier: On the figure I quoted, the 73%, we have to be careful that we don't get into mathematical gymnastics here, because not everybody who in fact is denied a benefit actually proceeds to the Veterans Review and Appeal Board.

Again, I just want to reiterate, Mr. Chair, for the benefit of members, that after the individual receives their letter, and after they've met with a Bureau of Pensions Advocates lawyer, we in the department can actually do a departmental review and make any changes or any corrections that need to be made. Many of the individuals, once they sit down with a lawyer, actually come to the conclusion that the department has made the right decision. Those cases are what's referred to as "counselled out". In other words, they've sat down with a lawyer, who has gone through and explained to them the reasons behind the decision we've taken. At that point, many people then accept the ruling of the department.

Mr. Wladyslaw Lizon: Thank you very much.

The Chair: Thank you, Mr. Hillier.

For our last round we have Ms. Adams for four minutes.

Ms. Eve Adams: Thanks very much.

Mr. Hillier, can you comment upon the expansion to the veterans independence program and how now more widows and primary caregivers are eligible under that program?

Mr. Keith Hillier: Yes, certainly.

There were changes made, probably about three years ago now, specifically to do with VIP for widows. The analysis of some of the work we'd done showed that there were widows who were having some difficulty. They were people who maybe had some disabilities themselves or who were in fact at the lower end of the income scale.

The government brought in measures that expanded the eligibility for these widows. They were probably the most "needy", if I might say that, in terms of their health and their income situation. We could provide them things like—

Ms. Eve Adams: And for our edification, that's the snow removal and the grass cutting and the housekeeping—

Mr. Keith Hillier: Exactly, those are the things—

Ms. Eve Adams:—so they can stay in their homes longer.

Mr. Keith Hillier: Yes, exactly. What we found is that in some particular cases it was difficult for the widow—it was generally the widow, in some cases the widower, but generally the widow—to stay in the house. So by providing the services that you mentioned—groundskeeping, the snow clearing, the homekeeping. That program was expanded, and I think it's been pretty well received.

• (1725)

Ms. Eve Adams: Mr. Hillier, our Conservative government also doubled the number of OSI clinics. These are the clinics that provide post-traumatic stress disorder counselling. Is that correct?

Mr. Keith Hillier: Yes, that's correct.

Before I toss to my colleague, Raymond, who is responsible for this, one of the things I want to point out is that quite often people will ask me, are you going to be ready for the modern-day veterans or are you going to be ready for some of the occupational stress injuries from Afghanistan? The answer is yes. We have this network across the country that is scalable and we can scale the infrastructure we have to meet any future needs that may come.

With that, Raymond....

Mr. Raymond Lalonde: I'm pleased to have the opportunity to maybe refer to what the ombudsman was talking about—accessibility. Do we have a sufficient level of service, and is it fair in terms of access?

In 2007 the government did approve the doubling of the OSI clinics. We have now 10, and with the 7 DND operational trauma stress support centres there are 17 sites across the country that CF members, RCMP members, and veterans can have access to.

Ms. Eve Adams: Monsieur Lalonde, not to put you on the spot, but were you aware that both the NDP and the Liberals voted against funding the doubling of the OSI clinics?

Mr. Raymond Lalonde: No, I was not aware.

Ms. Eve Adams: Monsieur Lalonde, were you aware that the NDP and the Liberals voted against funding the expansion of the veterans independence program?

Mr. Raymond Lalonde: No, I was not aware.

Ms. Eve Adams: How about Monsieur....

I'm sorry.

Mr. Raymond Lalonde: I think everyone at the table, all veterans associations, did support the doubling of the OSI clinics.

Ms. Eve Adams: They did, and it clearly provides very meaningful service to the veterans struggling with PTSD.

Monsieur Parent, I'm not sure if you're aware. Were you aware that it was the Conservative government that established the Office of the Veterans Ombudsman, and that both the Liberals and the NDP voted against funding for the creation of your office?

Mr. Guy Parent: I was not aware, no, but probably I was not interested at that time. I would pay more attention now.

The Chair: It's a little more relevant now.

That brings us to just about the end of the time.

What I'd like to do, on behalf of our committee, is thank you very much for attending. A lot of good information has been provided today, and it's very helpful in reviewing the study. There were excellent questions and excellent answers and so on.

Thank you very much.

The meeting is adjourned.

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