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Chair

Mr. Neil Ellis

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• (1530)

[English]

The Chair (Mr. Neil Ellis (Bay of Quinte, Lib.)): Good afternoon, everybody. I'd like to call the meeting to order.

Pursuant to Standing Order 108(2), and the motion adopted on February 6, 2017, the committee begins its comparative study of services to veterans in other jurisdictions. This is our first meeting. We'll start with an hour. The first will be a 10-minute statement followed by questions and answers.

We will start with the Office of the Veterans Ombudsman, with Guy Parent, veterans ombudsman, and Sharon Squire, deputy veterans ombudsman, executive director.

Welcome again. The floor is yours.

Mr. Guy Parent (Veterans Ombudsman, Office of the Veterans Ombudsman): Thank you, Mr. Chair.

Good afternoon, Mr. Chair, and committee members. Thank you for inviting me to appear before you as you begin your study of services to veterans in allied nations.

[Translation]

I think it is important to look at what other countries are doing to support their veterans in order to keep up with best practices. However, I also think it is imperative to develop Canadian solutions to address Canadian challenges and problems.

[English]

As you begin your study, I want to put forward three elements that I believe are important factors as you weigh the testimony you are going to hear from different countries. They are context, complex design, and outcomes.

Understanding context is important when looking at services provided by other countries to their veterans. If a country has a national health care system or a high cost of living, both aspects can greatly affect why a service is or is not being provided, and the particular dollar value of that service.

Let me give you an example of what happens when context is overlooked. In June 2009, this committee published a report that compared veterans services offered by member countries of the Commonwealth and G8. In that report, some cautionary statements were made to remind the reader that direct comparisons are not always possible. However, a significant portion of the report was

dedicated to comparing veterans lump sum payments between Canada, Australia, and the U.K.

Because of the way the report was laid out, veterans and the media focused on the fact that at that time a U.K. veteran could access up to \$1 million and the Canadian veteran only \$267,000. Without the context of the social and economic environment and health care considerations within which those benefits were provided, the focus on the actual dollar value did not provide the meaningful insight we needed to improve things here in Canada.

Last year when we examined compensation for pain and suffering as part of our "Fair Compensation to Veterans and their Survivors for Pain and Suffering" report, we researched the programs offered by other countries. We looked at what other Canadians with similar work-related injuries would receive, and what the Canadian courts actually award. When we looked at other countries, we found the types of programs tended to be similar. For example, most provided some form of compensation for pain and suffering, but often the way in which the programs were delivered, and the level of support and eligibility criteria varied widely.

[Translation]

Although it is useful to learn from others when developing new programs, we have found that it is difficult to draw direct comparisons because each country designs and administers its programs differently to meet its own national needs, imperatives and economic realities.

• (1535)

[English]

Context also extends to how the benefit is implemented. In the U.S., there are three GI bills that provide education to veterans based on years of service. In 2016, I visited the U.S. Department of Veterans Affairs and received the same briefing that had been provided to Veterans Affairs Canada while it was designing the present education and training benefit.

One of the things I learned was that the U.S. Department of Veterans Affairs had not consulted its Department of Defense in the design of their GI bills, so there were issues of alignment between the departments. I also recognized that the Canadian Armed Forces has significantly longer training and shorter deployment cycles than the U.S. military, which could affect the outcome if a U.S. benefit was transferred to a Canadian context without consideration of an adaptation to those contextual differences.

On returning to Canada, I discussed these concerns with Veterans Affairs Canada. The good news is that the department engaged with the Canadian Armed Forces on the new education and training benefit, and structured the eligibility to take into account CAF training and deployment cycles, as well as supporting CAF retention initiatives.

While we are waiting for the final program details, understanding the context allowed Veterans Affairs Canada to create a Canadian solution to a Canadian problem.

The second point is complex design. We need to consider the design of our existing veterans benefits and support structures before we add another new benefit. What we have now is too complex to administer and to communicate effectively to veterans and their families. We need to simplify and streamline the system of benefits for veterans.

I have provided you with two diagrams to illustrate this point. The first diagram is not a process map, rather, it shows how all the CAF and veterans benefits integrate and how complex the system is. You can see the complexity. If I was to walk you through this diagram one benefit at a time, it would take the whole time allocated for this meeting. But if ever you or any of your staff need a detailed briefing on this particular diagram, I would be happy to provide it at your convenience.

As you know, budget 2017 announced a number of new benefits. What now needs to be done is to look at all the benefits from a strategic design perspective and determine whether or not everything is in place to provide veterans and their families with the supports they need, including easy access for eligible veterans. I have made a number of recommendations that would help, but above all, it is important that the overall design cover the basic elements that need to be in place to support all veterans.

The second diagram illustrates the key components of support to veterans. Not every veteran will access all of these components, but they should be available if needed. For example, if you are released with no medical issues or requirement for transitional support, only the areas in blue would apply. Benefits are wide-ranging and diverse, both in terms of their intent and design. They include financial benefits, such as military pension and support benefits. Others provide educational assistance or help in finding employment. They also include services and treatments that veterans require as a result of a medical condition related to their service. The challenge is how to simplify the current complex design, while ensuring we meet the needs of the veterans and their families.

Lastly, we have outcomes. When addressing veterans' issues, we need to identify the outcomes we are trying to achieve, and the benchmark we are going to use to measure success. In our 2016

“Fair Compensation for Veterans and their Survivors for Pain and Suffering” report, I recommended that the disability award maximum amount be aligned to that of the maximum amount awarded by the federal courts. The outcome that is being achieved is that veterans receive, as a minimum, no less than what other Canadians suffering a work-related injury would receive. The benchmark that is being used to measure success is that which is used by the Supreme Court of Canada.

I also recommended that additional compensation, due to the uniqueness of military service, be provided for exceptional suffering. In addition, I have recommended using an income replacement model for ensuring financial security, so that a veteran is provided with what they could have received had they had a full military career. If the salary and pension provided by the Canadian Armed Forces is seen as fair compensation, then ensuring that a veteran with a diminished earning capacity as a result of a service-related injury is topped up to the benchmark is the right thing to do.

Clear outcomes are necessary to define the end state. We need to ask ourselves, “Are we fairly compensating veterans for pain and suffering? Are we replacing their income as if they had had a full military career? Are we paying for all out-of-pocket expenses related to their disability?”

What is next?

● (1540)

[*Translation*]

In conclusion, it may be useful to examine the measures taken by other countries to simplify the process, eliminate the obstacles to accessing programs, and effectively communicate with veterans and their families in order to improve our Canadian system.

[*English*]

However, as I cautioned earlier, while it is worthwhile to learn from others when developing new programs, it is difficult to draw direct comparisons because each country designs and administers their programs differently to meet their own national needs, imperatives, and economic realities. Above all, we need to stay focused on finding Canadian solutions for Canadian problems, and we always need to consider context, complex design, and outcomes.

Thank you, Mr. Chair. I stand ready for your questions.

The Chair: Thank you.

We'll start with Mr. Brassard.

Mr. John Brassard (Barrie—Innisfil, CPC): Thank you, Mr. Chair.

I'm not sure there's enough time in this parliamentary session to go through this kaleidoscope of a graph that you gave us—it's much simpler on the other side. I want to get right to it, and I want to focus on what you said in your conclusion about finding out how other countries are reducing the complexity, removing barriers, etc. That's what we're trying to do to simplify the process for veterans and their families.

Do you have examples or suggestions, Mr. Parent, on some of those best practices, or suggestions or ideas that we can use to make this process that much easier?

Mr. Guy Parent: Over the course of the last few years, we have made a few recommendations for reducing complexity. In fact, when you look at the diagram, it is not as difficult to understand.

I think what we're suggesting here is that when you interview people from different countries that you ask specifically the “how” and not the “what”. It is not necessarily how much money they get, but how they simplify their access to programs, how they ensure that benefits are paid where and when they are needed. It's those sorts of questions, as opposed to typical money matter sorts of things.

Mr. John Brassard: Right.

You also spoke about drawing direct comparisons—fair enough—to other countries because of their economic situation. For example, you mentioned Great Britain. With the initial report that was written in 2009, it's understandable that times have changed. Prices have gone up. House prices have gone up across the country, for example, and the cost of food and clothing.

What method or what model would be a standard practice to determine the proper compensation in this regard?

Mr. Guy Parent: I think the difficulty at this point is that there is no outcome that is set, so we don't actually know when we get there. In fact, our last few reports have indicated that in some cases veterans are getting more money than they would if they had stayed in the forces uninjured, but it's never at the right time or the right place.

There has never been any outcome that has been determined. How much do we want our veterans and their families to have as an income? Do we want them to reach the poverty line? Should it be the median line of income? That's never been determined. Until we have some kind of an outcome, as we have done for the lump sum award now with the Federal Court, it's very hard to determine.

That's why I'm saying that one thing that would be of value in interviewing allied countries would be to determine which ones have outcomes and how they arrived at them.

Mr. John Brassard: Okay, perfect.

In the 2016 report, “Fair Compensation to Veterans and their Survivors for Pain and Suffering”, first of all, I want to say that the appendix at the end about the relationship and the history of VAC services was pretty enlightening, not just to me but my staff as well. That was well done.

You outlined the provincial non-economic benefits offered across Canada. In the report, you indicate, for example, that British Columbia, the Northwest Territories, and Nunavut do not offer any non-economic benefits to veterans.

What is your opinion regarding this committee and how we might be better served if we studied and worked to ensure that equal non-economic benefits fall across all the provinces? Is that something we should be looking into?

• (1545)

Mr. Guy Parent: Certainly, it's a good question because we're already going to foreign lands to ask how they treat their veterans, but how do we treat our veterans in Canada and how integrated are the levels of government to work toward veterans' and families' wellness? That's something we have been pushing as well. There needs to be more of an integration of federal and provincial systems.

I would certainly in the future, maybe as part of this study, look at what different provinces are doing for their veterans. In most of the cases, the federal system complements whatever is available in terms of health care from the provinces and that sort of thing.

Mr. John Brassard: Going out on a limb here, and again back to provincial benefits for veterans, what would be your opinion on having the federal government be the sole provider of all economic and non-economic benefits to veterans? For example, could this eliminate red tape, paperwork, and reduce the adjudication process? What's your opinion on that?

Mr. Guy Parent: In fact, the government now provides all benefits, even the benefits that are provided under the insurance programs in the Canadian Armed Forces. The benefits provided for the Canadian Armed Forces and Veterans Affairs all come from the Government of Canada.

What we're saying is that if the source is the same, why is it so complex? Why is there duplication of effort? We have two or three vocational rehabilitation programs when one could be sourced and could be much more efficient than it is right now.

Mr. John Brassard: Okay.

Thank you, Mr. Parent.

The Chair: Mr. Bratina.

Mr. Bob Bratina (Hamilton East—Stoney Creek, Lib.): I'm fascinated by the differences among countries. In my city of Hamilton, we have a large Polish community and the Polish combatants regularly honour old soldiers and so on. Poland's army is twice the size of Canada's. They have a population that is a bit bigger, not by much, but they have an army that is twice the size. In view of its geographical location, I would assume that the sense of defending the country would be more important to the Polish people.

In your surveys, did you reflect on that particular country? It seems to me that they're a remarkably proud and active military country, and certainly, if you have all those soldiers, you have a lot of veterans. I guess the point I'm getting at, Mr. Parent, is whether the way the country treats its veterans relates to the pride the country takes in the service that those veterans provided.

Mr. Guy Parent: That's a very good point. I hope it is. I hope that the Government of Canada reflects, by the quality and the quantity of their programs and benefits, the debt they owe to veterans and their families who sacrifice their lives to serve the country.

Of course, we've always limited the comparative studies to the allied countries—Australia, the U.K., England—but it doesn't mean that other countries in the world might not have some very good programs. I know that there is a conference for the military ombudsmen of the world taking place in the U.K. in September. These things might be opportunities for members of the committee to have a look at some of those countries.

Mr. Bob Bratina: I'd be curious about that one. For instance, in Hamilton, we have *Haida*, the great Canadian fighting ship. Poland has *Blyskawica*, which was a destroyer. Their navy actually mans that ship even as a museum piece, which reflects their connection to the military. I'm curious to see, as an example, how Polish veterans' entitlements would compare to ours.

You also stated that there were issues such as alignment between departments, and said, "...recognized that the Canadian Armed Forces has significantly longer training and shorter deployment cycles than the U.S. military, which could affect the outcome" for benefits. Could you expand on that? I'm trying to understand what you're getting at. Longer training and shorter deployment, how does that fit in?

Mr. Guy Parent: The impact of the mission, I think, is something that we've always cited as being a national security issue. When you plan for a mission, obviously the amount of time that individuals are going to spend on the mission is very important. In Canada, normally, six months is the usual rotation time. In the States, it's up to a year, and sometimes a year and a half. Over and above that, before people go on deployment, they have a training period that they have to undertake. In fact, a six-month deployment might end up as a year and a half away from home.

What we're saying here is that in the context of actually planning for benefits and administering benefits we need to make sure that it's within the parameters that this country operates in, which in our case is a short deployment and short training period. This is quite different from the United States, for instance.

• (1550)

Mr. Bob Bratina: Do you have any comments on the recent budget announcements with regard to veterans? In my own newsletter, for instance, I pointed out the \$1,000 a month for caregivers. It's such a broad piece with all these millions of dollars, but sometimes it's useful to home in on a specific thing to put it in context. I thought that particular one resonated very well with our public. Do you have any comments on what you saw in terms of the veterans in the budget?

Mr. Guy Parent: We've already indicated in some of our messages on the website that we're pleased with the fact that it's moving forward and more needs are being met as far as veterans and their families are concerned. Certainly, in the context of families, we have been advocating for a long time to have full remuneration for somebody who takes care of an injured military person, the same as for a caregiver who gets paid to come in. With this, we're short of that now, but as I say, at least it's a step in the right direction.

The one thing about this one benefit you're talking about that's significant is that it's one of the first benefits that is accessible to spouses in their own right. It's not the veteran who gets the money, but the person who is taking care of the veteran. That's one of the big steps forward in these recommendations that we've made over the years.

Mr. Bob Bratina: Thank you.

The Chair: Ms. Ramsey.

Ms. Tracey Ramsey (Essex, NDP): Thank you so much for your presentation.

I'm sitting in for another member who couldn't be here, but I'm really thrilled to be talking about what happens with veterans in other countries. I'm sure you were contacted by veterans who have heard of different treatments in other countries and want to know whether or not they can get those treatments in Canada. My question is about those specific treatments. Have you come across specific treatments and therapies that have worked in other countries and that may benefit Canadian veterans?

Mr. Guy Parent: We have never pursued any real medical care review or research for any of our reports. In fact it's something we expect to do in the near future—looking at the medical treatment, the medical care, the continuum of care and expenses—but we haven't to date done any of that type of research.

I think it's important to realize that here in Canada, now that we have the Canadian Institute for Military and Veteran Health Research, we are accumulating data that will help us to design programs and therapies. We will use these data to look at how veterans in other countries are treated so that we can have a Canadian solution with our own research. I think it was very good for Canada to come up with this institute of research.

Ms. Tracey Ramsey: How adaptable is Veterans Affairs? Is Veterans Affairs able to adapt when actual families and veterans contact you saying they've heard about a particular treatment or a different therapy available in another country? If not, then how long does it take for them to adopt these types of strategies?

Mr. Guy Parent: It's a good question. It takes a long time obviously, because before they introduce any new therapy or treatment, research has to be done and there have to be results. We all know that when you talk about a treatment related to illness, as opposed to an injury, it takes a long time to get the data.

Adaptable? I would say that we get 6,000 contacts a year at the office and a lot of them have to do with particular treatment situations, for example, limitations of treatment. There's an imposed restriction on the amount of treatment set by Veterans Affairs Canada, but in cases where we have a special circumstance, we can deal with the department. Very often, in most circumstances, if there is a valid requirement the department will actually increase the number of treatments beyond the legislated limitations.

•(1555)

Ms. Tracey Ramsey: How long would that type of process typically take, though?

Mr. Guy Parent: If it's a complaint that comes to our front-line office, it's fairly quick. It could happen within weeks. If there are compelling circumstances, if there is a dire need, whether it's related to health or finances, we can move much faster in our office to get something done. I would say that 90% of the time we are able to rectify the case and bring a solution to the problem.

Ms. Tracey Ramsey: How often do you hear from veterans asking about therapies that have been approved in other countries but aren't approved here in Canada?

Mr. Guy Parent: Let's say it's not a high category of complaint. In cases where illnesses are not recognized by Canada but are recognized by other countries, some people might send us a comparative complaint asking why others are getting treatment and they're not. This is not, however, a high category of complaint.

Ms. Sharon Squire (Deputy Veterans Ombudsman, Executive Director, Office of the Veterans Ombudsman): One example, further to what Guy said, could be psychiatric service dogs. The department has done the research to see if it is making a difference, and they have folks coming up with standards. Only once those two phases are done can such a program be fully funded. Bernard can give you more details on this, but that would be one example of what Guy was referring to.

Ms. Tracey Ramsey: You mentioned issues of alignment in the U.S. when you were comparing their veterans department with our own. Do we have similar issues of alignment between departments here in the government?

Mr. Guy Parent: As I mentioned in my opening remarks, fortunately the departments here have worked together, especially on this education benefit that was recently announced. National Defence and Veterans Affairs Canada have worked together to come up with a program and sensible eligibility criteria. As I mentioned before, in Canada, a person in uniform can actually draw benefits from Veterans Affairs Canada while they are serving. Both departments are actually involved in the wellness of the individuals throughout their careers, and they are involved with their families as well. It stands to reason that they must work together. That's why we talk about seamless transition and integrated service. It has to be a very integrated approach.

Ms. Tracey Ramsey: Thank you.

The Chair: You have 30 seconds.

Ms. Tracey Ramsey: You can move on. It's okay.

The Chair: Thank you.

Mr. Eyolfson.

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

Thank you both for coming.

There's a report that you made public, "Risk Assessment: Benchmark of Benefits", talking about comparing benefits under the new Veterans Charter with other long-term disability workers' compensation plans. The earnings loss benefit is 90% of a veteran's

pre-release salary. Is there a way to compare this with the kind of compensation you get from things like workers' compensation plans, or do you still have the same difficulty comparing these the way there are difficulties comparing between countries?

Mr. Guy Parent: In our report, when we do the comparative analysis with WSIB boards from different provinces, we do touch on what some provinces... In fact, there's a list there of all the provinces and what they provide. In terms of economic replacement, income replacement, and pain and suffering, I think the important thing here is that, in dealing with veterans and their families and ensuring their wellness, there are three things that are important: pain and suffering, income replacement, and then health care and related expenses. I think that once those three are addressed, you're pretty well there.

In the case of the earnings lost, I think it goes back to a question that was asked previously. Unless there is an outcome that is defined, we'll never know when we get there, because 90% of earnings lost is quite different for somebody who was a corporal in the forces or somebody who was a colonel. Obviously there is a difference there as it's based on salary. The old pension act was not. The old pension act was a disability benefit payment, and it didn't matter what rank you were for that.

Mr. Doug Eyolfson: All right. Thank you.

In addition, under the new Veterans Charter, we talk about the non-monetary supports that are provided. How do those compare with these other programs like workers' comp? Would you say they're comparable in non-monetary supports when someone goes on disability on a provincial workers' compensation program?

•(1600)

Mr. Guy Parent: In the pain and suffering aspect, the NVC seems to be more generous than most of the provinces, in fact.

Mr. Doug Eyolfson: Okay.

Mr. Guy Parent: Especially with the increase now to \$360,000 provided in the last budget.

Mr. Doug Eyolfson: All right.

What are the challenges in trying to quantify these benchmarks, these things other than the money? You're talking about things that you don't measure a dollar value to. Is there a system or an algorithm that you can use to quantify these non-monetary benefits for ease of comparison?

Mr. Guy Parent: Within the office we have an actuarial model. We can put scenarios into this actuarial model, and certainly, for any benefit that is introduced by Veterans Affairs Canada or that is planned by Veterans Affairs Canada we can do modelling on it. We can ask, if a person of a certain rank were injured after a certain number of years of service to a certain degree of injury, what would the benefits be that they would receive. But again, I go back to what we said before: the outcome is important and that's never been set.

We need to ask what is it that we want to reach. Then the basic approach there is that if you're expected to have the same salary you would have had if you had stayed in the forces uninjured, what can you provide for yourself? There has to be willingness for an individual to work. What you cannot provide can be your benefit, in fact, to bring you up to whatever you would have earned in the forces. Why do you need 19 different benefits to get there? Right now we don't know, because we don't have this outcome line. Nothing has ever been set to say everybody will make at least \$50,000 a year or something like that. It's never been set.

Mr. Doug Eyolfson: All right. Thank you.

I'll just change gears a bit. As part of the rehabilitation... I was able to get a bit out of this diagram here. They talk about vocational training and job assistance as part of rehabilitation so that people can, in fact, have income. I've talked about this with other witnesses.

In regard to the Canadian Armed Forces, there are positions that are non-combat positions that are sometimes held by civilians, administrative tasks and these sorts of things. These things could be done by a service member who was injured and can no longer serve as a soldier but could serve in one of these positions in the armed forces. Could the armed forces be playing more of a role in helping provide income to these veterans who could work but just not as soldiers?

Mr. Guy Parent: Again, that's a very good point and a very good question.

It used to be that way, and in the Canadian Armed Forces, people who were injured in service were allowed to stay in a different capacity, a different military occupation, perhaps. But when they came up with universality of service, then that became a problem, because unless you meet the physical standards... The universality of service introduced the concept of the soldier first and the trade afterwards.

You'd have to ask people from National Defence why that is so, but I think they expected that the money they would get would be spent on boots-on-the-ground sorts of things, on people who can fight. That's why the restriction is there now.

That being said, public service priority hiring was introduced a few years back, which allows the government to actually give access to government jobs to individuals, so that they may take off the uniform but they still have access to civilian National Defence jobs.

Mr. Doug Eyolfson: Thank you.

The Chair: Ms. Lockhart.

Mrs. Alaina Lockhart (Fundy Royal, Lib.): Thank you, Mr. Chair.

Thank you, Mr. Parent, for being here today and for giving us some insight.

I just want to go back to the diagram for a little bit.

While I appreciate exactly the point you're trying to make here with this, more exciting, as someone else has mentioned, is the flip side of this. Is there a way to reorganize our existing Veterans Affairs services to look more like this, for the delivery to be more like this example you've given here?

Mr. Guy Parent: I'm sure there is. With the military ombudsman, we have done a review on the transition, and this is all about transition. In fact we've recommended already some ways and means to simplify things.

I think one of the big challenges in this one here is that there are three or four authorities that are responsible for decisions within that complex modelling. If we could reduce that number, obviously a lot of these squares and boxes would disappear. The governance of the transition process is one of the big things, and that needs to be addressed. I know the minister and the department are working on trying to look at that aspect of it.

It's very complicated, again, because there is a duplication of programs. Again, if the two programs—the vocational rehabilitation programs available through the Canadian Armed Forces and the ones available to VAC—were actually merged, maybe 10 of these boxes would disappear. It takes some drastic steps, I think, from National Defence and Veterans Affairs Canada to say, “Okay, let's make it simpler.”

● (1605)

Ms. Sharon Squire: Also, I would add that maybe another piece is that when a veteran does need benefits, that they are able to sit down with a Veterans Affairs agent and go through their holistic needs, not just the one need they are coming towards. That way they could look at their whole picture and what they might need. As an example, if they have a disability award, they don't know that as an amputee they can get a clothing allowance unless someone tells them that, so they would look at them holistically and help them with that.

The other thing I think they could do is to make the letters they send to the veterans understandable. They're really, really hard to understand right now.

Mrs. Alaina Lockhart: We've heard that before.

Have you seen a system that we should be trying to emulate?

Mr. Guy Parent: No, but I would expect that if you speak to representatives of other nations, you'll find out how they actually reduce complexities in their own delivery of benefits. It's not a simple solution, obviously.

Again, I think most of it has to do with the outcome. If an outcome were determined, then you'd have something to measure. You could have a benchmark and you would know when you got there. Right now, because so many solutions have been introduced over the years by different governments and the benefits have been superimposed one on top of the other, to meet the needs of a few hundred veterans here and a few hundred there, or to meet the needs of a post-mission.... After Korea, after Afghanistan, and even when Afghanistan was over, there were programs developed by National Defence, quality-of-care programs, that actually were very good programs. In fact, one of the caregiver benefits was part of that as well, but there was one caveat at the bottom: they must have served in Afghanistan between 2000 and 2010.

A lot has happened over the years, and that's what now makes eligibility complicated.

You might have heard from some older war pensioners who couldn't get benefits because they didn't serve 365 days out of the country; they served 360 or 363. All of these things have been superimposed over the years, so that's how we have ended up with something like this. It's almost like the old legislation approach that if you introduce one policy you should remove one, so that you always stay within a certain area of familiarity and simplicity.

Mrs. Alaina Lockhart: Okay.

You had spoken about the integration between federal and provincial systems, and I'm going to ask the same question again. Are there any of those relationships that are working better in Canada that we should be looking at to compare them with?

Mr. Guy Parent: The first thing that comes to mind—and it's a good question as well—is that it's not just provincial. Municipal is important as well. If you look at homelessness, for instance, or look at housing, look at medical care, and then the federal benefits, everybody there has a responsibility, all levels of government. I think that's important. Nova Scotia, for instance, has a veterans affairs committee in their legislature. I know a few other provinces have approached us to get information about that, to see whether it could be done or not. I think that's the kind of thing that we need to look at: what are other provinces, and municipalities, doing?

We recently did an outreach visit out west, and Edmonton, for instance, has a civilian liaison officer for military and veterans' families within the municipal hierarchy, which is nice to see. If you could get a place like Halifax, for instance, to have that, then you would have all levels of government involved in dealing with veterans. I'm not necessarily saying integrating, but at least coordinating and complementing.

• (1610)

Mrs. Alaina Lockhart: I would think that the way we deliver services federally is probably somewhat intimidating for provinces and municipalities to sort out how they can complement that and not further complicate things. But it is good to hear that they're starting to align. It's something maybe we can talk about some more in this study.

Thank you.

The Chair: Thank you.

Ms. Wagantall.

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Thank you.

Thank you very much for being here. I appreciate it.

I'll simply take a step back to the testimony of a couple of weeks ago from Lieutenant-General Roméo Dallaire, who made the comment that we spend an incredible number of tax dollars on preparing our soldiers, on deploying them, and then when they come back we don't put the same emphasis there. The tax dollars somehow become tighter. When I look at the circumstances we're dealing with here, you've talked about outcomes, a number of times it has come up, and you've said what we need to do is to define that. It has never been defined. We basically are trying to hit a target we haven't defined, so my question to you would be this. Why isn't it defined, who needs to define it, and shouldn't that be done first?

Mr. Guy Parent: It's a very good point. Yes, obviously. It goes back to what I said earlier: where do we want to go? We need to have some kind of a destination point, which doesn't exist right now. People go beyond destination, and sometimes they have more benefits and income replacement than they would have if they had stayed in the forces. Sometimes they're not. They're before a destination, so we need to have that. I would certainly think it has to come from a recommendation from some of the government committees, whether it's the Senate or here. But outcomes, I think, are very important, or you'll never know when you're there. It's very hard to compare as well, if you don't have a defined outcome somewhere.

As far as the comment from General Dallaire, it's very true. National Defence plans for a mission, but they never plan for the impact of a mission, what the cost of the impact on the military veterans and their families will be. That's very important, but it's not part of the mission planning, and it should be. There should be money allocated right from the start in the planning of a mission to recognize that our families and our veterans and our serving members will suffer. Therefore, we need to.... Again, if we had an outcome, these sums of money that would be determined to be the cost of the impact would be easy to define.

Mrs. Cathay Wagantall: It's easier to do in advance—

Mr. Guy Parent: Yes, that's right.

Mrs. Cathay Wagantall: —so we're preparing better.

Also, in the area of what's happening across Canada—and we hear this about our own trade barriers, too—somehow within the country we don't have fairness across the board in a lot of areas. I look at what we need to do for a very small portion, really, of our veterans to really provide for their needs, and they are right across the country. But the services are not available everywhere. Part of that is due to rural, but when you look at the cost involved to run our various levels of government—and I'm in government, so I'm kind of hitting myself on the back here—the reality is that the more levels you have involved, the more expensive it gets and the more complicated it gets.

Would it not be more sensible to have the federal government, since you're saying it pays for the services, be responsible for providing the services to our veterans across the country?

Mr. Guy Parent: They are now, through Veterans Affairs Canada.

Mrs. Cathay Wagantall: They are, but a lot of it is down to the provinces when it comes to medical services and that type of thing. We don't have psychiatrists available. A lot of services are not available because the provinces aren't able to provide them.

Mr. Guy Parent: I get your point about complementing the health care system provided by the province. It's not a question that's ever been brought to us before. Maybe the department would be better placed to answer that.

Certainly, we know for a fact that there are wait lines and wait times for psychologists, for psychiatric appointments, all across Canada regardless of... I know that National Defence, for instance, has a hard time hiring enough mental health specialists to meet the needs of its system. It's always going to be a big challenge. Of course, it is Mental Health Week this week, so it's a good time to talk about this.

• (1615)

Mrs. Cathay Wagantall: Even as far as that goes, if there aren't enough people in those roles, would the government not be wise to somehow give incentives to individuals to study specifically to serve within the VAC system? I don't know.

Mr. Guy Parent: National Defence offers that program for people to study and to then be hired by the forces as military—

Mrs. Cathay Wagantall: But part of the problem is that they can earn more money working outside of it.

Mr. Guy Parent: Exactly.

Mrs. Cathay Wagantall: We hear an awful lot about veterans helping veterans. When we talk about the various programs, a lot of the biggest successes in caring for veterans are veterans providing those services. We don't have a catalogue of those individuals or people out there available to veterans to go to for help.

I look at what other countries are doing. We say we need the research—I'm thinking especially about service dogs, equine, and that type of thing. A lot of work has been done already in other countries. Would that be a good place for us to go, rather than taking the amount of time it takes to do our own research? I know there are standards out there that we could be working from to come up with solutions so that we can implement good programs faster.

The Chair: Could I just ask you to make your answer very short, please?

Mrs. Cathay Wagantall: I thought that was long. Sorry.

Mr. Guy Parent: Yes. The standards, I think, are... It's a matter of the department saying what is safe for the veterans and their families. It has provided some money for research in service dog therapy, for instance.

Again, without an established standard, it's very hard. We have some stories of people who have been attacked by service dogs. Until there's a standard that is set and until the companies that provide these dogs are recognized as meeting that standard.... As in

many other types of new therapies, there are a lot of companies out there that have conflicting interests. They're fighting each other about standards, and that complicates matters. Of course, we support anything that can be put in place to help our vets and their families, but it has to be done safely.

The Chair: Thank you.

Mr. Fraser.

Mr. Colin Fraser (West Nova, Lib.): Thank you very much, Mr. Chair.

Thank you both for being here.

I want to go back to the complexity issue, which is a theme we've seen throughout everything we've done as a committee so far in studying veterans affairs. Are you aware of a model country that we could look to as a comparison for how to streamline or simplify the way services are delivered to veterans?

Mr. Guy Parent: I'm not aware of a particular country.

Again, we have to go back to context. I don't think there's a country in the world that has the same kinds of programs we have as far as vocational rehabilitation, psychosocial rehabilitation, social rehabilitation, and all that are concerned. The transition is different in every country.

Part and parcel of that may be a vocational rehabilitation program for a certain country. It might be less complex, and you might draw from that example. But if you work in the context of the country in the continuum of transition, they're all different. Every one of them is established to meet its own in-country benefits.

Mr. Colin Fraser: Are the other countries, though, having a problem similar to what we've seen, with a patchwork over time in different missions? They add layers of complexity, and you end up with this whole system that is very hard to understand and make sense of because it's a patchwork. Do all countries have that same challenge?

Mr. Guy Parent: I think that's a good question. This was my objective in asking you to look at not the "what" but the "how". How do they simplify their benefits? How do they actually introduce new benefits into their systems? How do they communicate effectively, where VAC doesn't? How do they eliminate barriers to transition?

I think this is where the important information is. It's not how much it's worth, but how it works for them. Is there any country in particular that has really good success? I know for a fact that right now in the Netherlands, for instance, they don't release anybody from the forces unless all programs are in place, all benefits are in place, and they have a job. That's an example of one country.

Again, you're restricted by time and money in terms of which countries you're going to talk to, but I certainly urge the committee to look at the "how" in all of these places, not necessarily how much, but how they communicate effectively, how they remove barriers, how they provide easy access, and how they simplify things.

• (1620)

Ms. Sharon Squire: I know that Australia is looking at the interface with the veteran, and trying to simplify it. It's not the benefits they're looking at but how they do it. They're actually looking towards a paperless form and applications, and things such as that. They're automatic. They're in a big push right now, and they have a big task force that is due to respond very soon, so they might be interested to look at the "how", as Guy said, not the "why".

Mr. Colin Fraser: Okay.

I want to turn now to the military family resource centres, the MFRCs. I know that recently the government announced expanded access to all 32 centres for medically released veterans. I would like to hear your comment on that, how you see that expanded access. Also, is that something that is done in other jurisdictions—providing these types of services to the families as well as the veterans themselves?

Mr. Guy Parent: Yes, obviously the increased access to family resource centres was a pilot project, first of all, for the veterans. Now it has been announced as being an ongoing benefit that will stay there for veterans and their families. Again, it's something we have recommended before. It's important, especially in the first few years of transition, that you don't completely lose your identity, that you have some places you can go where you are reminded of your identity as a person who served the country, and whose family served with you as well, and that you have access to those benefits.

These family resource centres are useful not just to the veterans but also to the families and the children of veterans who are living with PTSD and a lot of these other challenges.

I know that in the States, for instance, they have the USO, which provides services to both serving military members, and veterans and families. That might be something you want to look at in your study, because that's certainly a successful program in the States. You see USOs at almost all airports. That would be something family-related you could look at.

Mr. Colin Fraser: Similarly, there is a caregiver benefit that was recently announced. I think one of my colleagues mentioned it earlier. It is \$1,000 per month, tax free, for the person who is taking care of the veteran. I would like to hear your comment on how you see that type of model. Are there similar things in other jurisdictions that you are aware of?

Mr. Guy Parent: As I said, it is certainly a step in the right direction, a movement forward, to get people or family-member caregivers to access benefits in their own right. It's very important. It has increased the amount of money that used to be in the previous benefit of \$7,000 per year for respite allowance. Certainly, a monthly benefit is a good thing.

The Americans, for instance, have a family caregiver program in which they actually engage with the family member who wants to take care of the injured veteran. They train them, certify them, and then employ them at the full salary that would be available to any

other caregiver. That's probably the optimum as far as a caregiver program is concerned.

The Chair: Thank you.

Mr. Kitchen, you have five minutes.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Thank you, Mr. Chair, and thank you both for coming today.

As you're aware, we're now looking at studying and comparing services for veterans in other jurisdictions. I appreciate your presenting this to us because shiny things sure catch people's attention, and that's good.

If I'm not mistaken, I believe you actually presented this model to us once before, but this is much more eye-catching, and I appreciate that.

Do other countries have similar models?

Mr. Guy Parent: I'm not sure if they have the same chart. This was introduced to our office to help our front-line officers navigate through the process. There is also an electronic tool called the benefits navigator that is actually available on the Veterans Affairs Canada website right now. You can navigate by identifying the type of veteran you are and it will identify the benefits that are accessible to you. It was designed for that purpose. I'm not sure if any other country has gone that far as to.... But, again, this is more to show the complexity, not to understand....

• (1625)

Mr. Robert Kitchen: True. For a lot of people seeing something pictorially, oftentimes it is a lot easier for them to understand and to grasp what's going on. Obviously we see from this that there are lots of boxes and lots of circles and they're piled on top of each other. As you mentioned there is a lot of overlap. With that overlap is an overlap in cost and bureaucracy. I'm just wondering. From your point of view, where do you see that some of these boxes might be able to be condensed into one box versus 10 boxes?

Be as brief as you can because it will probably be a lot longer than the five minutes I have

Mr. Guy Parent: That's a good question. I already mentioned one, the vocational rehabilitation program. It's very confusing. You talk about the monetary cost, but what about the frustration cost? People get process fatigue and then just say, "That's it. I'm not going to bother. It's not worth it."

The biggest one right now is vocational rehabilitation because there are two programs. One is under the insurance company, SISIP. Unfortunately they are the first payers so people have to go there first. Their program is limited to two years and it's limited in scope as well. It is much less generous than the Veterans Affairs Canada vocational program. We have people now who want to take a university course—education, for instance, of four years—but cannot take it through the first stage of SISIP because it's only two years, so they sit there for two years taking courses in tattooing or whatever it is until they are ready to go to the next program at VAC, which allows for four or five years and \$80,000.

These are simple things that would remove right now a full stream from the complexity of this diagram. That's a good example of what can be done.

Mr. Robert Kitchen: I'm interested in your presentation. You talked about outcomes, and one of the outcomes you talked about was whether we are paying for all out-of-pocket expenses due to this. That intrigues me because I realize that becomes a bit more micromanaging. I guess as we investigate that with other countries because that's the context here, can you tell us where we sit when we're dealing with our veterans? For example, in Saskatchewan, that's one thing I hear a lot from my veterans in rural Canada. They say they have to put this money out of their pocket in order to go to Regina or to Saskatoon. They are prepared to do it, they are more than happy to do it, but they just want to know that once they've done it they can get the money back.

What sort of model can we provide to cut down on the delays that they experience?

Mr. Guy Parent: I'm glad you brought up that point because this is an issue of unfairness that exists right now with the new Veterans Charter. In the past under the old pension plan or the pension disability, what used to happen then was that when you applied for benefits, and it took maybe nine weeks to get your benefits in place, any expenses you incurred during that time would be paid. In fact, it would be paid 90 days before your application. For instance, hearing aids or that sort of thing would be paid for even though you only got your decision three months down the road.

Now under the new Veterans Charter the expenses are only reimbursed to the time of decision not to the time of application. Now with the waiting times being 22 weeks instead of 12, people do need the treatment. Certainly what we're seeing now is that people are maybe not getting the treatment they should be getting because they can't afford it and they know they won't be reimbursed. That's a big area of unfairness.

The other thing is the simplified way of reimbursing people. I think that's a way that the department has gone right now. For instance, under VIP, expenses, the cost of house cleaning or groundskeeping are now grants instead of putting in your receipt every time, so that simplifies matters. It's things like that they need to introduce for other expenses associated with medical. There is more and more travelling to get their care because we know a lot of older veterans in cities like Vancouver and Toronto are selling their houses and moving to a rural community. Now they don't have access to immediate care because they have to travel and they have expenses. Therefore, that's why it's encouraging, and we need to encourage Veterans Affairs Canada to make it simple to reimburse people.

• (1630)

The Chair: Thank you.

Ms. Ramsey, you have three minutes.

Ms. Tracey Ramsey: To go back to this chart, I couldn't begin to explain this as a parliamentarian, and I couldn't begin to explain this to another country. In going to other countries and asking them to explain their systems, I think we need to take a step back and fix what's right here. You said that clearly. This is too complex for families and veterans, and at some point they get that process fatigue where they say they can't do this anymore.

In particular, when we're talking about veterans of advanced age who can't access a computer, don't know how to navigate a computer, don't know how to navigate the system, they just give up, so they never receive the service.

I'll go back to something you said that's been sticking with me, and that is "a Canadian solution". What do you think the Canadian solution is to simplifying and streamlining this so that veterans and their families can actually get the services they need here?

Mr. Guy Parent: Thank you. That's a good point.

The Canadian solution is to reduce the duplicity and the complexity of it, because there are too many departments involved in it right now. When we talk about seamless transition, it's not seamless right now; it's very confusing. That's why the government needs to introduce a governance process so that one department is responsible for the transition from the military career to a civilian new normal, not just a civilian job but a new normal—stability in finance, stability in health care, all expenses reimbursed, that sort of thing.

Again, I think what's important is to go to other countries. They might not have this particular slide, but they must have some kind of footprint or some kind of map of how they provide benefits and what their intent is. Let's not forget that this new Veterans Charter changed the way we deal with veterans and families. At one point in time under the old Pension Act, it was reimbursement on a monthly pension for life. If you got better, you got less money, and if you got worse, you got more money, so it was not an incentive to get better.

This one is based on wellness and on the actual rehabilitation to civilian employment. We've been dealing with tweaking it from 2006 until now. This is the business now. I would say that once you have an outcome, you can simplify those benefits down to three or four, and that's it.

Ms. Sharon Squire: While it may take some time to get there, I think in the interim, guided support or helping the veteran to navigate the system is key as well.

Ms. Tracey Ramsey: Has the minister indicated that this is something he would like to do, that he would like to see happen? Is he working on the simplification of our own structure here in Canada?

The Chair: I'm sorry. You'll have to make it short.

Mr. Guy Parent: I can't speak for the minister, but the idea of reducing complexity is certainly foremost in both the department and the minister's office.

The Chair: Thank you.

We're going to break. I would like to thank you both again for appearing today. Thank you for all the work you do on behalf of our men and women who have served.

I'll recess for about four minutes, and we'll come back to our next witnesses.

• (1635) _____ (Pause) _____

• (1640)

The Chair: I'd like to call the meeting back to order. We'll continue our second round.

We have in front of us, from the Department of Veterans Affairs, Bernard Butler, assistant deputy minister of strategic policy and commemoration.

Mr. Butler, you've been in front of us before, so I'll let you go with your 10 minutes. You can use it all and then we'll switch to questions.

The floor is yours.

Mr. Bernard Butler (Assistant Deputy Minister, Strategic Policy and Commemoration, Department of Veterans Affairs): Wonderful. Thank you very much, Mr. Chair.

Good afternoon, honourable members. I would first like to commend you on this important work that you are doing on behalf of Canada's veterans. Second, thank you for the invitation to appear before the committee today. As the chair has noted, it's always a pleasure to be here.

[Translation]

By way of opening remarks, I would like simply to comment briefly on a few issues which I hope may be of some benefit to you in your studies.

[English]

It's interesting to note that some of my comments are not dissimilar at all to those of the ombudsman, your previous witness.

The first relates to the evolution of the new Veterans Charter since its adoption in 2006. The second is the proposition that nations

respond to the needs of their veterans based on a variety of unique and nation-specific socio-economic considerations. I think the message, therefore, is that simple comparisons are never easy. Finally, I'd like to offer some closing thoughts on where we are on VAC's current focus and plans for the future.

In terms of the evolution of benefits, to serve is an extraordinary commitment. It is an agreement, if required, to put oneself at risk of personal injury or death in defence of our country. It is this commitment that serves as the basis for veterans programming in Canada.

Following the First World War, the Government of Canada developed a program of veterans benefits that was considered groundbreaking at the time. The program included hospitals to provide direct medical care, vocational training, and low-interest loans to purchase farmland. In 1919 the Pension Act was introduced, the same Pension Act that in 2006 was basically replaced by the new Veterans Charter. There was also the introduction of income support programming through the War Veterans Allowance Act in 1930.

Subsequent to the Second World War, we had over a million men and women returning from overseas. A range of new and diverse benefits were introduced at that time to meet the needs of those veterans coming back. The suite of benefits at the time was referred to as the Veterans Charter. As that cohort aged, their needs changed, and so too did the programming that was required to meet the needs.

By the late 1990s, it became increasingly apparent that while the government was responding effectively to the older, traditional war veteran cohort, the needs of the younger Canadian Armed Forces veterans were not being effectively met. After much study, consultation, and debate, the new Veterans Charter was introduced in 2005. The intent was to modernize programs and services, primarily by shifting the focus from one of compensation to one of wellness and rehabilitation, with a view to making it easier for veterans to transition out of the military and to adapt to and be successful in civilian life.

In the same way that veterans programming has evolved over the past 100 years, the new Veterans Charter has continued to evolve and adapt to meet the needs and expectations of Canada's veterans. ACVA, in 2014, concluded that the principles of the new Veterans Charter were sound, but there were some deficiencies or gaps that needed to be addressed. A number of studies by the veterans ombudsman essentially arrived at similar conclusions. As a consequence, over the past number of years significant improvements to programming have been made. These have included changes to the earnings loss benefit, to the maximum amounts payable for non-economic compensation, and to improvements for things like the permanent impairment allowance.

As you know, budget 2017 has placed a focus on investing in education and career transition support for veterans, as well as increasing supports to families. The history of veterans programming reflects a continuous adaptation to the needs of veterans and their families. Veterans Affairs will continue to research, consult, and advise government on best practices and approaches to address those needs.

With respect to the issue of making comparisons, I can't really add a whole lot more to the eloquence of the ombudsman. Suffice it to say that it's always useful to make comparisons with other countries. It does help inform best practices. At the end of the day, however, every country has its own unique political and socio-economic context and its own reasons for military and veteran support. It's therefore difficult to make a clean comparison in any case. In my notes I point out a very good example from simply the United States.

• (1645)

In Canada we have universal health care; therefore, we do not need to have military veterans hospitals. That was the result of a study back in the 1960s, the Glassco commission, which recommended at the time that the federal government divest its responsibility for acute medical care to the provinces, and that all of the veterans hospitals at the time be divested to the provinces. The final transfer occurred in 2016, with Ste. Anne's Hospital in Montreal being transferred to the Province of Quebec. In the United States of America of course, where there is not universal health care, there is an imperative for veterans programming to include acute medical care and treatment. Their model is really quite different from ours in that respect.

The challenge is always to ensure a fulsome understanding of the context in which benefits are provided, why non-economic and economic benefits may be paid at different rates or delivered in different ways, and what the objectives for veterans programming for an individual country might be.

Finally, in the context of where we are, the financial, physical, and mental well-being of eligible veterans and their families is our goal and the strategic outcome to which many of the programs and services of Veterans Affairs Canada contribute. Research shows that there is a higher prevalence of a number of chronic health conditions among Canadian Armed Forces veterans, including things such as hearing problems, musculoskeletal conditions, chronic pain, and mental health conditions such as post-traumatic stress disorder. We also know that the majority of releasing members adjust well to civilian life, but approximately 25% report a difficult adjustment. The types of benefits and services available to veterans are broad and include many elements: treatment benefits; home care; long-term care; medical, psychosocial, and vocational rehabilitation; disability compensation; and financial benefits and supports for career transition and employment. I hope I will have an opportunity to come back to the ombudsman's chart.

Budget 2016 saw the disability award for service-related injuries and illnesses increase to \$360,000. The earnings loss benefit increased to 90% from 75%. The permanent impairment allowance was expanded, and additional front-line staff have been added to improve the ratio of clients to case managers.

Budget 2017 includes proposals for a new education and training benefit, removal of an existing one-year limitation period for survivors' access to rehabilitation and vocational assistance services, a redesigned career transition service, expanded access to the military family services program, the introduction of a caregiver recognition benefit, the creation of two new funds, the veteran and family well-being fund and a veteran emergency fund, and the

establishment of a centre of excellence on post-traumatic stress disorder and related mental health conditions.

There exists a wide array of benefits and services available to our veterans and their families. We are working to overhaul our service delivery model to simplify access to our programs and essentially reduce complexity. We continue to work with our partners, the Department of National Defence and others, to ensure that releasing members and veterans receive access to more simplified and streamlined programs and services that will be easier to navigate, that will help them access services more quickly, and will make their transition to civilian life easier.

• (1650)

[*Translation*]

In closing, thank you again for the invitation to speak to you today. I very much appreciate the opportunity to speak about the services and benefits that our department provides to veterans and their families in recognition of their extraordinary contributions and sacrifice.

[*English*]

Thank you.

The Chair: Thank you.

We'll begin with six-minute rounds.

Mr. Brassard.

Mr. John Brassard: Thank you, Mr. Chair. I have just a couple of questions.

Most of the answers to the questions were probably covered by the veterans ombudsman, but I want to focus on the simplification and access to the programs and the streamlining of services that you talked about. Clearly, when you look at this chart.... I posted the chart on Twitter for anyone who wants to see it. It's a good opportunity to check your vision, and your colour as well. It is complicated.

I'd like to get a sense from you about what the department is doing to simplify access to the programs and streamline the services, and how that compares to other jurisdictions that we're now going to be looking into.

Mr. Bernard Butler: I think I'll begin by commenting that this chart is very informative and very helpful. Interestingly enough, when this chart was first presented to the department, the ombudsman's office presented it in the form of a PowerPoint that essentially layered one benefit over another—

Mr. John Brassard: To be clear, it would have had to.

Mr. Bernard Butler: —so in the original presentation, it actually didn't look quite so challenging.

The second comment I would make, of course, is that not every veteran is eligible for all these benefits. This chart shows the situation if you qualified for every single benefit that was out there, including those that may well be duplicated through other departments, potentially, as the ombudsman referred to, with vocational rehabilitation programming, the SISIP program, and our own ELB program. It takes on a bit of a different look.

With that, what I would say more specifically is that in the minister's mandate letter, he was, in fact, charged to reduce complexity. That is one of the initiatives that the minister and the department are very much focused on right now. As you may well be aware, the department has just now concluded quite an exhaustive service delivery review. In that review, there was extensive consultation with veterans, stakeholders, and others. The image conveyed by that was certainly validated in some respects. What veterans have been telling the department is that they need more support—some of them, not all—to help navigate systems, and that they also need a system that does not require them to take the initiative to ensure that they have access to each and every benefit.

In other words, we describe it as a bit of push-pull system. Instead of the veteran constantly trying to pull eligibility out of the department, we are going to move in a direction where there is more push. I'll give you a simple example. In our clientele, we basically identified three categories of veterans. There are those veterans who have complex needs. They need a lot of support. It may be because of mental health issues. It may be because of physical problems. It may be the complexity of their family context. For those folks, they need case managers.

There is another category of veterans who really don't need much help from the department at all. They may come to us one time. They may have eligibility for one particular benefit, and other than that, they're doing quite well.

There is a middle ground of clients who don't need case management services, but they do need guided support. We've been in the process right now of running a pilot where we have our veteran service agents actually providing more hands-on, direct support to that group. As we move out into the future, what we hope to see as part of our service delivery review model is more and more engagement by the department in supporting veterans' access to the benefits that they need, particularly those who fall in those case management and guided support categories. Also, we are looking now at ways and means of trying to simplify the array of benefits that are offered.

There is an irony in this, and I think the irony is that more and more benefits come online. We've seen a host of them with budget 2017. All of them are very important, and all of them help to meet gaps and address needs that are emerging. The fact of the matter is, however—and this would be my personal assessment—that the more individual program elements you create, the more you are at risk of adding complexity because you have to have separate eligibility criteria for each one. Eligibility criteria for the new education benefit, obviously, would be different than eligibility criteria for a rehabilitation benefit. I think that creates the challenge for the department to find ways and means to make the benefit suite simpler.

• (1655)

Mr. John Brassard: Just by way of comment, I think I share your concern. You can create all of the programs that you want. It's the effectiveness and the efficiency of those programs that become important. In terms of measures on the uptake on some of those programs with respect, for example, to education and training, I could throw a billion dollars at it. If none of our veterans are participating in a training or education benefit, then it becomes a

concern to me as a parliamentarian that we're not being very effective.

The Chair: Thank you.

Mr. Fraser.

Mr. Colin Fraser: Thank you, Mr. Chair.

Mr. Butler, thank you very much for being here today.

You mentioned best practices. I'm wondering, in the course of our study here comparing different jurisdictions and how they deal with veterans, whether you could point us to some way to take a look at best practices. Is there any report or any documentation you're aware of that's been compiled regarding best practices around the world?

Mr. Bernard Butler: I would start by complimenting the ombudsman's office on the excellent report they did on fair compensation. When you go through the annexes of that report particularly, there are some very helpful comparatives in terms of what different nations are doing.

However, I think the important point, the difficulty, is that you always have to look at the benefit suite that any given country is offering and the context in which it's offered. They all differ. They have agencies administering their benefit suites for them. They may have departments of veterans affairs. They may have their military, their department of national defence, delivering some of their programs.

From our perspective, we try to look at our own context. We try to understand what some of these other countries are doing, particularly the ones that have programming most similar to our own, which would be countries like Australia, New Zealand, and the U.K. We then look at our own individual context and try to figure out—hearing what veterans and stakeholders are telling us—the most efficient and effective way to deliver the business.

The challenge from our point of view is that, again, simple comparisons are not easy to make. With our service delivery review as an example, we've taken particular time to try to understand from the veteran's perspective and the family's perspective what challenges they have when they come to Veterans Affairs. If they had their druthers, what would provide better service to them? Some of the modelling, which I've just talked about in terms of guidance, support, and so on, is effectively coming out of those types of consultations.

• (1700)

Mr. Colin Fraser: I appreciate, of course, that context is very important in not making direct comparisons. For example, in the field of mental health service delivery to veterans in particular, that's going to depend on the health care system in that particular country and whether it's a federation and whether it's a jurisdiction of a state or a province.

In particular with PTSD and its prevalence, which we know exists in Canada among our veterans, I assume it's similar in other countries. There will be a higher propensity of PTSD and mental health issues amongst veterans than the general population.

Is there any way that we can get a handle on best practices to deal with those types of issues in particular and have an ability to hopefully incorporate some of those best practices into our model in Canada?

Mr. Bernard Butler: Thank you for the question. It's very appropriate.

Again, I think you will obviously have that opportunity to engage with experts from other countries. If you look at the American experience, where they have such a large number of veterans, they have a much bigger research budget and so on than we do. They have a very tailored mechanism for delivering mental health services through their health care facilities. You may well wish to look at that kind of a model.

The challenge for us in Canada is that health care is the responsibility of the provinces. What we have tried to do from a Veterans Affairs-Government of Canada perspective is to try to determine how we can best leverage the work that the provinces do. The best example, obviously, is our network of OSI clinics. As you know, the department funds those clinics but the services are delivered and administered by the provinces. Those clinics have proved to be, from our perspective, a very effective way of targeting the resources and support to veterans struggling with things like post-traumatic stress disorder, because it gives them a context.

The other thing that we're doing, of course, which was announced in the budget, is the development of this centre of excellence in PTSD. The intent there is to try to ensure that through that mechanism, the Government of Canada has a source of advice for this very type of thing. What are the best treatment methodologies out there? What is most effective? That, in turn, will inform programming for Veterans Affairs.

Mr. Colin Fraser: Again, it may not be fair because direct comparisons are difficult. I understand that. The earnings loss benefit being increased to 90% of pre-release salary, having that extra amount of money, is obviously going to be helpful to many people in that situation. How does that compare with other countries? Are you familiar with other types of disability compensation in other jurisdictions, and how does that compare?

Mr. Bernard Butler: There are other programs not dissimilar to this one, so what you'll find is that, particularly in the countries I've mentioned—the U.K., Australia, and New Zealand as examples—they have similar income support programming. There are ranges, and this is what you will discover when you start to look at them. Some countries will offer ranges of 75% to 90%. They may be based on taxable, pre-taxable income, or net income, so you have to take that into account. That changes the equation again as well.

Every country has its own social construct and its own other programming that's offered either through their military or through their own national government. Again, it makes a simple comparison difficult, but our programming is not dissimilar to those countries that I've just noted. There are variances and so on, but the basic concepts are very similar.

● (1705)

Mr. Colin Fraser: Thank you, sir.

The Chair: Ms. Ramsey.

Ms. Tracey Ramsey: Thank you so much for your presentation today.

Really, a lot of the things I think we're asking cross the questions we had for the ombudsman earlier.

My question is about how international studies are used to support treatment for our veterans. I wonder if you can speak a bit about how at Veterans Affairs you look at international studies.

Mr. Bernard Butler: Thank you very much for the question, and it obviously is an important one.

For Veterans Affairs programming, we do not provide acute care, as you know, but we do provide treatment benefits for service-related disability, as an example. In the normal course, Veterans Affairs is guided by Health Canada. It's guided by acceptable medical practices and treatments in Canada, so there are standards we follow. It's not arbitrary, by any means. If a veteran comes to us and says, "I understand that a certain treatment is provided in another country", we will certainly look at that and try to determine whether there may be some opportunity for recognition in Canada of that particular treatment. If not, then depending on the nature of the claim, the frequency of it, and so on, we will look to ways and means to try to help out.

I think the ombudsman pointed out the example of service dogs for psychiatric conditions, which was a very good example. The challenge we had there was that we had veterans coming to us, saying, "Look, you know what? I have a service dog, and it's really providing me with a lot of relief." The challenge was that there were no standards in the country for training and acquisition of service dogs. Secondly, there was no evidence to show that having a service dog is an acceptable treatment methodology for a mental health condition.

What the department has done, basically, is embarked on a bit of a research project through a third party to look at both of those issues. If the results of that prove favourable, then that would be something we would immediately move to put on our treatment benefit list. Equally, you should be aware that the Americans were facing a very similar problem, and I understand that they have a very big study under way looking at similar issues. We will equally look to that to see what other research is out there that might help to support us going in a given direction.

The issue for us, obviously, is that we always have to be very concerned about not doing any harm by supporting a treatment benefit if there's no scientific basis for it and no foundation for it. That is always a concern.

Ms. Tracey Ramsey: I think that's interesting because, when it comes to mental health, I don't know that it's as much science as it is that it has a positive benefit and impact on that individual's life. An individual says that this allows him or her to live his or her life to the fullest extent versus some type of scientific data backing that up. It's really relative to that person and determined by them.

How would Veterans Affairs decide on what therapies are approved for treating veterans?

Mr. Bernard Butler: The example, I suppose, would be pharmaceuticals. With pharmaceuticals, we have a pharmacist now on strength. We have a director general of health services who is a former Canadian Armed Forces physician. We work with Medavie Blue Cross, the service provider for our treatment benefits, who have a formulary expertise as well.

Basically, we look to see what other jurisdictions in Canada are doing, and what Health Canada is doing by way of its formulary. Is this particular pharmaceutical already approved? If not, we would not approve it if it is not approved in the Canadian context. We would look out then and determine what evidence there is.

Ms. Tracey Ramsey: How often does Veterans Affairs look at new therapies offered?

Mr. Bernard Butler: We look at new therapies offered as they come to us. I don't think it would be—

Ms. Tracey Ramsey: Would it be an individual, or would you have to have a collection of people? What would trigger you to say, "Okay, we need to look at this as a new therapy. Where do we go from here?"

Mr. Bernard Butler: If a veteran comes to us with some indication or some evidence of a therapy that's being offered, we don't simply decline it because it's not on our formulary or on our approved treatment benefit programs of choice, as they call them. We would look at it and try to determine whether there may be a basis for recognition of it as an acceptable treatment.

• (1710)

Ms. Tracey Ramsey: My next question is about something that has been a hot topic in the news. It's about military sexual trauma. Has Veterans Affairs looked at how other countries have treated those with military sexual trauma, who may or may not qualify for benefits under our current rules of service delivery?

The Chair: I'm sorry, but you will have to keep it short.

Mr. Bernard Butler: Essentially, from a Veterans Affairs Canada perspective, we provide support for service-related disability. If an individual comes forward suffering from a mental health issue or another condition that's linked to service-related military sexual trauma, then that would be dealt with as any other benefit claim in our programming would.

The Chair: Mrs. Lockhart, go ahead.

Mrs. Alaina Lockhart: Thank you, Mr. Chair.

Thank you for joining us again, Mr. Butler.

I appreciate having both you and the ombudsman here today as we start this study. As you know, in the other studies that we have done, we've identified and worked with the officials to look at areas where we can improve. The intent here is to take a look internationally and see what lessons can be learned.

Your information today about context and all of the other differences between our system and those of some other countries has been really good to help us keep perspective. Having said that, are there areas where you think we should focus? Is it on service delivery that you think we should be focusing as we carry out this study, or are there other suggestions?

Mr. Bernard Butler: It's a bit of challenging question, obviously, but I do welcome it.

When you look at comparisons to other countries, quite frankly, I think it's quite fair to look at service delivery models as well as the suite of benefits. However, again, context will very much influence what you discover as you go through that exercise. The other consideration for you—and the ombudsman alluded to that earlier—is the fundamental issue of the purpose, the outcome. What are we trying to achieve through veterans programming?

From our perspective, I would suggest that we are very much concerned with a number of issues. One is easing transition. One is the wellness and re-establishment concepts that were introduced in the new Veterans Charter, and validated by this committee and other studies since as being foundational. The other is essentially that support for finding a new purpose, finding successful transition both for the veteran and the family members.

I think that from a committee point of view you probably want to have a sense of against what framework you will make your determination. Simple dollar-for-dollar comparisons are never helpful. What is our programming really out to achieve? I would argue that it's out to achieve support for veterans and their families to achieve a sense of wellness and successful re-establishment and transition to civilian life.

There's one more example I'll give to you to consider. In budget 2017, the education benefit was one that I think I heard about in this very room. We met with stakeholders on the day of the budget. Some of them described that educational benefit as being transformational and being a landmark benefit. When you get into dollar-to-dollar comparisons of benefits, the challenge is how you put a monetary value on a paid university education for a veteran who's transitioning out and wants to do something different with his or her life. Now they have the opportunity to take a four-year program if they so choose. How do you put a monetary value on that?

That goes, basically, to this concept of what you believe we're trying to achieve collectively as a government, the people of Canada, for Canada's veterans. Again, from our perspective, from my perspective, I would argue it's achieving a sense of well-being for those veterans and for their families. Financial security is part of that, but there's a whole range of other dimensions associated with the transition.

• (1715)

Mrs. Alaina Lockhart: I actually think that's very interesting because we've heard that question posed in many different scenarios over the last year and a half. What does wellness mean? What is that outcome? The question's always posed, but we have a hard time getting to the answer.

You had mentioned a few things. Can you elaborate a bit more on that wellness? What is wellness? Is that part of our mission statement for VAC? Do we have that nailed down?

Mr. Bernard Butler: I think it's fair to say that, from a strategic perspective, it's where we and where our minister would like to go. At the end of the day veterans serve, they make an enormous contribution. Some of them serve for lesser or greater periods of time. Some of them come out with no challenges; others with many, and many complex challenges. For all of them, the end state should be the same; veterans and their families should feel that they have the supports in place to move from the military environment, to remove the uniform, and to transition into civilian life wherever that may be, and have that same sense of purpose that we all strive for. If you look at, essentially, the social determinants of health—financial security, education, health, and so on—those are the things that, I feel strongly, we should be enabling and supporting veterans to achieve as they move from a uniformed life into civilian life.

It's captured under one notion when I use that term “wellness”, but essentially, that's where we believe our programming should take us. That's why things like adequacy of the recognition benefit, the non-economic benefit, is so important. The adequacy of the income support benefits, the earnings loss benefit, the effectiveness of our rehabilitation programs, the caregiver recognition benefits—saying to a caregiver, your contribution is valued, and here is some financial recognition for that purpose—it all goes to that end state, from my point of view, of having a family make their contribution and then have support as they come out of service.

Mrs. Alaina Lockhart: Thank you very much.

The Chair: Thank you.

Mr. Eyolfson.

Mr. Doug Eyolfson: Thank you, Chair.

Thanks, Mr. Butler. Welcome back, it's always a pleasure.

We have a varied population of veterans, from the Second World War, to Korea, up to today's conflicts. There are very few left from the Second World War or Korea, but there are some. What would you say is the biggest challenge to Veterans Affairs in communicating what the benefits are to these different populations? There are veterans out there who just don't know what their benefits are and how to access them. What would you say are the biggest challenges to communicating this to all of them?

Mr. Bernard Butler: I suspect that there are a number of challenges. One, and the committee has certainly talked about it, is the complexity of the programming. I think that's one challenge. Another is recognizing the demographic spread of veterans. The 85-year-old veteran may not spend quite as much time on social media as the 20-year-old veteran, so he or she is not getting information necessarily from the Internet, although their caregivers, their daughters, and their sons may be getting it in that way.

The long and the short of it is that the challenge lies in ensuring that we're reaching out through as many mediums as we can, that we're simplifying the message, that veterans trust us to provide the care, compassion, and respect they deserve, and that they have access to benefits in an effective and expedited way. I think that's essentially the challenge we face.

Mr. Doug Eyolfson: All right. Thank you.

We talked about PTSD. We talk about it a lot in this committee. One of the themes that comes up in both the armed forces and

Veterans Affairs is that there are so many barriers regarding the stigma of it for highly functioning people who don't want to appear weak. It's not considered an injury in the same way that the loss of a leg is. How well would you say we are breaking down that stigma in veterans and having them seek care? Is this improving?

Mr. Bernard Butler: I think it is improving, evidenced by the fact that there's an increasing number of applications coming to Veterans Affairs for post-traumatic stress disorder and other conditions related to mental health. I think that our transition model is helping as well. We have been working on this model over the last few years with our colleagues in the Canadian Armed Forces and the Department of National Defence.

The model currently ensures that our case managers are working side by side on over 100 bases and wings, for example, in the IPSCs. They are working with members. The idea is to encourage them actively and openly to come forward and make a claim if they haven't. Some of that we can influence in Veterans Affairs. A lot of it has to be influenced within the military environment. I think all indications are that the military is very committed to trying to make that happen. I think we are making some headway and you're seeing it in the increased numbers.

Mr. Doug Eyolfson: Okay. Good.

This is always such a loaded question. We've said again and again how comparing jurisdictions is so difficult because of the different contexts. Can you make comparisons with the other jurisdictions you've looked at, based on how our efforts to reduce the stigma of PTSD compares with similar efforts in other jurisdictions, if not in a quantitative way, at least in a qualitative one? Would you say we're doing better, or are we in the middle of the curve? Where would you say we fall in the spectrum of different jurisdictions?

● (1720)

Mr. Bernard Butler: I'm glad you characterized it as a loaded question. What I would say to you is that, with the greatest respect, I would be very reluctant to compare different countries in terms of the success of the measures they have adopted. This is because of the unique social contexts that dominate this discussion.

I must say in fairness that's not something we've looked at from the point of view of destigmatizing. This would probably be more of an issue for the Canadian Forces, which may well be in a position to comment on comparisons along those lines.

Mr. Doug Eyolfson: Thank you.

To expand on a question that I was asking Mr. Parent in the last hour, I made reference to trying to find meaningful employment for veterans, particularly if it's non-combat roles in the armed forces. We've said how it used to be easier before there was the universality of service provision.

Has Veterans Affairs had any dialogue with the armed forces regarding any alterations to that policy to make sure that veterans can get meaningful employment?

The Chair: I apologize. You'll have to make your answer short on that one, please.

Mr. Bernard Butler: Again, in terms of still-serving members, that's a question I think you'd be better to ask directly of the Canadian Armed Forces, in terms of how they deal with it internally.

However, from a Veterans Affairs perspective, I can tell you that this issue is key and really reflects, in large measure, budget 2017 and the new and improved career transition services program that we've adopted. That, we believe, will go quite a long way to helping those members who, for whatever reason, cannot remain in the Canadian Armed Forces and who transition out.

The Chair: Thank you.

Ms. Wagantall.

Mrs. Cathay Wagantall: Thank you very much, sir, for being here.

I've heard a lot today about standards, and that's so key to ensuring that what we're giving to our veterans is of high quality. You're dealing with the quality of the service to the veteran, and we want it to be the best it can be. Of course, we want the cost of that service to be the most reasonable it can be based on taxpayers being responsible for the funds we use.

You mentioned that you're working on standards for service dogs, which I think is commendable and very important. I have a daughter who trains dogs. I started looking into what's available in Canada right now as far as the standards for dogs, and it's all over the map, quite honestly. Alberta and B.C. are done through Assistance Dogs International, which is simply obedience training. The standards in Manitoba are through Manitoba Search and Rescue. It's under the department of health. In Nova Scotia, it's under the department of justice. We have to streamline this. We have an opportunity to set something up that would be really good, hopefully the first time around.

When it comes to those standards for our veterans, we are looking for service dogs who are not obedience-trained dogs. They have very specific roles to play. I know that they're coming out soon. I can hardly wait to see what we come up with. Is the focus on making sure, first of all, that they're service dogs? Secondly, I also see that you can be charged \$30,000 for a service dog right now, and then there are others who are doing it through a different approach where the dog is free to the veteran.

How in the world do you come up with something, and will it be a standard that's set, or are we at the beginning stages of a voluntary commitment to those standards?

• (1725)

Mr. Bernard Butler: You obviously have given a lot of thought to this. Your questions are quite helpful, for sure.

From our point of view, I'll use the example of Seeing Eye dogs. Veterans Affairs programming has for many years been providing support to blind veterans for their service dogs. It is a well-established concept, and the standards for that are very well articulated. As we move into now, something that is really quite—

Mrs. Cathay Wagantall: It's for PTSD-related.

Mr. Bernard Butler: Yes, it's very different as a concept.

We are at that point where, as we're waiting now for the work to be concluded on the standards issue, we will then look to see what they are recommending, what would be an acceptable national standard both for training of dogs, for acquisition of dogs, and so on. We'll look at that, and then, of course, the collateral point is the efficacy issue. Is this an effective therapy or an effective support to veterans with PTSD?

If the answer to that appears to be yes from the research that comes out, then obviously what we have to do—and we're already now starting to direct our minds to it—is to say, okay, what would that look like on the ground? What should Veterans Affairs programming do? Should it provide, as we do with CNIB service dogs, the vet bills and care of the service dog? Should it extend to acquisition of the service dog? There are all kinds of very complex issues that have to be looked at as the clarity emerges in terms of the standards and the efficacy.

Mrs. Cathay Wagantall: The acquisition should be the most reasonable cost back for the best product. Is that right?

Mr. Bernard Butler: I think it's fair to say, madam, that's right, because as you point out, all Veterans Affairs Canada does is administer these programs on behalf of the people of Canada. We always have to do it in a way that's effective, that's safe, that gets the best value for Canadians and for veterans. Those are all related considerations in the process.

Mrs. Cathay Wagantall: Do I have time?

The Chair: You have one minute.

Mrs. Cathay Wagantall: Can I give it to him?

The Chair: Sure, go for it.

Mr. Robert Kitchen: This is “him”.

The Chair: Sorry, we're out of time.

Voices: Oh, oh!

Mr. Robert Kitchen: This is a beautiful chart. Very quickly, because you mentioned the centre for excellence, where would you put it on this chart?

Mr. Bernard Butler: The centre of excellence for PTSD...?

Mr. Robert Kitchen: Yes.

Mr. Bernard Butler: I'd put it just right here in the middle.

Mr. Robert Kitchen: You did mention that we've transferred health care to the provinces. There are benefits and disadvantages to that, and hopefully we will see some of that.

One of the things you see in the U.S. with them having VA hospitals and all their service being through the VA hospitals, you see a situation where... For example, musculoskeletal injury is one of the leading causes of injuries with a lot of our veterans. We see in the U.S. that they've actually put chiropractors in the VA hospitals and used that facility to provide those services. Those are things that we hopefully will see as we compare things. Do you see an opportunity where that might transfer into Canada, or is that obviously too complex to answer in 30 seconds?

•(1730)

Mr. Bernard Butler: It's certainly a complex question, but again I think the challenge in Canada is this issue around universal health care. If we have universal health care in Canada and veterans are part of that mix of Canadians, the challenge is to try to ensure, from our perspective, that we leverage the health care resources that are out there to help us help veterans without compromising, I suppose, the fundamental principles of universal health care.

It's a bit of a balancing act, I think, for the committee and it will be as you go forward, but as with the OSI clinics, that methodology, that model, seems to be working quite well for PTSD, and probably one that you might want to look at in terms of other contexts.

Mr. Robert Kitchen: I should state that the chiropractors have been commissioned in the U.S. forces, but there are opportunities to look at there anyway.

The Chair: Great. Thank you.

That concludes the end of our time for today.

On behalf of the committee, Mr. Butler, I'd like to thank you and your department for all you do to help our men and women who have served.

I need a motion to adjourn.

Mr. Robert Kitchen: I so move.

(Motion agreed to)

The Chair: Thank you.

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