



HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

Standing Committee on Veterans Affairs

ACVA • NUMBER 016 • 1st SESSION • 42nd PARLIAMENT

EVIDENCE

Tuesday, June 7, 2016

—
Chair

Mr. Neil Ellis

Standing Committee on Veterans Affairs

Tuesday, June 7, 2016

• (1100)

[English]

The Chair (Mr. Neil Ellis (Bay of Quinte, Lib.)): I call the meeting to order.

Good morning, everybody. Pursuant to Standing Order 108(2) and the motion adopted on February 25, the committee is resuming its study on service delivery to veterans. After the meeting, I'd like to go in camera for committee business for probably five to 10 minutes.

We'll begin on service delivery to veterans. We have here today, as witnesses from the National Defence and Canadian Forces Ombudsman's office, Robyn Hynes, director general of operations, and Gary Walbourne, the ombudsman. We'll start with a 10-minute opening statement from the witnesses and then we'll move into questioning.

Welcome. Thanks for coming in today.

Mr. Gary Walbourne (Ombudsman, National Defence and Canadian Forces Ombudsman): Thank you for the invitation to be here today to give my perspective on the delivery of service to veterans.

As ombudsman to the Department of National Defence and the Canadian Armed Forces, my office is completely independent of both military and civilian chains of command, reporting directly to the Minister of National Defence. As an evidence-based, neutral organization, we do not advocate for any particular group. However, we do advocate for fairness, to ensure that any process or policy inside the department treats the members, both military and civilian, fairly.

Part of my constituency base is former members of the Canadian Armed Forces. If their issues involve the Canadian Armed Forces, they utilize the services of my office. If their issues have to do with receipt of benefits or services from Veterans Affairs, they utilize the Office of the Veterans Ombudsman.

As you would expect, with overlapping constituents, our two offices work well together. In fact, several members from my office have worked at the ombudsman's office and vice versa, including me. I spent three years there as deputy ombudsman.

Of the approximately 200,000 veteran clients at Veterans Affairs, we don't hear from all of them. We hear from the ones who slip through the cracks. Seamless transition for most ill or injured military members who require benefits and services remains a concept, not a reality, and is fraught with painstaking challenges.

Efforts to reduce complexities in service delivery have not provided the desired outcomes. Many of the available programs and services are overlapping. Others are frustratingly hard to navigate. For example, the Department of National Defence and the Canadian Armed Forces, Veterans Affairs Canada, and SISIP, the insurance provider, all have their own case managers and their own vocational and rehabilitation programs.

Some of the offered programs become inaccessible through the sheer lack of awareness of the eligibility criteria. It would be best to have one knowledgeable point of contact that you can trust for the entire journey.

It is no secret that there are endless forms and long delays in adjudication. Paperwork, and lots of it, remains the primary method to obtain services and benefits from Veterans Affairs. At present, a file is transferred from the Department of National Defence to Veterans Affairs and then goes for adjudication while the member waits. In some cases, this could be for an extended period of time if there are complexities or nuances with the file. As far as adjudication goes, it is not, in my opinion, acceptable that there is a 16-week service delay.

I believe that all the evidence we need for the determination of attribution of service sits within the Canadian Armed Forces. Before they release a member, they work with them for an extended period of time, depending on the injury or malady. We know where, when, and how the soldier has become ill or injured. In my opinion, everything should and can be done before the member leaves the service.

One step to make life easier would be to start with the determination of service attribution. I think the biggest stumbling block, if we want to talk about ease of transition and access to care, probably starts right there.

I firmly believe that the Canadian Armed Forces are responsible to the member while they wear the uniform. I do believe that if the Surgeon General's office determines the service attribution, Veterans Affairs can deliver their programs based on the needs of the client, considering the injury or malady and the impact on quality of life. I also believe that there will always be a need for adjudication services inside Veterans Affairs Canada, especially for operational stress injuries, which many times manifest themselves later in life.

I routinely ask my staff and challenge them about what a service delivery model would look like. Why do I do that? Because as bureaucracies we have a tendency to search out process-centric solutions vice veteran-centric needs. For example, on the Veterans 20/20 project, the problem is that we're so focused on the project that we're failing to look at the outcomes.

As for ease of transition, as I just mentioned, I'm aware that the department is working very closely with Veterans Affairs Canada on their Veterans 20/20 project, now known as "Care, Compassion, Respect 20/20". I know that many task forces have been formed and that representatives from both entities participated. I do believe that these types of conversations will help, but I also believe that we're going to have to go back to the basics, back to the core way we do business. A fundamental change to the service delivery model is what is required.

There has been much fanfare about the reopening of offices and hiring additional staff, but I believe we should place as much effort, if not more, on changing the delivery model. Doing the same thing over and over again, as we have in the past, will not provide better results. We must challenge the status quo methods of operating within departments.

My office is engaged in this effort and is currently considering what a new delivery model could look like from a transitioning member's perspective. This product may be of assistance to this committee and should be ready within the next six to 10 weeks.

The last comment I'd like to make, Mr. Chair, concerns the families of these transitioning members. I believe that we can and should do more, whether in it's access to mental health care, respite, or some sort of financial help to assist those who are helping our members to transition. It should be considered in anything we do going forward.

I stand by for your questions.

• (1105)

The Chair: Thank you.

We'll start with Mr. Kitchen.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Thank you, Mr. Chair.

Thank you both for coming. I appreciate that.

You talked in your opening remarks about speeding up service. We've been talking a lot in this committee about service delivery and how we get it done. We're finding that service is taking a long period of time.

I'm wondering if you could share with us any further comments on steps that you think we could be taking. We've talked about how we identify the steps for the soldier right at the beginning and go through the steps with them. By the time they're done, they're familiar with everything out there and with what's available to them. As they step forward into Veterans Affairs, sometimes we see that files go missed. We lose things.

Can you comment on what you think might be a step, or one or two steps, that might speed that up so that we're not taking 16 weeks but are able to do it in eight weeks?

Mr. Gary Walbourne: I think we can do it more quickly than that also.

For example, let's go back to attribution of service. What happens now when a member's releasing is that when a soldier becomes ill or injured, he or she is taken care of by the medical system inside the Canadian Armed Forces. We stay with that soldier up until the point where they receive a permanent category medical assessment and they're about to be released. At that point, we know when, where, and how the soldier was hurt.

This file transfer you talk about concerns the medical files that have to be transferred from the Canadian Armed Forces to the Department of Veterans Affairs. The issue for me is that if we determine attribution of service to the Canadian Armed Forces, there is no file transfer. We'll just send over the information that, yes, this soldier was hurt, and it is attributable to their service, and here's when it happened and here's what happened. Then Veterans Affairs Canada can deliver the programs they're intended to deliver—namely, the services and benefits the member requires, based on their malady.

I think we can shorten the process even far beyond eight weeks, but I think the first step we have to take is the determination of attribution of service. Currently for reserve force members, the Canadian Armed Forces makes that determination so that they can have access to the government employee insurance program. We're already doing it for the reservists. I think it should be extended to all force members who are medically releasing.

That in and of itself stops the file transfer. There is no review. When it gets to Veterans Affairs, it goes right to program delivery. I think we can do it, and do it very quickly. It's something we're already practising for the reserve force, and I think it could be extended for all the force members.

Mr. Robert Kitchen: Thank you.

I'm a chiropractor by trade, and I've been involved in many organizations. Over the years acronyms are on everything. It seems to me that every time we have a budget, we have an acronym change for every program we provide. Is that confusing to veterans?

Mr. Gary Walbourne: I think it's confusing to everyone.

Voices: Oh, oh!

Mr. Robert Kitchen: It's confusing to me, so....

Mr. Gary Walbourne: We ourselves also have to reset our clocks and make sure we're aligned with the new terminology. The Veterans 20/20 project is now Care, Compassion, Respect 20/20. It confuses not only those of us who work and live in the environment but also those who are trying to access benefits and services. They run up against it, yes. It's a minor issue, but it does cause grief.

Mr. Robert Kitchen: Okay. Thank you.

I understand your office has been studying operational stress injuries among reservists, etc. I'm wondering if you could comment or if you're at liberty to provide us with any further update on where that is and what stage this is at.

• (1110)

Mr. Gary Walbourne: The report is finished. The 28-day hold by the minister ends today or tomorrow morning, and we have plans to release the report at three o'clock tomorrow afternoon. Those are the plans right now. The report is finished, and it will be released as soon as the minister's hold has expired.

Mr. Robert Kitchen: So that's a "no" until tomorrow.

Mr. Gary Walbourne: Until tomorrow. Sorry.

Mr. Robert Kitchen: That's okay.

When we deal with occupational stress injuries, which we're seeing a lot more evidence of, in terms of where they're located across the country, has the issue of people not being able to access these stress injury clinics ever been brought up to you? Are there any trends you might see in that area?

Mr. Gary Walbourne: As it is for anyone who's trying to access health care in Canada, the further you get away from the larger centres, the more diminished the available services become. Our operational stress injuries review on the reservists will bring home this point, because these are people who really are out of the centres and are not attached to a unit or a home base. They are struggling to find some of those services, so yes, where you live is a great indicator of what type of service you will receive.

I have not heard any complaints from those who have presented themselves to the clinics—that they were either turned away or didn't receive what they required—but we do have members who have difficulty getting to those major centres to receive the service they need.

Mr. Robert Kitchen: Can these people access online information or make use of video robots or that sort of thing?

Mr. Gary Walbourne: There is a pilot project coming out of Veterans Affairs Canada now, I understand, that will start to deliver these services, especially for the north. They are looking at some of these types of technologies. I believe any type of engagement that gets the soldier grounded in the start of a health care plan is of benefit to us. I believe we have to reach out with all types of technology.

You know, the demographic inside of Veterans Affairs Canada is changing greatly. The Korean War veterans are the ones we are talking about now, and then we have veterans just coming out of Afghanistan. There's a wide range of demographics, and they all have different wants and desires with regard to how they should be engaged. I think any type of technology we can bring to bear to help would be of benefit.

Mr. Robert Kitchen: Great. Thank you.

The Chair: Ms. Lockhart is next.

Mrs. Alaina Lockhart (Fundy Royal, Lib.): Thank you very much. We really appreciate your presentation. You articulated a lot of the items we've discussed over the last several weeks.

In your statement you talked about the Canadian Armed Forces, Veterans Affairs Canada, and SISIP. I wonder if you could expand on the services provided by SISIP. Is it working well or is it a stumbling block in this process? I'd like to hear any recommendations you have.

Mr. Gary Walbourne: As part of my opening statement, I talked a little bit about there being multiple players at the table. SISIP is another one.

It's an insurance policy. The Chief of the Defence Staff is a policyholder. Inside that program there's vocational rehabilitation, for example, but it has a \$25,000 ceiling on it. The one at Veterans Affairs Canada has a \$75,000 ceiling. There's a difference there.

The eligibility criteria to get into the SISIP program are different from what would be required to get into another program. It makes the system very convoluted. SISIP, being the first payer, does not give that releasing member the opportunity or the option of where they should go. They each have a case manager with a different set of rules and marching orders. They have different levels of financial support and aid inside of the programs.

It's not working that well, in my opinion. We made several recommendations when I was a deputy ombudsman at Veterans Affairs, and I notice the Veterans Ombudsman now is continuing with the idea that they should be looking at all these programs to see which ones are working well and which ones aren't. I understand there was a request for proposal released online a couple of weeks ago, asking for an entity to come in and look at all the rehabilitation programs to see the best way forward. That's a positive step, I think, but I do believe we need to start getting some of the complexity out of the system.

Mrs. Alaina Lockhart: Is there a common complaint that you hear about SISIP? Are there any particulars you've identified in the work you've done?

Mr. Gary Walbourne: I guess the biggest single complaint is about the program that SISIP delivers versus the others—the difference in financial support, the difference in the length of time you can attend one of these courses. That's probably been the biggest complaint we've received.

• (1115)

Mrs. Alaina Lockhart: What about resources for guiding soldiers and veterans through this process? Are the resources there for them to get the personal touch as they try to work through this process, or are they on their own?

Mr. Gary Walbourne: I think it's a bit of both. I think the resources are there, but as an example, I talked about Veterans Affairs Canada, Department of National Defence, and SISIP each providing a case manager. Each of those case managers is marching to a different set of orders.

If a member presents himself or herself before one or two of those case managers during transition, the approach to detail and the requirements will be different from each entity. The member struggles through some of it. Once they're inside a small piece of a program, there is good guidance and assistance, but as for someone having that overarching view of the full thing, that doesn't exist.

Mrs. Alaina Lockhart: Then if they are assigned a case manager, let's say, or a pod of people earlier when they're a soldier, that team would carry on with them to kind of bridge that. Is that what you're suggesting?

Mr. Gary Walbourne: We were talking about this the other day. One of the words we came up with was "concierge" service. What needs to happen is that the soldier needs to have a champion, someone who's assigned to them prior to release, not just at the point of release.

Once the injury happens, they'll go to a temporary medical category where they will be on reduced duties or doing different things. Before they get to a permanent category, if someone is engaged at that point in time, talking to the person about what the future looks like, what their potential opportunities are, it changes the game. It really does.

In my world, the beauty of it is that we do that before the member takes off the uniform, because there are avenues of recourse for the member and other resources they can draw on that won't be available once the uniform comes off. If we did some more work in-house to make sure the member was best prepared to leave, I believe it would go a long way. Having one point of contact to coach someone through that full process would be instrumental in what we're trying to achieve going forward.

Mrs. Alaina Lockhart: Is it fair to say—I think this is what I gathered from your presentation—you believe that in order for Veterans Affairs to stay in the right lane, we need to do the assessment beforehand? Would that be your recommendation?

Mr. Gary Walbourne: Yes, most definitely, and I understand.... In my office, the first thing I've said to everyone I've dealt with since I've taken over is that collaboration is the best way forward for everybody, but there comes a point in time when there are certain responsibilities in your own lane of authority that need to be addressed.

I think all parties probably need to step back just a step and not rush off the end of the cliff like lemmings. Let's take a pause here for a moment, have a look at what we're doing, and ask if we're doing it correctly.

If we want to go back to how we make it right, Veterans Affairs is there to provide benefits and services to the veteran. I know that now they're doing the adjudication, but I believe that just complicates it. It gives two sets of responsibility to an entity that was intended to do one thing. I think we've complicated it over time. There has been layer on top of layer laid on. I don't think it was anyone's intention that we would get to here, but that's where we find ourselves, so yes, I do believe that.

Mrs. Alaina Lockhart: From the testimony we've had from some witnesses, I believe that has been a cause of frustration for them, this feeling that their service isn't regarded as important or that their injuries aren't acknowledged. I think that's a good point to make.

Thank you.

The Chair: Go ahead, Ms. Mathyssen.

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

Thank you, Ms. Hynes and Mr. Walbourne, for your incredible work. I've had the very good fortune to interact with you and I know that you have been there for veterans and are incredible advocates. I'm very grateful for that.

I have a number of questions. The first is on something very simple. You talked about issues with SISIP, and we've heard that many times. Are there issues that you have identified with the joint personnel support unit, the JPSU, as well?

Mr. Gary Walbourne: We've done several reviews on the JPSU over the years. I know that when the new Chief of the Defence Staff, General Vance, came in, he took it upon himself as one of his personal goals to get to the bottom of the JPSU, to get it set up and ready to have it functioning to provide that service to the members as required.

My problem with the JPSU would go back to the staffing levels, first and foremost. I have been in this position for a little over two and half years, and I've heard since I've started that we don't have the right numbers of staff on the ground. I found out today that we're still about 30 bodies shy of what the full operational numbers should be. The problem with the full op number is that it was established prior to coming out of Afghanistan, so my question would be, on the number that we've targeted—it was 457, and I think it has increased to 474—is it the right number? If it is, why aren't we doing more to staff more quickly?

I understand that there are competitive salaries across the country. These things need to be addressed, but it's not as if we found out about this today. We've known it for several years. That's my concern with the JPSU.

I know that General Vance has put a lot of effort into the organization and how it's going to be structured. There are going to be some responsibilities that devolve back down to the local chains of command. I think that's probably a good thing in order to help them have flexibility on the ground and to adapt. I reserve final comment until I see what the end result is going to be and until we're fully staffed and have done an environmental assessment to ensure that the right case management ratio is in place and people are moving through the system at the pace they need to.

● (1120)

Ms. Irene Mathyssen: It's always remarkable to me that in going off to fight, money is no issue, but there is no consideration for the aftermath. We are dealing very directly with the aftermath of those decisions, and we had better be there to make sure the supports are in place.

That brings me to issues around injured reservists and particularly to suicide rates. We hear more and more about suicide rates among released veterans and about folks even within DND who are not adapting and are not able to find the help they need. On these statistics, do you have any comment on the number of suicides and where we are failing these veterans or CF members?

Mr. Gary Walbourne: I don't have much insight on the numbers. I have the same awareness that you have.

If we want to talk about helping veterans, I would say this: I don't know if any of us has a solution to prevent suicide, but I do believe we have the opportunity to remove as many obstacles in the environment as possible. For example, I know it's always the ugly thing to talk about, but let's talk about money. The calls I receive at my desk are not about not getting their medication last week, but about how they'll make their mortgage next month or how they'll get their kids to school.

If you take someone, especially with operational stress injuries, and you haven't given them a solid platform to step on prior to letting them take off the uniform, I think you're not helping the situation. What needs to happen is that the member who is releasing because of this type of malady is sure, before the uniform comes off, that everything they require is in place. They know when their earnings loss benefit or pension cheque will be in the bank. They know who their doctor will be. They know what their service benefit will look like.

We can do that. We have the ability to do that. It will take some leadership and desire to get it changed, but I do believe our job is to remove as many obstacles as possible in the path of these releasing members so that we can help reduce that number.

Ms. Irene Mathysen: Thank you.

We've talked a great deal about supports for the families and how families very often feel on the margins. All focus is on the veteran or the CF retiring member, and the family is on the periphery. Obviously that family needs support. Have you recommendations?

I'm very excited about the work on the new delivery model that you have done and will make available to this committee. Have you any comments on how we can make sure that the family is in the picture and is supported so that they can support the veteran?

As a corollary to that, what about veterans who don't have family support? Has there been enough consideration given to them?

Mr. Gary Walbourne: When we talk about families, for me, families are a part of my constituency base. All members and their families, all former members and their families, all former cadets and their families—they're a large part of my constituency base and always of concern.

The issue with families, for me, is that we hear all the time that we should do everything for the soldier and families, but what are we actually going to do for families?

There are programs available in Veterans Affairs Canada that help families somewhat. There is some respite care; I think they're entitled to a couple of weeks. What you have to understand, though, is that when a member is dealing with an operational stress injury, we see it for eight hours a day. The family sees it for the rest of the day.

Anything wrong or bad that's going to happen to that member will first be felt on the home front, so why don't we allow families access to the clinics, where there are counsellors available that can talk to the families? Do we give them enough information and education?

We have tried, through our small little entity, to publish as much information as we can on our website, to make it as accessible as possible, but I believe we can do more. In Veterans Affairs Canada, if there's a caregiver taking care of a veteran, that caregiver is given a wage. If a family member is doing it, it's not the same thing.

• (1125)

The Chair: You have about 20 seconds left.

Mr. Gary Walbourne: To answer your question, families need more, but we need to think about what we want to do for the families and not just keep saying "and families".

Ms. Irene Mathysen: So there's all this shovelling off of stuff without that clear consideration of the model we need to use.

Mr. Gary Walbourne: Exactly.

The Chair: Thank you.

Mr. Eyolfson is next.

Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.): Thank you.

Thank you for coming, and thank you for the work you're doing. It's quite valuable and it's appreciated.

You were talking about case managers and how there's a different case manager at every step of the process. Would it be beneficial if they were assigned a case manager while in service, once you determined that termination of service was imminent, and they just retained that same case manager throughout the process and while they were in Veterans Affairs? Is there a model you can envision where that would be the case?

Mr. Gary Walbourne: That's exactly the model we're headed toward. We believe that when the member receives his temporary medical category, an assessment should be done on whether there is an opportunity for that member to return to work or if they are going to be released.

Contrary to what we may hear in the media, the Canadian Armed Forces, in my opinion, do an extremely good job with injured members. They stay with them throughout the process and they don't release them until they have a plan in place to go forward with their medical care, so kudos to the Canadian Armed Forces. Good job. Well done. The point is that as we change from program to benefit to service, there is a different set of rules and regulations and knowledge that you need.

You are exactly right that having one point from when the first determination is made through until the end, when the member is out and is receiving his benefits and services and his life is starting to move forward, is absolutely critical in the process. If we take operational stress injuries as an example, they can manifest themselves in many ways. Chaos and confusion do not help anyone who is suffering from that type of malady. To have a constant in your life throughout that process is absolutely critical, in my opinion.

Mr. Doug Eyolfson: Thank you.

We've heard some people say that their case managers seem to feel very overloaded. Part of that is the ratio of case managers to clients. Have you found that case managers are doing a lot of tasks that could be reassigned? There's clerical work and there are things that are not related to what they're supposed to be doing, but there's no one else to do it. There's paperwork and that sort of thing. Is that increasing the workload of the case managers?

Mr. Gary Walbourne: That's part of the issue. For example, if I could step back to the JPSU, Robyn has the actual numbers here, but we're about 30 positions shy.

I think it's 23 case managers...?

Ms. Robyn Hynes (Director General, Operations, National Defence and Canadian Forces Ombudsman): It's 27.

Mr. Gary Walbourne: That's 27 nurse case managers, but there are also seven clerical positions that are empty. Those clerical positions are the oil that make the machine work.

For every case manager I've had the opportunity to speak with, I have to say that without exception they are tremendous people, with empathy for what they're doing. I've seen case managers come back into the office at nine or 10 o'clock at night just to get things done.

Therefore, yes, that's probably contributing to the fact.

Mr. Doug Eyolfson: In regard to the positions open and who could do this kind of work, we've said that veterans themselves are quite overwhelmed with the sheer volume and complexity of the paperwork, and we are short of some of these positions to help with some of it. Would there be a role for hiring veterans who are familiar with the service to help with this kind of task? Would that be a good employment opportunity for some veterans who are looking for work?

Mr. Gary Walbourne: I think it would be an excellent employment opportunity, considering if we're talking about those who have already released and gone through the process. They have an experience that hopefully none of us will ever have to face. I'll leave it at that.

I believe that hiring veterans who have the knowledge and the capability is a tremendous boost to the veterans themselves. Again, it gives them a sense of belonging and being part of a team, so yes.

Mr. Doug Eyolfson: Okay. Thank you.

We've talked about the digitizing of medical records and how digitizing medical records really helps to speed the transmission of information from one practitioner to another. Is that coming along well? Are we where we want to be with that yet, or do we still have a ways to go?

Mr. Gary Walbourne: When I started with the department back in 2004—I shouldn't give this away—I was in charge of their records section, and we were talking about the digitization of records then. We're still talking about it now, 12 years later.

If we go back to my opening statement when I talked about attribution of service, if the attribution of service was determined by the Canadian Armed Forces, there is actually no file transfer. What do I need to transfer? I've already made the decision.

There is one notification that goes to Veterans Affairs, saying perhaps that this soldier was hurt on this day, doing this, in relationship to his service to Canada. That goes away.

I think that's where we need to be. I know the effort is still ongoing, but I don't think it's finished yet.

Mr. Doug Eyolfson: How much time do I have, Chair?

The Chair: One minute.

Mr. Doug Eyolfson: I don't know if this is a practical suggestion or whether there would be the capacity for it, but one of the things we've noticed is the medical care. When they're in the service, they're receiving their medical care through the Department of National Defence. When they become veterans, all of a sudden their medical care is through the provinces. Is there a capacity for the Department of National Defence to still play a role in providing the medical care for veterans, or would that be unworkable?

• (1130)

Mr. Gary Walbourne: I think it's just straight-up capacity. Looking at the volume of what's going through the system currently, I think that to hang on and continue with the veterans once they've released is a straight-up capacity issue.

Mr. Doug Eyolfson: Thank you. I have no further questions.

The Chair: I would like to ask you a clarifying question on case managers. I believe you said 27 of them, and for the clerical workers it was seven. What proportion of the workforce is this? Is it 10% of the workforce, or 5%...?

The other question would be, how long has the department been short? Is it a year, two years, three years, or is it just a process that's always been there and accepted?

Mr. Gary Walbourne: I think the shortage is at about 8% to 10%. It's nothing new. There's been a gap in the staffing for the last several years. Two years ago, the first encounter I had as the ombudsman was in Halifax. I talked to the clinic there, and they were short seven members and had been for a few years.

The problem is not new. It's been around for a while.

The Chair: Thank you.

Mr. Fraser is next.

Mr. Colin Fraser (West Nova, Lib.): Thank you very much to both of you for appearing today and for your excellent presentation. One thing I noted in your presentation that we've heard over and over again—we've heard from a number of veterans before our committee already—is that it's those who have fallen through the cracks that you hear from.

I'm wondering if you can expand on that so that we understand how it is people are falling through the cracks and what measures we can recommend in order to stop people from falling through the cracks. That seems to be the crux of the issue: that some veterans do very well, but it's the few who don't do well at all who are falling through the cracks. We want to fix that.

Mr. Gary Walbourne: As I mentioned, Veterans Affairs Canada has *grosso modo* 200,000 clients. For the most part, and I was the deputy ombudsman at Veterans Affairs, Veterans Affairs does a good job. It's not all 200,000 complaining every day. When I start to talk about those who slip through the cracks, it will be those who are waiting for adjudication because their file hasn't been digitized, or it has not been sent to Veterans Affairs Canada, or it's sent to Veterans Affairs Canada and it's not complete, or it's sent to Veterans Affairs Canada and in their first adjudication process they don't agree for some reason. Perhaps they don't think it's attributable to service, and it goes to a second level of adjudication. These are the people who for six to eight months, or sometimes 12 to 14 months, have been waiting for a benefit or a service without any other avenue. You can easily see how someone with an OSI or someone who needs medication would spin themselves out of control in that situation.

To your point about fixing that gap, I think I'll go back to my original statement: if the determination of attribution to service is done by the Canadian Armed Forces prior to the uniform being removed, it changes the game on the ground. It's no longer waiting to determine if I'm in the club or out of the club. I'm sure if someone who gets awarded three-fifths wants four-fifths, there's an adjudication process inside of Veterans Affairs Canada for exactly that.

Those who have to wait inordinate amounts of time for whatever reason are the ones who are slipping through the cracks. These are the ones we're hearing about, those who find themselves waiting and have had no answer. These are the ones slipping through the cracks. I think we can stop that by doing the attribution to service determination inside the Canadian Armed Forces.

• (1135)

Mr. Colin Fraser: Thank you.

With regard to reservists, we know there is a concern that they get treated differently from other veterans. I'm wondering if you can explain to me how they would fit into the model you're talking about and what differences there might be for reservists who are transitioning out.

Mr. Gary Walbourne: I was there when Mr. Parent coined the phrase "a veteran is a veteran". I think we're at a point in time when we should start to say that a soldier is a soldier, a sailor is a sailor, and an aviator is an aviator. Why do we have classes of soldiers?

In 2006, the Australian government decided to go parity across the board, where all soldiers—they went even so far as to include cadets—are covered. Should they become ill or injured in the service or custody of their country, all those members, both reserve force and others, have full access to benefits and services. I asked the Inspector General of the Australian Defence Force for some input on what happened financially, and they said there was basically no change in what they had done, either administratively or program-wise.

I think we're probably finding ourselves getting to that point. Inside the Canadian Armed Forces you have the army, navy, and the

air force, and then some special entities. The way in which reserve force soldiers are used, engaged, deployed, and employed is different inside each element. I think we need some continuity across the board. I think we're at a point in time when we need to start removing complexity from the system, because the first thing a reservist has to do.... The question will be, what type of soldier are you: A, B, B-plus, or C? Once that's determined, that opens up certain doors and gates for you. If you're not a B-plus, then certain benefits and services are not available to you.

Why are we still talking about this? I think what we need to do is start saying that a soldier is a soldier. It changes the game. Removing complexities from the system will start to go right to the core of the issues we're talking about—those who slip through transition, those who don't have some support when they get out. I think that would be my point on that question.

Mr. Colin Fraser: I'm glad you raised the comparison with Australia's model. My next question was going to be whether we've examined, in your view, best practices from other countries on this transition piece. Is there more to learn, do you think? You mentioned Australia. Are there other countries with a properly functioning system that we would be satisfied with, such that we can try to implement their best practices into ours?

Mr. Gary Walbourne: The product I talked about that I'll have ready in six to 10 weeks is going to look at all our allies and what they have available.

First, as I think any member of the Canadian Armed Forces or a veteran would tell you, we need a Canadian solution. However, I don't think that fact precludes looking at best practices.

We have found Australia.... I do believe parity across the board is a good practice. The Americans are doing some things so that they will not release a soldier, not allow him to take off the uniform, until everything is in place, so the continuity of life and salary and all those things continues until there's a place for this person to go.

We are looking at best practices, and they will be included in the document that I hope to produce in the next six to 10 weeks.

Mr. Colin Fraser: Great.

Thank you.

The Chair: You have a few seconds.

Mr. Colin Fraser: No, that's fine.

Thank you.

The Chair: Mr. Clarke is next.

[Translation]

Mr. Alupa Clarke (Beauport—Limoilou, CPC): Thank you, Mr. Chair.

Welcome, Mr. Ombudsman, Ms. Hynes. I am very pleased that you are appearing before the committee this morning. Thank you for the exceptional work you are doing.

Mr. Ombudsman, you mentioned integrated personnel support centres, or IPSCs. Were you talking about non-military personnel? Did I understand what you said correctly?

[English]

Mr. Gary Walbourne: Yes.

[Translation]

Mr. Alupa Clarke: Some veterans have said that there are not enough senior military people. In those integrated personnel support centres, there were a lot of people in the ranks, but not many officers. I have been told that the lack of senior military people indirectly leads to suicides, in the sense that there are not enough superiors to take direct charge of the soldiers and to supervise them closely. An officer cannot really observe who among his troops is not doing well when he has to handle 50 people rather than 30, which is the normal number for a lieutenant, for example.

Are you aware of those problems? If so, what have you told the army so that they can rectify the situation?

[English]

Mr. Gary Walbourne: As I mentioned earlier, General Vance has taken the JPSU structure and its management as one of his key deliverables. They are devolving some of the responsibility back down to the local commands. They are even going to up-rank the person in charge, which means that if the person was a major before, he will be a lieutenant-colonel or a colonel. They are bringing more resources to bear from the senior level. That's what General Vance is planning to do. We need to give him the opportunity to institute that type of program. Then, as always, we will be going back to look at the effectiveness of it.

• (1140)

[Translation]

Mr. Alupa Clarke: You have mentioned your service delivery model a number of times. In your text, you talk about a “fundamental change”. You have listed a number of aspects of that fundamental change, but could you also tell us about other aspects of the fundamental change that you may not have had the opportunity to tell us about until now. I assume that you have a specific list of the fundamental changes that are needed.

[English]

Mr. Gary Walbourne: I've learned in this environment that the best way to eat an elephant is one bite at a time. I believe attribution of service is a game-changer on the ground. I think we can cut four to six weeks off the process immediately.

The second thing we have to do is get out of this class-of-soldier thing we're in, A, B, B-plus, C, regular force, reserve force. We need to stop that.

The third point for me, once we've accomplished those two other things, is make a commitment to the suffering soldier who has experienced injury or malady. We don't let that soldier go until we have everything in place. That's what I'd like to see in a delivery model. Attribution of service goes to the Canadian Armed Forces. Veterans Affairs Canada determines quality of life and supplies benefits and services. Then, before we get there, the Canadian Armed Forces should hang on to the member until everything is in place.

These are the three steps I'd like to see brought to bear. I think we'll have to do them incrementally. We should try attribution of service first. Seeing that we already do it for reservists, why wouldn't we extend it? Moving forward, I think the other pieces would automatically go away; if we say that there are no classes of soldiers, everyone gets equal treatment. The third piece, the idea that you're not going anywhere until we have everything you require in place, would eliminate most of the transition problems.

[Translation]

Mr. Alupa Clarke: I have a more general question. It may not be related to your official role, but it concerns you nonetheless.

I have heard that the federal government should set money aside in the event of future conflicts. This goes beyond the Department of National Defence. It seems that funds are already available to meet the increasing demand for services over a certain length of time, such as we have with Afghanistan at the moment.

[English]

Mr. Gary Walbourne: I think it's an excellent point and I agree with you wholeheartedly.

We have the data. Someone once said to me that Veterans Affairs Canada was data-rich and knowledge-poor. I do believe they have the data. With the data we've captured over the last 50 or 60 years, we should be able to project what the cost of putting a soldier in any theatre would be.

We have accrual accounting, so if we know that it takes \$5 to put a soldier in theatre but we're going to need \$5 more to support them when they come home, then we should book that. We shouldn't continue to have these conversations because every time there is a theatre of operation, a special duty, or whatever it might be, we come back and these conversations start. Ombudsmen get in front of committees, and we talk to parliamentarians and we have the same conversations. If we have the ability and we have the data, why aren't we mining that data to tell those who make these decisions that it costs five bucks to go but another five bucks to come home? I think we could do that. I think we have enough expertise and technology today that we could extrapolate what those costs could potentially be.

Mr. Alupa Clarke: I have 20 seconds, so I'll just say thank you very much.

The Chair: Go ahead, Ms. Romanado.

Mrs. Sherry Romanado (Longueuil—Charles-LeMoyne, Lib.): I'd like to thank you both for being here today. I know we had a chance to meet a couple of months ago.

You talked a little bit about the transition team and the goal of maybe getting us to the point that the same person from DND would follow the member to Veterans Affairs. I'm going to ask a question that you might not want to answer, but why is Veterans Affairs separate from DND? It seems to me that there is a duplication of services happening.

The transition is not smooth because of sharing of information or lack of sharing of information. There is the introduction of new people in the veterans' life because they are no longer in DND. Now you're a veteran, so you lose your identity and you're no longer a DND member. You were a Canadian Armed Forces member and you're now a veteran.

I'm curious why they are separate entities. I would just like your thoughts on that.

• (1145)

Mr. Gary Walbourne: I'll answer any question, apparently.

Mrs. Sherry Romanado: You have the unique question.

Mr. Gary Walbourne: First and foremost, they have different responsibilities—that goes without saying—but is one an extension of another?

Let me compound your issue, and I'll probably get in a lot of trouble on this. Why are there two ombudsmen? I serve the current and former members of the Canadian Armed Forces, and my friend Guy Parent is out there doing the same thing. I understand the complexities of each entity, but we do it ourselves. We talk about coming together—let's get closer—and meanwhile, we do the same thing.

I do believe the two departments could be closer together. This concierge, life coach, or whatever you want to call it, doesn't have to be a DND employee. They can be a Veterans Affairs Canada employee, or maybe a veteran who has been hired. There are many opportunities.

Could the two departments come closer together? Yes, but it'll go back to a comment made by one of your colleagues this morning about swimming lanes. The lines will become more blurred. We know that the funding going to veterans is statutory funding and won't be touched. That's a no-brainer, but how is the administration going to work and what would it look like?

Looking at where we are today with two separate departments, I think there is going to be complexity in trying to bring them together. There are going to be problems and difficulty in getting it done, but I don't believe that precludes us from finding better ways to work together, such as saying, "This is your responsibility; you do that, and then I'll do this." I would start to look that way before I would say, "Let's bring the two of them close together."

Mrs. Sherry Romanado: Just switching gears, we've heard in testimony about operational stress injuries and the amplification of that in putting a veteran through the stress of transitioning and so on and so forth.

We've also heard that this sometimes starts before they've actually seen action. For instance, we've had some losses at RMC in Kingston. We know from the universality of service that active members are fearful to come forward to say that they're suffering or

they're having difficulty with something because they don't want to have something on file saying they are not fit for service, so it's chicken and egg: you don't want to say anything and get help because you're afraid to lose your job, but if you don't get help, there is nothing on your file that later on down the line can prove that it was attributable to service.

What are your thoughts on making sure that our active members of the Canadian Armed Forces, whether they be reservists or at RMC, have access to a third party, the type of employee assistance program that the rest of us have, so that they can go to get help without worrying that it's going to be reported to their employer?

Mr. Gary Walbourne: We're living in that world today because there are—and Robyn, you can correct me on the number—10,000 serving members who are currently drawing services and benefits from Veterans Affairs Canada. I would say the chain of command doesn't know about three-quarters of them.

General Vance came out a few weeks ago and said the universality of service is absolutely critical to what it is they do, and that it must stay in place. I'm going to leave the command and control of the Canadian Armed Forces to General Vance. There are countries that are looking at the universality of service in trying to determine whether the universality of service we imposed 50, 60, 70, or 80 years ago is still a viable tool today. Those questions, I think, are better directed at the Chief of the Defence Staff.

Mrs. Sherry Romanado: In terms of transition, you mentioned the families a bit. In terms of training for families to take care of their veterans—because often it is the families who are supporting the veterans in the transition, especially those who are ill and injured—should we be improving the training we're giving to the family members to help them? They're going to be the people who are staying at home taking care of the vets. I want to know what your thoughts are on that aspect.

Mr. Gary Walbourne: The families need to be engaged earlier. When there is an inkling that this type of thing is going on, the families need to be engaged much earlier by the Canadian Armed Forces. They need to be trained on what they can expect as these maladies manifest themselves. I believe they should have the ability to pick up the phone to reach out for help and be able to get it quickly.

I don't know if we need to set up a whole new structure, but maybe we need to expand the one we currently have. Right now, Veterans Affairs Canada and the Department of National Defence, the Canadian Armed Forces, have extended services through the military family resource centres, the MFRCs, to families for a couple of years after retirement. I think that's a tremendous idea. It allows for continuity before phasing off to the next part of their lives. We could do the same thing for mental health.

We have to get the families, and especially the spouses, involved and tell them what it is they can expect and where they can reach for help, because these maladies manifest at home first.

• (1150)

The Chair: Thank you.

We're down to five minutes.

We have Mr. Van Kesteren.

Mr. Dave Van Kesteren (Chatham-Kent—Leamington, CPC): Thank you, Mr. Chair.

I was mentioning to some of the others when I first got here that this is my 11th year in Parliament, and I have never sat on Veterans Affairs. This is a first for me. I'm privileged to be here.

When you jump into a new committee, one of the unfortunate things is that you get somewhat of a shallow understanding. It's like one of those prayer chains: when you're at the very end, everybody else has prayed for what you're going to pray for. I've gotten to that point. I've listened to this question and that question.

If I were going to be praying for vets, one of the things I'd be asking for is that in their transitions.... We touched on it slightly, but I want you to elaborate on the importance of moving into the workforce and on what we're doing as a government to make that easier for them. Are there areas in which we can improve on those things?

Mr. Gary Walbourne: Thank you. This is one my pet projects.

Last year a piece of legislation called the Veterans Hiring Act was approved and passed through the House. I sat in front of the committee and said that I thought the opportunity that then presented itself gave the authority to the Department of National Defence to determine whether the injury or malady was in service to Canada. If it's in service to Canada, you get statutory placement on that list. If you're medically releasing, but not due to service, you get mandatory status on that list. It's absolutely critical to get on that list quickly, because the jobs come on and off the list very quickly.

Throughout the jigs and the reels, the authority was given to Veterans Affairs Canada. Let me tell you what happened.

When the member is released, either statutory or medical, because of service, the file goes to Veterans Affairs Canada for adjudication. It can be adjudicated. I don't know what the timeline is. I've lost sight of it. We've tried so hard to get at that data, and it's almost impossible. That's one thing.

When the person says, "Yeah, okay; it's attributable to service, so on the list you go," then guess what? If that veteran now wants benefits and services, the file goes back for readjudication.

We're doing this to ourselves. We continue to add complexity and put layers where they should never be. When I spoke to the then acting president of the Public Service Commission, the comment to me was, "We don't care who gives us the name as long as someone in authority gives us the name."

I think it was an opportunity. Had we taken that opportunity and given the authority to the Department of National Defence, it would have been a quick step from that point to my other point of

attribution of service with regard to access to services and benefits. A lot of the things we are encountering we've imposed upon ourselves. I firmly believe that was an opportunity missed.

Mr. Dave Van Kesteren: I live near Detroit, and I don't know if we tried this, but there's an ad that comes on WJR. I don't know if you've heard it, but these are vets who are talking. "I still have nightmares. I'm okay, but I still have these recurring visions." It's a public awareness campaign. I remember the first time I heard it. Now that I've heard it a number of times, each time I hear it, for me as a civilian it reinforces the severity of what some of our vets have gone through.

Have we thought about that as a way we can reach out to the public at large? When I talk about jobs for vets too, has there been co-operation? Do we need to address businesses at large to make them aware of the plight that some of our vets are involved in?

Mr. Gary Walbourne: I think I can say from my experience at Veterans Affairs Canada, and now in this position, that corporate Canada has stepped up pretty well. I think that through a lot of work, both Veterans Affairs Canada and the Department of National Defence have gotten a lot of corporate partners on side.

My word of caution about those types of commercials and advertisements is that sometimes too much exposure scares away a potential employer. We talk about operational stress injuries, and it's an umbrella term. It can mean anything from anxiety to full-on, full-blown PTSD and the gamut of everything in between.

I think we need to educate the public that we have soldiers on whom we've spent millions of training dollars, who have learned loyalty, command, respect, dedication, and those types of attributes that are wanted by any organization, whether it's private or public. I think that's what we need to be promoting. These people who do experience OSIs are day-to-day operationally fully functioning; they have maladies, and they suffer through them.

My caution is that not every soldier leaving the Canadian Armed Forces is broken. There are 5,000 to 6,000 releasing every year; about 1,400 are releasing medically—that's about 600 because of service, 900 not—so there are people with a lot of attributes and capabilities who are just walking out the door and could be picked up by anybody. That's my word of caution about those types of things.

• (1155)

The Chair: Thank you.

Ms. Mathysen, we have three minutes, and then we're going to suspend for a little bit before the next round.

Ms. Irene Mathysen: Okay.

Thank you, again. I have two quick questions.

We've been focusing on the veteran and that preparation for transition from DND to VAC. We also know that there are injuries that the veterans themselves might not be aware of; these manifest themselves over time, perhaps over 10 or 15 years. How should these service-related injuries be addressed if DND is sending notification to VAC before individuals are out of uniform?

If time permits, I have a second question. There are support staff, people who have worked for DND, but they're not part of the forces. I'm thinking, for example, of an Afghani interpreter who was brought to Canada, and his reward was to be brought here and given opportunities for education. He has PTSD and he cannot function. All those opportunities mean nothing because he cannot function and he cannot get help through DND or the operational stress injury clinic. Is this an issue? It doesn't seem to be on anyone's radar. Should it be?

Mr. Gary Walbourne: As for the Afghani interpreter, I have no idea what type of arrangement was made there. If the person is suffering, if he is in Canada, I'm hoping there's access to some sort of support or assistance for him. Probably if he is encountering those types of issues and doesn't have access to service benefits, maybe he should go back to the sponsor and see what can be done for him. Our office has not been approached by anyone in that situation. I'm not quite sure if I'd know what to do if someone did.

Ms. Irene Mathysen: The second part was about those injuries that manifest themselves much later.

Mr. Gary Walbourne: This goes back to the fact that there will always be a need for an adjudication process inside Veterans Affairs Canada because of these types of maladies. I think if the malady is recognized while the person is in service and there's a record of it, that's all that's required. We need to have that causation between service and malady so that Veterans Affairs Canada can start to open that door for services and benefits.

Ms. Irene Mathysen: It's a bit of a catch-22, isn't it?

Mr. Gary Walbourne: It is a bit of a catch-22.

Ms. Irene Mathysen: Thank you.

The Chair: That ends the first round of questioning.

We're going to suspend for about five minutes and then we'll come back.

Thank you.

• (1155) _____ (Pause) _____

• (1205)

The Chair: We'll start our second round with Mr. Clarke. You have six minutes.

[Translation]

Mr. Alupa Clarke: Thank you, Mr. Chair.

Mr. Ombudsman, Ms. Hynes. when soldiers with a minimum of 10 years of service leave the Canadian Armed Forces, they get a

record of service card. According to my information, they do not get a record of service card if they have not served for 10 years.

Should they not receive the card regardless of the number of years they have served?

What is your opinion?

[English]

Mr. Gary Walbourne: When I was deputy ombudsman at Veterans Affairs Canada, we did a review on an ID card for veterans. I was absolutely staggered by the amount of emotion and sentiment that was wrapped around that type of identification. I think you become a veteran the day you enlist.

We're at a point in time, I think, when I wonder why we have multiple cards. Why isn't there one card that follows this person through their life, allows them access to their benefits and services at Veterans Affairs Canada, and identifies them? I think we're there. I do believe and am of the firm opinion that you become a veteran the day you enlist, not the day you get out.

[Translation]

Mr. Alupa Clarke: Do you think it would be desirable to eventually include a

[English]

a smart chip

[Translation]

on the veteran's card

[English]

where you would find some health information and so on?

Mr. Gary Walbourne: I'm glad that you're bringing that up. I will take the liberty, if you don't mind, sir, to send you a copy of the veterans ID card report, because in that report we talk about the potential to expand this forward. The card is going to be created for about 12.5¢, and we can put a chip in there and enable the technology at any point going forward.

Chip technology, to some in my demographic, is pretty magic stuff, but it has been in existence for 20 to 30 years. Banks have been using it. People have been using it. The recommendation was made to adopt a card that would follow the person through their life and have it chip-enabled so that you can walk into a Veterans Affairs Canada office and have your card scanned, and then your file comes up and we know who you are.

Yes, I think we're there.

Mr. Alupa Clarke: I know that under the previous government steps were being taken to start this process of 2.0 or 3.0 cards. Do you know if there's something going on right now in DND or VAC concerning that?

Mr. Gary Walbourne: There's nothing I'm aware of that's going to be the type of card we're speaking to.

[Translation]

Mr. Alupa Clarke: My next question is on a completely different topic.

The Royal Canadian Legion is a group recognized by an act of Parliament; it has a special place in the veterans' world. A lot of groups in Quebec City, where I was elected, have told me that they do not have access to the facilities on CFB Valcartier—such as the parade ground, the gym or the officers' mess—if they want to hold events.

People from Wounded Warriors, for example, have asked me to write a letter of support, asking the Valcartier base commander to allow them to use the facilities, on the same basis as the Royal Canadian Legion.

Is that situation a problem for you?

[English]

Mr. Gary Walbourne: I try very hard to stay in my own lane of authority. Utilization of the facilities and how access is approved or denied is well within the chain of command and outside my purview completely.

Mr. Alupa Clarke: I understand.

[Translation]

In 2009, during my army basic training course, which was being held at Saint-Hubert, near Montreal, we were visited by the Canadian Armed Forces ombudsman. He told us about our rights as Canadians. He explained to us that we had basic rights, even though we were in an institution that controlled us.

When you visit recruits during their courses, if that still happens, do you tell them about the existence of the Department of Veterans Affairs and about the services and benefits they may be able to receive at some stage?

• (1210)

[English]

Mr. Gary Walbourne: When we do our outreach—our “stakeholder engagements”, as we call them—funnily enough, a lot of the questions come back to Veterans Affairs Canada and benefits and services. Thankfully, I've had the opportunity to work there, so we can have a little more detailed conversation.

This transitioning piece is not only a Veterans Affairs Canada issue. Fifty per cent of all complaints coming into my office have to do with end-of-career issues. We're up 30% now over last year on complaints, so there's something happening in the environment.

What I've found is that when we engage people, they want to know not only about what's happening to them now but also what the future looks like. I'm very pleased that I have the ability to speak a little about Veterans Affairs or benefits and services, but yes, we do get a lot of questions from the serving members about Veterans Affairs Canada.

[Translation]

Mr. Alupa Clarke: Certainly, when recruits start a course, they are so bombarded with information that they will surely forget about the existence of Veterans Affairs Canada. I know that they get packages of information that they quickly throw into a closet. Perhaps you already do this, but it would be good to include an information sheet on Veterans Affairs Canada. Perhaps it will end up in someone's closet too, but that's another story.

[English]

Since I only have nine seconds, I'll keep it for the next round, because I want to talk about universality of service, which is a big topic.

The Chair: You've just used all nine. Thank you.

Ms. Lapointe is next.

[Translation]

Ms. Linda Lapointe (Rivière-des-Mille-Îles, Lib.): Thank you, Mr. Chair.

Welcome, Mr. Walbourne, Ms. Hynes. I am very pleased that you are joining us today.

Mr. Van Kesteren has been a member of Parliament for 11 years and is here for the first time. I have been a member of Parliament for seven months only and I am on this committee for the first time too.

I would like to talk to you about the mandate letter for the Department of National Defence. This is an extract from that letter:

Work with the Minister of Veterans Affairs and Associate Minister of National Defence to develop a suicide prevention strategy for Canadian Armed Forces personnel and veterans.

In your view, what are the priorities in suicide prevention for Canadian Armed Forces personnel and veterans?

[English]

Mr. Gary Walbourne: Prevention and reduction of this issue means a multi-pronged approach. I'm stuck on having a solid platform ready for the releasing member, and that's financial services, benefits, and those things that are essential to life. I think that's number one.

Number two, we need to start talking again about awareness and opportunity. A third party—maybe that's an opportunity for people to step in. If we're going to hold on to universality of service, we're going to have to find venues and ways for soldiers to come forward without the fear of losing their career. We're going to have to adapt as we go.

The mandate letter between the minister and the Minister of Veterans Affairs, who is also our associate minister, to have the two of them working together in a holistic view should bring us some good results, but we have to start having a frank, honest conversation about getting the platform right for that member who is about to step off. Everything else we do will be secondary to that. Set them solidly in life, give them a platform to leap from, and then let's talk about what the future looks like.

[Translation]

Ms. Linda Lapointe: Thank you.

Earlier, our colleague Mr. Clark mentioned that the fact that senior officers are responsible for too many soldiers, around 50, is linked to suicide in the military. I do not understand what he meant.

[*English*]

Mr. Gary Walbourne: One of the things you'll find, especially in those suffering from operational stress injuries, is that when you take them out of the unit or a very tight construct where there's a very clear chain of command and put them into an environment that's a little looser, it probably doesn't help them. Putting someone who has had a structured way of life with command and control into an environment that's maybe a little laxer than that is probably not helping them.

What the other member was referring to was that they're talking about bringing more senior management into the JPSUs so that there would be a clearer line of structure and command and control and decisions could be made locally. That may be part of the issue.

• (1215)

[*Translation*]

Ms. Linda Lapointe: Thank you for those clarifications.

I understand that having someone responsible for 50 people is a lot, but I did not see the link with mental health issues.

You mentioned a platform. What has been done in the area of suicide prevention? Was your office consulted about the plan?

[*English*]

Mr. Gary Walbourne: We haven't been consulted, but I think a lot of things are going on. I don't know if we have a coherent approach yet. I know the Chief of the Defence Staff and the senior cadre of the Canadian Armed Forces are talking about this at every opportunity they get. It's in every newsletter that's released. I'm encouraged about what I'm hearing. People are finding avenues to step forward contrary to universality of service, so I think we're doing the right thing.

Are we doing it enough? Do we have a coherent plan and program? How do we link with Veterans Affairs or outside entities? I don't know if we're there yet. As I said, I'm encouraged with the walk and talk of the senior command, but we've just got to keep having those conversations. The visibility that's been raised by the senior group is admirable. Do we have programs and things in place? If we raise the awareness and open the door and they walk through, are we prepared for that, and what does it look like?

[*Translation*]

Ms. Linda Lapointe: Thank you.

Do you have anything to add on this, Ms. Hynes?

[*English*]

Ms. Robyn Hynes: The only thing I would add is that as part of the Veterans 20/20, the one that the ombudsman mentioned earlier, this is one of the task forces that they've set up. We've been invited to participate as an observer. We haven't been there yet, but we hope to be kept up to date through observing at that task force.

[*Translation*]

Ms. Linda Lapointe: Thank you.

Really, it is still a very important issue.

[*English*]

Ms. Robyn Hynes: Absolutely.

[*Translation*]

Ms. Linda Lapointe: As I only have a minute left, my question will be quick.

What measures should be put in place as a priority to ease the transition between military life and civilian life?

[*English*]

Mr. Gary Walbourne: I think there are many things we can do. I'm going to go back and keep beating my drum to ensure that the releasing member has everything he or she needs for quality of life. This means the basics, enough money for food, heat, and light, and a place to live. It's the basics. Get those in place first.

I think there are many things we can do for transition.

One of the things I don't want to see us do with transition is become dictators about transition. We need to have programs and services available that let the transitioning member self-actualize a little, make some decisions about this vocational rehabilitation program versus that one, and choose the programs and the life that he or she is looking for.

I think we can put some parameters around that, but we also need enough flexibility in the system so that the member can self-actualize. What does their future look like? They need to be part of that solution. If we dictate to them, I don't think we're going to get the results we want. I think it has to be a partnership between the releasing member and the entity itself.

The Chair: Go ahead, Ms. Mathysen.

Ms. Irene Mathysen: I wanted to switch horses a little bit here and talk a bit to you about the Deschamps report about sexual harassment and sexual assault in the military.

You stated in May 2015 in terms of your powers that you were excluded from looking at individual sexual harassment and assault issues. Now we've got the Sexual Misconduct Response Centre, as of September 2015. Does this centre fill the need for an independent organization—that is, independent from the military chain of command—to ensure that there's fairness in cases of reported sexual assault or sexual harassment?

Mr. Gary Walbourne: This office was created in 1998 coming out of Somalia, and if anyone knows the history about Somalia and the issues that arose there, we can say that sexual assault and harassment and conduct unbecoming were some of the catalysts that caused this office to be created.

I wasn't around when they created the office, so I'm not quite sure what authorities were given or were not given to the ombudsman at that point in time, but we have handled and continue to handle sexual assault and sexual harassment complaints at our office. It's a service that we've offered and that I will continue to offer until I have a level of assurance that the system in place is indeed independent and is fully inclusive.

My office deals with not only the uniformed members of the Canadian Armed Forces but also with the employees. This sexual response team does not deal with civilians. We know, those of us who've been around a while, especially in the regions, that military members command civilians and civilians command military members. We've left 28,000 to 30,000 people outside. I don't think that's fair and I live in fairness. That's my role, so as I've said and as I'll continue to say, my office offers the service and will continue to do so until I feel we have a program in place that is fully inclusive and is fair to everybody.

The sexual response team...they call it independent, but it reports to the deputy minister.

• (1220)

Ms. Irene Mathysen: Do you think that the number of incidents reported has risen or that women feel more secure in being able to report incidents of harassment and assault by virtue of this centre being in place?

Mr. Gary Walbourne: That is my hope. I have no evidence to support that one way or another. I do know there has been activity in the centre. They've gotten a few hundred calls or engagements. There have been some charges laid. It may not be the model I would like to see, but I believe it is bringing light to the issue. I believe it is another avenue that people can utilize if they are experiencing this type of behaviour, so I'll give it kudos for what it is trying to accomplish. Anything we do that raises the level of awareness and roots out this behaviour is good for us.

Ms. Irene Mathysen: You talked about those who are on the outside, the 28,000 to 30,000 individuals. Apart from that, is there any other change in terms of the model that you would like to see?

Mr. Gary Walbourne: We have just recently asked for and received their procedures. We're doing a thorough review of those now to see what they have included inside of that team. Once I've done that review, madam, I'd be in a better position to answer that question, but we are in the process of doing that as we speak.

Ms. Irene Mathysen: Would that include coverage for women who are struggling to deal with, say, the assault they experienced? This is related to their service. Is it your sense that this is how it should be seen? This is related to their service or their reality when they were a member of the Canadian Forces.

Mr. Gary Walbourne: If it happened while they were in service, then I think there is a correlation, yes.

Ms. Irene Mathysen: Okay. There shouldn't be any doubt or any equivocation on that?

Mr. Gary Walbourne: Yes, in my opinion.

Ms. Irene Mathysen: Thank you, and I truly appreciate your opinion.

I did have another question, but I can't find it, so I will yield the floor.

The Chair: Thank you.

Ms. Romanado is next.

Mrs. Sherry Romanado: Thank you.

You've mentioned quite a few solutions that to me seem like pretty common sense. It's basic information. Listen, if you're being released because of an illness, you've been diagnosed. You've received the diagnosis. You shouldn't have to have a new diagnosis once you hit Veterans Affairs.

I'm sure you've been to multiple committees, and we've heard from witnesses that they've come to testify before us before. Why aren't we just getting it done? At one point, we do a lot of talking about it, but what is preventing us from getting these actual action items put in place, in your opinion?

Mr. Gary Walbourne: I think there are two issues.

One, I think, would be probably an uptick in resource requirement through the Surgeon General, but I believe any money invested there will be more than gained on the other end. It comes down to whether there is leadership and desire. If there is a desire to fix something and you put the right leadership to it, it will get done.

I have to also be cognizant that there is a lot going on in the environment. There are a lot of things going on. We're engaged in multiple theatres. The Canadian Armed Forces are a very busy group. That's the only slack I'll give them.

I believe this comes down to probably a small requirement for resources, and it's just a matter of someone taking this on as a champion and making it happen.

I believe if we continue to have the conversations around what we currently do and doing more of that, we're never going to change. We have to go back and look at the model and say, "It's not working. Let's throw it out and start again."

I'm not talking about getting rid of resources inside of Veterans Affairs Canada. Hire the case managers you're going to hire. Are they case managers? Maybe they're life coaches, maybe they're something else. Maybe they teach people how to do resumés and the interviewing skills, which we know is a big gap.

There's much we can do, but there is no future in continuing to do what we've done. We're going to keep having this conversation. As you said, in 12 months, in two years, we'll be back having the conversation. I think we're at that point.

Mrs. Sherry Romanado: I haven't asked this question, but given the importance of DND and VAC working closely together, do you think the fact that the headquarters of VAC is in Charlottetown causes a problem? Other than the Canadian Space Agency, it's the only government entity that's not in the national capital region. Does that out of sight, out of mind aspect play a factor in maybe not having them work so closely together because they're physically not near each other?

•(1225)

Mr. Gary Walbourne: I'll be very careful how I answer the question.

Mrs. Sherry Romanado: Sorry to put you on the spot.

Mr. Gary Walbourne: It's too late.

Mrs. Sherry Romanado: I only ask good questions.

Mr. Gary Walbourne: If we look at what we're asking Veterans Affairs Canada to do, which is to provide services and benefits based on the impact on the quality of life of our releasing members, they could be anywhere. I think sometimes a sense of urgency may get lost because of distance.

With the technology we have, the abilities we have, the DM being here in Ottawa, I think it can work, but it goes back to the conversation we've been having at the base of this: it can work, but we're going to have to change the model somewhat.

The world has moved on. We need to move with it. I think Veterans Affairs being in Charlottetown is not a stumbling block. I think the stumbling blocks we're talking about are the current structures we have. I think we need to have a look at those.

I don't see any problem with Veterans Affairs Canada being in Charlottetown.

Mrs. Sherry Romanado: In a perfect world, if you had a magic wand, what would you recommend we do in the short term to reduce these wait times? You talked a bit about once the diagnosis happens, you shouldn't have to do it again, and the file transfer, and so on.

What concrete measures can we be taking right now to move toward some quick wins to, first of all, improve the situation—the wait times are ridiculous—and to finally move forward, rip off that Band-Aid, and start making those changes that need to happen? What would you recommend?

Mr. Gary Walbourne: In my opinion—I know there would be a small uptake of resources—first and foremost, attribution of service should be determined by the Canadian Armed Forces. It is absolutely critical. If we did that, I would put my reputation on the line that we could cut four to six weeks from the 16 weeks up front.

Second, I think we need to make a commitment to these injured soldiers and tell them they don't take off the uniform until they tell us they're ready or we have everything in place for them.

Those are the two things that I'd look at right now.

With those two moves alone, you don't have a transition problem anymore. The soldier is being well taken care of, still wearing the uniform, still gainfully employed in whatever type of work that may be, but they're not left waiting 16 or 18 weeks to determine if there's going to be a cheque or if there's going to be a future.

If you want to do something real quick, I think those are the two things we need to do.

Mrs. Sherry Romanado: Perfect.

Thank you.

The Chair: Mr. Eyolfson is next.

Mr. Doug Eyolfson: Thank you.

We've mentioned operational stress injuries, and mental health in general. Would you say that your members are satisfied with the level of mental health services that they're able to access, or are there barriers to accessing the mental health services they need?

Mr. Gary Walbourne: Especially when I'm on the ground visiting these clinics, we do take the time to talk to the patients. For the most part, what I hear is that once they're in the fold, the service is great. They're taken care of. They're not only talking about their immediate needs, but people are also starting to talk about their future needs. Again, kudos back, because I think they're doing a good job with what they have.

I think our bigger problem comes from, as your colleague mentioned, those who don't want to come forward. Those are the ones I think we hear about. Those are the ones who scare me. They're at home self-medicating, or whatever that might look like. That's my fear.

I think the last barrier to coming forward is universality of service. I really believe it is. I think until we have found a way to work around that anomaly or that issue in the environment, I think we will continue to have a tail to this problem.

I must say that although some of the people who are doing the delivery on the ground are overtaxed in areas, it's almost like a camaraderie is built with the patients. It's really nice to see. They do a good job when they get the opportunity.

Mr. Doug Eyolfson: Great. Thank you.

Actually, you just mentioned something that's leading right into my next question. It's almost as though we planned this.

You mentioned those who stay at home and self-medicate. I'm a physician, and one of the things we know, first of all, is that substance abuse itself is a diagnosis as opposed to a moral failing. As well, we know that substance abuse is often the first outward indication that there's a mental health problem. If someone has attempted to self-medicate, they haven't told anyone about their mental health issues. The first sign that comes to anyone's attention is that they're caught drunk driving or something like that.

Now, if members who've been in the service have been disciplined for substance abuse issues, or even if there's just been a recognition of substance abuse issues, does that itself seem to throw up any barriers for care?

•(1230)

Mr. Gary Walbourne: I don't think it throws up barriers. If there are disciplinary issues or engagements between the chain of command and the member about this type of behaviour, I think it opens a door for us. It opens a door to start having a conversation along different lines.

I believe the flavour on the ground is starting to change. If someone is presenting themselves with this type of behaviour, I don't think the stick is the first tool pulled out of the bag anymore. I believe there is an opportunity and a deeper desire to have a conversation around that.

Mr. Doug Eyolfson: That's good to hear.

That's something in our profession that we've started to notice as well. If someone is brought in by ambulance and they were drunk driving, don't report them to the police, but look at what kind of underlying problems they have. It's good it's being dealt with in the same manner.

When substance abuse is the main issue, are your members describing adequate treatment programs?

Mr. Gary Walbourne: Had you asked me this question a couple of years ago, I would have said yes. I think we were on our way at that point to building up a very robust area of substance addiction counsellors. However, what I understand has happened over the last 18 or 24 months or so is that there's been a reduction in those numbers.

We have heard from the JPSUs on the ground that removing these types of capabilities from their organization has had an impact to the case managers. As you would know, sir, substance abuse issues in and of themselves need to be learned, understood, and managed, so to lump them in with something else doesn't do them justice.

We're a little concerned about the positions that have been taken out of the environment. Again, it's another program that we're following up on to see where we're going to go. We've asked the question on whether the positions are going to be brought back into the environment. However, it was a concern that was raised by some of the clinics on the ground.

Mr. Doug Eyolfson: Thank you.

Have you ever heard any reason that these positions were cut in the first place? Was that ever communicated to you?

Mr. Gary Walbourne: No. I think it was just that through whatever type of reduction, that just happened to be the position that was cut. Especially if they weren't staffed, it was very easy to cut them from the list. I haven't heard any concrete reason for doing that, other than that there will be another venue available. I'm still waiting to see what that will look like.

Mr. Doug Eyolfson: Sure.

How much time do I have left?

The Chair: You're down to one minute.

Mr. Doug Eyolfson: It's reassuring to hear, as I say, that this issue is being recognized, because that's been a big problem, even in my own profession. There are some who are still catching up with that and not understanding that this is not an opportunity to punish, but an opportunity to recognize that there is a problem and that this is someone who needs help. It was good news to hear that this is what's being worked on.

I can't think of any other questions right now, so I'll yield the floor. Thank you.

The Chair: Mr. Kitchen is next.

Mr. Robert Kitchen: Thank you again.

As Mr. Van Kesteren has said, oftentimes when we have two or three rounds here, people are asking the questions that you had written down. I still think Ms. Romanado's looking over my shoulder, because she's asking all the ones I'm looking at.

Also, kudos to you for your concise and informative answers. Thank you very much.

We've talked a little bit about families, and that's probably why Ms. Romanado and I are familiar... We both come from military families. You've mentioned a bit about families and providing information for them beforehand. I know you've answered that, and I appreciate your comments about providing that education, providing the information to the employer.

Can you give us any information on what other countries might be doing in this manner?

Mr. Gary Walbourne: We've done a cursory look at what our allies have done, and it varies across the board. The U.K. has a very strong charitable arm wrapped around everything that goes on. The U.S., as we can read by the headlines, is struggling in some areas, doing good work in others. We are taking a collective view of all the best practices. We're not there yet, but we do want to see what other forces are doing.

Again, we need a Canadian solution, but I think there are best practices we could adopt.

•(1235)

Mr. Robert Kitchen: Thank you.

I'm going to throw a case study at you for comments you might have.

Mr. Gary Walbourne: That's why I have my director general of operations with me.

Mr. Robert Kitchen: Let's say we're dealing with an individual who indicates they're in dire need. They've made an application that may be denied or may have actually been delayed. They're probably, or may have been, suffering from PTSD or an operational stress injury, and they've just been released from a treatment program. All of a sudden they come to us, as members of Parliament, and say to us, "Help me with this."

When I hear that scenario, I'm thinking that's a cry for help. Often when we talk about this term "cry for help", we express it after the tragedy has happened. We've talked a number of times about a suicide hotline of that manner being made available ASAP. Can you make any comments on that for us?

Mr. Gary Walbourne: It keeps going back to access, access, access. It's no good to have a problem if there's no access to relief for that problem.

Suicide hotlines are available in just about every community across the country. We do have the ability to interject into issues if there are compelling circumstances in which we feel there would be harm to the member or others. We can very quickly get the chain of command's attention. I can tell you that once something of that magnitude is brought to their attention, they engage, and they engage very quickly and very heavily.

The Veterans Ombudsman's office is another opportunity. They have the ability, in compelling circumstances, to bring resources to bear. I think it goes back to educating people. I was surprised, when I first went across this country, at the number of people who didn't know they had an ombudsman. It was an office that had been in existence for 15 or 16 years, and people didn't know that we even had an ombudsman.

It comes back to education and having things readily accessible and available. I think that's where we are.

Mr. Robert Kitchen: Do you have any recommendations to us? If someone phones our office and our staffers take that information, who should we call? Who should we access so that we can have quick action? A lot of times our constituents are sitting out there. What do they do? They're crying for that help, so they do call our offices. We're sitting there going, "Okay, how do I answer that?"

Mr. Gary Walbourne: As long as you promise to give me top cover with my minister, I'll put this out there.

If you have a member who is in a crisis moment, call our office. Get hold of us. We can bring resources to bear that you might find a little more difficult to get access to. If there is no other venue available to you, call the ombudsman's office, most definitely. Have the member call us. You can call on the soldier's behalf. We can reach out. We have resources.

Mr. Robert Kitchen: Is there a number you can provide to each of us that we can give to every member of Parliament? It would be good if they could phone as a member of Parliament.

Mr. Gary Walbourne: We'll make sure you get that information, sir. We'll send it back to the committee.

Mr. Robert Kitchen: Thank you.

The Chair: We have Mr. Fraser and Ms. Lockhart.

Mr. Colin Fraser: Mr. Walbourne, I'm wondering about the one veteran, one standard model. I'm wondering how you would characterize that standard and what it would be like as part of a one-stop shop. Could comment on that and tell us what you think it would look like?

Mr. Gary Walbourne: Well, it's probably a question best left to my colleague Mr. Parent, the ombudsman for Veterans Affairs.

However, I would say that if we talk about one standard, there should be one route of access. There should be one engagement. There should be one form to fill out. We need to get down to one. At Veterans Affairs Canada, there are now 15 different forms for 15 different types of services and benefits. We want to get down to one.

When we talk about one veteran, we're not just talking about everyone being treated equally; we're talking about one access. How do people get access to services and benefits? I believe there's a lot that can be done.

I believe, first of all, that a soldier is a soldier. If we started there, we wouldn't have these classes and types of veterans when we get to the other end. You can be class B your whole life and never see a theatre of operation, yet still be hurt in the service of this country. Probably your access to services and benefits is going to be a little different from that of a regular force member, even though the malady may be exactly the same.

I'll leave it at that, but it's a good question for the veterans ombudsman.

● (1240)

Mrs. Alaina Lockhart: I'm going to ask a succinct question: is there one thing we shouldn't do?

Mr. Gary Walbourne: The answer is don't give us more of the same. I don't mean to be flip, but as Einstein said, to do the same over and over again and expect different results is a definition of insanity. The model has been built for 40, 50, 60 years. It's been built over that time with layer on layer. It's time to have a good honest look and get out of our silos and stop protecting our turf. Let's get the rust out of the system. We're there.

Mrs. Alaina Lockhart: Thank you.

The Chair: Next we'll have Mr. Clarke and Mr. Van Kesteren. They are going to their time.

Mr. Alupa Clarke: As to universality of service, a key concept of our Canadian forces, I am supportive of this concept, and I understand the angles. We're not a proletarian army; we're a professional army. Each soldier needs to be able to engage in combat and not just drive a car or whatever.

Is it true, though, that universality of service is a problem in that it creates other problems for veterans?

Mr. Gary Walbourne: I'm going to come down on this towards the middle of the road. I believe we need a concept like universality of service. General Vance has said it clearly and I support what he said, but I also believe that universality of service is a stumbling block, especially to anyone who is suffering an OSI. There are going to be people who are not going to come forward.

It's not only the loss of a job and a paycheque; anyone who has served knows this is a career and a lifestyle. You're giving up more than just a job. Universality of service is a stumbling block, but how do we work around it? I think we need to get the right minds in a room to have a conversation. Can universality of service be held in one quarter but not in all quarters? That's just off the top of my head.

There are a lot of different ways to look at this issue. What are our allies doing and how are they moving forward and transitioning with this?

Someone said it's 2016. Well, it is. Maybe it's time to have a fresh look. I'm not saying take universality of service and throw it out the window—I don't think that's the answer for the chain of command—but if we've put barriers in the way, either we find ways to get over the barriers or we find places to put those issues that we are going to run up against. I believe that unless we have that opportunity, we may be causing some of our own grief.

Mr. Alupa Clarke: Thank you.

Mr. Dave Van Kesteren: Thank you so much. This has been so informative.

I really appreciated what you said about thinking about the total cost of a mission. You are so absolutely right. I think all of us have a love for our military. When people ask me what the greatest part of my job is, I say it's the military and the veterans. That is probably what is nearest and dearest to me.

In my riding of Chatham-Kent—Essex, or Leamington now.... I say that because we have the Essex and Kent command in Windsor and Chatham, and these men and women have had such an impact on all of our lives.

When we talk about the total cost, have we really taken into account the later years of our soldiers? Are we doing enough there? Are we considering what might happen two, five, or maybe 10 years down the road? Is there enough effort being focused on that part of their life?

• (1245)

The Chair: I apologize. You will have to wrap it up in about 35 seconds.

Mr. Gary Walbourne: I don't think there is enough being done. I believe there is more we can do. I can tell you how much it takes to put a CF-18 in the air for an hour; I can't tell you what it takes to put a soldier on the ground somewhere. I believe we have the data. I just think someone has to have enough interest in taking that and moving it forward. I think we could do more. I think we could give the government a better projection on what a theatre of operations may cost going forward.

The Chair: Thank you.

Ms. Mathysen, we will end with you, with two minutes.

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

Many interesting things have come up, but one that sticks out in my mind is the fact that there is a great deal of time spent taking the civilian out of CF personnel. Their culture is changed to a military culture. However, when the time comes to establish a connection back to civilian life, not a lot of time is taken. Although there has been a great deal of talk about education and preparing the CF member and his or her family, it seems to me that there is a lot of confusion. We heard from veterans who said, "Well, I didn't know these services existed" or spouses who said, "Nobody told us that this opportunity was there."

It seems to me that it is a lot of information coming at people all at once, and they are just not taking it in, or they are so injured or upset about leaving the military that they can't take it in. I wonder what suggestions you would have to deal with that particular problem.

Mr. Gary Walbourne: I am going to steal some of the things I have heard in the environment. I will try not to take credit for them.

There has been talk. You know, we have boot camp, the basic training for people coming in, and we spend all this time developing the type of soldier we want. However, going out, we get a SCAN seminar, a second career seminar, that lasts two or three days or maybe a week. I think there is more we can do there.

We will go back again to where I am. We get a temporary medical category for the person before they get to a permanent medical category. At that point in time, there are at least six or eight months before the soldier is let outside. Why aren't we taking advantage of that time to do some training? It is civilian acclimatization, or whatever you want to call it. Something as simple as writing a CV and translating your abilities and capabilities to civvy talk is a piece of work. There is almost a bit of a game to it, and you need to know how to do that.

I have had colonels apply for positions inside my organization, but the rules are that I can see only what is on their application. When he tells me he is a commanding officer, I get it. He has handled everything: HR, finance, procurement, parking, whatever. He has done it. I know he has all the experience he needs, but if he doesn't demonstrate it to me, there is nothing I can do to help him.

I think things like that are little things we could teach folks to help them out, and then bring the families into a part of that and start talking about what the impact on their life is going to be and what is available. I think education is a big part of it.

We are working with the department right now to build one common IT platform with everything on it, very similar to the one that was introduced at Veterans Affairs Canada, the benefits navigator, so we are working with them on that and trying to develop that platform. I think it would be a tremendous boost, especially to spouses and family members, to have a place they can go to find out whatever they want. Through a series of clicks, what is important or pertinent to you would come forward, and everything else would fade into the background.

We are working towards that, and I am very pleased with the help and engagement we are getting from the department.

The Chair: That's great, and thank you.

That ends our questioning. The committee would like a wrap-up from you if you have another two minutes and there's anything you would like to say. Again, if there's anything you would like to add afterwards, please send an email to the clerk, and it will be distributed to all our committee members.

Mr. Gary Walbourne: I have a few very quick comments.

There are certain things said here today that I think are of key importance. I think the attribution of service piece goes without saying. I really believe we need to have an adult conversation about that.

Secondly, I say a soldier is a soldier. There should be parity for our reservists. The reservists played a big role in Afghanistan, a large role in Afghanistan.

When I talk about attribution of service and having to avoid that adjudication process at Veterans Affairs Canada, please, please do not leave this room with the thought that I'm saying we should remove resources from the environment. Now is our opportunity, with the additional resources coming in and a change to the business model, for us to get this right. I think the case managers we're hiring at Veterans Affairs are required. Will we need them all to be case managers? Maybe not. Maybe some can be life coaches. Let's not take the opportunity today to cut other resources out; instead, change the delivery model and bring the resources to bear.

I'll now do my public service announcement.

Our website, ombuds.ca, has a lot of information on it. We have just started to transfer all our videos and literature into ASL. That's online for our members, so we're doing as much as we can to educate. I suggest to everyone to please drop by. I love the stats.

The last thing I'll say is that the issues we're talking about here today have been talked about for years. I've been to these

committees. I love every opportunity I have—I'll get that on the record—but I do need to make sure that it's time for something to happen. I come down and I talk about leadership and desire. If you desire to change something badly enough, and you want to fix it, put the leadership to it and it will happen. I think it's time to stop hiding behind our own silos of authority. Open the doors. It's time for a change.

What I'm hearing from the members, both those serving and released, is that frustration is mounting. It's mounting. People are frustrated. My calls are up almost 30% over last year. I noticed that MGERC, the military grievances external review committee, has released its report. Their grievances are going through the ceiling. Something is happening in the environment, and if we're not cognizant of it and we don't deal with it, I hate to say it, but we'll be back having this conversation again in 10 or 12 months.

Thank you.

● (1250)

The Chair: On behalf of the committee, I want to thank you for taking the time out of your schedule to offer your excellent and frank testimony today.

We will now break for one minute. Only because we are very tight for time, I ask you to leave the room very quickly if you're not supposed to be here for the in camera meeting.

[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>