



HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

Standing Committee on Veterans Affairs

ACVA • NUMBER 009 • 2nd SESSION • 41st PARLIAMENT

EVIDENCE

Tuesday, December 3, 2013

—
Chair

Mr. Royal Galipeau

Standing Committee on Veterans Affairs

Tuesday, December 3, 2013

• (1140)

[English]

The Vice-Chair (Mr. Peter Stoffer (Sackville—Eastern Shore, NDP)): Good morning, everyone. I see a quorum here today.

Just to let everyone know, because of the vote this meeting will go on until a quarter to one, at which time we then move into committee business. Unfortunately, we'll have a short meeting.

First of all, the committee wishes to welcome Natalie Pham, Mr. Keith Hillier, who's a regular at our committee here, and Anne-Marie Pellerin.

On behalf of our regular chair, Mr. Royal Galipeau, who, unfortunately, is still under the weather, we welcome you to the committee today.

We understand that you have a presentation to make, so we'll look forward to your presentation. We thank each and every one of you for coming to us today to help us in our study of the new Veterans Charter.

Please proceed.

Mr. Keith Hillier (Assistant Deputy Minister, Service Delivery, Department of Veterans Affairs): Thank you, Mr. Chair, and good morning, colleagues.

Thank you for the opportunity to participate in this session. I am joined by my colleagues, Anne-Marie Pellerin, director, case management and support services; and Natalie Pham, our client service team manager from our Montreal office. We are happy to be here to support this committee's study of the new Veterans Charter. We realize that time is tight and we have a lot to cover, so I will get started.

The practice of case management began over 100 years ago in the United States, when, during the early 1900s, public health nurses and social workers coordinated health and human services for the poor and the immigrants. Throughout the course of history Veterans Affairs Canada has responded to the needs of veterans and their families through the delivery of programs, benefits, and support services, including case management. We have been providing counselling services to veterans for over 30 years.

In recent years, Canada and our department have faced an unprecedented shift in veteran demographics. Traditional veterans are, sadly, passing away in great numbers, while the modern-day veteran population is on the rise. We are also dealing with the fact that many modern-day veterans are being released from service with more complex health and re-establishment needs. These factors have

forced us to re-examine what we do and how we deliver service as a department to ensure we are fully responsive to the diverse and changing needs of those we serve.

With the introduction of the new Veterans Charter, the department began focusing on ability over disability, on ensuring that veterans can make the best recovery possible, as quickly as possible. Our case management practices serve as the foundation of this modern service approach.

Since 2006, the provision of VAC case management services has evolved and additional improvements have been made to better support veterans with complex needs. Today, through our transformation action plan, we continue to evolve and enhance our case management practices to ensure that we are aligned with best practices in the field of case management.

The VAC case management model focuses on a holistic needs-based approach that is based upon the determinants of health as established by the World Health Organization. Case management services enable veterans and their families to establish and achieve mutually agreed-upon goals through a collaborative, organized, and dynamic approach. This interactive, problem-solving approach is coordinated by the VAC case manager, and includes six core functions: engagement and relationship building; comprehensive assessment; analysis; case planning and consultation; monitoring and evaluation; and disengagement.

Collaboration is the key. The case manager works in collaboration with an interdisciplinary team of internal and external experts, including physicians, nurses, occupational therapists, and mental health professionals. It is important to note that case management services are not required by all veterans. Case management is available to all veterans who require this service based upon their assessed level of risk, need, and complexity. As of the last quarter, just over 7,000 of the more than 135,000 veterans we serve are receiving case management services from a network of 220 case managers across Canada.

Our national standard ensures that the veteran-to-case manager ratio is within a range of 40:1. Today, we are well within that target. Approximately 91% of our case-managed veterans are Canadian armed forces veterans. War service veterans make up 6% of our case-managed clientele.

Our department offers transition services, including case management, at 24 integrated personnel support centres. Transition services enable us to work collaboratively with Canadian armed forces colleagues to ensure a smooth transition for those releasing from the military and re-establishing in civilian life.

Our case managers come with a diversity of educational backgrounds. Our qualifications require that they have a degree from a recognized university, with a specialization in social work, nursing, psychology, or some other specialty relevant to the position. A review of the education and experience of our case managers conducted in 2011 revealed that one in five holds a master's-level degree, and almost two-thirds have five or more years of case management experience. Additionally, an asset qualification when hiring, priority is given to candidates who have experience in dealing with a military culture, who were a member of the Canadian armed forces, or are experienced as a case worker in the rehabilitation environment. These factors indicate a varied and experienced workforce, something of which we are very proud.

To ensure veterans and their families receive the best service possible, we need to equip our case managers with the very best tools and training available to support them in this very important role. Our transformation action plan is aggressive in this regard. Over the past two years, our department has implemented various tools, supports, and training to enhance case management services. We have reinforced standards and best practices, provided extensive training, particularly in the area of mental health, and provided tools to better manage our workload and our resources.

Investments in case management to date include workload intensity tools that measure the risk, the need, and the complexity of cases that are managed for veterans. These tools enable us to evaluate the work and workloads of case managers based on the level of risk, complexity, and the intensity associated with each and every veteran's situation. They also include a national case management learning strategy that focuses on practices, skills, and development; improved national standards and guidelines; and the development of a national competency profile for case managers.

The investments we have made in the practice and delivery of case management, and in our case managers, is paying dividends for those veterans who are most at risk. As a result, we are now better able to identify veterans who are at risk, and much more, able to ensure that the appropriate resources are in place to address those risks.

As a result of our work over the past several years, we have strengthened service delivery with a view to improving outcomes for those we serve.

Thank you, Mr. Chair.

•(1145)

The Vice-Chair (Mr. Peter Stoffer): Mr. Hillier, thank you very much.

Ms. Pellerin or Ms. Pham, do you have anything to add?

Thank you very much.

We then move on to questioning with Mr. Sylvain Chicoine, please, for five minutes.

[*Translation*]

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

I also want to thank our three witnesses for joining us today to answer our questions.

To start things off, I would like you to give me the current number of case managers. How many of them were there before the implementation of the VAC transformation action plan? How many of them will there be at the end of that plan? Finally, when will that plan be completed?

[*English*]

Mr. Keith Hillier: The number of case managers is a factor of the demand. We operate with about 230 case managers. Those numbers have been constant in recent years. You may see a dip from time to time due to staffing. It may drop down to 225, maybe go to 232, but it's in that 230-range. In fact, within the resources that we have in service delivery branch, I have in excess of 1,600 full-time equivalents, and the amount that we allocate to case management is consistent with the need in any particular geographic area, bearing in mind that our standard is that there will be one case manager for every 40 case-managed veterans. So over time, the answer to your question is, if the need for case management increases, the numbers will increase. And if the need goes down, which I suspect probably is not going to happen, that we will make the adjustments on a location-by-location basis.

[*Translation*]

Mr. Sylvain Chicoine: Those nine offices will be closed within a few months. When exactly will they be closed? The announced date may have changed. Will the closing of those offices result in fewer case managers?

[*English*]

Mr. Keith Hillier: First of all, I have a point of clarification, Mr. Chair. One office in Prince George, British Columbia, closed nearly a year ago. The other eight offices will close to the public on January 31, 2014.

There may be a small decrease in the number of case managers. We are looking at each office individually, at the current workload of the office that's closing, and at the existing workload of the offices that are receiving additional work. We will make the necessary staff adjustments. Potentially, some offices may see an increase in their case managers to be able to deal with the coming workload.

I would also point out, Mr. Chair, that in offices we are closing we did give case managers the opportunity to relocate to another VAC office to continue their case management career. That would be with full removal expenses paid by the Government of Canada.

• (1150)

[Translation]

Mr. Sylvain Chicoine: The minister announced that, as of February 1, some case managers would be assigned to Service Canada offices. How many case managers will be affected? Where will they be reassigned?

[English]

Mr. Keith Hillier: I can give you the number of case managers who will be affected off the top of my head, sort of: two in Corner Brook, I believe three in Sydney, one in Charlottetown, two in Windsor, I believe one in Thunder Bay, and three in Kelowna. The number of case managers is all in the single digits.

I don't have those numbers, but I'll get them. That's the order of magnitude: it's two, three, two, three, because these were very small offices.

[Translation]

Mr. Sylvain Chicoine: So there may be about 20 of them altogether.

[English]

Mr. Keith Hillier: It's probably about that.

[Translation]

Mr. Sylvain Chicoine: Okay.

[English]

Mr. Keith Hillier: I think that's the right magnitude.

The Vice-Chair (Mr. Peter Stoffer): You can always come back, Mr. Chicoine.

We'll now move to the parliamentary secretary, Mr. Gill, for five minutes, please.

Mr. Parm Gill (Brampton—Springdale, CPC): Thank you, Mr. Chair.

I also want to thank our witnesses for taking the time to be with us to help us in this important study that we're conducting.

We've been told that medical research indicates that the Pension Act did little to nothing for veterans' rehabilitation, meaning the Pension Act was not geared to generate the best possible outcome. We heard last week that there is a misconception that the Pension Act provided a well-paid pension and that in most cases this is obviously not true.

Can you elaborate on what principle of this research this new Veterans Charter is based, and what support is provided to assist veterans in their recovery and transition to civilian life?

Mr. Keith Hillier: The fundamental principle of the new Veterans Charter is about rehabilitation and reintegration. It's about people getting well as opposed to people continuing to be ill.

Under the old system of the Pension Act, individuals were given a monthly pension, but the amount was rather small. On average I think it was somewhere around \$700. That's not a lot to live on in today's world. It did not provide the type of supports that are there today.

In the early 2000s, with Canada's involvement in Afghanistan and our previous involvement in the Balkans and Rwanda and other places, it was becoming increasingly clear that we were not meeting the needs of veterans by simply giving them a pension.

Through a lot of research that was conducted by academia, veterans organizations, and the department, it was determined that we needed a more holistic approach. The holistic approach was the new Veterans Charter, which provides support before somebody leaves the Canadian armed forces. We work very closely with our colleagues at the Canadian armed forces. That is why today I have over 100 staff who go to work at Canadian Forces bases or wings. They work shoulder-to-shoulder in the integrated personnel support centres. Veterans are also given a transition interview before they leave the Canadian armed forces. In fact, for those who are being medically released, our case manager works with the DND or the Canadian armed forces case manager hand-in-hand so that, when somebody is medically released from the Canadian armed forces, they're not with a new case manager. That way they've already developed a relationship.

In addition, we have introduced various rehab programs with the goal of getting people reintegrated into the workforce. But also there are various what I would call financial safety nets. The reality is that the extent of injuries of some veterans are such that they will probably not be able to gainfully participate in the workforce. We have financial safety nets for the small numbers of veterans who just cannot go through the rehabilitation program and go back into the workforce.

In summary, it's holistic. It's about getting better. This is where our network of case managers come in. They work with the veterans to ensure that they get the services and benefits they need to recover.

• (1155)

Mr. Parm Gill: Thank you.

Aside from the frequently mentioned initial disability award, what programs and services are available under the new Veterans Charter that were not previously available to Canada's veterans under the former act?

Ms. Anne-Marie Pellerin (Director, Case Management and Support Services, Department of Veterans Affairs): The cornerstone program of the New Veterans Charter is the rehabilitation program. This program was not available under the previous legislation, prior to 2006. What the rehabilitation program offers veterans with a service-related disability or rehabilitation need is a combination of three streams of service: medical services for physical and mental health conditions; psychosocial supports to allow the veteran and his family to adapt to a disability or service-related issue; and the vocational rehabilitation stream, which supports the veteran in gaining the skills and education and expertise to transition into civilian employment.

That's the cornerstone of the new Veterans Charter programming. Associated with the rehabilitation program is a suite of financial benefits. Those provide economic support to the veteran who is participating in the rehabilitation program.

There's an economic support that pays monthly. The minimum payment would be \$42,000 per year. It pays at the rate of 75% of the veteran's pre-release salary.

The Vice-Chair (Mr. Peter Stoffer): Thank you very much, Madam. We're slightly over time on that, but we greatly appreciate it.

We'll now move on to...Welcome back, Mr. Casey. He used to be a very good shadow critic for the Liberal Party on Veterans Affairs, but now he has moved over to Justice, replacing Mr. Karygiannis.

Mr. Casey, sir, you have five minutes.

Mr. Sean Casey (Charlottetown, Lib.): Thank you, Mr. Chair. It's nice to be back.

Mr. Hillier, I understand that this may be the last time we have you as a witness before this committee. I'm just a substitute on the committee today, but I think I'm safe in speaking on behalf of the committee, sir, in saying thank you very much for your years of service, and not just in Veterans Affairs Canada. I understand it has been a long career—42 years, you were telling me—in the public service.

We here, at least in my time, certainly appreciate the professionalism and the balance that you have always brought to your testimony and to your work. To spend 42 years in the service of Canada is truly commendable. I guess on behalf of the committee, but certainly on my own behalf and Kathleen's, I wish you all the best as you move into the next chapter, sir.

Some hon. members: Hear, hear!

Mr. Keith Hillier: Thank you.

Mr. Sean Casey: I want to ask you about the district office in Charlottetown. I understand it is winding down.

At its peak, how many people were employed there?

Mr. Keith Hillier: There are probably about ten people in Charlottetown.

Mr. Sean Casey: And what was the number of case managers at its peak?

Mr. Keith Hillier: There would have been, going back a couple of years, probably two and a half to three—including a team leader, so it's about three.

Mr. Sean Casey: I understand that when the district office closes, the case management services will be based in New Brunswick. I know that you're going to tell me that they do home visits. That's fine.

How many case-managed veterans are there on Prince Edward Island?

• (1200)

Mr. Keith Hillier: There are 63.

Mr. Sean Casey: Okay.

The study that the committee is undertaking right now is as a result of the provisions within the Enhanced New Veterans Charter Act requiring a comprehensive review. Some extensive and excellent work has been done by the ombudsman that will guide us, I think, in our deliberations.

As I look at the report prepared by the ombudsman and in particular at the recommendations, I see many recommendations that are going to go the bottom line. Has the department costed the recommendations made by the ombudsman?

Mr. Keith Hillier: It has not costed all of them.

Mr. Sean Casey: Can you point to any recommendations made by the ombudsman that are low cost and that would be easily implemented without dramatic financial impacts?

Mr. Keith Hillier: Mr. Chair, I wouldn't want to speculate on that. I just referred to when the minister was before this committee; the ombudsman, as the minister indicated, has important input into the process. So have veterans' organizations; so have the parliamentarians around this table. I wouldn't want to prejudge any particular idea or suggestions.

I think that's why the minister would like to ask this committee to study and to make recommendations. I would hope that you will factor into your deliberations and your recommendations the numerous reports and recommendations that the ombudsman has made.

Mr. Sean Casey: Here is my concern, Mr. Hillier. It seems to me that there's been a lot of work done by the ombudsman, and I fully expect that government will have to take a look at what it would cost to implement some of these recommendations. I think we on the committee would have to have some sense of the fiscal impact as well.

How best can we get at that? Is this a question that is rightly asked of the ombudsman, or is there some other way by which we can get some detailed information as to what all of these things will cost?

Mr. Keith Hillier: Mr. Chair, it is first of all a case of defining what the changes would be and estimating the number of veterans who would be impacted by them; then it becomes a bit of a mathematical exercise. Let me give you an example, Mr. Chair. If you were to increase, for example, the top end lump sum payment—sadly, at 100% it is for death—by x number of dollars, our statisticians forecast, in consultation with the Canadian Armed Forces, how many veterans may be injured, and that would give you an indication of these numbers.

Regarding some of the other recommendations, I can't speculate as to what this committee may decide by way of recommendations to government, but my advice to you, having been around this for a long time, is to make the recommendations as clear as possible so that they can be more easily costed.

I leave it to the committee to decide where it would like to get costing expertise. I won't speculate on that.

The Vice-Chair (Mr. Peter Stoffer): Thank you, Mr. Casey. Thank you, Mr. Hillier.

We now move on to Mr. Hayes, from the Conservative Party, for five minutes, please.

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

I don't believe it was mandated that we do a comprehensive review; I think the minister asked us to do a comprehensive review, but that we only had to do a basic review. I'm glad, however, that we are doing a comprehensive review.

That being said, I want to focus on this. Since forming government in 2006, this government has provided Veterans Affairs with almost \$5 billion in new funding, and nearly 90% of these dollars go directly to services and benefits for veterans. Can you please share with us how much of these funds is spent on rehabilitation?

Mr. Keith Hillier: We're just looking up the number for you. We have it right here.

Mr. Bryan Hayes: While you're thinking of that, I want to step into the three streams that you talked about. One was medical, one was psychosocial supports, and the other was vocational rehabilitation. Within that component, you mentioned skills and education. Specifically on education, I want to get a better understanding, because we're aware that the minister just announced that \$75,800 is available for education. The ombudsman was very pleased with the changes being made that are specific to education.

I want to get a little better understanding of the educational component of vocational rehab and of whether you have read the ombudsman's statements and whether you agree with them. Again, we're looking for improvements, so I want to get a sense of what improvements you think still might need to be made in education.

Those are my two questions.

● (1205)

Mr. Keith Hillier: Ms. Pellerin will respond.

Ms. Anne-Marie Pellerin: The vocational rehabilitation aspect of our rehabilitation programs has, as you mentioned, undergone some regulatory change whereby participants in vocational rehab can obtain services up to \$75,800. Previous to that, the regulations were a little more restrictive; it was line-by-line amounts that were allocated—for tuition, for example, or for Internet services, and so on. The global amount provides a lot more flexibility to both our case managers and to the veterans who are participating to have more choice and latitude in the vocational services they are able to obtain.

The education and retraining benefits are provided through our vocational rehabilitation program. It can be basic retraining in the area of expertise of the released member, or it can be an entirely new direction in terms of employment and the training required to obtain civilian employment. The vocational plan is based on the individual veteran. It's based on their individual needs, previous work experience, their disability condition, and their civilian employment interest.

As I said, the recent regulatory changes provide much more flexibility, if you will, for the veteran and for the case manager working with that veteran.

Mr. Bryan Hayes: Is there any emphasis placed on—and this was a recommendation from the ombudsman—the job market and on having a close look at what skills are in demand and analyzing that and gearing the veterans, though obviously aptitude is the most important, towards an actual job?

Ms. Anne-Marie Pellerin: Absolutely. Our vocational counselors who work directly with veterans over and above the case managers will look at the labour market situation in the area where the veteran is or plans to locate to ensure that the vocational direction is going to have a positive outcome. So obviously, the training that would be approved would be in the context of, as you say, the veteran's background skills and the labour market situation in the geographic area.

Mr. Bryan Hayes: On the total new funds provided for rehabilitation, which was my first question—I think you were looking that up—do we have a value for that?

Ms. Anne-Marie Pellerin: We have a value in terms of our expenditures over the past number of years for the rehabilitation program, and in the most recent fiscal year, 2012-13, our expenditures on rehabilitation were \$18.4 million.

Mr. Bryan Hayes: I am assuming that was significantly more than, say, five years ago.

Ms. Anne-Marie Pellerin: It would be. Five years ago we would have spent \$7.9 million, and that is for the entire rehabilitation program—medical, psychosocial, and vocational.

Mr. Keith Hillier: It's important to note, Mr. Chair, that prior to the new Veterans Charter, the figure was zero, that we didn't do it.

Thank you, Mr. Chair.

Mr. Bryan Hayes: Thank you.

The Vice-Chair (Mr. Peter Stoffer): Thank you very much, Mr. Hayes, Mr. Hillier.

We'll now move on to Madam Perreault, please, for five minutes.

[*Translation*]

Ms. Manon Perreault (Montcalm, NDP): Good afternoon. I want to thank the witnesses for joining us today.

Mr. Hillier, it's true that over 40 years in the public service represents a great deal of work. I see that you have some solid support, and that sometimes helps.

I will ask you a few questions and, if I should interrupt you during one of your answers, it may be because another question came to mind.

We have often discussed case managers, but I would also like us to talk about the criteria used to determine whether an individual can or cannot obtain the services of a case manager. I would also like to know whether an individual's disability percentage is directly related to those criteria.

In addition, I want to discuss mental health issues. For instance, would an individual who has no physical disability and no official mental health issues, but who is struggling to transition to civilian life, be entitled to a case manager's services?

● (1210)

Ms. Nathalie Pham (Manager, Client Service Team, Montreal Office, Department of Veterans Affairs): Thank you for the question.

Veterans have access to case management services based on their needs. All veterans—regardless of their service, demographic profile and where they live—have access to those services based on their needs, which are assessed when they turn to the office for assistance.

Mr. Hillier talked earlier about the tools used to identify veterans' needs in relation to case management services. Over the past few years, we have invested a great deal of effort to ensure that the response was provided in the most timely fashion possible. Mr. Hillier said that the department has introduced intensity tools that measure the risks that prevent an individual from transitioning to civilian life. We use those tools to identify the needs in case management services.

Ms. Manon Perreault: Are there any criteria that lead to a veteran's automatic acceptance, or is the assessment based on individual needs?

Ms. Nathalie Pham: The assessment is focused on the veteran's needs. No distinction is made among veterans when it comes to access to case management services. Access to those services depends on the needs of the veteran and their family.

Ms. Manon Perreault: How can you determine when an individual is ready to stop using a case manager's services? Is that a decision you make with your service and the veteran, or can a veteran continue to receive those services even if you have decided they should stop?

Ms. Nathalie Pham: Case management is an engagement process with the client. We identify the needs and the objectives veterans and their families want to meet. Once the results have been achieved, the next step consists in “disengagement” because the individual no longer needs case management services.

It goes without saying that the veteran can decide to stop receiving case management services at any time. We stay in touch with them and provide them with services as long as needed.

Ms. Manon Perreault: What happens if you determine that the veteran does not need that service, but they want to continue receiving it?

Ms. Nathalie Pham: A relationship is established between the case manager and the interdisciplinary team supporting the veteran. The decision, which is always based on the need, involves the veteran and the case manager. Case management services continue to be provided if they are necessary. That does not mean that the department distances itself from the veteran. Veterans have access to a range of services and to support from the department staff at all times.

Ms. Manon Perreault: Okay.

You said earlier that a veteran can stop receiving services when they want.

If a veteran decided to stop receiving the services, but their loved ones knew perfectly well that this would not be the right thing for them, could they get in touch with you? Could that result in closer monitoring?

[English]

Mr. Keith Hillier: Certainly in the case management plan, we always encourage family members to participate. The veteran can

bring who she or he wants: a friend, a buddy, a spouse. It's up to the veteran.

I want to be very clear. The reality is that our case managers do not provide clinical intervention. They are there to support and to work to develop the case plan. It is the veteran herself or himself who has to go to their medical treatments, whether it be for physical injuries or mental injuries. Certainly we would encourage the family to encourage the veteran to keep appointments and to use medication or treatments, whatever has been prescribed by the medical experts.

But at the end of the day, if a veteran refuses to participate in the medical plan, we really have no control over that, other than moral suasion, to try to work with the veteran and his family to say, “You really need to keep doing this, because if you want to get better this is what you need to do.” As a doctor said to me one time when I worked in Ottawa and I had a knee problem, “Keith, it isn't going to get any better on its own, so you better get some treatment.”

•(1215)

The Vice-Chair (Mr. Peter Stoffer): Amen. Thank you.

We now move on to Mr. Hawn, please, for five minutes.

Hon. Laurie Hawn (Edmonton Centre, CPC): Thank you very much, Mr. Chair.

Thanks to our witnesses.

My niece is a case management supervisor in B.C., and I do appreciate how hard they work.

You mentioned that 40:1 is the national standard. Who set that standard and how does that compare with our allies, the U.S., Great Britain, and Australia?

Mr. Keith Hillier: Ms. Pellerin will start, and then I'll add, Mr. Chair.

Ms. Anne-Marie Pellerin: There are different models of case management. As Mr. Hillier has said, our case managers ensure that there's coordination of service. We don't provide the direct service. In terms of informing our case management practice across the country, we rely on the research and the best practices in the case management industry. For a population such as ours, the general standard is around 40 cases per case manager.

Hon. Laurie Hawn: Okay. Does that compare with other veterans services in other countries?

Ms. Anne-Marie Pellerin: It would be similar, but in other countries the case management model is a little different than ours.

Hon. Laurie Hawn: Fair enough.

I really want to talk about access. I don't think there's too much argument that, if you put them side by side, there are many more benefits and services and so on that are available under the new Veterans Charter than under the old Pension Act. The big challenge is access, actually getting those services to the veteran.

Mr. Hillier, you were around under the old Pension Act. I would suspect—well, I'll let you answer—that there were as many complaints about access under the Pension Act as there are under the new Veterans Charter. Is that a fair statement?

Mr. Keith Hillier: I think that's fair, yes.

Hon. Laurie Hawn: So access is not new.

Mr. Keith Hillier: Access is not new. What's new is that we're dealing with a new generation, not just as it relates to veterans. If I look at my family, my kids, they're from a different generation. They want it now. They want an answer this afternoon. In fact, sometimes that's possible. Sometimes when you get into serious cases, in order to make sure you get the best outcome for the veteran, you do need to involve a number of medical professionals to get their opinion. Sometimes, yes, you can have this, but it may not be the right answer because it actually could be contrary to the better health outcome.

Hon. Laurie Hawn: Now, I'd like to challenge you a little bit, because so many times veterans apply for something, it's denied, and then they go through the veterans review and appeal process. Normally they go through at least.... Well, if it happens on the first appeal, I think that's probably a little bit rare. They eventually, if they need it, will get it, but they have to jump through so many hoops to get to that stage.

Is there anything we can do, thinking outside the box, to do that appeal process up front instead of making the veteran jump through all of these to finally get a yes? Sometimes the answer is no. Sometimes it has to be no.

Mr. Keith Hillier: Yes.

Hon. Laurie Hawn: But for a whole lot of guys and gals, if we got them the service up front and then maybe did some due diligence after that, we might have a lot happier group of folks out there.

Mr. Keith Hillier: I'll start off, Mr. Chair, by saying that at the first application, in the vicinity of 70% of veterans get a yes or a partial yes: their claim is accepted in full or in part.

I might want to point out that through the initiatives that have been announced by the minister and previous ministers, we've done a lot of work in the area of letter simplification, explaining to a veteran what we looked at, what evidence we looked at, and why we came to the conclusions we did.

There was also the recommendation that came from the veterans ombudsman. In his report of January 2013, he recommended that in cases where there appeared to be some missing information, we actually call the veteran before we render the final decision. We've been doing that. We're finding that in some cases, a no will turn into a yes—which is good.

There's also the fact that if a veteran, without having to go to the Veterans Review and Appeal Board, finds there is a piece of information that was missing or that they didn't have at the time, they can send that in to us and we will do a reassessment. It isn't necessary to go to the Veterans Review and Appeal Board. Then, of course, if the answer is no at the departmental level, they can go to VRAB.

I think the best advice I've given to veterans and veterans organizations, and when I've gone to Canadian Armed Forces bases and wings, is to make sure you get all your information up front. If you look at the statistics, you will find that the 70% probably grows to somewhere between 85% and 90%.

One of the things I keep telling people is that if you don't have the medical documentation—if the infamous CF 98, I think it's called, is not in your file—we do take witness statements. So if something

happened, you can have witness statements, which we will accept in lieu of the documentation. I think keeping the information up front....

I also want to point out, Mr. Chair, that Veterans Affairs Canada has about 50 employees across Canada who are dedicated to helping people complete their applications for disability benefits.

• (1220)

The Vice-Chair (Mr. Peter Stoffer): Thank you, Mr. Hillier, and thank you, Mr. Hawn.

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

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

Thank you, everybody, for coming to the committee.

Mr. Chair, I would like to join my colleagues in wishing all the best to Mr. Hillier. I hope he will have many fruitful years ahead of him.

Mr. Keith Hillier: Thank you.

Mr. Wladyslaw Lizon: Before I start my questions, I would to just like to make a comment.

We've had several meetings before this, including a meeting with the minister, and there were a lot of questions and comments on office closures. I don't quite understand the logic of the criticism, because as far as I know, and I mentioned this at one of our meetings, the average age of our Second World War and Korean veterans is 80 to 90 years old.

These are not the people who are able to jump in a car like they did 25 years ago and go and have a conversation or obtain services in the VAC office if they need it. These people age. I know a lot of them. They do require help to move from point A to point B. Therefore, I don't think it's of great help to them that we keep open an office that they can't get to easily in the first place.

Could you just comment on this?

Mr. Keith Hillier: Thank you, Mr. Chair.

I'd like to go back, given that the honourable member raised the issue of numbers of case managers and offices that are closing, I knew I had it here, 15 is the number.

I think it's important to note that we do not provide clinical services. A veteran is not going into a Veterans Affairs Canada office whether it's one we're closing or one that's open to receive clinical intervention. That is through their physicians and other treating medical professionals, but they do meet in terms of having guidance and what have you.

Our operating model hasn't changed, certainly, for the period of time that I've been with Veterans Affairs, for 19 years. We have gone out to the veteran's home if the veteran needs a home visit. Occupational therapists have to go out and see them if they need home modification and nurses have to go out to see them. The difference is that in some locations the case manager will be getting in his or her car from a different city to go and drive to them. For example, there's been a lot of discussion around Cape Breton. If you live in Cheticamp and you're a veteran who needs a home visit, the difference is that rather than having someone in Sydney get in their car to go to see you, it will be in Halifax.

I might point out that three of the case managers in Sydney are actually relocating to Halifax. So most of the Cape Breton veterans will not have a change in case manager because they're actually relocating. I want to put that on the record.

Mr. Chair, I think what's important to note in this is that we have 7,000 veterans who are case-managed. That's out of a population of 208,000 clients of Veterans Affairs, about 135,000 veterans. Yes, we are closing 8 offices, but in recent years we've opened up 24 integrated personnel support centres and this is because this is where the growing demand is with modern-day veterans. So we've reacted to that. We've put additional case managers in places like Valcartier, Petawawa, and Edmonton garrison because we've seen a higher demand there. And we will continue to meet that demand.

If you look at the totality of our service outlets, if I could call them that, we have 26 Veterans Affairs locations, 24 integrated personnel support centres, and 17 operation stress injury clinics, in cooperation with our colleagues at the Canadian Armed Forces. That's 67 locations where veterans can receive a service for 7,000 case-managed veterans. I submit, Mr. Chair, that if you do the math, that's about 105 case-managed veterans per service location. In addition, to that, there are up to 600 Service Canada locations that can meet the needs of veterans who are in lower needs, i.e., veterans who are not case-managed.

• (1225)

Mr. Wladyslaw Lizon: Thank you.

The Vice-Chair (Mr. Peter Stoffer): We now move on to the second round for four minutes.

Mr. Chicoine, please.

[Translation]

Mr. Sylvain Chicoine: Thank you, Mr. Chair.

With regard to centres, I want to say something I will not ask you to comment on.

I think the minister made the right decision when he decided to reassign individuals to Service Canada centres. I think that was a way to recognize that closing those centres completely was not a good idea. We will see whether this is enough. I think that the decision was a good one.

We are told that 200 Service Canada offices will be used as points of service. You include them in that category, but are those really points of service? Right now, all we are hearing is that veterans cannot have access to much, aside from a telephone number or a website.

Could you tell us more about that and also about whether any training is planned for Service Canada, given that the transfer will be carried out soon?

[English]

Mr. Keith Hillier: First of all, Mr. Chair, the number of Service Canada locations, including their mobile locations, is close to 600. All Service Canada personnel have received training on VAC programs as they relate to disability benefits and the veterans independence program. This training was developed in cooperation between Veterans Affairs Canada and Service Canada.

With respect to the areas where the offices are closing, in addition to the services provided by Service Canada, a veteran will be able to bring in a copy of an application for a disability benefit or for the veterans independence program. It will be reviewed by the Service Canada officer to make sure it's complete. They will also authenticate that the veteran is who they say they are. There needs to be proof, and they can do that authentication and send it on to us. They will also help the veteran with what I would call general information, which they've been doing for many years, as they do for all government departments. In addition to this service, they can also help people get a My VAC account, etc. The key elements are reviewing and authenticating applications.

The other thing to bear in mind is that because of the reducing red tape initiatives, veterans no longer have as much need to go to offices as they once had. You don't have to take in your receipts for health-related travel to get them checked because you don't have to send them in anymore. With the VIP, you don't have to have all kinds of receipts for snow shovelling and everything because we moved to a grant system, and that grant system eliminated 2.5 million transactions.

As the minister announced last Thursday, in the Service Canada location that is nearest to the office we're closing, which in many cases across Canada is in the same building, we will have a client service agent from Veterans Affairs. That client service agent will be embedded in those eight Service Canada locations, and for inquiries that are beyond the scope of the Service Canada personnel, the client service agent will respond.

The big difference is that Service Canada officials have no access to the VAC database. They are not able to look at a veteran's file whereas a client service agent, who's a VAC employee, will have full access to our database and will be able to handle inquiries beyond that. We just want to make sure that veterans do not see any reduction in the level of service as we make the transition in those eight cities.

• (1230)

The Vice-Chair (Mr. Peter Stoffer): Thank you, Mr. Hillier.

We'll move on to Mr. Lobb, please, for four minutes.

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

Thank you, Mr. Hillier, for your time and dedication. In the last five years, you've been to the committee many times, and I've been here.

We've had some discussions around the new Veterans Charter and we've also examined some other programs such as WSIB, for example, in the province of Ontario. One of the things I thought would be worth mentioning is discussion around where an injury occurs. I want you to explain to the committee what happens if an active serving member is injured. Let's say the person also owns and operates a farm with their parents and herniates two discs. How do you deal with whether the herniated discs were dealt with on the farm for pleasure or in military service? As they're transferring from CF to Veterans Affairs, how does that happen?

Ms. Anne-Marie Pellerin: The medical reports that Mr. Hillier mentioned earlier in relation to supporting a disability benefit are critically important. In the case you describe, those medical reports for injuries or incidents during service or work-related repetitive-strain injuries on the veteran's file are critically important in helping the disability benefit adjudicators to determine whether or not the injury was caused or aggravated by military service.

Taking the farming scenario, if the injury was deemed to have been caused primarily by the farming activities but then aggravated by service, and this can be demonstrated through the disability adjudication process, then there would be a favourable decision in that case.

We have medical advisors associated with our disability benefit program. They go through all of the medical and non-medical evidence in rendering a decision. Benefit of the doubt is critically important in making that attribution to service.

Mr. Ben Lobb: To my mind, the key thing you mentioned is the benefit of the doubt, keeping in mind that this may have caused the person to no longer be in active service. It may have ended their career prematurely. They could be under a lot of stress mentally and physically because of the injury. The benefit of the doubt allows that member to be treated fairly. Veterans Affairs provides what they need both physically and mentally so they don't go into a tailspin—any more than they may be already.

Is that generally the idea behind that practice?

Ms. Anne-Marie Pellerin: The benefit of doubt provision means that, in weighing all of the evidence presented for a disability claim, if the evidence for favourable or unfavourable decision is equal, then the benefit of doubt goes to the veteran. So it's very much an adjudicative process that looks at all of the evidence, weighs it, and applies the benefit of doubt when it's not entirely clear one way or another.

•(1235)

Mr. Ben Lobb: In my own experience in a manufacturing environment, WSIB does not apply the benefit of the doubt to anybody, in my opinion.

The Vice-Chair (Mr. Peter Stoffer): I will now move on, and I have a couple of questions.

First, I want to echo the sentiment of others at the table and thank you for your tremendous career in our public service.

Mr. Keith Hillier: Thank you.

The Vice-Chair (Mr. Peter Stoffer): We greatly appreciate that and we wish you and your family and everyone the very best. We

look forward to working with the person who will be replacing you. We hope you have a lot of fun.

I have a couple of questions for you. You mentioned that there are 7,000 people being case-managed. You mentioned the number, but the reality is that over two-thirds of our veteran community are not even being serviced now by DVA. They don't have the benefit, or they have never applied, or maybe they were denied or something of that nature. Have you planned for an increase in that regard?

I mentioned to the deputy minister and the minister when they were here that you said that any veteran could have a home visit. That's not necessarily correct. We did 11 case trials in Halifax. Besides getting the response from DVA that they would get back within two to five days, the reality was that a person has to be case-managed before they have a home visit. A lot of veterans thought they wouldn't have to go in and workers would come to their house and help them fill in the forms on their very first call. I said, "I don't think that's the way it works." So we'd like you to reiterate that for the record.

For Mr. Hayes's and the committee's sake, and for those who may be listening, Bill C-55 was authorized and approved by Parliament in 2011. Section 20.1 refers to a "comprehensive review of the provisions and implementation of this Act". That's where this study came from originally, and that amendment actually came from this committee. When the bill came before the committee, this is what we unanimously adopted. I just want to put that on the record. That's why we're where we are now.

We thank you again, sir, for your service and I look forward to your response.

Mr. Keith Hillier: With regard to home visits, we have not changed our business practices for many years. Veterans who were case-managed, who need a home visit, will get it. We have never been in the business of sending people out just to help with first applications or what have you.

The Vice-Chair (Mr. Peter Stoffer): Mr. Hillier, I would just interrupt for one second.

You're absolutely correct, but when the discussion of the office closures was happening, it was stated in Parliament, in committee, and publicly in the media that, not to worry, veterans can have home visits. They didn't say, "case-managed veterans". The official word was—and these weren't words from you, by the way, they were from other people who said, "veterans can have home visits". So I just wanted to correct that.

Mr. Keith Hillier: I just want to also correct from the standpoint that there are exceptions. In fact, we do sometimes go out to help a veteran, even with a first application, certainly sometimes with VIP applications if there are extenuating circumstances. If a veteran calls and says, "Look, I'm really not doing very well. I have a number of medical issues, I may have a sight impairment or hearing impairment," then, in fact, the local office makes judgment calls. The reality is that it would be an impossibility, and I would suggest not a particularly good use of taxpayers' money.

And the other thing I would point out, as I mentioned earlier in my testimony, is that while we don't go out and visit people to assist in preparing forms unless there are extenuating circumstances, such as suggested, we have about 50 people across the country for whom that's actually their day job. They help veterans gather information for disability awards. They're called disability benefits officers and they're across Canada.

Also, I would point out that in our partnership with the Royal Canadian Legion, the Royal Canadian Legion works very closely with us, with the legion service officers, where they in fact go out and help people fill out various forms, and what have you.

So the key is, in terms of home visits, it's on the basis of need.

The Vice-Chair (Mr. Peter Stoffer): Thank you, Mr. Hillier.

We move on to another new member of our committee for today, Mr. Trost. Four minutes, please. That'll conclude the session.

• (1240)

Mr. Brad Trost (Saskatoon—Humboldt, CPC): Thank you, Mr. Chair.

As was noted, I'm a bit of a visitor here today, so I'm trying to understand a little bit more about what's going on.

In your comments, you mentioned that Veterans Affairs has 200,000 clients. Here it says 135,000 veterans, and 7,000 are receiving case management. Then later on it says that 91% of veterans are Canadian Armed Forces veterans, and war service veterans make up 6%. That's clear to you, I have no doubt, but to me it's about as clear as mud. Who are the 135,000? How do you define who's in there? Who are your 200,000? What are the 7,000? And what does the 6% and the 91% refer to? Everyone else around here may know that, but I need the education.

Mr. Keith Hillier: Mr. Chair, I'll start at the basics.

According to Stats Canada, there are about 700,000 veterans who are alive in Canada today. At Veterans Affairs, we provide services to 208,000 individuals. Of that, 135,000 are veterans, i.e., veterans of the Second World War, the Korean War, or post-Korea conflicts. The difference between the 208,000 and the 135,000 is about 10,000 RCMP officers, and the rest are survivors. For the most part, they are widows of Second World War veterans who were able to take advantage of the government program that allowed, in certain circumstances, for widows to continue getting the home services of VIP after the death of the veteran. So if you look at that 135,000 figure, these are people who wore a uniform and served Canada. Of that number, 7,000 are people who have higher needs. These are the people who have case management. These could typically be someone with a series of psychological and physical injuries, or one

or the other. Of that number, the 90% that's referred to are post-Korea veterans. This ties in with the closing of offices and putting more people on Canadian Armed Forces bases.

Mr. Brad Trost: So only 6%—420, roughly, is the math that we did here—are World War II or Korea?

Mr. Keith Hillier: Yes.

No, sorry.

Mr. Brad Trost: Four hundred and twenty—

Mr. Keith Hillier: No, let's go back a second. I think the number you have is with regard to the case-managed.

Ms. Anne-Marie Pellerin: Yes.

Mr. Keith Hillier: It is 6% of the 7,000 who are Second World War veterans.

Mr. Brad Trost: That would be 420.

Mr. Keith Hillier: Oh, I'm sorry; I thought you meant 420,000. I was afraid you were jumping ahead to a much bigger number. I didn't hear—

Mr. Brad Trost: That's no problem.

This really drives it home to me. Probably about half of the Veterans Affairs cases that come through my office are for World War II and Korea. I wasn't totally understanding just how much this was driving to the newer members, the people who have been to Afghanistan.

I have one last really quick question. Prince George has been closed for about a year.

Mr. Keith Hillier: Yes.

Mr. Brad Trost: Is there any word on how that closure has gone and on how many case files are still being operated out of there, how many people, and what the feedback has been?

Mr. Keith Hillier: Prince George closed, I believe, in January 2013. I have not received one complaint with regard to service.

You have to bear in mind that the Prince George office was an office of two people; it was a very small office. In fact, it got to the point of being very challenging, because for health and safety reasons you can't have only one person in the office. If somebody were to go on vacation or somebody called in sick or had a family commitment, a veteran would drive x number of kilometres to the Prince George office only to see a sign there saying that no one was available that day. So offices of two people really aren't practical.

The Vice-Chair (Mr. Peter Stoffer): Thank you very much.

Mr. Casey, we have time for one more question for you, sir, very quickly.

Mr. Sean Casey: Mr. Hillier, I don't want to let this go. We have a responsibility here to make recommendations under the statute.

When I asked you whether the department had costed the recommendations of the ombudsman, you said not all of them. Would you share with the committee the ones you have costed?

Mr. Keith Hillier: I don't have that information, Mr. Chair, off the top of my head—

• (1245)

Mr. Sean Casey: Can it be sent?

Mr. Keith Hillier: —but I will certainly take it back, Mr. Chair.

Mr. Sean Casey: Thank you.

The Vice-Chair (Mr. Peter Stoffer): Thank you very much.

That ends our session for today.

Nathalie, Keith, and Anne-Marie, thank you again for coming by today and helping us in our deliberations.

Again, Keith, I wish you the very best in your future endeavours.

We'll have a one-minute break and then go in camera very briefly.

[Proceedings continue in camera]

Published under the authority of the Speaker of
the House of Commons

SPEAKER'S PERMISSION

Reproduction of the proceedings of the House of Commons and its Committees, in whole or in part and in any medium, is hereby permitted provided that the reproduction is accurate and is not presented as official. This permission does not extend to reproduction, distribution or use for commercial purpose of financial gain. Reproduction or use outside this permission or without authorization may be treated as copyright infringement in accordance with the *Copyright Act*. Authorization may be obtained on written application to the Office of the Speaker of the House of Commons.

Reproduction in accordance with this permission does not constitute publication under the authority of the House of Commons. The absolute privilege that applies to the proceedings of the House of Commons does not extend to these permitted reproductions. Where a reproduction includes briefs to a Committee of the House of Commons, authorization for reproduction may be required from the authors in accordance with the *Copyright Act*.

Nothing in this permission abrogates or derogates from the privileges, powers, immunities and rights of the House of Commons and its Committees. For greater certainty, this permission does not affect the prohibition against impeaching or questioning the proceedings of the House of Commons in courts or otherwise. The House of Commons retains the right and privilege to find users in contempt of Parliament if a reproduction or use is not in accordance with this permission.

Also available on the Parliament of Canada Web Site at the following address: <http://www.parl.gc.ca>

Publié en conformité de l'autorité
du Président de la Chambre des communes

PERMISSION DU PRÉSIDENT

Il est permis de reproduire les délibérations de la Chambre et de ses comités, en tout ou en partie, sur n'importe quel support, pourvu que la reproduction soit exacte et qu'elle ne soit pas présentée comme version officielle. Il n'est toutefois pas permis de reproduire, de distribuer ou d'utiliser les délibérations à des fins commerciales visant la réalisation d'un profit financier. Toute reproduction ou utilisation non permise ou non formellement autorisée peut être considérée comme une violation du droit d'auteur aux termes de la *Loi sur le droit d'auteur*. Une autorisation formelle peut être obtenue sur présentation d'une demande écrite au Bureau du Président de la Chambre.

La reproduction conforme à la présente permission ne constitue pas une publication sous l'autorité de la Chambre. Le privilège absolu qui s'applique aux délibérations de la Chambre ne s'étend pas aux reproductions permises. Lorsqu'une reproduction comprend des mémoires présentés à un comité de la Chambre, il peut être nécessaire d'obtenir de leurs auteurs l'autorisation de les reproduire, conformément à la *Loi sur le droit d'auteur*.

La présente permission ne porte pas atteinte aux privilèges, pouvoirs, immunités et droits de la Chambre et de ses comités. Il est entendu que cette permission ne touche pas l'interdiction de contester ou de mettre en cause les délibérations de la Chambre devant les tribunaux ou autrement. La Chambre conserve le droit et le privilège de déclarer l'utilisateur coupable d'outrage au Parlement lorsque la reproduction ou l'utilisation n'est pas conforme à la présente permission.

Aussi disponible sur le site Web du Parlement du Canada à l'adresse suivante : <http://www.parl.gc.ca>