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Mr. Greg Kerr

Standing Committee on Veterans Affairs

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• (0850)

[English]

The Chair (Mr. Greg Kerr (West Nova, CPC)): Good morning.

Minister, we'd never rush you. I think it's important that you circulate, so we'll add a minute or two there.

Good morning, everybody. We do have a quorum. This morning we're very pleased to have Minister Blaney join us, along with Deputy Minister Suzanne Tining and other staff representatives, I think. I saw a couple of them earlier. We've very pleased to have you here. As you know, when we're through, obviously we're going to have a couple votes on the supplementary estimates that we have to report back to the House.

As you know, witnesses are encouraged to stay within the 10-minute parameter. We'll try to keep to that, and then we'll go to the questions.

Thank you for coming this morning.

Hon. Steven Blaney (Minister of Veterans Affairs): Thank you for welcoming me to your committee, Mr. Speaker.

[Translation]

Good morning, everyone. It is an immense pleasure to be here.

This is the first time I've had the privilege of appearing before a committee as the minister, and I couldn't wish for a better audience than parliamentarians who are responsible for taking care of our veterans and their families. I'll make my remarks and then I'll be pleased to answer your questions.

Since I was appointed to the Cabinet in May, I have had the privilege of becoming more familiar with our department's mission, through many meetings with these men and women who give the mission its meaning and a very human face. In many ways, these interactions are a particularly enriching human experience, and often very emotional. By developing an understanding for our veterans and their families of our programs and services, I have also been able to take stock of the mandate of my predecessors, the honourable Jean-Pierre Blackburn and the honourable Greg Thompson, and of their outstanding achievements for our veterans.

Whether it was in Canada or abroad, our veterans are a source of boundless pride for our country. Our government is committed to honouring their services to our country, and Veterans Affairs Canada is going about this in many ways.

I would like to start by congratulating the members of this committee for your work in general, and particularly for your

commemoration study. As you know, we are entering the 2014-2018 era, which marks the centennial of the First World War. This historical commemorative period will culminate in 2017, the 150th anniversary of Canadian confederation, and also the 100th anniversary of the Battle of Vimy Ridge, which is an extremely strong moment in our military and Canadian history. This is why I am eager to have your recommendations about the commemoration.

As you know, the first objective of our department is to provide services and benefits geared to the needs of our veterans and their families, while etching the memory of their achievements and sacrifices in the minds of all Canadians. Most of the programs to do this are quasi-statutory. So the government must provide the financial resources necessary to administer these funds, and the Treasury Board ensures that the department can continue to offer these benefits.

[English]

I would like to say very clearly this morning that we will always have the necessary funds to provide our Canadian Forces members, veterans, and their families with the care and support they need. As well, I would also like to take this opportunity this morning, because some of you have expressed concerns, to say that veterans' benefits will be maintained.

I know Assistant Deputy Minister Keith Hillier said this very clearly in his appearance before the committee just a few weeks ago. Rest assured that our government will provide our veterans with the support they need when they need it. Indeed, Veterans Affairs Canada's budget has consistently increased over the past five years. Several significant accomplishments, which we are very proud of, have resulted from these increases. Aside from offering our veterans and their families the support they need, our government has made significant investments in our veterans.

Up front, we have implemented the new Veterans Charter, which we all know was supported by all sides of the House. Just recently, I announced significant enhancements to the new Veterans Charter. These changes mean a total investment of \$189 million over the next five years, and \$2 billion over the life of the program. The investment will ensure that the support will be available to our veterans, whether today or in the future. More than 33,000 veterans and their family members have received support through the new Veterans Charter. We also established a Veterans Bill of Rights and created the position of veterans ombudsman, all of which are contributing to the well-being of our nation's heroes. I reported the Veterans Ombudsman's report just last week.

I would also like to mention this morning that I'm accompanied by Suzanne Tining, our deputy minister. For the second hour, she will be joined by Associate Deputy Minister Keith Hillier.

• (0855)

[Translation]

So the government acknowledges the sacrifices that our veterans have made, and we will continue to work on their behalf.

Let's talk now about the Supplementary Estimates (B), which is why I'm here today. This year, this budget means an increase of \$64.3 million in the 2011-2012 budget for the department, which will total \$3.5934 billion, an increase of 1.8%. This funding will be used for important initiatives, for improvements to the New Veterans Charter, for increased support with respect to case management for veterans who have been seriously injured and their families, and for the new community war memorial program, which was implemented in October.

The 2011-2012 budget reflects a demographic reality that the Department of Veterans Affairs needs to adapt to. In fact, it's the biggest challenge we have to face as a department. Right now, many of our veterans of the Second World War or the Korean War have reached a venerable age. After honouring our country with their dedication and courage, these people, who are dwindling in number, are still very active. Among other things, I'm thinking of what I saw on Sunday two weeks ago in Lévis. Actually, veteran and pilot Jean Cauchy, a prisoner during the Second World War, still proudly attends these ceremonies. He trains and stays in shape. Our priority is to ensure that he benefits from all the programs and services he needs.

[English]

Last year, for the first time, the number of modern-day Canadian Forces veterans who are receiving services from our department was higher than the number of traditional war veterans. The average age of a modern-day Canadian Forces veteran is 58, while the average age of a traditional war veteran is 88. Over the last three years, the number of traditional war veterans and their relatives has, sadly, decreased. Over the next five years, it is predicted that the number of traditional war veterans could diminish as well, by approximately 40%. During the same period, the number of Canadian Forces veterans is predicted to grow by 24%. So the picture is that, in 2015, there will be three modern-day veterans for every traditional veteran, if our projections are accurate.

Therefore, on the one hand we must continue to meet the needs of our traditional clients, and on the other hand face the often more diverse and complex needs of a new generation of veterans. This naturally has an impact on the department's projected expenditures. We must spend judiciously and where there is the most need.

So our programs are evolving and meet specific needs, particularly in the areas of mental health, family support, and homeless veterans. They also respond to concerns about increased efficiency. In other words, we have to do things better and more quickly than in the past. That's why, in order to simplify the lives of our veterans, we have started to simplify our policies and programs and are making important progress in this respect.

We are listening to our veterans. They have said they want a more hassle-free service. We are delivering on that by providing them with quicker service and cutting cumbersome red tape.

[Translation]

We have also strengthened our partnership ties with the Department of National Defence in order to provide care to Canadian Forces members who have been wounded or are ill and their families. We will continue to jointly focus our efforts on the well-being of wounded individuals. We will conduct early intervention to encourage a smooth transition upon discharge from the Canadian Forces to civilian life for our military members and their families.

We also intend to strengthen our ties with the organizations that are working to improve our veterans' quality of life. Of course, we have made significant improvements in the New Veterans Charter, and we will make sure that the people who benefit from it are better informed.

[English]

This new charter is the first step in a series of fundamental changes that aims to modernize the benefits and programs intended for our veterans and wounded or ill members of the Canadian Forces. It includes disability benefits and, upon release, the rehabilitation program, financial benefits, and the health care program. This program is also fit to meet the needs of our military personnel returning from Afghanistan.

Veterans Affairs Canada has a toll-free help line available upon release. It's open 24 hours a day to provide veterans and their families with access to short-term professional counselling services.

The new Veterans Charter has been in place since 2006. It aims to care for the men and women it concerns in a more complete and compassionate manner.

• (0900)

On October 3, four major improvements took place: an increase in the monthly financial allowance under the earning loss benefit, bringing it to a minimum of \$40,000; improved admissibility to the permanent impairment allowance; a new monthly supplement of \$1,000 to the permanent impairment allowance, intended for the most severely wounded veterans; and flexible payment options for veterans who receive a disability award.

[Translation]

Of course, we don't claim that the new, improved charter will meet all the needs and resolve all the problems faced by our veterans. We know that it is always possible to do better, and that is why we have been firmly committed to this for six years. Since the new charter is an evolving document, the contribution of everyone involved is essential to improve it and, of course, your work as members of the Standing Committee on Veterans Affairs is precious in this regard.

I repeat, our department's primary mission is to better serve the men and women covered under the new charter and their families. We intend to do so more effectively, quicker and in a more modern way. This priority is not just the priority of the institution or of myself, but of everyone who works in our department.

[English]

We are listening to our veterans, but also to the employees of Veterans Affairs Canada, whose contribution is important. In order to find new ways of operating and to improve the way we deliver our services, the people at the department are involved. I can tell you, this approach is working.

[Translation]

We want to serve veterans and their families and, of course, promote the commemorative activities. We just went through a particularly moving Veterans' Week. Activities were held across the country and commemorative activities were carried out in all our communities with assistance from the community engagement partnership fund.

[English]

As I mentioned, your committee is currently carrying out a study on commemorative activities and ways to increase the participation of young Canadians. Many initiatives spearheaded by our department are heading in the same direction, and I'm sure you have had positive comments on the advertising campaign that was held by the department, "I Am A Veteran". We are getting very good comments on it.

We are also on Facebook and YouTube, and we've developed applications to be able to reach out to a new generation to embrace new and innovative techniques to help our fellow citizens become aware of the importance of commemoration.

Mr. Chair, I don't have quite enough time, but I hope I am getting to the conclusion.

[Translation]

We need to raise Canadians' awareness of an historic reality that too often goes unrecognized.

[English]

One thing I realized as a minister, and I will close on this, is that the sacrifice of those men and women has really shaped this country. That's why, as parliamentarians, as a government, and as a nation we have a duty to serve our veterans in the best way we can.

I'll now be more than pleased to answer your questions as I seek your support for additional funding to get our program through within the current year.

Thank you.

The Chair: Thank you very much, Mr. Minister. I will point out that we are always very generous to our witnesses because we want to make sure that we hear all of the information that's going to be provided. So thank you for that.

We'll now go to Mr. Stoffer for the first five minutes.

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

Minister, Deputy Minister, and your staff, thank you very much for appearing before us today.

My first question is how many contract hospital beds are there in Canada, approximately?

Hon. Steven Blaney: There are roughly 10,000, Mr. Stoffer.

Mr. Peter Stoffer: Those are for World War II and overseas Korean War veterans, am I correct?

Hon. Steven Blaney: Exactly.

Mr. Peter Stoffer: What happens to those beds when the last Korean War veteran dies?

Hon. Steven Blaney: Well, Mr. Stoffer, as you well know, in 1963 there was the Glassco commission. At the end of the Second World War, there were no health care services provided by provinces, and as the commission stated, we had 16 hospitals. At that time, we began to transfer all of those hospitals. We now only have one hospital under our jurisdiction, but we are providing services to modern-day veterans through the provincial health care system, Mr. Stoffer.

• (0905)

Mr. Peter Stoffer: Thank you very much.

As we know, the Ste. Anne's Hospital is about to close or transfer to Quebec and there are 1,300 people working there. My question is threefold in this regard. I understand that those 1,300 jobs are supposed to transfer to the Province of Quebec. So that's a 1,300-person reduction from the Department of Veterans Affairs.

In the media it's said, and I believe Mr. Hillier indicated this earlier, that we're looking at 500 reductions at DVA through attrition or retirement—however you're going to do it—plus a \$200-million cut to the department. Over 10 years, it's almost your \$2 billion that you talk about reinvesting into the department. So if I just do those figures generally, you're looking at 1,800 people being removed from a department of almost 4,000 people. That's a 40% human resource cut to your department. Many people are very concerned about that. I'd like your comments on that.

But before you do that, we had also talked about the earlier press conference by the three veterans who were worried about their privacy. Their information was spread out. I know that's a long, involved question, but if we could have something in writing from your department on what you're doing to fix that so it never happens again, it would be most appreciated.

You also indicated that you had a duty to help veterans. I called your office a couple of times regarding Sarah Atwood. She's a 92-year-old World War II veteran and the wife of an overseas World War II veteran. She's in the last months of her life but was denied access to Camp Hill Hospital because she is not an overseas World War veteran. I just found it rather unfortunate and very sad that a woman who has served our country, although here at home, would be denied access to Camp Hill Hospital when there were beds available.

As for compassionate grounds, sir, we know that the World War II and Korean veterans are going quickly and that, unfortunately, there will be beds available or open as a result. What we've been asking for is that these veterans and the modern-day veterans have access to those contract beds in the future, because, as you know, many veterans are in their fifties, sixties, and seventies now and are going to be looking for long-term care. The provinces are concerned that the government may be downloading the care of these veterans onto the provinces.

I'd just like your comments on that, please. And thank you for coming.

The Chair: Three and a half minutes have been used on the question, but we'll let you go.

Hon. Steven Blaney: You're raising an important issue.

Let me first address Ste. Anne's Hospital. We are talking of a transfer. So all the employees will still be providing services to our veterans. Actually, there's already one floor at Ste. Anne's Hospital that is free. We won't be able to maintain this level of service, because we will lose the critical mass to provide the best service we can.

So the Ste. Anne's Hospital transfer is a win-win situation in three ways. It helps us with my primary goal, which is to maintain a high quality of service for our veterans. The second one is that we are securing the future of those employees. Why? Because we are opening the doors of this hospital to the community of Montreal's West Island. And this is why we have completed a major investment in this facility, which is up to date. I visited it and I can tell you I'm impressed by the quality of this hospital and the services that are being delivered there.

I would just try to move on to the other points you've raised. Regarding the privacy action plan, any privacy breach of a veteran's file is unacceptable. That's why my predecessors established a 10-point action plan. I fully endorse that and it is fully operating. That's the way we address those issues and we take them very seriously. If you want more information, we'll be able to provide it to you as well.

Regarding long-term care, all our veterans have access to the modern health service system. Regarding the number of beds, we are making adjustments in terms of the demand. But one thing is for sure. Our modern veterans are benefiting not only from the provincial government health services they have access to, but they also have access to added value. We provide to our veterans all kinds of services. I will give an example of the special allowances under the veterans independence program. All those programs are there for all our veterans, so we maintain a high level. What is important for

us is not who delivers the care, but to make sure that the veterans have access to the better care that they deserve.

• (0910)

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

We now move to Mr. Lobb for five minutes.

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

Thank you for attending today. The first question I am going to ask on behalf of Mr. Casey, as it were.

In the House he has asked you this directly. In this committee he has asked Mr. Hillier directly. In his press releases, everywhere he has a chance, he has misled veterans with erroneous facts, specifically around the numbers and the planning and priorities. He has commented numerous times on the reduction in benefits and services provided to veterans, knowing full well that isn't the case.

Minister Blaney, maybe one more time, and perhaps for the hundredth time, you could answer this question and state clearly for this committee regarding the numbers in the report on plans and priorities that was tabled almost a year ago, and indicate to veterans watching today, the Canadians watching today, the services and benefits provided to veterans. Please, minister.

Hon. Steven Blaney: Thank you for your question.

As I used to chair a committee, I'm reminded that I should always address the chair. So, Mr. Chair, please excuse me. I will answer my colleague very nicely.

As I have just stated, the benefits to veterans will be maintained. That's clear to me, and I've been clear on that in many places, that this is important.

Why is that so? It is because we are a veterans-based organization. We have quasi-statutory programs. That's why we have put aside \$2 billion for enhancements to the new Veterans Charter and this money will flow based on the need.

We have a projection, but it is a projection. What really matters is if a veteran's needs are typical of a service at a point in time, they'll be sure to have it because it's quasi-statutory. I get back to this expression of quasi-statutory, because it is at the heart of what we're doing here at the department. It is automatic. It goes as the assessed need is proven. This is what our government has been doing for the last six years.

As I mentioned in my opening comments, I am really impressed because over the last six years, on average, more than \$500 million in additional money has been invested in our veterans and their families. It's a total of \$3.16 billion over the last six years of additional money that has been invested in our veterans, including the new Veterans Charter. We also had the Agent Orange settlement. These are the kinds of initiatives this government has taken to make sure that our veterans receive the services to which they are fully entitled.

I will be very clear again: Benefits to veterans will be maintained.

Mr. Ben Lobb: Thank you for the answer.

When I speak with veterans in my riding they'll ask me about this and I will clearly outline to them what you've said. They're quite troubled that a member of Parliament would make allegations, such as those Mr. Casey has made.

Ms. Tining, this question can be for you or for Mr. Blaney.

In the previous Parliament, the former Veterans Ombudsman made a number of recommendations. One of them was around service delivery within the department. I know that the department has begun an era of transformation and service delivery improvements and enhancements. I wondered if you could update the committee this morning on how that's going and where you'd like to see it continue to move forward.

Ms. Suzanne Tining (Deputy Minister, Department of Veterans Affairs): Thank you very much for this question.

I want to emphasize the need for the department to transform itself to meet the expectations of all veterans—aging veterans as well as modern-day veterans. Over the last sixty years, it has become quite obvious that the processes that had been put in place were beginning to be quite cumbersome and that investments in modern technology had been lagging.

The overhaul of service delivery really is focusing on faster, simpler access by veterans to the benefits and services they are entitled to, and to the widest extent possible allowing them to do it online, as they do in their own personal affairs with their banking institutions. That's just the name of the game in the world we are in.

We have embarked on a transformation plan that will carry us through a number of initiatives to simplify our policies and processes, to delegate to our front-line people the authority to make decisions, to equip those who are taking care of our veterans with the tools and the delegation of authority to take the best decision in the fastest way possible, so that the benefit can be given to the veteran.

It will imply investment in technology to make sure that we can provide the veterans with access online to be able to track their file, so that when they make an application they will be able to see where it is, when they can expect a decision, and when can they expect an amount of money to be deposited in their bank account.

So there is a wide variety of initiatives in the department. It's a major transformation. As the minister has said, our employees are involved in finding ways.... They know what needs to be fixed, because they are the face of the department. They have to operate within legislation and regulation and the policies of the government and the department, but they also are a source of innovation in

finding ways to simplify what have become cumbersome processes over the years.

● (0915)

The Chair: Thank you very much, Ms. Tining.

Now we go to Mr. Casey for five minutes.

Mr. Sean Casey (Charlottetown, Lib.): Thank you, Mr. Chairman, and welcome, Mr. Blaney, and Madam Tining.

Would you agree that you have a dedicated, hard-working group of public servants within your department?

Hon. Steven Blaney: Yes. I don't want to make my colleagues jealous, but I think I have among the best of them.

Mr. Sean Casey: I'd be inclined to agree with you on that. Within your department, you have a large number of people who have developed expertise in case management, administration of benefits, and early intervention. Would that be fair to say?

Hon. Steven Blaney: Absolutely. I'm impressed by the level of skills, ability, and experience that has been developed in this department over the years to better serve our veterans—and I would say, mostly the traditional veterans.

Now, everyone agrees in the department, even the officials themselves, that we need to make adjustments to face the needs of modern-day veterans. We still need to develop some expertise and to adapt and adjust in this way. This, of course, is a challenge that we're facing together.

Mr. Sean Casey: Mr. Minister, if your projections are correct and the views of the ombudsman are wrong with respect to the ongoing need for veterans' services, would you agree with me that the skills that have been developed within the department would be extremely valuable in other areas of government, such as CPP adjudication or disability management for federal government employees?

Hon. Steven Blaney: I would rather speak for the needs of my department itself, if I may, Mr. Chairman.

What I can tell you is that our department is facing huge challenges, because we are at an historical turning point. For the first time in history, we have more modern-day veterans to take care of than traditional veterans. As I mentioned, there's almost a 20-year to 30-year gap between those two clientele, so there is a paradigm shift in the way we are doing business. We are now working with veterans who don't necessarily attend traditional veterans' activities. We need to reach them now through social networks. We really need, I would say, to upgrade the way we are doing business. That's why we have undertaken the transformation and the initiative to cut red tape, to adapt to those needs.

Mr. Sean Casey: I understand that, but my question for you is that if your projections are correct, and if, as we go forward, there will be less need for employees because you have fewer clients—and let's assume here that what you've said is correct—then my suggestion to you is that you have a whole skill set there that would be extremely valuable to the Government of Canada and the taxpayers of Canada in other areas.

Will you explore that?

Hon. Steven Blaney: I thank you for your suggestion, but I would remind you that I really feel that the challenge we have to face at this point in our history needs all of our resources and skill. As I've indicated, we are oriented toward meeting the needs of our modern-day veterans. There are new challenges that were not necessarily faced in the same way before. I mentioned in my speech that we have to deal with physical issues and mental health issues that are very important, and we have to deal somehow with homeless veterans. These are the challenges I want my department to face first.

I will tell you that the veterans are so important that at this point in time I think all the resources of this department need to be oriented toward our veterans and the needs of their families.

I would like to go back to the projection. Will the numbers go up or will they go down? What I'm committed to doing is adjusting the workforce to the needs of the veterans. That's why we have committed to this transformation agenda.

I want to remind you that this transformation agenda is not coming from PMO or elsewhere; this transformation agenda has been designed and set by the people working for veterans. They know how we can better our programs. That's why I fully support this initiative to streamline our processes to better serve our veterans.

• (0920)

Mr. Sean Casey: Mr. Lobb was very kind to ask a question on my behalf. The problem is that the question I've been asking isn't his, and the answer I've been receiving has been pretty consistent. The fact of the matter is, there is going to be a decrease in the Veterans Affairs budget. I understand that the party line is that veterans' benefits will not be affected.

You used the term earlier "quasi-statutory". You would agree with me that veterans benefits are not statutory. Is that not correct?

Hon. Steven Blaney: Our programs are quasi-statutory. This means that if, let's say, you are a seriously ill or injured veteran, then it's automatic that you will have access to disability awards, earning loss benefits, and permanent and impermanent allowances. There, you go into rehabilitation, health benefits, and career transition services.

These programs are automatic, so they go into effect. Of course, we hope that our veterans need our services less, because it means that they have a medically related situation.

But what I can assure any veteran on the front now, any military person returning from Afghanistan—and this is what is great about the new Veterans Charter—is that whether it's today or five or ten years from now, we will be here for them, because with those programs there is no need to go to Parliament, no need to put it in the budget. It's there.

The Chair: Thank you, Mr. Blaney.

We now go to Mr. Daniel for five minutes.

Mr. Joe Daniel (Don Valley East, CPC): As a little bit of a follow-on to that, we noticed that in your supplementary estimates you request an additional authority for \$10.6 million to improve program delivery. Could you describe in more detail the sort of improvements you are going to make to the delivery, and how they

will affect our newer veterans, who are perhaps much more computer-literate and more savvy from that point of view?

Hon. Steven Blaney: Yes, and I thank you for your question.

Basically we want to move from a paper-oriented business to a computerized and digital one. To give you an example, we need to digitalize our medical records. Right now we have a huge pile of files that must go through the department. It's a heavy burden, a lengthy one, and it's unacceptable, I would say, for a modern organization. That's why we are undergoing a massive transformation. That's why the officials and the veterans have the same goal, to cut into bureaucracy and reduce wait times.

In the supplementary estimates that are in front of you today, there is an amount of \$10 million. One-sixth of the amount is specifically aimed at helping the department invest to save time and money for our veterans. This is part of the program we have.

Let me get back to some examples that I have with me. It's key that we reduce wait times. It's key that we make sure that our veterans—and I would say that this is only the first step—don't have to deal with piles of paper, piles of forms, to get the service to which they are entitled. We need to make sure that those services are available through modern technology.

• (0925)

Mr. Joe Daniel: Changing the subject a little bit, I was recently in England and was privileged to go to the memorial service on November 11. We have Canadian veterans in places that are not actually in Canada. How many do we have? Is there an idea of how many we have? How do we serve those veterans and their needs?

Hon. Steven Blaney: Do you mean how do we service those veterans abroad?

Mr. Joe Daniel: I mean the Canadian veterans who are living abroad.

Hon. Steven Blaney: That's a good question. I would like my deputy minister to help you with this one.

Ms. Suzanne Tining: I do not have the exact number, but I can certainly provide the committee with the exact number who live abroad.

Canadian veterans who have been injured or who have become ill as a result of their military service are entitled to the services and benefits of the department, regardless of where they live. We have an international operations unit that stays connected with those who live in England or elsewhere in the world.

Hon. Steven Blaney: If I may just add, regardless of where the veteran lives today, if his disability is related to his service in the Canadian Forces, we provide him with the services he deserves. That's why we need to update our... We have "My VAC Account" on the website. We are still implementing and improving this system. But this is a way we can reach out to a veteran who is overseas and provide the services to which he or she is entitled.

Mr. Joe Daniel: These service improvements that you're providing for Canadian veterans will actually also be of big assistance to veterans abroad and give them easier access. Is that what you are suggesting?

Hon. Steven Blaney: Yes, absolutely.

Mr. Joe Daniel: Thank you.

Going back to some of the expenditures, in 2010-11, \$1.7 billion in benefits were paid pursuant to the Pension Act, representing about half your department's total expenditures. This amount represents a small decrease of about \$17 million from the previous year.

In fiscal year 2011-12, your department anticipates that these expenditures will remain at about \$1.7 billion. When do you think the declining number of war veterans will start to result in significant decreases in benefits paid under the Pension Act?

Hon. Steven Blaney: We expect that there could already be a small decrease as of next year in terms of the needs. About 90% of the \$3.5 billion goes directly into the pockets of our veterans. So 90% of it is money that flows from the government through the department to the veterans.

You mentioned the supplementary estimates. You chose a good example of how the department works and how it works in conjunction with the ombudsman. If you recall, last week the ombudsman tabled his report and said that there were some veterans in the past who should have had access to some programs but didn't know about them, so they did not have access to those programs. This issue was raised between the ombudsman and our officials. We have reached out to those veterans who were eligible for some programs. That's why in the budget—in the supplementary estimates you have this morning—there's the retroactive exceptional incapacity allowance benefit payment of \$21 million. That's \$21 million that will be provided to our veterans. In conjunction with, I would say, the remarkable work of the ombudsman, we were able to identify them and make sure that the veterans get the services to which they are entitled.

You have \$21 million for the veterans who need these programs. You have the \$10 million for what I would call “invest to save”, as we are modernizing our system. You also have, if I may, the \$20 million for Agent Orange. This is really money you are investing. The decisions you are making today is for money that will better the service to our veterans, and most of it will go directly into their pockets.

The Chair: Thank you very much.

Now we'll go to Ms. Mathysen for five minutes.

Ms. Irene Mathysen (London—Fanshawe, NDP): Thank you very much, Mr. Chair, and thank you, Minister, for being here.

Madam Tining, it's a pleasure to see you.

I have a number of questions.

I want to begin with your statement, Minister, that we have many modern-day vets. Indeed, I see them all the time, the former peacekeepers, in my riding. I have one who is a Bosnia vet. His job was to go in and open the mass graves. Needless to say, emotionally and physically he is not well. I'm very concerned about these people.

I have a veterans hospital in my riding: Parkwood Hospital. You say that the closing of the beds at places such as Ste. Anne's or at Parkwood will not be problematic, because these vets will get provincial care.

It would seem to me that the federal government is responsible. We sent these young men and women to war. We sent them on peacekeeping missions. Is it not the responsibility of the federal government, not the provincial government, to make sure of their care?

I have this terrible feeling that the federal government is, quite literally, washing its hands of its responsibility to the men and women who put their lives on the line and for whom life is not pleasant, happy, or productive right now because of their service.

• (0930)

Hon. Steven Blaney: Well, thank you. I would say I fully agree with you that we have full responsibility to take care of those veterans returning from mission and their families. That's why we are working in conjunction with the provinces. That's why, as I indicated earlier, we are not only providing the health services provided via by the provinces but are also going, I would say, the extra mile to face the particular needs of our veterans.

In your example, you raised the issue of not only physical health but also mental health. This is an issue this country is taking very seriously. Actually, I consider Canada to be providing leadership in terms of the mental health services provided to our veterans. In recent years, we have doubled the number of operational stress injury clinics that provide services to veterans suffering from post-traumatic stress disorder. As of today, more than 14,300 veterans with mental health conditions and their families are provided with services.

I would just add one thing. Ste. Anne's Hospital has a national operational stress injury centre for treatment there. These services will be maintained and evaluated, and if more are needed we'll see how it unfolds. But I just want to reassure you this morning that will we not only maintain the service to traditional veterans in that facility but also keep components to address the needs of modern-day veterans.

Ms. Irene Mathysen: But, Minister, who pays? Does the federal government pay? Does the provincial government pay?

Hon. Steven Blaney: We do, yes.

Ms. Irene Mathysen: The federal government pays all of those costs for all of those modern-day vets, no matter where they are, no matter what they suffer?

Hon. Steven Blaney: Well, we go the extra mile, as I've just indicated. For example, I come from Lévis, near Quebec City. There's a clinic in L'Ancienne-Lorette. This clinic is providing service to veterans. Any veteran who knocks at their door has service provided to him through the clinic, and these clinics are funded—

Ms. Irene Mathysen: Does the federal government pay for that, for all of it?

Hon. Steven Blaney: Absolutely. Yes.

Ms. Irene Mathysen: And there is no provincial expenditure in any of this?

Hon. Steven Blaney: The federal government is providing all the funds necessary to fund those facilities we've put in place, the 17 clinics I've just indicated, as well as the in-residence treatment.

Ms. Irene Mathysen: But what about the provincial long-term care, Minister? Who pays for the provincial long-term care?

The Chair: One at a time. Let the minister finish before you ask a question.

Are you finished?

Ms. Irene Mathysen: But he's not answering me, Mr. Chair.

Hon. Steven Blaney: Well, would you ask your question again, please?

Ms. Irene Mathysen: Does the federal government pay for all of that provincially provided long-term care for modern-day veterans?

Hon. Steven Blaney: We are providing services in conjunction with the province, and this approach is working very well.

The Chair: Be very brief.

Ms. Irene Mathysen: And you pay for all of it? Does the province pay for any of it?

Hon. Steven Blaney: As I just mentioned, health is a provincial jurisdiction. That's why we are working with the provinces to make sure that our veterans are provided the services they need.

The Chair: Thank you very much.

We now go to Mr. Lizon, for five minutes.

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

And thank you, Minister, and the deputy minister, for coming here this morning.

Mr. Chair, I would like to direct the first question to the minister, and my first question is on the new Veterans Charter.

As we know, this is a living document that focuses on the health and well-being of our veterans and ensures that they have the programs and benefits they deserve.

Can the minister please tell this committee how the new Veterans Charter is remaining current with our veterans' needs?

• (0935)

[Translation]

Hon. Steven Blaney: Yes, absolutely. Thank you for the question. If I may, I will say this. Now when we talk about the New Veterans Charter, it also includes the improvements we've made.

With the New Veterans Charter, we hope that the veteran can return to civilian life. The steps we are taking are designed to ensure that the veteran can make a smooth transition toward civilian life and, for veterans who have been seriously injured, to ensure that they are supported and have all the services they need.

We have often talked about the lump sum disability payment. This is an amount that is paid to recognize the pain and suffering of an injury incurred during military service. With the improvements made to the new charter, we are giving veterans some flexibility, so that they are in a better position to choose. Most of our veterans decide to have the amount paid in a lump sum, but payments can also be

spread out. What's important is that this disability pension is just one of the aspects of the new charter to support the veteran during his or her rehabilitation. So this is why we have an allowance for earnings loss.

In the past, we realized that veterans who had done their military service 10, 15 or 20 years ago had lower incomes. We also considered that, with 75% of the salary, the veteran had a relatively low amount to meet his or her needs. This is why we introduced a minimum amount of \$40,000 for veterans who are in the rehabilitation process and who are receiving the permanent impairment allowance. These two important measures were put in place when we made improvements to the New Veterans Charter.

Of course, we also put in place programs that deal with physical and psychological support, including all the services the veteran is entitled to. When we talk about physical rehabilitation, a good example would be Sergeant Neilsen, who fell on an improvised explosive device on July 1, 2010, and was wounded. Because he lost a leg, he is entitled to all the rehabilitation services necessary to help him regain his health and to successfully reintegrate into society.

[English]

Mr. Wladyslaw Lizon: Thank you very much.

Mr. Chair, I have a second question for the deputy minister. We already touched on the subject of the transformation initiatives the department is undertaking. Maybe you can elaborate more on how these initiatives will improve the delivery of services to our veterans.

Ms. Suzanne Tining: Thank you very much for this question.

As I said, two years ago we had an independent assessment done of the department's capacity to have relevant programs to meet the current and future needs of veterans. That assessment was done two years ago. The assessment demonstrated, frankly, that we needed to simplify our way of doing business, and that's the basis on which the transformation of the department has been taking place. That's where we have a five-year plan with deliverables every year to digitalize paper, as the minister said. We are a paper intensive industry because, for a veteran to access benefits and services, these have to be related to his or her military service. So we must have access to the service records that are within the Department of National Defence. We have to go to Library and Archives. We need to become more electronic in this phase of our business.

Overall in our service delivery we have already cut the number of weeks that a veteran has to wait for a decision on a disability pension or disability award. We have reduced by half the time it takes to assess a file for a rehabilitation plan. We have already made some significant improvements in service delivery. As I said before, much more will come by investment in technology, simplifying our policies that have been accumulated over many years, and questioning every piece of work we are doing as to whether or not it adds value to the end result of providing the veterans with the care and services they need. To that extent the staff at Veterans Affairs are involved and are part and parcel of the improvements we are making.

The transformation is based on simplifying our policies and business processes, overhauling our service delivery through the use of technology, and aligning the demographics of the staff in the department to where the veterans live and where they need to have the services. All of that should improve, piece by piece, inch by inch, the services we are providing to veterans.

• (0940)

The Chair: Thank you very much, Ms. Tining.

We will go to Ms. Adams for the last five minutes.

Ms. Eve Adams (Mississauga—Brampton South, CPC): In the 2011-12 expenditures there are some increases, I think most notably for the enhancements to veterans services, the establishment of the veterans ombudsman's office, and for *ex gratia* payments for Agent Orange—all items, I might add, that the Conservative government introduced.

Minister, could you provide some additional information on that, and some clarification?

Hon. Steven Blaney: Yes, absolutely. I thank you for your question.

As I mentioned this morning the committee is seized today with approving—and I seek your support for it—an additional \$64.3 million. It goes roughly half and half between a grant and a contribution.

The core of it is for the Agent Orange payments. It's \$20 million for the *ex gratia* payments related to Agent Orange. This is an issue that our Prime Minister has committed to deal with, and that's what we've done. Actually we've extended the program so we are able to make sure that all of those who were impacted and eligible will have access to it. So that's \$20 million for Agent Orange.

The second part would be the one I mentioned, which is the work in conjunction with the ombudsman. We've made sure, as a department, that those who are entitled to programs have access to them. It's \$20 million, so we're already at \$40 million out of the \$60 million.

One other, the \$10 million, is key, and it's the “invest to save”. We are modernizing at this point in time. We are turning to information technology, moving from a paper-oriented business to a more modern department. That's why we are investing \$10 million.

The rest of it has to do with some contingency requirements at the Ste. Anne's Hospital. We've increased our number of case managers because, in some areas, mostly where there have been military deployed and who are returning from mission, there was an

additional need. So we have made adjustments on the ground to that reality.

There is also our new community war memorial program, and I can tell you this is an initiative that I'm very proud of. This is \$1.25 million. This program has repercussions in all of our communities, since local organizations will be provided with some extra funding so they can take care of those cenotaphs. I can tell you that this program is working very well. All organizations throughout the country are benefiting from modernizing, reshaping, or just making sure that the cenotaphs are not deteriorating.

The last \$10 million is for the new Veterans Charter. I think it's a very sound program. I would add that this morning we are asking for \$8.5 million for the new Veterans Charter. I'm talking about \$189 million over five years. You may say that it doesn't add up, as eight times \$5 million is \$40 million. But I have the forecast for the next five years. This year it's \$8 million, but next year we expect it will go up to \$30 million, and then \$40 million, \$50 million, and \$58 million. We expect there will be rapid take-up of this program. We have to take into account that these new enhancements were implemented in October, so it was halfway through the fiscal year. That's why this year the investment in enhancements to the new Veterans Charter is a little bit less—actually it's much less than what we expect in the coming years.

• (0945)

Ms. Eve Adams: I know it's a wonderful thing that our veterans will benefit from those enhancements.

My next question is to your deputy, Madam Tining. Thank you very much for joining us here today.

Our Conservative government acted when no other governments did, by providing \$20,000 in *ex gratia* payments to eligible military personnel for Agent Orange. Last December this government announced an extension to those payments.

Can you give me a sense of how many people you expect to benefit from that extension, and how many people have already availed themselves of those payments?

Ms. Suzanne Tining: Thank you very much for the question.

As you will remember, the Agent Orange *ex gratia* payment was introduced in 2007, and it was to end in October of last year. With the extension that was granted by the government, we were able to assess and continue the program until December 31. Through this extension, and through the enlargement of eligibility to recognize those who may have died before the *ex gratia* program was put in place, we have received 3,400 applications. We expended an additional \$25 million through that extension. Overall, close to 5,000 people have received the *ex gratia* payment, for a total amount of just below \$100 million.

The Chair: Thank you very much, Ms. Tining.

That is all the time we have, unfortunately. I know that the minister has to leave, so I'm going to suspend the meeting for a couple of minutes before we start the next round, because I understand that Mr. Hillier is going to join us.

I want to say, Minister, thank you very much not only for being with us today, but also for the good work that you're doing. Keep at it.

We'll resume in two minutes.

• (0945) _____ (Pause) _____

• (0950)

The Chair: If you wouldn't mind taking your seats, we're going to resume. As you know, we just suspended for a couple of minutes. We're going into the second round. I'm not sure how long we're going to keep going. We do have to do the vote on the supplementary estimates, obviously.

I'll say welcome again to the deputy. And certainly, Mr. Hillier is no stranger to this process.

What we're going to do, assuming that there's no additional statement, is to go right into the second round of questions, if everybody is comfortable with that.

We'll start with Ms. Papillon, please.

[*Translation*]

Ms. Annick Papillon (Québec, NDP): Thank you for being here today. And I hope that the minister will come see us again in the coming weeks and months.

If I understood the minister correctly, we are responsible for the health of our veterans and for providing them with all the services necessary, be it short or long-term health care. He also said that health care is a provincial responsibility. So he was admitting that the bill will be sent to the provinces, particularly in the case of Ste. Anne's hospital that will be transferred to the province, and that's normal because it is under the province's jurisdiction.

Lastly, the federal government is washing its hands of this matter and will not give the provinces any money to take over Ste. Anne's hospital. Once the last Korean War veteran dies, no other veteran will benefit from the expertise at Ste. Anne's hospital, meaning no modern-day veteran.

Ms. Suzanne Tining: Thank you for your question. I'll start with Ste. Anne's hospital and will then answer your question about long-term health care.

Let me give you a little bit of background. After the two world wars, the health care institutions in Canada could not take care of all the veterans who came back wounded. At the time, the Department of Veterans Affairs had a network of hospitals throughout the country to meet the health care needs of veterans coming back from the war.

In the 1960s, following the Glassco commission, the provinces acquired the constitutional responsibility for health care. The hospitals that had been run by the Department of Veterans Affairs were gradually transferred to the provinces. As for your question, the fundamental point to keep in mind is that, when a member of the Canadian Forces is wounded or becomes ill because of his or her military service, the federal government, through our department, contributes to the health care required in connection with the military service. Therefore, the provinces do not assume the health care

responsibility for illnesses or injuries related to military service because it is the federal government's responsibility.

As for Ste. Anne's hospital, we are negotiating with the province for its transfer. Right now, the Province of Quebec is assuming some of the costs related to Ste. Anne's hospital because the veterans there are also Quebecers. So the province receives funding through the Canada Health Transfer, which covers part of the costs of Ste. Anne's hospital.

At Ste. Anne's hospital and at all long-term health care centres, the Department of Veterans Affairs covers the proportion used for improving the health care of our veterans and for all the health care related to their military service.

Ms. Annick Papillon: Lastly, the province will take over Ste. Anne's hospital, so our veterans will be caught up in all the problems faced by the CSSS in Gatineau and western Montreal, in particular. I think those places already have a lot of problems.

Your clinics only deal with short-term cases. Once the last Korean War veteran dies, we will have no way of offering long-term health care to our veterans.

• (0955)

Ms. Suzanne Tining: As I was saying earlier, we are negotiating with Quebec. Two basic principles underlie the negotiations. The first is priority access and maintaining the quality of services for veterans.

Ms. Annick Papillon: How are you going to do that?

Ms. Suzanne Tining: We are negotiating with Quebec. The mechanisms will be put in place and funding to the province will be maintained.

Ms. Annick Papillon: With all these 40% cuts...

[*English*]

The Chair: That's the end of your four-minute round of questioning. Thank you.

Mr. Storseth for four minutes.

Mr. Brian Storseth (Westlock—St. Paul, CPC): Thank you very much, Mr. Hillier, and Ms. Tining, for coming. It's good to see both of you again. I actually thought this was an excellent morning. The minister did an excellent job in explaining many aspects of the supplementary estimates (B), as well as in responding to a few other questions that were thrown his way.

I do want to reiterate something that I know has already been discussed and answered. I represent over 10,000 service men and women, and many veterans along with them. One of the statements made this year was regarding a reduction to veterans' benefits and the \$200 million that was going to come out of veterans' benefits that Mr. Casey talked about, raising a lot of fear with many of my elderly veterans. I just want to be sure that I ask you that question.

These benefits will not be touched. Is that correct?

Ms. Suzanne Tining: That is correct. The minister talked about the benefits programs to veterans being quasi-statutory. What does quasi-statutory mean? It means that when a veteran qualifies for a benefit, I, as the head of the department, or the department itself, cannot say, sorry, we don't have the money for you. The money will be there. The government budget process, through supplementary estimates like the ones you have in front of you, is the mechanism for us to get that money.

We do forecast to the best of our knowledge with the best tools we have to assess how many veterans will need services and what cost that will entail for the budgetary process. But it's not an exact science. And whether the number of reassessments will be exactly what we forecast, or whether we will have exactly the number of veterans showing up for benefits that we forecast, we do need a mechanism to make adjustments. Through the supplementary estimates, that's the way we get the money.

The fundamental point is that the money is there, and we find a way through the government budgeting process, through the supplementary estimates, to get the money.

Mr. Brian Storseth: Thank you very much for being so clear. It seems like a horrible thing to be playing politics with.

I want to talk to you about the changes. One of the things I'm proud about regarding the new Veterans Charter is that it is a living document that has the ability to change. We've seen some of that with the lump-sum payment issue, which was a very big issue in the last Parliament.

Could you talk a little bit about the changes that have been made, not only in terms of the lump-sum payments but also the charter?

Ms. Suzanne Tining: The new Veterans Charter was the most fundamental change the department has done in its programming over a sixty-year period. When you go back to World War II and the Korean War, the benefits provided to veterans who came back were adjusted to their needs. Most of them were not career professionals with the Canadian Forces; most of them had volunteered to go. They came back and needed some support to reinstate their civilian lives. Over the following decades, the programs evolved with the needs of that population. There were over 1 million men who came back from World War II. There were almost 100,000 who served in peacekeeping and peacemaking missions in the seventies, eighties, and nineties.

The program evolved along with the cohort of veterans served by these programs. With modern-day conflicts, and with Afghanistan particularly, these programs were not really geared to younger, modern-day veterans coming back in their 20s and 30s with injuries, and with young families. A programming overhaul was needed not only to provide programs and services to the aging cohort of veterans, but also to provide those who needed transitioning to civilian life in mid-career with what they needed. That's why the new Veterans Charter is based on wellness and need. Those most seriously impacted by their military service will receive more support.

The Veterans Charter, with the disability award, does recognize the pain and suffering their injury or illness has created for them. It provides for rehabilitation services and, while they are in rehabilita-

tion programs, earnings to compensate for their loss of salary, because they can't work because when undertaking full-time rehabilitation. It provides financial benefits, health benefits, and insurance for their family. A series of financial, rehabilitation, and disability awards was at the core of what the new Veterans Charter was about.

That was introduced five years ago.

• (1000)

The Chair: I'm sorry, Ms. Tining, but could I ask you to wind it up a bit, as we're running quite a bit over time on this one.

Ms. Suzanne Tining: Yes. I will go to the enhancements.

With all the best that we could do at the design stage, there were still some enhancements that were required. The three main ones were the disability award either as a lump-sum payment or by installments, should the veteran decide to do that; a \$40,000 minimum wage replacement for those at the lower end of the pay scale; and increased eligibility for the permanent impairment allowance the minister talked about.

These were the main components of the enhancements.

The Chair: Thank you. I want to point out that Mr. Storseth just had the longest extension of his question of any of the members here today. I just want to get that on the record.

Some hon. members: Oh, oh!

Mr. Brian Storseth: It was the best question.

The Chair: It could have been the best question. I won't argue with that.

Mr. Genest, you have four minutes.

[Translation]

Mr. Réjean Genest (Shefford, NDP): Thank you for being here today. I am pleased to have met with the minister here, at the Standing Committee on Veterans Affairs.

I have a fairly specific question. If a veteran needs long-term care for the rest of his or her life, is it the province or the federal government that pays for that care? Who foots the bill? Is it passed off on the provinces, as usual, or does the government itself take care of it?

Ms. Suzanne Tining: The veterans of the traditional wars have access to contract beds, for which the Department of Veterans Affairs does pick up the tab.

Your question is specific, and my answer is that it depends on the provinces. Most of the provinces contribute part of the long-term care costs because the veterans are also residents of the provinces. But in some provinces, the full cost of care is covered by the federal government.

Mr. Réjean Genest: We know that, in the provinces, the quality of care for seniors is diminishing. They are lost in endless waiting lists. As some say, we let them die first before taking care of them; it's cheaper that way.

Are you going to make sure that our veterans receive the same quality of care and that they are not lost in these unimaginable waiting lists that may be one, two or even three years long? I myself waited three years for an exam, which I just got last week.

Ms. Suzanne Tining: I can tell you—and I'll ask Keith to add his comments—that we are working very closely with the provinces to facilitate access to care in community institutions, the contract beds and at Ste. Anne's hospital, which we are still administrating for the moment. We are also covering the costs of enhanced care for veterans who are in long-term care facilities because of their military service.

Keith?

• (1005)

[English]

Mr. Keith Hillier (Assistant Deputy Minister, Service Delivery, Department of Veterans Affairs): First, let's talk about the issue of Ste. Anne's Hospital. I would expect that at the end of the day it would be no different from the other arrangements we have across the country, such as Maison Paul-Triquet in Quebec City, and the Perley and Rideau Veterans' Health Centre here.

In terms of guaranteeing access and the quality of service to veterans, it is a contractual arrangement. In addition to that, we do annual reviews of the contract, plus we have nurses who go in from time to time to ensure the quality of care, plus we have surveyors who go in to talk to the veteran or the veteran's family. So it's not just about saying, "over to you", but it's "over to you with these conditions".

I think veterans have been well served by places across the country such as Maison Paul-Triquet, Sunnybrook, Perley and Rideau, and the George Derby Centre.

Mr. Peter Stoffer: I have a point of order.

Just for clarification, that is correct for the traditional veterans. Mr. Genest was pointing out the modern-day veterans, like the gentleman behind you. Would he have access like a traditional veteran has now? That was the point.

Mr. Keith Hillier: The point is that if veterans have been injured in the service of Canada, they would have access to one of our community beds across the country. If they do not have an injury related to service of Canada, as the minister indicated, they would be covered as all Canadians would be. But there would not be any additional access to community or contract beds. But as the minister noted, they would be eligible, possibly for things such as VIP, rehab, and the other programs under the Veterans Charter.

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

Now over to Mr. Lobb for the last four minutes.

Mr. Ben Lobb: Thanks, Mr. Chair.

I'd like to share a bit of time with Mr. Storseth at the beginning.

Mr. Brian Storseth: Thank you.

Thank you very much, Mr. Lobb.

I just want to make a point, Ms. Tining, and Mr. Hillier. I'm not asking you to comment, but one of the things that has been coming

up lately in my riding is the issue of the department using Google Maps in making decisions on claims by veterans, for example, who are perhaps going from Cold Lake to Edmonton to receive benefits—such as hearing aids for hearing loss. If they hit construction, their Google mapping will be out by 10 or 15 kilometres and the veteran's claim will be denied.

Could the department look at that?

Mr. Keith Hillier: Yes, we are aware of that concern and we've fixed that.

Mr. Brian Storseth: Thank you.

Mr. Ben Lobb: That's good to hear. That quick improvement must be part of the transformation at Veterans Affairs.

For either of you here today, regarding my previous questioning about the transformation of service delivery, I just want to reiterate that this was an area of real concern to Colonel Stogran who requested improvement.

How is the average Canadian and the average veteran going to know that Veterans Affairs has made improvements? Certainly, you folks come here and tell us that you're going to make all of these improvements, and we believe you, but where can someone go to see the metrics of the improvements that you claim have been made, or that are going to be made?

Ms. Suzanne Tining: Thank you for this question.

Keith is the ADM of service delivery and he has boots on the ground and his hands in it, so I'm going to ask him to give you concrete examples of how it will be seen by Canadians and veterans.

Mr. Keith Hillier: First of all, last year we reduced the wait time for disability awards and disability pensions from 24 weeks to 16 weeks, and we're en route to 12 weeks within the next year. What does that really mean to veterans? It means that last year we put an additional \$65 million, I believe, in the hands of Canadian veterans. So they got their money faster.

With respect to the various claims they make, you made reference to health-related travel, and these types of claims now can be direct-deposited to a bank account. With regard to people who have injuries for which they will need care for many years, they no longer have to requalify each year for their treatment benefits plan. Once they've been approved, they've been approved unless a physician orders otherwise.

I think it will take a little bit of time for Canadians and veterans to see some of the things we've actually started. For example, in August of this year we started our digital imaging project at Matane, Quebec. So the service health records from archives are now going to Matane, Quebec. We've so far created digital images of more than 500,000 documents. This will take time to work through the system. We're also working with our colleagues at DND to gain access on a very timely basis to the Canadian Forces health information system. These are fundamental projects that will take some time before we actually see their fruition.

The other thing we've done is that we've put in a virtual network of call centres across Canada, using the next available agent, which is the latest Internet-based technology. All in all, I think things have started to move and I think that, as we do further enhancements to our online offerings through the My VAC Account, those will be things about which people can say, yes, it is different from the way it used to be.

•(1010)

Mr. Ben Lobb: I have one quick last question. At our last meeting, we had the lieutenant general from the Last Post Fund as a witness to our committee. One of his comments in his presentation was that 28% of his budget is for operating expenses. He wasn't happy with that and was looking to make improvements. I'm wondering if there is a way that Veterans Affairs can work with the Last Post Fund to be able to share some resources and bring his operating costs down. I think all would agree that he has made some improvements to get it to 28%, but he would like to go lower, which I think is commendable. I'm wondering what Veterans Affairs can do to work with him so he will be able to deliver more dollars instead of those going to operating expenses.

Ms. Suzanne Tining: I certainly agree that it's commendable, but we as are funding the operating costs and the costs of funeral and burial through a contract with the Last Post Fund, we have been working with them to try to lower their administrative costs in administering the program on our behalf. I think we've made great progress. I think the fund has made great progress in simplifying its own administrative services to get to lower overhead costs of administering that program on our behalf. We certainly are deeply interested in getting these costs to a lower percentage of overall program costs.

The Chair: Thank you very much, Ms. Tining.

That concludes that round. I am going to make a suggestion. It's up to the committee whether you want another round or not. If you do, it will be a brief one-question round. It'll be one brief round, because I'm going to move at 10:30 to the votes on the supplementary estimates and to make a quick comment about the next meeting.

So are we in agreement for the next round?

Ms. Eve Adams: We're actually looking to have some committee business discussed.

So we could thank the deputy minister and the ADM.

The Chair: Then that's the will of the committee. You'd have to move a motion if you want to end the questions at this point, because we had agreed to go.... So if you want to move a motion, it will be a votable motion.

Ms. Eve Adams: I believe Mr. Lobb has moved that motion.

Mr. Ben Lobb: I would move that we conclude the questioning portion of this meeting and move on to the remainder of the business we have at this meeting.

The Chair: Okay, there's a motion on the floor.

Mr. Peter Stoffer: I hate motions that are debatable.

The Chair: It's unfortunate that it's a debatable motion, but it is.

Even so, I'm going to get to the vote by 10:30.

Mr. Peter Stoffer: I understand. In the spirit of where we are in terms of the numbers, we don't often get the minister and his staff before our committee. There are some other single questions we wouldn't mind asking. I know we have a million questions; you can never ask them all. But we don't often get the privilege of their experience here. They're extremely busy people. We have a lot of time to do committee business and the vote on these supplementary estimates. Having another quick question from each of us, as you said, of one minute each, I don't think would delay the process we want to do. I think, just as a courtesy to the opposition and yourselves, it would be most appropriate to ask the one-minute questions of our esteemed officials.

The Chair: Thank you.

Mr. Casey, you had a comment.

Mr. Sean Casey: I agree with Mr. Stoffer. The witnesses are here. We have 30 minutes until the end of the meeting.

I have not had an opportunity to question these witnesses, because the rules set by the majority at this committee, at the outset of Parliament, only allowed me five minutes or one turn. I would very much appreciate the opportunity to question these witnesses. I think it's manifestly unfair that the majority impose their will to shut down this meeting and deny me that opportunity.

I have questions. I'd like to have the chance to pose them.

•(1015)

The Chair: Are there any other comments?

Yes, Ms. Eve.

Ms. Eve Adams: Mr. Chair, you know, I think we've heard the same song and dance from the Liberals many times now, somehow indicating that the amount of time they have available to speak in this committee is patently unfair.

In fact, the Liberal Party's representation at this committee is directly reflective of and proportionate to the type of confidence that Canadian voters placed in the Liberal Party. It reflects their representation in the House of Commons. That's how we've come to be to this point.

But I take Mr. Stoffer's point very well.

You're suggesting one minute for questions and answers?

Mr. Peter Stoffer: Yes.

Ms. Eve Adams: I think we can see one-minute questions and answers, but we have a little bit of committee business at the end that we'd like to discuss.

Thank you.

The Chair: Are we in agreement, then, that we will have a quick round of questioning? I will wrap it up in 15 minutes, so the questions are going to have to be very precise.

Is that agreed, that we carry on?

Some hon. members: Agreed.

The Chair: Okay.

So keep to that one minute, Mr. Stoffer.

Mr. Peter Stoffer: Mr. Hillier, as you know, we've done a press conference on the fact that certain people have lost access to their psychiatrists because they now live farther away and they don't have travel claim benefits any more. I don't need your answer now, but I'm wondering if you could look into that.

For example, there's the gentleman in Truro I talked about. As you know, people with PTSD like to go to the same psychologists all the time. He was denied his travel claim benefits and thus lost the opportunity to see his psychiatrist. He was told he should look for people in Truro to help him out—and there aren't any, by the way.

So I'm wondering if you could look into that and see if those travel claims will be reimbursed.

Thank you.

The Chair: You have 20 seconds to answer.

Mr. Keith Hillier: Quite quickly, Mr. Chair, I can't comment on any particular veteran's issues, but I can assure you that we afford the maximum flexibility for veterans who need to see specialists.

The Chair: Thank you very much.

Mr. Daniel, for one minute, questions and answers.

Mr. Joe Daniel: Just to follow up on the improvements you're making to veterans' services, how are you actually going to ensure that the quality of service doesn't diminish with this new process?

Ms. Suzanne Tining: The mechanisms are in place. We also survey veterans, as we said before, to ensure that we get their feedback. As the minister said, we listen to veterans and make the adjustments.

Mr. Joe Daniel: Thank you.

The Chair: I apologize; did you...?

Mr. Joe Daniel: I'm done.

An hon. member: [*Inaudible—Editor*]

The Chair: You guys are shocking.

Some hon. members: Oh, oh!

The Chair: Mr. Casey.

Mr. Sean Casey: Mr. Hillier, the last time you appeared before this committee, I asked you to produce the Coulter report. You told me that you would take it under advisement. Madam Tining referred to the Coulter report again in testimony today. Given that you took the matter under advisement last time, I think it's fair that this time I ask your boss.

Madam Tining, will you today agree to release the Coulter report?

The Chair: Mr. Storseth.

Mr. Brian Storseth: On a point of order, Mr. Chair, this is about supplementary estimates (B). This isn't about reports and releasing reports. I actually don't think that question is appropriate for this meeting.

The Chair: It certainly is on the border, because you'd have to tie it back to the study beyond the supplementary estimates and some of the questions there.

Would you have a second question? We'll allow you additional time for a second one. I'm not sure the first one is relevant to the particular proceedings today.

Mr. Sean Casey: It's highly relevant. It was part of her testimony earlier in the meeting. I'm following up on something she said.

An hon. member: [*Inaudible—Editor*]

Mr. Sean Casey: Excuse me? I can't hear you.

The Chair: Okay, folks.

Do you want to give a very brief answer, please?

Ms. Suzanne Tining: This independent assessment was requested by cabinet. The report was submitted to cabinet. As such, it's a cabinet confidence.

The Chair: Yes. Thank you. That's what I would have expected.

Mr. Sean Casey: So the answer is no.

The Chair: That's it; thank you very much.

Mr. Lizon.

Mr. Wladyslaw Lizon: I have a quick question on long-term care.

I understand that each province has long-term care programs for all of its residents. I would hope that no province would discriminate against veterans for the very reason they're veterans, since they are residents of one province or another.

Do all provinces provide long-term care for veterans? I understand that we have extra services for our veterans.

Can you perhaps give a quick answer on that?

Ms. Suzanne Tining: I can answer by saying that veterans receive long-term care in all provinces in the country, and there are a few provinces where the federal government pays for the entirety of the costs.

• (1020)

The Chair: Thank you.

Ms. Mathysen, you have a brief minute.

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

One of the problems and concerns that I have in regard to veterans issues is homelessness among veterans. We know a significant number of them are homeless, but there's been no clarity in regard to precisely how many, and what's happened to them. I wonder if the department—and I assume you don't have time now—could please put in writing any plans that you have to look at homelessness among veterans, and any thoughts that you may have in regard to transitional housing, because there simply isn't enough transitional housing for those veterans who are not doing too well at the moment.

Ms. Suzanne Tining: We certainly told the committee what we know and what we have done and what we are considering doing in the short term to deal with homeless veterans.

The Chair: Thank you very much. You people are real troopers here.

Ms. Adams, you have a minute.

Ms. Eve Adams: Thanks very much.

The veterans ombudsman recently released his report, and I know you haven't had much time to go through it, but can you give us a general sense of the department's response to the items raised there?

Mr. Keith Hillier: I would say that our response is very positive and that we work with the ombudsman. For example, I have quarterly meetings with the ombudsman so that many of the things that had been noted in the ombudsman's report—and we appreciate his input—we've actually been working on for some time. So this doesn't come as just an end-of-the-year report, and then it's over to us. We are working with the ombudsman, and we'll continue to work with the ombudsman, to make the adjustments that somebody from maybe a little bit afar can bring to our attention.

Ms. Eve Adams: It was the Prime Minister and our Conservative government that established the Office of the Veterans Ombudsman, and I know it's very well-received by our veterans. Monsieur Parent serves a very critical role for our veterans.

The Chair: Thank you very much. You do have a one-minute time spot left on the Conservative side, if there's another question.

Okay. That concludes the rounds.

I want to thank our witnesses very much for being with us today, and certainly I'm sure that, if there is further information that is needed in writing, you will provide it, as you said. We appreciate that as well.

We're now going to go to the vote on the supplementary estimates before we deal with other business. There are two votes that we have to deal with. If the committee is ready, I will call the votes under Veterans Affairs.

VETERANS AFFAIRS

Department

Vote 1b—Operating expenditures.....\$33,051,286

Vote 5b—The grants listed in the Estimates and contributions.....\$31,050,000

(Votes 1b and 5b agreed to)

The Chair: Thank you very much.

Shall the chair report votes 1b and 5b under Veterans Affairs to the House?

Some hon. members: Agreed.

The Chair: Thank you very much.

I just had a comment about the next business, but I understand that you want to do some committee business. If so, we'll move in camera.

Mr. Sean Casey: Mr. Chair, if we're going in camera, I would ask that it only be by way of a formal vote. There's been far too much on this committee that's happened in secret, and I would hope that if we're going in camera, it's by way of a formal vote.

The Chair: Yes, and it's by a straight vote. You're moving that we go in camera.

There's a motion on the floor to move in camera. All in favour, please say aye.

(Motion agreed to: yeas 6; nays 5)

The Chair: We will now go in camera.

[*Proceedings continue in camera*]

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