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## **Standing Committee on Veterans Affairs**

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**EVIDENCE**

**Wednesday, October 24, 2012**

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**Chair**

**Mr. Greg Kerr**



## Standing Committee on Veterans Affairs

Wednesday, October 24, 2012

• (1530)

[English]

**The Chair (Mr. Greg Kerr (West Nova, CPC)):** I call the meeting to order.

I want to remind the committee that we want to take the last 20 minutes or so for business. We should have lots of time, with one panel and two witnesses.

I want to welcome the co-chairs. Rear-Admiral Andrew Smith, chief of military personnel and co-chair of the DND/VAC joint steering committee, has certainly been very active in veterans' activities.

From the department, we've seen as a witness once or twice before Keith Hillier, assistant deputy minister of service delivery, and also co-chair of the DND/VAC joint steering committee.

Gentlemen, as you know, you will have your opening statements, and then we will go to the panel members here for questions. We certainly look forward to your information this afternoon, and again welcome.

We will start with Admiral Smith.

[Translation]

**Rear-Admiral Andrew Smith (Chief of Military Personnel, Co-Chair of the DND/VAC Joint Steering Committee, Department of National Defence):** Thank you, Mr. Chair.

[English]

Ladies and gentlemen, the last time I appeared before this committee was in February of this year. My preparation for today's exchange brought to mind the study you are undertaking with respect to the red tape initiative. I find this encouraging because in my area of endeavour, system efficiency means system responsiveness, something I care about. I gather from your focus on responsiveness that we are very much on the same page.

There is no doubt in my mind that a reduction in red tape and in the number of levels of approval will enable us to get faster results for the clients we all care about. This streamlining for a more timely provision of support and services to our ill and injured personnel is great news and a welcome sign of progress.

[Translation]

As Chief of Military Personnel, I set the priorities that orient the personnel strategies of the Canadian Forces and their related operations. This year, my priorities are the following: the ill and

the injured; mental health; and the modernization of individual training and education.

Over the last four years, I have been increasingly reminded of the need for the Canadian Forces and Veterans Affairs Canada not only to understand each other's culture, but also to enhance their capacity to jointly serve veterans and military personnel.

• (1535)

[English]

It is up to us to ensure that all initiatives and policies for the ill and injured, and in support of mental health, are jointly developed by our two institutions so as to provide Canada's men and women in uniform with a seamless transition to their new pursuits and their new lives. The Canadian Forces and Veterans Affairs Canada serve the same group of great men and women. They just do it at different times in their careers and in their lives.

It is clear that the Canadian Forces and Veterans Affairs form a family. Our commitment to Canadian Forces personnel, to the Government of Canada, and to Canadians who care about their military compatriots holds strong.

[Translation]

Since 1997, the Canadian Forces and Veterans Affairs Canada organizations have variously strengthened their working relationship. So it was that each embedded a liaison officer with the other's organization. From 1998 on, those officers have represented their home organization and served as advisors on programs, services, legislation, and on a range of challenges that Canadian Forces personnel and veterans must contend with. The liaison officer concept is a most effective channel of communication between the Canadian Forces and Veterans Affairs Canada.

[English]

In 1999 the CF-VAC steering committee was established in response to the recommendations of the Standing Committee on National Defence and Veterans Affairs report, released in October 1998. This report would in fact guide the implementation of the steering committee for the next two years, according to its initial goal of improving the quality of life of Canadian Forces personnel and Canadian veterans.

The committee achieved its goal by providing an overarching governance structure for the deployment of CF and VAC initiatives along with strategic direction and guidance for all CF-VAC committees and working groups. It was on February 1, 1999, that the first steering committee would take place.

[Translation]

The original objectives of the steering committee were to support the Government of Canada's vision for the Canadian Forces, which consists in recognizing the contributions, sacrifices and achievements of Canadian Forces personnel, veterans and their families, by meeting their evolving needs through harmonized programs and services to enable their seamless transition.

Our programs for the ill and injured military members who require assistance during reintegration are part of this objective. Our provision of continuous support during the sometimes demanding release process, which leads from military to civilian life, is also part of it.

[English]

In December 2010, our collective drive for continuous business improvements in the service of military personnel brought us to revise the steering committee's terms of reference so that we would more effectively follow the principles of governance. The new terms of reference focused more closely on decision-making and the setting of goals and priorities with concrete deliverables and clearly defined responsibilities. The aim of this revision was to channel the work of the steering committee members along the lines of their areas of responsibility and thus generate concrete outcomes for programs and services while strengthening the joint CF-VAC capacity to serve the constituencies that they oversee.

We took care to commit to an ongoing review protocol that would include the revision of the terms of reference. In this manner, as the needs of our clients changed, the steering committee was able to remain responsive to them.

[Translation]

In November 2011, Veterans Affairs Canada witnessed a significant shift take place, in that it now has a client base preponderantly made up of serving personnel and modern-day veterans rather than World War II and Korean War veterans. The steering committee discussed this change, so that in September 2012, we undertook another review of the steering committee's terms of reference. The resulting document will be completed, approved and signed for the next steering committee meeting in December 2012.

• (1540)

[English]

The CF-VAC steering committee reports directly to the VAC deputy minister and to the Chief of the Defence Staff through their respective co-chairs, those being VAC's ADM for service delivery and me as the chief of military personnel.

As a decision-making body that was established to strengthen the working relationship between VAC and the CF, the steering committee continues to provide strategic direction and oversee VAC and CF initiatives that affect their clienteles of VAC and the Canadian Forces.

The committee consists of two co-chairs and a forum of 12 senior leaders who come from both organizations and the Royal Canadian Mounted Police.

These institutions are represented by senior leaders and directors whose mandates includes the care of veterans, ill and injured and deceased CF personnel, and their families.

[Translation]

The committee members are constantly seeking ways to improve services and to ensure that the committee's decisions are relevant and support Canadian Forces personnel and veterans who are ill or injured, or who require assistance during their transition period.

The steering committee meets twice a year—once in Charlottetown and once in Ottawa. The agenda we establish is reflective of the progress that has been made, and the program and service developments of our respective organizations.

[English]

I submit to you that the CF-VAC steering committee is indeed a successful partnership and a model of collaboration that benefits our diverse and deserving clientele of military personnel and veterans.

My colleague, and someone who I often refer to as my “professional cousin”, Mr. Hillier of Veterans Affairs, will speak to the joint priorities established between the Canadian Forces and Veterans Affairs and some of the other accomplishments that stem from the exchanges of the steering committee.

Thank you, Mr. Chair.

**The Chair:** Thank you, Admiral Smith.

I'm not sure how Mr. Hillier is going to react to you two being related, but we look forward to his comments.

Go ahead, Mr. Hillier, please.

**Mr. Keith Hillier (Assistant Deputy Minister, Service Delivery, Co-Chair of the DND/VAC Joint Steering Committee, Department of Veterans Affairs):** Thank you, Admiral Smith and Mr. Chair.

My name is Keith Hillier, and I am the assistant deputy minister of service delivery at Veterans Affairs Canada. It's my pleasure to be here with my colleague to discuss the DND/VAC joint steering committee that I co-chair on behalf of Veterans Affairs Canada.

Admiral Smith has explained the terms of reference, mandate, membership, and overall governance regarding the steering committee. My role this afternoon will be twofold.

First, I wish to speak a bit more about the steering committee and explain why and how we arrived at the designated joint priorities, because this list of initiatives makes up the main efforts of the committee on an annual basis.

[Translation]

Second, I wish to speak about significant activities in both organizations that can be traced back to the work done by the steering committee.

[English]

Mr. Chair, when it comes to addressing all the issues and concerns brought before the joint steering committee, it is an unfortunate reality that neither organization is sufficiently resourced to action each and every idea and every initiative. We must carefully weigh all potential initiatives against the current commitments. As well, both organizations have individual mandates and priorities and, although highly related, the fact is that VAC and the CF both have different jobs to do and different missions in support of the people of Canada.

That being said, it makes a great deal of sense, as the admiral has already stated, to coordinate the efforts of VAC and the CF wherever possible. Doing so helps to avoid duplication and ensures that we care for and support our men and women in uniform, our veterans, and their families to the highest standards possible.

• (1545)

[Translation]

It was necessary to prioritize the work in order to maximize the steering committee's ability to shape and influence the coordinated efforts of the two organizations.

[English]

In 2010, the steering committee took a close look at what we were doing and identified some key initiatives, such as continuity of care, electronic health records, family support, mental health, and research. These eventually became the joint priorities as established and agreed upon by all members of the committee and under the authority of the two chairs. It is important to understand that this was not a checklist in the sense that we would finish the first item before we started the second item. Rather, it is a list of concurrent initiatives that involve the cooperative efforts of both organizations.

Similarly, there is no set number of priorities. The list is as long as it needs to be. That said, not everything can be a priority, or the list becomes meaningless. Therefore, some general thoughts were expressed in terms of how to ensure that the chosen priorities are of sufficient significance.

Generally, there must be an impact upon the members of the Canadian Forces and the veteran population. They must be major initiatives in the sense that the oversight of the steering committee is required to provide guidance and direction. They must be realistic, achievable, and identifiable initiatives, with measurable and defined goals.

[Translation]

Both organizations will be required to allocate resources to managing the priority.

[English]

Once we establish the list of priorities, the admiral and I, as co-chairs, assign each priority to one of our directors general to ensure it is coordinated and staffed. The committee is updated on the progress of every priority at every committee meeting, and no item is removed from the list until it has been satisfactorily completed. In this way, each and every priority is moved forward in an accountable and transparent manner, and both organizations have complete visibility on its progress.

Mr. Chair, I would now like to speak about the significant activities that have resulted from the hard work and discussions of the steering committee.

The new Veterans Charter provided Veterans Affairs Canada with a full package of benefits and services that can be tailored to the individual needs of each transitioning veteran and his or her family. This care and support includes rehabilitation services, mental health supports, case management services, disability compensation, monthly financial benefits, practical help finding a job, and health care benefits.

The department has also established a range of programs and services to complement the help available through the new Veterans Charter. It is important to note that all these, while released under the Veterans Affairs Canada banner, were discussed and coordinated at length with our partners at the Canadian Forces.

I will now highlight some more recent measures adopted to improve and increase support for our men and women in uniform, our veterans, and their families.

Through cutting red tape initiatives, we are streamlining the department to eliminate unnecessary layers of bureaucracy. We're reducing paperwork and we are introducing new technologies.

[Translation]

As well, the benefit browser is now available to help veterans more quickly and easily find online information on the benefits, services and programs suited for them.

[English]

We have also simplified our forms, which is making it easier for veterans and transitioning CF men and women in uniform to understand, apply for, and access benefits, services, and programs. There is better and earlier coordination between the Canadian Forces and VAC, particularly at the joint personnel support unit and the occupational stress injury support clinics across Canada.

[Translation]

Finally, "My VAC book" now provides veterans with quicker and more convenient access to information on the available programs and services.

[English]

We are also making improvements to the way we deliver services. For example, VAC and DND have worked together to continue the switch to electronic records, which allow us to share more accurate information in a secure and timely manner. In partnership with Service Canada, more than 600 new points of service are available to veterans across Canada.

In order to enhance case management services, we have launched an integrated action plan for case management, rehabilitation, and mental health. We are updating our offices to make them more inclusive and reflective of the CF veteran population—in other words, to make them veteran-friendly.

Another area of activity is the creation of new career opportunities. For example, Helmets to Hardhats Canada is bringing union, private sector, and public sector resources together to match veterans with employment opportunities in the construction industry. Priority access to the public service is intended to be extended to allow veterans more time to seek employment opportunities in the federal public service.

We will also continue to conduct the research that informs our efforts. This includes the life after service study, which has provided both organizations and our study partners with a much greater understanding of how to design, implement, and deliver policies, programs, and business processes that best meet the needs of ill and injured personnel. The next step in this research is a study specific to reservists to further enhance our understanding of the experience and needs of veterans transitioning to civilian life.

We have also recognized the importance of building cultural awareness. We started this by providing VAC employees with “CF-101 for Civilians”, a course designed by DND to raise awareness about the military ethos, military life, and chain of command. To date, more than 92% of all VAC employees have completed this course.

Base visits have been another important part of our ongoing and ambitious outreach strategy. Various cultural awareness projects are increasing VAC's employees' awareness of and sensitivity to the Canadian Forces and its traditions. Just last week, 25 Canadian Forces personnel were in Charlottetown for a three-day interactive exchange with VAC program and policy directors.

In closing, Mr. Chair, a main objective of the CF-VAC steering committee is to strengthen VAC and CF capacity to serve veterans, ill and injured CF personnel, and their families. The accomplishments we've noted today, with many more to come, will get us to our goal of a clear and timely and consistent service experience for veterans and their families.

Thank you again for this opportunity to address the committee.

*Merci beaucoup.*

● (1550)

**The Chair:** Thank you very much, Mr. Hillier, and to both witnesses again.

We'll now turn to committee members for questions. We'll start with Mr. Stoffer. You have five minutes.

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

Thanks to all of you—to you, Admiral, and to the folks you brought as well, for your service to our country and to our veterans here.

Sir, on page 4 of your presentation, you indicated in the fourth paragraph that the committee would consist of the two chairs and 12 senior leaders from VAC, CF, and the RCMP, institutions represented by senior leaders, directors, etc., but I didn't notice anyone there from any veterans organizations like the Legion, the Army, Navy and Air Force Veterans in Canada, etc.

The reason I ask is that in today's *Quorum* Wayne Johnston, who's a current soldier and founder of Wounded Warriors, says “Veterans Affairs continues to be eyed with deep distrust by soldiers”.

Would it not be advisable, if the intent is to help the injured and ill and their families, not to necessarily have a government and military-backed type of organization?

I'm very pleased, by the way, about the coordination that's taking place between the two, and I think it's a very good start, but would it not be helpful to have members of the veterans committee on that committee as well?

**RAdm Andrew Smith:** Thanks for your question. I'll give you an answer, and I'll invite Mr. Hillier to respond as well.

In the first instance, I would say we do gain lots of feedback from veterans organizations. I have a very close working relationship with the Royal Canadian Legion. I meet with the Legion on a regular basis. We hear back from folks like Wayne Johnston from Wounded Warriors, True Patriot Love Foundation, Canada Company, other organizations that are plugged into the veterans community, and all of the other veterans advocacy groups in various parts of the country.

We've also done outreach to bases. We've visited 20 bases across the country in the last year and a half. We've done presentations to over 6,200 Canadian forces personnel, with a view to both getting the services and support available to them through Veterans Affairs to themselves and their families and to hear back on their concerns. We do have a very regular and constant pipeline of feedback to us.

With respect to whether they should be part of the steering committee per se, my sense is no. It's really there to guide the program and policy development, the harmonization, and the ongoing synergy between the departments, which is really the business of ensuring we have a seamless handshake between the two organizations. In view of everything I've said, I do not see a requirement for them to be part of that committee.

Mr. Chair, I'd invite Mr. Hillier to comment.

● (1555)

**Mr. Keith Hillier:** I would share to the admiral's the view that in terms of getting feedback from veterans, there are various consultation methods with veterans organizations. As the admiral noted, we visited about 20 bases and wings last year. This committee is really about how to get things in government done, how to get things accomplished, as opposed to responding to particular concerns of veterans groups.

**Mr. Peter Stoffer:** Minister Blaney says, in response to the Auditor General's report, that his department accepts all the recommendations and will implement and table an action plan to ensure a seamless transition for veterans. I assume that the reason Mr. Blaney said that is because Colonel Pat Stogran indicated—I'm just quoting him in the paper here—that lives are “being ruined because of our tolerance of ineptitude and cover-up”.

Have you been advised by the Minister regarding the recommendations, and how soon will your committee be able to adapt to the recommendations given by the Auditor General?

**Mr. Keith Hillier:** First of all, you're correct in that the minister has committed to an action plan. It will go over and above what has been suggested by the Auditor General. We will surpass what the Auditor General has suggested for recommendations. We have been working on this for some time, and it has no relationship to any comments alleged to Mr. Stogran.

**Mr. Peter Stoffer:** Thank you.

**The Chair:** Thank you very much.

Go ahead, Ms. Adams, for five minutes, please.

**Ms. Eve Adams (Mississauga—Brampton South, CPC):** Thank you very much, to both gentlemen, for coming here today.

It certainly sounds like quite an impressive model. Can you tell me if there are similar boards across other government departments?

**RAdm Andrew Smith:** Mr. Chair, I can't speak definitively on that. I do know that this committee has been viewed favourably by the government's Chief Information Officer. In looking at what we're doing in electronic health records transfer between the two departments, she observed that this is a model of intergovernmental collaboration.

Beyond that, I'm not sure. I would note that the invitation to the RCMP to sit on this committee—and they are active members of the committee—is just another example of how we've expanded beyond the two obvious choices of Canadian Forces and Veterans Affairs.

**Ms. Eve Adams:** That certainly is high praise.

Could you give me some concrete illustrative examples of the type of work you are doing?

**RAdm Andrew Smith:** Certainly.

The priorities that we established for this year really speak to several areas. The primary one, I would submit, would be the continuity of care. We're looking to ensure that as people transition from the Canadian Forces to other pursuits in their lives, there is as seamless a handshake as possible as they go from an organization that they have served for the better part of their lives, in many cases, to other pursuits.

That continuity of care—whether it be attendant care post-release, travel assistance, dental services, the spectrum of care from a health care perspective, vocational rehabilitation, or transition services—and trying to make sure that those areas are well understood from a policy and program perspective, while acknowledging that they won't ever be identical, are key aspects. Certainly from my four and a half years associated with the committee, I would submit that they're the most enduring and significant of examples.

However, we also collaborate on, as I mentioned, the exchange of electronic health records while respecting the Privacy Act. That's not always self-evident. You'd think it would be relatively easy between government departments, but for the right reasons, there are stringent regulations in place that make sure we have to do that properly.

We've collaborated extensively on the issue of mental health. That's in terms of both clinical treatment and non-clinical treatment, through the operational stress injury clinics and our own equivalent inside the forces, which are referred to as the operational trauma stress and support clinics.

I'll just mention that I was at an OSI clinic in London, Ontario, last week in the Parkwood Hospital. They're doing great work in terms of reaching out to veterans.

We do that at the strategic level, and then we follow it up and watch what happens at the tactical level. We've also had agreement in mental health in terms of common service providers.

I would close my part of this response by saying that we collaborate extensively on research as well. Mr. Hillier mentioned the life after service study and the mortality study, as well as the joint priorities that we provide to the Canadian Institute for Military and Veteran Health Research.

We also, as another priority, collaborate extensively on commemoration and remembrance. I have a department of heritage and history that works for me, and Veterans Affairs has a commemoration cell. We work very closely on, but not limited to, Remembrance Week, on how we might celebrate the service of military people.

• (1600)

**Mr. Keith Hillier:** Mr. Chair, I would respond to the question regarding the committee from an international perspective.

Certainly after speaking with my colleagues, particularly in the U. S. and Australia and some other of the allied countries, I know they're very jealous of the Canadian model. Generally senior officials, with their equivalent of Veterans Affairs Canada, have to deal with many branches of the service. They have to deal with the army, the navy, but in this model, when we sit down at the table, Admiral Smith speaks for the Canadian Forces and all branches of the Canadian Forces, and I speak for Veterans Affairs Canada. In terms of a method of communication, a way of getting business done, certainly internationally my colleagues say they wish they had that kind of model in their countries.

**The Chair:** Thank you very much.

You're right at five minutes, Ms. Adams, unless you're real quick.

**Ms. Eve Adams:** Just very briefly, could you give me an overview of the mandate you have?

**Mr. Keith Hillier:** Well, you can read the mandate, but it's basically to ensure that we coordinate the policy and coordinate the transition for the men and women in uniform to Veterans Affairs Canada. That's really when you cut through it. We're trying to make sure that the transition is as seamless as possible.

Some of them are difficult. Let's not kid ourselves. There are people who are seriously ill, who are seriously wounded, so let's not kid ourselves. It's to try to do it as seamlessly as possible, and then to make sure that both organizations are aligned: if we're going west, we're all going west. That way, we don't have one organization going east and the other west.

Will we ever be perfectly aligned? Probably not. As I noted in my speaking comments, we have different missions on behalf of the people of Canada. However, we have a joint responsibility for those who are injured or who become ill in the service of Canada.

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

We'll now move to Mr. Casey for five minutes, please.

**Mr. Sean Casey (Charlottetown, Lib.):** Thank you, Mr. Chairman, and welcome back, gentlemen.

The first question is for Rear Admiral Smith. In answer to one of the parliamentary secretary's questions, you referred to the Canadian Institute for Military and Veteran Health Research. What's the Government of Canada's financial commitment to that organization?

**RAadm Andrew Smith:** The Government of Canada has no funding construct associated with that body. It is a body, to the best of my knowledge, unique in this country. In it, universities have often put the promotion of their own interests aside to come together and collaborate in the interests of military and veterans health research. It's run out of Queen's University in collaboration with the Royal Military College of Canada. At my last count, something in the order of 20 universities had signed on to that body in the pursuit of research, and they have done some very exciting work to date.

**Mr. Sean Casey:** Mr. Hillier, in your prepared comment you indicated that in order to enhance case management services, you've launched an integrated action plan for case management, rehabilitation, and mental health. When did you launch that integrated action plan?

• (1605)

**Mr. Keith Hillier:** The action plan is actually ongoing as part of our transformation process. As I've testified, and as I think some of my staff have testified at this committee, our transformation agenda is five years. Improvement of case management is one of the pillars of it. We have taken ongoing steps and we will continue to move forward. We are actually in year two now of the five-year transition program.

**Mr. Sean Casey:** You would undoubtedly be aware that the Auditor General wasn't overly impressed with the delivery of case management. In paragraph 4.45 he referred to the fact that consultations between the case manager and other experts are required when a veteran has health needs that are not being met. He found there was no documentation of any consultation in 40% of the cases. He found in 68% of the cases he reviewed that the department didn't meet the applicable service standards for making a decision on the complete rehabilitation application.

Mr. Hillier, there must be some reason for these gaps. What is it?

**Mr. Keith Hillier:** Mr. Casey, I'd like to respond two ways.

First of all, Mr. Chair, as the minister has said, there is an action plan that will be coming forward. Second, with regard to the clarification, as is noted in our reply to the Auditor General in January 2012, steps were put in place to clarify when these referrals need to be made and the level of documentation that's required.

**Mr. Sean Casey:** One of the other things that you said in your responses to the Auditor General was that processes and standards are in place to give all case-managed veterans more access to their case manager. You also referred to it in your remarks today when you said you're updating the VAC offices.

We talk about processes and standards to give all case-managed veterans more access. Charlotte Stewart, from your department, testified here that the district office in Prince Edward Island would be closing, leaving it as the only province in Canada without a

district office, and she could offer no assurance that there would be any case managers in Prince Edward Island.

Can you square her evidence with your comments to the Auditor General that processes and standards are in place to give all case-managed veterans more access to the case manager? How do you get more access when you're moving the case manager out of province?

**Mr. Keith Hillier:** Mr. Chair, I'd like to respond to that by saying that first of all, part of access to the case manager is easier access to a more modern telephone system to facilitate that.

Second, I just want to make some clarifications with regard to case management and with regard to Prince Edward Island.

Yes, the Government of Canada announced that the Charlottetown office would be one of eight offices closed. I want to share a clarification, Mr. Chair, if I may. What I say for Charlottetown relates to all eight offices. Veterans will still have access to the department through our call centres, My VAC Account, Service Canada locations, and the 24-hour crisis line. The local peer support coordinators will be there. Veterans will continue to have access to their case managers by phone or by home visit. If a veteran wishes to meet with a case manager, whether it be in an office, at the veteran's home, or at the local Tim Hortons, the case manager will go there.

We will continue to provide nursing visits and occupational therapy visits. We will continue to provide treatment authorization, and the veterans will still have access to the operational stress injury clinic that serves their area.

As I've testified before this committee before, the changing demographics of veterans require that in some offices we add individuals. Other offices will remain relatively stable over the next four to five years, some will get smaller, and some will close, but even in the areas where we're closing the bricks and mortar, the services to the veterans, including home visits by case managers, will continue.

**The Chair:** Thank you, Mr. Hillier.

We're quite a bit over time, but I wanted to make sure that you gave Mr. Casey a full answer, so thank you for that.

I'm going to pass by Mr. Harris for a moment and go directly to Mr. Hayes, if I may.

**Mr. Bryan Hayes (Sault Ste. Marie, CPC):** Thank you, Mr. Chair.

Admiral Smith, in your report you spoke a lot about terms of reference. I notice that in 2010 there were some new terms of reference. In 2011, it looks as if there was a shift, and in 2012, I think, there is another potential look at terms of reference. I'm trying to get an understanding of the terms of reference as they originally were, why they have changed, and what the new terms of reference might be.

I think it's important that you're doing that. I think it's very important, because obviously there is probably a shift in the nature of the types of things that are done. I just want to get a better understanding of the committee's terms of reference.



•(1610)

**RAdm Andrew Smith:** Certainly. Thank you for the question.

I've been here for four and a half years. The committee has been around much longer than that. My view is that in the embryonic stages of the committee, they were very much finding their way, as I mentioned in my remarks, trying to make sure that there was greater collaboration and communication between the two departments. It may be surprising, but when you go back and read the history of the committee, the two departments were not always as closely linked as they are today.

As time has gone on, the two organizations have become much better at understanding each other and the respective cultures of each organization. They have better understood the needs of veterans. The terms of reference of the committee have changed to reflect that better understanding.

Even in the four and a half years I've been sitting on the committee, there has been a real shift as the Department of Veterans Affairs has come to, I would submit, better appreciate the needs of the modern-day veteran. Some don't like that term, but we now have a much more computer-literate, social media-literate organization. Veterans Affairs has taken great steps to address that. The terms of reference for the committee have been in line as we have tried to make sure that we've stayed abreast of the changing demographics and the needs of veterans.

**Mr. Bryan Hayes:** Mr. Hillier, do you care to comment as well?

**Mr. Keith Hillier:** The world is changing quickly. We need to evolve as a committee. We need to look at what the current pressures are and at the environment in which we operate.

When the committee started off back in 1999, it was fairly rudimentary. I would like to think that we've learned some things over the years. We try to keep our mandate and our terms of reference alive, I would say, to meet the ongoing challenges that are with us today and some that we think will be around the corner.

**Mr. Bryan Hayes:** That's a good segue, because there's a document that stated that new terms of reference will be completed, approved, and signed for the next steering committee meeting in December of 2012.

What's the process that's going to happen between now and December, 2012, in terms of discussing those terms of reference and reaching agreement on those new terms of reference? Do you have a sense of what some of those new terms of reference might entail?

**Mr. Keith Hillier:** I'll start, and Admiral Smith can jump in.

In terms of the process itself, it's an iterative approach. It's an approach that's built on each side providing input, based on what we see the needs are.

I want to be very clear that while we have our steering committee twice a year, as prescribed, the reality is that Admiral Smith and I talk many more times than twice a year when we sit down across the table, as do our directors general on both sides, as do our directors, so this is a document that we build together. By the time we get to our steering committee, to the formality of signing it, we've had our discussions and our debates, and we bring it forward. Then it's really

for ratification, to make sure everyone's comfortable and everybody understands what we're signing on to.

**RAdm Andrew Smith:** I would only add that we have had very fruitful discussions throughout the study period of the Auditor General's report. There are some observations that you will have undoubtedly read related to governance. Those have been helpful in continuing to shape the direction of the steering committee.

I would further add that over time I have witnessed a change as the committee has evolved, becoming a more strategic committee as opposed to a tactical, details-oriented committee. I don't think that's really the nature of the committee and what we want the committee to do, so we have changed the scope and composition of the committee to reflect a more strategic decision-making nature that is beneficial to veterans.

•(1615)

**The Chair:** Thank you very much, Mr. Hayes. I know, it passes quickly, doesn't it?

We now go to Mr. Chicoine for five minutes, please.

[*Translation*]

**Mr. Sylvain Chicoine (Châteauguay—Saint-Constant, NDP):** Thank you, Mr. Chair.

I want to thank our two witnesses for coming to testify before the committee.

I would like you to explain to us the motives behind the decisions regarding the accountability involved in the Canadian Forces members' transition to civilian life, which is now a responsibility of the Department of National Defence.

Could you tell us whether the two departments have worked together on that transition? In your answers, I would like you to respond to one of the observations of the Auditor General, who said that your committee does not have to consult other departments and that information on policies is unfortunately not always shared properly.

[*English*]

**Mr. Keith Hillier:** First of all, as I noted, the minister will be coming forward with an action plan that will go beyond what the Auditor General has suggested.

With regard to the transition, I'd like to point out that with regard to the work of the Auditor General and all the recommendations, which we accept, there has been a certain maturity over this period of time. You will note that the period covered in this report goes back to 2006-2007, and I would like to believe we've made some progress in that area, specifically with regard to how it works.

I'll talk about individuals who are being medically released from the Canadian Forces, which is a small percentage. As was noted in the Auditor General's report, it's a very small number.

We offer a transition interview to those members of the Canadian Forces before they leave, and generally within 60 days of somebody leaving the Canadian Forces, our case manager joins in, so there's a period of time of co-case management so that when the person decides that they are no longer wearing a uniform, they don't have to start all over again with Veterans Affairs Canada. In fact, they can start their rehabilitation program with Veterans Affairs Canada, if that's what's necessary. We can ensure that medical and treatment authorizations are in place.

There's actually a degree of familiarization, so before the Canadian Forces case manager says goodbye and reminds you that you're now moving out to civilian life, they get to know their VAC case manager for a period of time and, hopefully, garner a level of trust with that case manager.

[Translation]

**RAdm Andrew Smith:** I would add that the committee operates at a strategic level, while the two departments work closely at a tactical level within the JPSU—the Joint Personnel Support Unit, which has 24 offices or integrated personnel support centres, IPSCs, in Canada. The system works very well. The integration is done so well that, if you were to come into an IPSC, you would have a hard time distinguishing between the employees of Veterans Affairs Canada and those of the Canadian Forces.

**Mr. Sylvain Chicoine:** I am afraid that soldiers will fall through the cracks of the system, if the transition happens not to go as expected. If soldiers had no access to the Canadian Forces services because they have fallen through the cracks of the system, that would mean Veterans Affairs Canada would have the responsibility of providing them with transition services because those soldiers would become their clients.

How will you guarantee that the transition program will continue to provide consistent and timely services?

**RAdm Andrew Smith:** Mr. Hillier did say that each member of the Canadian Forces who is released—regardless of whether we are talking about a medical release or not—will have a transition interview. All of them go through that interview. About 4,000 people are released from the Canadian Forces annually. They will all go through an interview with Veterans Affairs Canada before leaving.

In addition, we have certain online initiatives for people whose file has been lost. I would not use the expression “fall through the cracks”. Mr. Hillier launched an initiative for seeking out homeless veterans. We are also working closely with the Royal Canadian Legion and other non-governmental organizations to try to search for, locate and bring together those in need who are invisible to us.

• (1620)

[English]

**The Chair:** Thank you very much.

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

**Mr. Ben Lobb (Huron—Bruce, CPC):** Thanks, Mr. Chair.

Thank you both for coming here today. My first question is for Rear-Admiral Smith.

In your presentation you talked about the ill and the injured. On page 2 it says, “It is up to us to ensure that all initiatives and policies

for the ill and injured...” Further in that paragraph you talked about the transition to their new pursuits and their new lives.

What I want to do is back up one step before they would get into this transition service. I want to ask a couple of questions about a young man or woman who would be in service. They have a unique injury, one that is different from a sprained ankle or a broken arm, one that is somewhat specialized in its treatment and diagnosis. I'm wondering how that process works. They would see, obviously, the Canadian Forces health services team, but beyond that, if there isn't a specialist who can deal with that injury, how is it identified and then how is it referred on to a specialist who could be outside the Canadian Forces health services?

**RAdm Andrew Smith:** Frankly, it's not a lot different from the provincial system that members of this committee may know and appreciate from your respective provinces. As you may know, we operate the fourteenth health care system in Canada—ten provinces, three territories, and ourselves as the fourteenth.

Unique injuries or different injuries are no different in the Canadian Forces from anywhere else. We have unbelievably competent medical staff to look at them. That's for both physical and mental health injuries. We also have specialized medical officers, including psychiatrists, psychologists, trauma surgeons, and respiratory surgeons. We have medical specialists.

In cases in which either we don't have them or there is a capacity issue, maybe in a remote location, we have an ability to refer them to provincial authorities. There is *une entente* between ourselves and the various provincial authorities to have our Canadian Forces members seen wherever and whenever.

**Mr. Ben Lobb:** Okay. I think that's a good answer.

The next question I have is this: what assurances do members of the Canadian Forces have to know that the people who are looking at their injuries are at the same level as in the other 13 jurisdictions? Is there a way for them to have gaps and strengths identified for them? How would a member of the Canadian Forces in a certain location know that somebody is a specialist?

**RAdm Andrew Smith:** I might turn the question or the answer around a little bit.

I say, unabashedly and with full pride, that notwithstanding that we operate the 14th health care system in the country, in my view—and I think objective evidence would support this—it's the best health care system in this country. Men and women in the Canadian Forces know that. Whether in terms of wait times to be seen with their injuries, in terms of the follow-up, or in terms of the specialized care that they get, the men and women in the Canadian Forces have an unquestionably high regard for the level of health care they receive.

**Mr. Ben Lobb:** Just so we're clear, I'm not questioning that. I think it's important that we're having this discussion in the committee, because all the events that take place prior to their getting into the queue at the transition are important for knowing about the care they receive.

• (1625)

**RAdm Andrew Smith:** Certainly.

**Mr. Ben Lobb:** The next question I have is this. If a man or woman who is in the Canadian Forces questions the answer from the Canadian Forces specialists and has been referred to a provincial specialist and still questions the answer or treatment or the regimen for therapy, what recourse does that person have within the base to seek a second opinion?

**RAdm Andrew Smith:** They always have the right to ask for another opinion. They also have a unique construct in the Canadian Forces that is in various forms resident in private institutions across the country. We affectionately refer to it as the chain of command.

The chain of command has an abiding interest to make sure that the morale and welfare of their men and women is looked after, and that chain of command is a very powerful champion in advocacy for their morale and welfare. If they do feel, for argument's sake, that they're not being heard or not diagnosed well, they have a very quick, very active response mechanism to ensure that there is sober second thought provided as and when required.

**Mr. Ben Lobb:** This is through their chain of command?

**RAdm Andrew Smith:** Their chain of command can certainly advocate on their behalf to ensure that their diagnosis or their morale and welfare are looked after.

**The Chair:** Thank you, Mr. Lobb.

Now I think we're back to Mr. Harris, if you're ready.

**Mr. Richard Harris (Cariboo—Prince George, CPC):** Thank you, Mr. Chair.

I want to thank you for coming, Rear Admiral Smith. I think you were here as a presenter at my first sit-in on this committee. It's nice to see you again.

Mr. Hillier, your reputation for trying to get your department working as well as it can for veterans is well known, and I commend you on all of the changes you've been able to quarterback and get into the system. There's no such thing as a perfect system and never will be, but I know that your committee works exceptionally hard to assist in reaching a level of perfection when we're dealing with veterans in various forms of need, in order to make life as easy as we can for them. Thank you for that.

Does your committee actually look for and seek out new opportunities for cooperation between the departments, or is it the other way around: are the ideas brought to you for consideration? How exactly does the interaction between the departments and your committees work?

**RAdm Andrew Smith:** Mr. Chair, I would offer that it's some of both, frankly. There are times when an issue may come on the radar to Mr. Hillier or to me that is worth bringing to the committee, and there are times when from the grassroots level, whether at the service delivery level or the policy level, wrinkles come forward that merit our collective review at the steering committee.

One that springs to mind, from maybe 18 months ago, is the issue of common-law status. There were some different views and applications of "common-law" that affected veterans. This percolated up to the steering committee. In that particular case, it came to our attention from both above and below.

With respect to your comment about no system being perfect, I'll just echo that. I'm not here to state that this is a perfect system. We don't always get it right. I would submit that we get it right an awful lot of the time, but when we don't, the Canadian Forces prides itself on being a learning institution.

One of the governing principles behind the steering committee is that it is on a road of continuous improvement in an effort to better understand some of the wrinkles or some of the questions, when we don't get it right, from our collective perches atop the steering committee, and then ensure that these get addressed and driven down to lower levels of the organization.

**Mr. Richard Harris:** Thank you.

Do you want to comment, Mr. Hillier?

**Mr. Keith Hillier:** I would just echo the comment that it is about continuous improvement.

Do we get every case right every day? I'd like to say yes, but I have 2,000 employees in 60 locations across the country, and we learn from the feedback we get from veterans. Some of the best learning occurs when I get an email or a call from a veteran who says that it's not working right for them. Then we can look at our policies, our procedures, our business processes. Our five-year transformation program is about continuous improvement.

I was out in the staff office visiting some of the front-line people last week, and they said, "When the transformation is over...". I replied, "No, this is an organization committed to continuous improvement for veterans and their families." Yes, some of the things we're going to do around technology will be done, but this is an organization committed to continuous improvement.

Some of the things we're seeing include reducing red tape and trying to make things much more hassle-free for veterans, so that not only can they get the services and benefits they need but get them in a way that is as easy as possible from the veteran's end of the lens.

• (1630)

**Mr. Richard Harris:** Thank you. I understand what you're talking about. As you're going through the transformation, trying to reach that goal will probably always be a work in progress. I think you never want to reach an area of comfort, because that means you're standing still, but you try to reach a level of satisfaction that things are moving along as well as they can.

I think it's right to assume that from time to time you get together to take stock of where you are and how things are going. I know this might need a long answer, but is there any way to encapsulate how you would give yourself a rating at any given time? Are there any things you look for, or is it just how you feel things are going, with complaints decreasing and plaudits rising?

**Mr. Keith Hillier:** Mr. Chair, I'll take the first crack at that.

I spend time visiting field offices. I also visit Canadian Forces bases and wings, and Admiral Smith does likewise. We sometimes note things that are what we might say are imperfections in how we're dealing with some of the issues. As I say, it's not just about the steering committee. From time to time, the admiral and I will sit down, just the two of us, and have a discussion about the things that are going well and the things that aren't going as well. He's equally honest with me about some of the things that he has probably picked up from going out and visiting some offices and visiting some bases and wings.

**RAdm Andrew Smith:** The feedback mechanism is often immediate and direct. I got a valuable one just walking into the committee this afternoon from some of the folks who are here to witness this afternoon, and I have an action item to take away today to look at something.

There's an issue with respect to responsiveness and adherence. We get that on a daily basis from individuals, from organizations, and from some of the veterans advocacy groups. Oftentimes those might be individual cases, but the ones I really look to turn my attention to are those systemic issues involving possible policy gaps or program gaps that need to be buttressed up.

In terms of performance metrics, where the steering committee has come to, certainly in the tenure I've been here, is that we now have much better defined agenda items, with points of contact in our respective organizations to marshal those forward and get those reviewed. Whether we give ourselves an A, B, or C—we don't do that regularly—we certainly do follow the progress. As Mr. Hillier mentioned in his remarks, those agenda items don't get closed out and struck from the agenda unless or until there's a mutual agreement that we have taken them where they need to go.

**Mr. Richard Harris:** Thank you. It sounds as though you have a good formula going.

**The Chair:** Thank you, Mr. Harris.

We now will end the first round of questioning and we'll move into the second round. We'll start the four-minute round with Ms. Mathysen, please.

**Ms. Irene Mathysen (London—Fanshawe, NDP):** Thank you, Mr. Chair. I'll be sharing my time with Madame Perreault.

I would like to say thank you for being here today. It's good to see you again, Admiral Smith. Certainly, Mr. Hillier, we appreciate your contribution.

I have a couple of quick questions. I was encouraged to see that Minister Blaney says that he accepts the recommendations of the Auditor General and will proceed with an action plan. What's the timeframe for this action plan?

Secondly, obviously if there is going to be movement in that direction, it will require resources. I'm concerned that it could be impeded by the deficit reduction strategy that's currently in place. I wonder if you could comment on that.

•(1635)

**Mr. Keith Hillier:** Mr. Chair, first of all, I would expect that the action plan will be coming forward in a matter of days. Number two, with respect to the action plan, I'm comfortable there are sufficient

resources in the department to act on the items that will be in the action plan.

**Ms. Irene Mathysen:** In regard to the auditor's report, he found that personal support centres located across the country got very good reviews. People were quite satisfied with them. Even in that, the auditor discovered that programs were inconsistent, that what was offered was inconsistent across those centres. Is part of the work that's going to be undertaken going to address those inconsistencies and rectify them?

**RAdm Andrew Smith:** Thank you for the question. I'll take that, Mr. Chair.

Let us bear in mind that the support centres that he refers to across the country were stood up in 2009. In relative terms, that's yesterday. The Canadian Forces and Veterans Affairs have never worked as closely together as they do today, but that wasn't necessarily always the case. From a consistency perspective, we have put standard operating procedures in place. We have put an October 2011 directive in place with respect to what would be involved in a transition plan. That speaks to the evolving nature of working together. That's a work in progress. I freely acknowledge that, and it goes to my answer to a previous question related to the continuous improvement cycle that we're on.

With respect to the first part of your question—I'm assuming everybody's had a look at the Auditor General's report—there are 15 recommendations that have all been accepted; seven of those are joint between Veterans Affairs, the Canadian Forces, and the Department of National Defence; five are specific to the Canadian Forces; and three are specific to Veterans Affairs. So we will be working together on those seven that are joint to come together with a joint action plan. On those departmental-specific recommendations, we'll be coming forward with a departmentally specific action plan.

**Mr. Keith Hillier:** I'd like to give a little context if I could, Mr. Chair. We stood these things up very quickly, the Canadian Forces and VAC. We started off by putting a couple of employees on a base. Today, as we sit here, I have over 100 employees who actually go to work in an integrated personnel support centre somewhere in this country.

We didn't wait for the 100% solution. We didn't wait to debate it for years. We saw there was a growing need, particularly with veterans coming back from Afghanistan. This was one of the classic things for which we said, "Let's go with the 80% solution. Let's get it stood up. Let's get people on the bases and wings to help the men and women; then, as we go along, we'll work out some of the details."

As Admiral Smith has noted, there have been various operational directives, but we didn't sit around for a couple of years to figure out what we were going to do. At the steering committee we identified a need, and both the Canadian Forces chair and the VAC chair agreed that we would put resources into this and work together to make it work. I think, as the Auditor General has noted—and certainly it's confirmed in feedback I've received from veterans and veterans groups—there was a need that needed to be filled at that very point in time and continues to be needed today.

•(1640)

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

We'll now go to Mrs. O'Neill Gordon.

**Mrs. Tilly O'Neill Gordon (Miramichi, CPC):** Thank you, Mr. Chair.

I want to thank the witnesses for being here. I don't get to sit in on this committee that often, but I have to say how much I enjoyed the information that you poured out to us this afternoon.

As we all know here, a lot of work would have gone into getting this model together. I was happy to hear you say that others are envious of our model. It gives Canada a great name to have the model that others would like to have.

Further to my colleagues' conversation, I'll say to both of you that a lot of issues are going on between these two models. What is the single biggest concern you have with regard to operations between the Department of National Defence and Veterans Affairs Canada? What efforts are you undertaking to address these issues?

**Mr. Keith Hillier:** I'll start, Mr. Chair.

One of my concerns—and something we always have to look at—is to make sure that we actually deliver on what we commit to.

I'll speak for Veterans Affairs. We have wonderfully dedicated staff who come to work every day to do things for veterans. Our staff just sometimes—what should I say—in the hurry to make things better for veterans, working together, will say, “Let's get the first thing delivered before we get into the second thing, because we may not get anything delivered.” I think it's the goodwill, energy, and anxiousness by the people who are committed to doing this.

Certainly on a broader, more strategic level, I don't have any concerns that we have an open dialogue. It's some of these things that are important for veterans, such as being able to stay with the same provider, but I think that we have to make sure that we don't try to bite off...There are a plethora of things. An example is the electronic health records: it's really important, but it's really important that we get it right, not just get it fast. These are the things that we need to make sure of.

From the standpoint of accountability, I've been around government many years and on many cases. I would argue that our accountability is some of the toughest. If you're a director general and you have to stand up in front of a committee of generals and assistant deputy ministers and explain where you are or where you are not, that's a pretty tough accountability. I've been around a lot of places, and that's a pretty tough accountability.

**RAdm Andrew Smith:** I would echo Mr. Hillier's comments.

I was going to mention the electronic health records transfer in terms of a challenge that continues to be worked on. Getting that piece right in full respect of the Privacy Act is key, because getting that right will significantly speed up the access to adjudicators within Veterans Affairs. That is one that we continue to work on.

The other one I wouldn't necessarily say is a concern between departments, but it continues to merit my attention. It's the issue of outreach and awareness. We have moved the yardsticks and have

had several first downs on that. I think that continues to be a challenge.

It's been my experience, by and large, that when men and women join the Canadian Forces—and I can speak similarly, because I didn't think of it when I joined—they don't necessarily take the time to take stock of “what happens if”. We're all caught up in the great career opportunities, the adventure, the camaraderie, the leadership, and all the training. They don't necessarily say, “What happens if I blow out my knee, or my parachute doesn't open until late, or whatever?”

Making sure that the men and women of the Canadian Forces understand there are people there to help them, both in service and after service, and making sure they understand and have confidence in that seamless handshake I spoke of is an ongoing challenge for us both.

**The Chair:** Thank you very much, Admiral.

We now go to Ms. Perreault for four minutes.

[*Translation*]

**Ms. Manon Perreault (Montcalm, NDP):** Good afternoon. I am happy to have you with us. I think your answers are useful.

I am addressing Mr. Hillier.

Earlier, Mr. Smith said that you have implemented an initiative for homeless veterans. I don't really know anything about that initiative. I only know about initiatives by private organizations such as Veterans' Employment and Training Service, VETS.

Regarding specialized organizations for the homeless, I am wondering whether the government has not combined money that was already gathered. What initiative was Mr. Smith talking about earlier?

•(1645)

**Mr. Keith Hillier:** I want to begin by specifying that there are a few initiatives. We have pilot projects in three locations in Canada—one in Vancouver, one in Toronto and one in Montreal.

In addition, there are many initiatives at local offices, such as the district office in Halifax. A week ago, I was in Vancouver's Downtown Eastside neighbourhood. We have a small office there we use to try to identify homeless veterans.

It's the same thing in Toronto, but the project is a little different. We work with the Royal Canadian Legion and Shepherds of Good Hope.

**Ms. Manon Perreault:** Have you done anything concrete to help them? I don't understand. I know you have offices.

**Mr. Keith Hillier:** Those are our offices, but there are some differences in the initiatives. For instance, in Vancouver, the process is slightly different. In addition to the district office on Robinson Street, we have a small office in the Veterans Memorial Manor, in Downtown Eastside, one of the roughest neighbourhoods in Canada. That is one of the models.

The situation is different in Toronto. We work with Shepherds of Good Hope and the Royal Canadian Legion. We have two case management offices in the Shepherds of Good Hope building, to try to identify homeless veterans and work with them.

In Montreal, the project is once again a little bit different. We spend time in the Montreal neighbourhoods we know have a homeless population.

[English]

Also, in Montreal, they're doing some work with the women's shelters.

[Translation]

That's ongoing now; we have already started that.

**Ms. Manon Perreault:** So, you are doing that in partnership with existing organizations?

**Mr. Keith Hillier:** Yes, they already exist. There are one or two of them. In Vancouver, the partner is the organization Wounded Warriors. It's the same thing in Montreal—we are also working in partnership with Wounded Warriors.

In addition, each local office works with police officers, homeless organizations and hospitals. There are several initiatives going on. I have mentioned three of them. We actually launched another initiative about six months ago, in partnership with Human Resources and Skills Development Canada. Once again, we are trying to use that initiative to find people and work with them. Unfortunately, some people are living in the streets and want to remain there at this point in their life. A lot of persuasion is needed. That's one of the reasons we have the peer support program. Soldiers sometimes feel more comfortable discussing their problems—for instance, their illnesses—with other soldiers than with public servants.

[English]

**The Chair:** Thank you very much. Our time is up again.

Now we go to Mr. Zimmer, please.

**Mr. Bob Zimmer (Prince George—Peace River, CPC):** I want to thank the men and women who have served, and those who still serve and are in the room today. Thanks for being here.

I want to mention a couple of quotes that are in your speeches.

**Mr. Hillier, it says:**...a main objective of the VAC/CF Steering Committee is to strengthen VAC and CF capacity to serve Veterans, ill and injured CF personnel, and their families.

**Mr. Smith, you state:**...the VAC/CF Steering Committee is a successful partnership and a model of collaboration that benefits our diverse and deserving clientele of military personnel and veterans.

That's awesome. I think all of us are here for the sake of veterans, and it's good to hear those motives and goals.

Being part of the program the way you are, could you give us four or five examples that stand out for you of topics that were addressed by the committee last year?

●(1650)

**Mr. Keith Hillier:** It's really hard to say. I would certainly say it's our work on mental health and the continuing research, the life after service study, and also the very extensive work we've commenced with electronic information transfer. As you know, the Auditor General did raise a concern about consistency of information, and we think the electronic transfer will go a long ways to doing that.

Also, as we look at that and our discussions on some of the things the government has done with respect to reducing and cutting red tape, we have to work with our colleagues at the Canadian Forces to ensure that doing something that may reduce red tape doesn't create more red tape over on that side of the organization.

We've worked in consultation with our colleagues on the initiative, such as the new My VAC Account that's been launched, and My VAC Book. Going to a grant, as opposed to having to submit receipts and what have you, has been very well received in the veterans community. Two and a half million transactions will be saved annually. That's two and a half million fewer transactions that veterans will have to do. Certainly not having to submit receipts for health-related travel and the others are all initiatives that were designed through veterans' lenses to make it easier for veterans to get their services and benefits.

These are the things we have worked on with our colleagues at the Canadian Forces in looking at what some of their business processes are and what some of ours are.

**Mr. Bob Zimmer:** Mr. Smith, would you like to comment?

**RAdm Andrew Smith:** As I said in my opening comments, I established three priorities, care of the ill and injured and looking after the families of the fallen being the first, and mental health being the second. If you want to be honest about it, they're really priority one alpha and one bravo.

Those two priorities speak squarely to the focus that I and my predecessor have placed on looking after our folks, both in service and after service. With respect to the specifics of your question asking about four or five topics, in preparing to come here today I pulled out the minutes of the steering committee back to 2005, and a non-scientific review of the agenda items shows that there are over 75 agenda items on individual topics that the committee has addressed since 2005 on various issues of transition support, communication between the departments, outreach, second-career assistance, and what have you.

I would note that some of the specifics that I mentioned earlier related to the continuity of care, the continual drive for harmonization, and a synergy between programs and policies. The electronic health records issue has been a vexing problem over time. We're there now. It took us a little while to work through all of the IM/IT, legal, medical, and privacy issues associated with that. We're there now. That is a significant step forward.

In recent times we also have signed memoranda of understanding and program arrangements related to such things as peer support in the operational stress injury and social support network and on the OSI clinics that have enabled those programs to see.... For example, OSI clinics are in a position to be able to see serving members if the OSI clinic is in an area where we might not have a centre ourselves.

Those are some of the tangible examples of how the two departments have come together.

**The Chair:** Thank you very much.

Believe it or not, we're actually a minute over.

I want to thank our witnesses very much today. The time has gone quickly, and I take that as a sign of the committee's deep interest in the issues you have brought up and the information you've provided.

We are now going in camera to discuss committee business.

Again, thank you to our witnesses. Because we're going to go in camera, I would ask all our guests and everybody who is not attached to a department or a member to leave as well.

●(1655)

**RAdm Andrew Smith:** Thank you, Mr. Chair.

**The Chair:** Thank you.

*[Proceedings continue in camera]*

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