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## **Standing Committee on Veterans Affairs**

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**EVIDENCE**

**Tuesday, November 26, 2013**

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**Chair**

**Mr. Royal Galipeau**



## Standing Committee on Veterans Affairs

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•(1105)

[English]

**The Vice-Chair (Mr. Peter Stoffer (Sackville—Musquodoboit Valley—Eastern Shore, NDP)):** Okay. We're back and out of camera.

First of all, I wish to thank Judy Geary and Cameron Mustard.

Thanks very much to both of you for coming before our committee today to help us further understand the aspects of the new Veterans Charter. How do we enhance it? How do we improve it? Basically, we're here to get that information from you. As a committee, we greatly appreciate you being here before us today to give us your testimony and then to take our questions as well.

You may be asked for certain requests in writing later. If you get an opportunity to put anything down on paper that you may have for future reference for us, you can send it to the clerk of our committee. We'd be greatly appreciative.

I'll just let you know that our regular chairperson, Mr. Galipeau, is under the weather these days. I'm sure he sends his welcome as well.

You have 10 to 15 minutes, so please proceed.

Judy, are you starting off?

You don't mind if I call you Judy, do you?

**Ms. Judy Geary (As an Individual):** No, not all.

Thank you very much. I certainly can start.

First, I'd like to take the opportunity to thank you for the opportunity to appear before this committee. My experience has been with people who were injured while at work, but I see disabled veterans as having been mentally or physically injured while working for their federal government employer on behalf of Canadians, and I trust that my remarks will be relevant.

In the next few minutes I will endeavour to provide some insight into why work participation is important to people with disabilities, even when they have income from disability benefit sources. I'll also describe some of the key features of sound work reintegration service and program design.

I'm certain that Canadian veterans with permanent impairments face some unique challenges. However, international work and health researchers are finding some universally common consequences of occupationally caused work disability and have identified some leading practices in work reintegration program design.

In general, there is good evidence across Organisation for Economic Co-operation and Development countries that those with disabilities have lower workforce participation, higher unemployment rates, and less income than the non-disabled population. The utilization rate for disability income support programs has been growing across OECD countries, and the exit rate from these programs has been declining. Countries are seeking ways to reduce the cost of these programs by increasing work participation, rather than simply reducing benefits and allowing people to slide into poverty.

Just a few days ago, the International Social Security Agency, ISSA, which is an agency of the United Nations, ratified a return-to-work guideline at their conference in Doha. I'd like to add that these guidelines were actually based on a Canadian standard developed by the National Institute of Disability Management and Research in British Columbia.

Those with disabilities, including those with occupational injury or illness, are stigmatized in their workplaces, in their communities, and even sometimes by their benefit and service providers. If they have a prolonged absence from work, they suffer from an above-average prevalence of depression and other mental health problems. They experience elevated rates of marital and family breakdown, financial difficulty, and substance dependence. They experience significant levels of pain, even while taking pain medications. It is important to note that these problems exist even when the person is receiving a wage replacement benefit and are not necessarily directly related to the seriousness or nature of the injury.

Work is important to well-being. It plays a major role in identity and in self-worth, and it contributes to physical and mental health.

So how can effective programs to support work reintegration be designed? A foundational step is to place work at the heart of disability policy, replacing a passive "pay benefits and monitor costs" approach with one that focuses on activating people's abilities and capacities whenever possible. This includes emphasizing outcomes, such as work reintegration, not benefit management. Setting goals and targets and measuring results ensures that the employer, the insurer, and service providers are accountable to achieve positive outcomes for the disabled person.

A second step is to create a sound disability management program. Such a program would be developed collaboratively with the employer and employees through a consensus-building process that builds a common understanding and buy-in across the entire organization. Everyone in the organization needs to know about the program and be expected to actively participate when needed. Human rights case law indicates that participation in the return-to-work process must be substantive. The program should be staffed by qualified work reintegration and health professionals.

• (1110)

Generally, in an organization like the federal government, or its departments, a program that is common to all employees creates consistency, fairness, and more placement opportunities for those with disabilities. Carefully thought-out and competently executed case management is critical. One size does not fit all, so case management approaches need to be adapted to the needs of specific disabilities and to individuals. However, there are several features that are common to effective case management.

One is the integration of recovery and return to work. This is very helpful, because return to work is part of the rehabilitation process and it actually enhances a person's recovery. Return to work does not need to be preceded by recovery, as is often believed, except for a period of time to begin the healing process. Care must be taken, however, to not return the disabled person to work that is unsafe.

Early intervention to assess the circumstances and needs of the person and of the workplace, and to establish supportive communications, leads to better outcomes. High quality and timely health care is a must. It's not uncommon for special expedited health care services to be arranged. Opportunities for work accommodation or transitional work should be explored. Removing barriers is an ever-present task in coordinating return to work. Reassessment at regular intervals informs comprehensive case management as the client's health improves and circumstances change.

By "early intervention" I mean within six to eight weeks following the onset of disability, following injury. Setting and keeping case management timelines is urgent. After six months off work only 50% of disabled workers ever return to full-time employment, and by two years return to work is rare.

Finally, the incentives and disincentives operating for both the individual and the employer, or a potential new employer, need to be analyzed and adjusted to align with the goal of work reintegration.

While not an exhaustive list, incentives can include allowing the disabled persons to retain their disability benefits, in whole or in part, for some period of time. They can include adjusting benefit levels to avoid poverty, while still encouraging work; providing wage subsidies or tax credits to employers, particularly if they are providing training; providing job placement and job coaching services to the individual and the employer; making costs and cost savings visible to the employer; and rewarding managers for accommodating or providing alternate work to their disabled staff.

I hope these comments are helpful to you in your review. I believe they apply to veterans. The good news is that these program design elements have shown to improve outcomes for disabled people in many types of benefit schemes around the world.

Thank you for your kind attention.

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

Mr. Mustard, do you care to add any comments at all, sir?

**Dr. Cameron Mustard (President and Senior Scientist, Institute for Work & Health, As an Individual):** Thank you. It's a pleasure to be here with you today.

I'm the president of an organization based in Toronto called the Institute for Work and Health. We're an independent, non-profit, research organization. The name of our organization kind of says what we do. We're concerned about the ways in which work affects and harms people's health. But we're also concerned about and do research on the ways in which people's health impairs their ability to participate in work.

I actually was a member of the scientific advisory committee on veterans health that reported to the minister—I guess it was in December 2012—on the human health effects of depleted uranium. Dr. Pierre Morrisset was the chair of that committee and I believe spoke with you at hearings this past spring. It was an honour for me to serve veterans in that capacity and I hope our work was valuable to you in the standing committee.

I want to acknowledge, because Judy's quite a humble woman, that you have before you today a very talented public administrator in the broad field of how to accommodate people with disability and encourage their participation at work. She has had the history in the last 10 years in Ontario of designing and implementing some very substantial program reforms in the Ontario workers' compensation system, a story that I hope you have the opportunity to discuss with members of the standing committee.

I wanted to share three or four thoughts with you today. The first is if we as legislators—and I think this is a useful perspective to take—think back 40 years ago to where we were as a society in Canada in terms of our ability to provide opportunities to people with disability and think about where we are now, it's really important that we note how much progress we've made. Our streets and our buildings are more accessible. Our educational institutions are very good at providing educational experiences to people, children, and college students with impairments, disabilities and increasingly, our workplaces, whether they're public sector or private sector, are more aware and more capable of accommodating people with health impairments.

If we think back over the last 40 years, how did we get here? We got here in no small measure because you and your predecessors as legislators set some standards, both provincially and federally, about where we wanted to go as a society. And as we sit here today and think through our own personal experiences, we can all identify a family member, a colleague, a friend, whose opportunity to participate in valued social roles has been enabled by the way in which we've made progress in this country. There is, then, in my mind this specific context of the new Veterans Charter, reforms that were brought forward about 10 years ago after a fairly considerable period of thinking, talking, and discussing. I think the new Veterans Charter is among those kinds of reforms that are moving this country forward in terms of our ability to respond to the needs of people, in this case, the Canadian Forces veterans with disabilities.

Here's another thought for you. I'm a researcher. I like to look forward to significant public programs and be able to satisfy myself that the program administration is devoting sufficient resources to be able to say to you as parliamentarians or me as a citizen, we know what we're doing in terms of how our services are benefiting the beneficiaries. I have to say I'm impressed by how Veterans Affairs has devoted resources to measuring the progress of the new Veterans Charter. I think some of the components of that...for example, the life after service study has proven to be very useful and in its replication in future years will continue to be very informative in guiding Veterans Affairs and you in terms of the ways in which the charter services can be improved.

• (1115)

I have just two more comments. My organization has had the opportunity to collaborate with the research director of Veterans Affairs in Charlottetown. Over the last 10 years we've been impressed by the commitment and the talents of that group.

I'm going to return to a thought that Judy put on the table. In a sense it's a bit of a paradox but, the more we, as a research organization, look at this, the more we believe it's true. It goes like this. There is, I think, an enduring truth in the statement that for people who participate in paid employment, working is beneficial to their health. So, for those of us who return to work following a disability episode, or for those of us who return to work after a spell of unemployment, our health is better when we go back to work. It might perhaps seem paradoxical.

We have a stereotype sometimes that work is one of those things we don't like to do or it's one of those things that takes time away from things we do like to do, but it does seem to be an enduring truth that people's health improves if they have the opportunity to work. There are ways in which the design of the programs under the new Veterans Charter supporting Canadian Forces personnel in their transition from military service to civilian life represent to us really strong opportunities for that truth to be realized.

Thank you, Mr. Stoffer.

• (1120)

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

Ms. Geary, thank you very much.

We now proceed to our questions.

First will be Mr. Chicoine, but before we start, Mr. Mustard, I'm sure I speak on behalf of the committee that you never, ever have to apologize for being a researcher. We need those good people around.

We'll start with Mr. Chicoine, please, for five minutes.

[Translation]

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

I want to thank our two witnesses for joining us to share their experience in their respective fields.

I would like to start with a general question. Could you tell us about the claim process for a federal employee who may have been

injured in Afghanistan. Obviously, a civilian employee is covered by the Government Employees Compensation Act. Could you explain to me the claim process a federal employee must undertake to receive coverage?

[English]

**Ms. Judy Geary:** I'm sorry, I'm just getting French, so I'm... Thank you.

**Mr. Sylvain Chicoine:** Thank you for being here.

Anyway, I'll just restart my question.

[Translation]

I would like you to give us a general idea of the claim process for a federal employee—a civilian employee—who has been injured in Afghanistan, for instance. Clearly, those individuals are covered by the Government Employees Compensation Act.

So please tell me about the general process such an employee would have to undertake to file for compensation.

[English]

**Ms. Judy Geary:** Certainly. First, any civilian employee of the federal government would have to report their injury to their immediate supervisor, whoever that may be, who then completes a report of injury and sends it to a central function here in Ottawa, or it may be in one of the other centralized service areas. It's logged there, and somebody in that operation determines for certain that the person is in fact a government employee rather than a self-employed contractor or something.

They then forward that claim of injury, that report of injury, to the workers' compensation board in the home area of the injured person. It's adjudicated there based on the laws of the province in which the individual normally resides, where their home is, or where they're working. So if a person was injured in Afghanistan but their home was in British Columbia, their claim for injury benefits would be adjudicated and then managed by WorkSafe British Columbia on behalf of the Government of Canada. The rules around the quantum of benefits that would be paid and so on would generally be those of that specific jurisdiction.

Does that answer your question, or is there something more you wanted to know?

[Translation]

**Mr. Sylvain Chicoine:** That does answer my question.

As you mentioned, all those employees are compensated by the provincial workers compensation board. All the compensation rates that have been established by the provincial boards vary between 85% and 90%. For a military member, that rate is 75%.

How do you explain the fact that all the provincial boards have set that rate between 85% and 90%? Is there a theory explaining why the provincial boards have chosen those rates?

• (1125)

[English]

**Ms. Judy Geary:** The rates that workers' compensation boards have paid across Canada have shifted over time. Over the last three decades, for example, there have been different rates paid.

In the mid-1980s, a significant analysis was done by some economists from Harvard University on behalf of the Ontario government. They determined that there is a very fine balance between incenting a person to return to work or disincenting them from returning to work arising from the amount of wage replacement benefit they receive.

What was done in Ontario, and it was subsequently adopted pretty much across Canada, was an analysis that indicated what the person's general take-home pay would be—net earnings after CPP and EI and all those things had been deducted—while they were working. Then there was a calculation made about other costs of being employed, such as transportation and clothing and so on, and those were deducted.

The idea was and still is that we should compensate people for lost wages up to an amount that is roughly equivalent to what they would be able to put in the bank or take home while they are employed, but not replace it fully, because if you replace it fully, the theory is that it's a disincentive for people to return to work. It then becomes a generous retirement scheme, as opposed to a reasonable amount of wage replacement.

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

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

**Mr. Parm Gill (Brampton—Springdale, CPC):** Thank you, Mr. Chair. Let me also thank our witnesses for taking the time to be here with us to help us in this important study that the committee has launched.

The new Veterans Charter offers a suite of benefits that are focused on a holistic approach to wellness. When comparing the rates paid by the provinces for workers' compensation with those paid by the earnings loss benefit under the new Veterans Charter, we've heard time and time again from the stakeholder community that they should be equal.

Other than financial compensation, can you comment on what other benefits are offered through workers' compensation?

**Ms. Judy Geary:** Sure. Workers' compensation jurisdictions typically cover all of the health care costs related to a person's disability. That includes special health care services that many workers' compensation jurisdictions arrange for their client population. They cover health care expenses that would normally not be covered by the provincial scheme, such as physiotherapy, some psychological services, occupational therapy, and all kinds of things. Any health care cost associated with the injury is covered.

In addition, they pay such things as travel expenses for the workers to go to their health care appointments or to meet with the workers' compensation board or their staff. They generally provide not just income replacement, but sometimes a separate award for the permanent impairment that the person has suffered. This would be an award for loss of function that is separate from the income replacement award. They also typically pay for return to work and vocational rehabilitation services that may be needed—or any retraining, education programs, or any special counselling the person may need to determine what type of vocation they may want to

pursue, if they need to pursue a new vocation. They pay for those kinds of things.

They pay for medications indefinitely. For the entire lifetime of the worker, any medications that are required as a result of their work-related injury or illness are covered by workers' compensation, which is a significant benefit in some cases, because medications can be extremely expensive.

• (1130)

**Mr. Parm Gill:** Mr. Mustard, did you have anything to add?

**Dr. Cameron Mustard:** Judy is the authority on matters of workers' compensation. Her answer is very thorough.

**Mr. Parm Gill:** Thank you.

Our government recently announced changes to the new Veterans Charter vocational rehab benefits. A veteran can now access almost \$76,000 in flexible financial assistance for post-secondary education or trade and vocational certification, on top of a minimum of \$42,000 provided by the earnings loss benefit.

How does this compare with benefits offered by the workers' compensation board?

**Ms. Judy Geary:** Some workers' compensation jurisdictions in Canada do not have a cap on the amount of money that can be paid for vocational rehabilitation. Some jurisdictions manage it through very precise assessments of what the person is capable of doing and is motivated to do and of what training and education would be required and what costs are associated with it.

In Ontario, just before I left the organization, we instituted some limits on the amount of funding that would be available for vocational rehabilitation. The way it was calculated was by calculating the costs of a typical two- to three-year college or university program, and that was the limit that was set.

There is always in workers' compensation an option to make an exception in exceptional circumstances. It's just fundamental; it's in the act. So \$76,000 would probably be on par with expenditures in workers' compensation systems. It may be a little more than in some jurisdictions and a little less than in others, but it's probably on par.

**The Vice-Chair (Mr. Peter Stoffer):** Thank you, Ms. Geary.

Thank you very much, Mr. Gill.

We now move on to the Liberal Party, to Mr. Jim Karygiannis for five minutes, please.

**Hon. Jim Karygiannis (Scarborough—Agincourt, Lib.):** Thank you for coming.

I have a couple of questions for you. Maybe you can guide me through this.

If you have a Foreign Affairs employee working in a hot zone in Afghanistan, or a military and a civilian, they're all engaged by the government. If they get hurt, will all of them receive the same package? Is there a difference between a Foreign Affairs employee and an army individual? Will they get different packages?

**Ms. Judy Geary:** Yes. The services and benefits that the Foreign Affairs employee would receive would be governed by the crown employees collective bargaining act and the workers' compensation legislation that exists in the province that would be their primary place of employment while not overseas, or even while they're here in Canada. The armed forces person's benefit package and services would, if it's a soldier, be defined by Veterans Affairs and the charter.

**Hon. Jim Karygiannis:** Would the Foreign Affairs employee get a better package than the military personnel?

**Ms. Judy Geary:** I'm not an expert on the charter, so I can't comment on whether it would be better or not, but it would be different.

**Hon. Jim Karygiannis:** Mr. Chair, can we ask the clerk to get us that information regarding what the difference would be between a Foreign Affairs employee and an army person?

**The Vice-Chair (Mr. Peter Stoffer):** It wouldn't be the clerk; it would be the analyst. I'll lean into his ear and ask him.

Carry on.

**Hon. Jim Karygiannis:** If you can get that information, it would be greatly appreciated.

Once a military individual is hurt, can he or she also apply for WCB or WSIB?

• (1135)

**Ms. Judy Geary:** No.

**Hon. Jim Karygiannis:** They cannot? So they're bound to get it from the military.

**Ms. Judy Geary:** Yes.

**Hon. Jim Karygiannis:** If you have a civilian, let's say, who loses two limbs in battle, and you have the same thing with a military individual losing two limbs, the military person gets a package and a lump sum. Now, would the civilian be getting something like the lump sum?

**Ms. Judy Geary:** Yes, the civilian would get a lump sum.

**Hon. Jim Karygiannis:** Would it be similar in money terms?

**Ms. Judy Geary:** It might actually be less.

**Hon. Jim Karygiannis:** —for the civilian?

**Ms. Judy Geary:** Yes, for the civilian, but if the civilian were a double amputee and couldn't work, they would receive full wage replacement until they turned 65 years old.

**Hon. Jim Karygiannis:** But the military will not?

**Ms. Judy Geary:** I'm not certain about what the military would get in that circumstance.

**Hon. Jim Karygiannis:** Maybe we can get some information from them.

Would the civilian also be eligible to have somebody come into the house and look after his needs?

**Ms. Judy Geary:** Yes, absolutely.

**Hon. Jim Karygiannis:** And the WSIB would be paying for that?

**Ms. Judy Geary:** Absolutely. WSIBs and workers' compensation boards across the country generally all have special services and programs that are available for people with catastrophic injuries.

**Hon. Jim Karygiannis:** So if you lose two limbs and you're 70% to 80% disabled, you'll be able to get somebody to come in on an eight-hour basis?

**Ms. Judy Geary:** Yes.

**Hon. Jim Karygiannis:** WSIB will cover it?

**Ms. Judy Geary:** Yes. The workers' compensation boards would do an assessment of personal care needs and would pay for a personal attendant to come into the home.

**Hon. Jim Karygiannis:** But the military won't do that?

**Ms. Judy Geary:** Workers' compensation boards would also pay for home renovations to accommodate whatever mobility issues the person may have.

**Hon. Jim Karygiannis:** But somebody in the military will not be able to get a personal attendant. Is there a provision in that?

**Ms. Judy Geary:** Again, I'm not familiar with what provision there would be for personal care.

**The Vice-Chair (Mr. Peter Stoffer):** Carry on.

**Hon. Jim Karygiannis:** I'd appreciate it. I've been hearing noises from across the way from Mr. Hawn. He'll get an opportunity to ask the same questions. If he'd be just as courteous as to allow me to put my questions I'd greatly appreciate, Chair.

**The Vice-Chair (Mr. Peter Stoffer):** You have half a minute left.

**Hon. Jim Karygiannis:** Thank you.

If a civilian and somebody in the military were to get hurt in the same situation, the same casualty, who, in your estimation or expert opinion, would receive better benefits—the civilian from WSIB or WCB or the person in the military?

**Ms. Judy Geary:** I couldn't make that comparison. I'm sorry.

What I can say is that the workers' compensation boards generally have a pretty comprehensive service available to people. It's not perfect and not every person who is covered under workers' compensation is happy with what they get, but generally it's pretty comprehensive. There's a history of almost 100 years of workers' compensation legislation in this country, which has been evolving pretty consistently over time to address new things, as we learn about them, as science improves, and as health care changes. They're pretty sophisticated operations, particularly for people with very serious injuries.

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

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

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

This question is for Mr. Mustard or Judy. It doesn't really matter.

This is specific to WSIB and it might pick up on what Mr. Karygiannis was saying about comparisons between the new Veterans Charter and workers' compensation boards.

Have either of you reviewed the veterans ombudsmen's report from June, which actually spoke to that? Specifically he looked at Nova Scotia, Alberta, and British Columbia. He stated that Alberta and British Columbia WSIBs normally pay very well, and that the one in Nova Scotia somewhat less so. His conclusion was that "the Enhanced New Veterans Charter provides better compensation than provincial Workers' Compensation Boards".

Would you agree with that? Are you familiar with his study?

**Dr. Cameron Mustard:** I apologize. I have been meaning to travel along with the ombudsman's work, but I just haven't had an opportunity to do so. I did spend some time on the weekend looking at an evaluation from Veterans Affairs Canada comparing scenarios under the previous regime and the new regime, the conversion to lump sum.

Although this is a very cursory impression, my sense was that the benefit amounts being provided under the new Veterans Charter for levels of impairment of 10%, 40%, and 80% were generally equivalent to the provincial workers' compensation schemes.

•(1140)

**Mr. Bryan Hayes:** In fact, as his report states, under the new Veterans Charter they're actually better. He did do a number of scenarios.

Do you have any comments, Judy?

**Ms. Judy Geary:** No, I'm not familiar with the report, though I remember reading about it in the press.

**Mr. Bryan Hayes:** Okay.

Mr. Mustard, I was reading your website and it states that recently you wrapped up a study that examined the ways in which disability income security programs are set up and administered. You say:

Disability income security programs in Canada are poorly coordinated, benefit amounts differ substantially between programs, and there appears to be significant inconsistencies in program coverage.

That being said, do you believe that veterans deserve better compensation, or do you think that amounts should not substantially differ across the board, that there should not be inconsistencies, and that there should be better coordination?

**Dr. Cameron Mustard:** For the last 10 years, we have been building a national portrait of disability income security benefit programs. This work would contain the numbers of beneficiaries in these programs, the benefit levels, and the services available. It's a very hard story to tell, because this country is quite unusual. I don't think we intended to do this, but we have created a disability income security framework that involves seven different payers. There is the federal CPP disability benefit, which is an entitlement benefit. We pay into it in order to draw from it. We have provincial social assistance programs that have a special designation for people who are unable to work because of their health. Those are administered at the provincial level and are not entitlement programs. They're universally available. We have provincial workers' compensation programs. We also have the Veterans Affairs disability benefit.

If you add it all up, it comes to about \$25 billion a year of income security to working-age Canadians who can't work because of their health. That's twice the amount of benefits we pay out in employment insurance each year. It's a lot of money. An OECD

study team came through Canada in 2008-09 and looked at disability income security programs. They also looked at the degree to which this country had in place programs and services to enable people with disabilities to attempt to re-enter work. It's not just about the income security; it's also about finding ways to support people's participation in work. Anyway, they were very startled. I recommend that report, by the way. I'll forward it to the staff. They were startled by how complex this country's disability income security schemes are, and they made a number of recommendations about how, at the margin, programs could try to be more coordinated, particularly from the viewpoint of the disabled individuals.

Now, I've wandered way off your question. Could you take me back to it?

**Mr. Bryan Hayes:** No, I'm sure my time has probably gone. You actually didn't do a bad job. Thank you very much.

**The Vice-Chair (Mr. Peter Stoffer):** Thank you, Mr. Hayes. A little leniency was given on that one.

Now on to Mr. Rafferty, from the beautiful city of Thunder Bay.

**Mr. John Rafferty (Thunder Bay—Rainy River, NDP):** Thank you in advance for the leniency on this one, too. We'll see what happens.

Thank you both for being here.

Ms. Geary, I very much like what you have written here. I think it's very thoughtful and important. You talk about reintegration to work, and a little bit before that you talk about vocational training. One of the things that I see lacking when people come into my office, people who are concerned about things, particularly for provincial programs, but also for federal programs, is the inability to access formal education—in other words, degree-granting, diploma-granting, and that sort of thing. I wonder if that's an avenue that hasn't been explored. Or is it perhaps too hard to manage? I don't know. Could you make some comments on that part of reintegration of those who are disabled.

•(1145)

**Ms. Judy Geary:** Most disability support service providers would focus first on helping the person to get back to work using the transferable skills and knowledge they already have. The reason for that is my earlier comment about the longer a person is off work the less likely it is they will go back to work.

I spent a lot of my career at the Workplace Safety and Insurance Board dealing with workers who did go back to school. What we discovered was that it's not easy for people to go back to school if they've been in the workforce and not in an academic environment for 20 or 30 years. It's very difficult. It's a very steep learning curve, so it is sometimes more practical to help the person to find work that doesn't require that they undergo formal academic education programs. That said, there are some people who need those and who cannot find decent work without upgrading their education.

We all know that the educational requirements, even for what we perceive to be not particularly academically challenging positions, are going up. So people need high school degrees, they need college diplomas to access the labour market and to compete with young people who have those kinds of qualifications.



My view is that there is a population of people who need to have access to those types of programs.

**Mr. John Rafferty:** Thank you very much.

It seems to me that we don't see that as an option presented that often for people who feel that that's the direction they need to go in. I only know the Ontario college system, and it is very good at integrating people and upgrading people, not so much universities but, certainly, the colleges.

**Ms. Judy Geary:** Right. Yes, they are.

• (1150)

**Mr. John Rafferty:** My second question also deals with resources.

In the model that you presented, people are central, face-to-face, that sort of thing. This means that trained professionals are needed to deal with intervention and integration and case management and health care and so on.

It seems to me that this part of the puzzle is still not as robust as it should be. In the model that you present, if everything's in place I can see that the model could work very well. But I don't know if the model does work well. Would you like to make a comment on that?

**Ms. Judy Geary:** In the study that Cameron mentioned earlier, the OECD study, it was actually a multi-year project looking at 22 countries and how they provide disability benefit services and programs.

It came out with a very strong recommendation in its final report that the people who are dealing with disabled people need to be professional. They need to have training. They need to have qualifications. They can't be going out and mucking around—excuse my language—in people's lives without knowing what they're doing.

Of course, health care people do have qualifications, but case managers, vocational rehabilitation people, return-to-work or disability management people, human resource people, they don't necessarily have it. They may have a qualification in something else, or they may have a very excellent education, but if they haven't been specifically trained on how to assess and analyze and deal with the needs of people with disabilities, and how to work with them and their employers, then they can cause damage.

**Mr. John Rafferty:** It seems to me that that sort of educational opportunity would be perfect for training people who are actually entering into this sort of scheme.

My time is probably close to over. So I wonder if you could quickly comment on whether or not you think that would be something that should be pushed and could be pushed to help fill that resource gap?

**Ms. Judy Geary:** Is your comment that perhaps some of the disabled veterans could fulfill roles serving other disabled veterans? Yes, there's no reason why that couldn't happen if they have the other qualifications that are needed to do that.

Certainly, they would be empathetic and understanding, which is critical to good client-centred service.

**Mr. John Rafferty:** Thank you.

It would take the powers that be to make that effort, to make that happen.

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

**Mr. John Rafferty:** Thank you, Mr. Chair, for the extra bit of time.

**The Vice-Chair (Mr. Peter Stoffer):** We'll now move on to Mr. Hawn, please, for five minutes.

**Hon. Laurie Hawn (Edmonton Centre, CPC):** Thank you, Mr. Chair, and thank you to both of our witnesses.

I want to do a little comparison here, just to clear up some negative insinuations that were made not long ago in comparing what's available from workers' compensation and Veterans Affairs.

**Hon. Jim Karygiannis:** Mr. Chair, I have a point of order.

I think Mr. Hawn is using the word “negative”. He's probably referring to my questions. My questions were not negative, I wasn't trying to put a negative spin on them. If Mr. Hawn chooses his words carefully I will not interrupt, but if he keeps on in that fashion I will certainly be putting....

**The Vice-Chair (Mr. Peter Stoffer):** Mr. Karygiannis, he did not.

**Hon. Jim Karygiannis:** I just want to make that point.

**The Vice-Chair (Mr. Peter Stoffer):** That's not a point of order. We'll stop the time, and Mr. Hawn, you carry on.

**Hon. Laurie Hawn:** Thank you very much, Mr. Chair. Some of the statements that were made were false.

**Hon. Jim Karygiannis:** Again, Mr. Chair, would Mr. Hawn please avoid using improper language.

**The Vice-Chair (Mr. Peter Stoffer):** Mr. Karygiannis, he did not mention any person in particular. He made a blanket statement that some statements were false. Anybody reading the transcripts would know he's not mentioning anyone per se, he's just making a statement, and as far as I'm concerned, he is free to say that as long as he doesn't patently indicate the individual who has made those comments.

Thank you.

**Hon. Laurie Hawn:** Thank you, Mr. Chair.

Let me make a comparison. There's a lump sum at workers' compensation, and it sounded as if some of the names were exactly the same. There's an earnings loss benefit at Veterans Affairs, similar to workers' comp. There's a permanent impairment allowance at workers' comp. It's called “permanent impairment allowance/supplement” in Veterans Affairs. There's the retraining benefit in both places, and it sounded as if they were plus or minus in all those things, or about the same. Is that a fair statement? Heads are nodding yes.

With respect to home renovations, that takes place in workers' comp. That also takes place in Veterans Affairs.

**Ms. Judy Geary:** Yes.

**Hon. Laurie Hawn:** With respect to home maintenance, modification of automobiles, grass cutting, lawn mowing, house-cleaning, etc., does that take place at workers' comp?

**Ms. Judy Geary:** Yes, it does.

**Hon. Laurie Hawn:** That also takes place in Veterans Affairs. So just to make that comparison, we are talking pretty much the same thing, plus or minus here or there, depending on the province, and so on, but the same range of benefits is available in workers' comp and Veterans Affairs.

**Ms. Judy Geary:** Okay.

**Hon. Laurie Hawn:** Thank you.

I'm glad that was corrected.

Dr. Mustard, the whole point of a program being designed is not to promote or encourage lifelong financial dependence, but to encourage rehabilitation and retraining and getting on with life on one's own terms. That's a central tenet of workers' comp. Is that fair to say?

**Dr. Cameron Mustard:** Yes.

**Hon. Laurie Hawn:** From what you understand is that the central tenet of Veterans Affairs?

**Dr. Cameron Mustard:** It is the ambition of the charter, yes.

**Hon. Laurie Hawn:** I'm interested in some other experience. You mentioned some numbers, \$25 billion, twice the number spent on these programs as spent on EI. So clearly getting somebody back to work, just from a purely economic point of view, is good for the economy.

**Dr. Cameron Mustard:** Yes.

**Hon. Laurie Hawn:** Could you talk a little more about the good for the individual, which we've talked about: self-esteem and all that kind of stuff, and compare that with other countries' experience? I'm sure you've looked at other folks' experience.

**Dr. Cameron Mustard:** That's a very good question. I'm going to use up all the time staring at the ceiling.

• (1155)

**The Vice-Chair (Mr. Peter Stoffer):** Dr. Mustard, if I may, if you wish to reflect on that question and maybe send something back to us in writing that may be very helpful.

**Dr. Cameron Mustard:** I will give a short answer. I think the quality of the evidence around the benefits to people's well-being about engagement at work, especially after a period when they've not been able to work, is really compelling. It's one of the reasons why the workers' compensation schemes and the private LTD plans in this country are so focused on providing case management services to ensure that the employment relationship is retained and that the individual worker is oriented toward returning to work.

In the case of Canadian Forces personnel releasing from the military for medical reasons, that employment relationship is ending, and there's an additional challenge, which is to support the Canadian Forces member in the transition to civilian life where I think services and supports that are in the charter are really important.

Did you want to chime in on that?

**Ms. Judy Geary:** I could just add that much of the research that both Cameron and I are aware of around the benefits of work and health is international research. There is Canadian research that found that, very recent Canadian research. But there was a major study done in the U.K. by Burton and Waddell that was published in,

I think, 2006. They were asked by the British government to answer the question "is work good for your health?" Their conclusion was yes, after 500 pages.

Dame Carol Black, another U.K. person involved in the disability world, has made the same kind of conclusions. So it's internationally recognized.

**Hon. Laurie Hawn:** So how would our workers' compensation package, writ large, compare with, say, the Brits. You mentioned the Brits. Is it equal or superior?

**Dr. Cameron Mustard:** These are always complicated questions to answer. With the exception of workers' compensation, the disability incomes, and Veterans Affairs, I think the benefit levels in most of the Canadian disability income programs are lower than international standards. But I think it's the case that for workers' compensation, for Veterans Affairs, the supports and services that are available to workers are stronger than most international standards.

**Hon. Laurie Hawn:** Which promotes return to work and so on, which is the underlying tenet of your programs and Veterans Affairs programs.

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

Now we'll move on to your colleague, Mr. Chisu, please, for five minutes.

**Mr. Corneliu Chisu (Pickering—Scarborough East, CPC):** Thank you very much, Mr. Chair.

Thank you very much to the witnesses appearing in front of the committee.

I have a question for you. I served in Afghanistan, so I'm a veteran, but that doesn't make too much difference. But according to the universality of service principles, the members of the regular armed forces must be fit for deployment at all times and in any location where military operations are under way. If any disability prevents a member from being deployed abroad with his or her unit, the member must be considered essential for military solidarity.

So with public servants.... For example, there is the Treasury Board policy on the duty to accommodate persons with disabilities in the federal public service, and this applies for all federal public servants whose employer is the Treasury Board. This policy guarantees that the employer will take all necessary measures to keep the employee with a disability in his or her position. Members of the regular force are excluded from this policy because it would conflict with the universality of service principle.

Do you believe the difference between these two principles should result in different compensation and support programs for injured individuals? And how, in your opinion, is the new Veterans Charter addressing this issue, and what would be your recommendation to improve the new Veterans Charter?

**Dr. Cameron Mustard:** That's a good question. This is an issue that I would think would be more prominent in your minds than in mine, for example, which is equity among federal government employees and the reasons why the two principles are present within the armed forces and the Treasury Board. The distinction, perhaps, is maybe most helpful if we distinguish between Canadian Forces personnel who release from the military without a health consequence arising from their service, and that would be—

• (1200)

**Mr. Corneliu Chisu:** I'm sorry, but I was always offended by the fact that I was a serving military and I'm not a public servant, not considered a public servant. This is an insult.

**Dr. Cameron Mustard:** I hear you. I mean, I think I sit about where you are too. Do we know why this tradition exists that you're not a public servant? No.

**The Vice-Chair (Mr. Peter Stoffer):** I'll explain later.

**Ms. Judy Geary:** Could I add a comment? What you described is a fundamental question. It's not that the principle of universality that you described is in any way wrong, because people do need to be fit to go into war zones and that fitness has to be defined by people who understand what it requires. But the issue that you seem to me to be pointing out is the question of who the employer of an armed forces employed person is. Is it the army or the armed forces; is it the Department of National Defence or is it in fact the entire federal government? Is it the department that they're in, or is it the federal government?

Yes, I'd be very interested to know why it seems to have been defined that the employer is the armed forces or maybe the Department of National Defence, but not the entire government.

**Mr. Corneliu Chisu:** In the case in which a reservist who is serving the country and has a contract but is not a full-time employee in the armed forces—and so is serving as a soldier only for a certain period of time—gets injured, does workers' compensation have any influence or make any contribution to their rehabilitation? I'm not looking only at Veterans Affairs; I'm looking also here at an injured person who has served the country. I think both organizations should be cooperating in rehabilitating this person.

**Ms. Judy Geary:** I'm not 100% certain about that. I suspect that if the reservist is called to full-time duty and their employer still maintains its employment relationship with them, they may have some entitlement to service from workers' compensation, and that may vary across the country as well.

**Mr. Corneliu Chisu:** Can you give us some information about that or provide it to the analyst?

**The Vice-Chair (Mr. Peter Stoffer):** Thank you very much for that, sir.

I'm just going to give the analyst, who is a researcher too, Mr. Chisu, one quick minute to explain the public servant aspect. But then, for the committee's purposes, he will write something to us in more comprehensive language as to why military personnel are not legally considered public servants.

Go right ahead.

[Translation]

**Mr. Jean-Rodrigue Paré (Committee Researcher):** I will speak in French to avoid saying nonsense.

Those rates are explained by the separation of civilian and military authorities. Civilian authorities must always monitor military members' work. That creates a certain separation between various administrative authorities and leads to a distinction between civilian staff and military staff within the Department of National Defence. However, they are both subject to the ultimate authority, which is represented by the Queen of England in Canada. That is where the connection is established.

[English]

**The Vice-Chair (Mr. Peter Stoffer):** Thank you. That's the Coles notes version, and he'll have a more comprehensive response to that later on.

Mr. Chisu, thank you very much.

Now we'll move on to Madame Perreault, please, in our second round, for four minutes.

[Translation]

**Ms. Manon Perreault (Montcalm, NDP):** Good afternoon. Thank you for being here.

You will understand that this discussion is very important to me. When an individual is disabled—regardless of what caused the disability, or whether they are a soldier or a civilian—the results and the consequences are the same.

I want to come back to what was said earlier. Some people work for the Canadian Forces and have another job in the civilian sector. If they have a serious accident, they will receive 75% of their income from the army, but will they be compensated for the income they were earning in the civilian sector?

• (1205)

[English]

**Ms. Judy Geary:** In workers' compensation policy, there is generally a term called concurrent employment. Rules are laid out about what happens when a person has two different jobs, which is certainly not uncommon, and has an injury in one of the jobs and becomes disabled from working in both jobs.

I'm not familiar with specific rules in every area, but generally both salaries would be considered when determining the rate of wage replacement that a person would get.

[Translation]

**Ms. Manon Perreault:** In that case, will the province pay them 80% to 90%, or will the payment be made by the armed forces, at 75% of the income?

[English]

**Ms. Judy Geary:** I'm not certain. I don't know what the armed forces would cover.

But let's say the person was injured in his or her civilian job and couldn't do his or her reserve job. If that had a salary associated with it, the workers' compensation board would cover the full seven days of work for which he is losing payment.

[Translation]

**Ms. Manon Perreault:** Okay.

I will move on to a completely different topic.

Earlier, we talked about individuals who were re-entering the labour market and ways to encourage people to work. At the beginning of your presentation, you talked about wage subsidies. I don't know what you think about that, but I am being told that wage subsidies are creating problems, simply because employers tend to hire someone and keep them only as long as they need to in order to receive a wage subsidy. Yet when that subsidy ends, those individuals will once again be unemployed. People tell me about problems they had after their accident and about feeling isolated from society. This makes them feel even more isolated and useless.

I would like to hear what you have to say about that.

[English]

**Dr. Cameron Mustard:** You've put your finger on a really important opportunity, and perhaps in this country we could attempt an experiment.

Think of two members of the Canadian armed forces who are releasing. One is releasing in perfect health, and the other is releasing with an impairment that's visible to an employer. They both go out in their community, whether it's St. Catharines, Chicoutimi, or Halifax, to seek employment. Unfortunately, the released member with the impairment is going to have a harder time getting an employment offer.

It's like dating. When an employer recruits a new staff person, he or she is not supposed to discriminate. They're not supposed to discriminate; that's the law. But choices are made. It is my strong view that there will be times when armed forces personnel with visible impairments will have a more difficult time finding employment than a released member without an impairment.

It might be that a small subsidy to employers to have a first date might work. Right? It might work.

• (1210)

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

We'll get eHarmony to give you a call, and we'll see what we can do with this.

I'm just kidding. That was a good analogy, by the way.

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

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

One thought I've had is there's been a lot of talk today about WSIB and trying to compare it to the Veterans Charter. Maybe there are some similarities, maybe there aren't some similarities. But certainly from my work experience in an automotive parts manufacturing environment and working with the union, and actually still in my role today working with the union and trying to help out workers get fair treatment with WSIB, my gut would tell me the new Veterans Charter should try to do better than WSIB. I'm not slugging WSIB, but we should try to achieve higher than WSIB as far as outcomes and putting people back to work when they're

ready are concerned. That's one of the key things I don't think anybody's talked about today.

If you are injured on the job, WSIB, if you're working with a case manager, their primary, number one job is to get you back to work. Let's not kid ourselves here. If you are a veteran, it could very well be, and it's probably a 99% chance of certainty, that you aren't working at this point in time and quite likely, if you have PTSD, for example, they're not even going to let you anywhere near a workplace. They don't want you to go back to work. They want you to get the treatment and the therapy that is required to get you into a sound state of mind before you even start to go into retraining, before they even consider you to be put into a workplace environment.

I think that is one of the key, fundamental differences when we're trying to look at WSIB versus the new Veterans Charter. That's one of the very first things. It's getting you back to work as quickly as you can with WSIB, and not even being in the workforce at this point and trying to get you into the right frame so you have a successful outcome. I just wanted to put that out there before I got into my question.

Once you have gone through that, so mentally and physically you're as good as you can be, the person who you're working with, or the group or team you're working with at Veterans Affairs, has deemed that you're ready to start to reintegrate yourself into the workforce, I want you to explain, Mr. Mustard or Ms. Geary, the importance to somebody to get back into that workforce, mentally, physically, emotionally. Because to pay somebody a pension and to let them fend for themselves is not likely the best outcome for that person. Getting them back into meaningful work or whatever they're able to do, seems to me.... Please explain your experiences over the years on that philosophy.

**Ms. Judy Geary:** I'm very strongly of the view that paying somebody a pension and then leaving them to their own devices is not helpful. I've met, and read research and commissioned research on, people who have pensions or income security of some kind and who aren't at work. Their lives generally are not necessarily happy. This is not a choice that they've made in the same way that people choose to retire from the workforce when the time comes.

The studies show that even if they have a pension they can continue to experience financial insecurity. It may not cover everything that they had before. They're not building a retirement pension because there's no money to do that with. So their long-term financial security is still affected even though there may be enough money to pay for today's room and board, and rent, and so on.

Many of them experience elevated levels of pain. If you take a person with a particular type of injury, with let's say a 20% evaluated permanent impairment, who's not working and a person who is working with exactly the same injury, evaluated with exactly the same level of impairment, the person who is not working will experience more pain than the person who is. They use more medication. They have higher rates of divorce and family breakdown, alienation from their children, spouses, parents, and social isolation. They can tend to become disconnected and disengaged from their communities and become isolated. They have elevated rates of depression and other mental health problems, anxiety and so on.

Even if they have the income, their lives are not necessarily fulfilling. They're not rewarding. They're not overall healthy lives.

That's a broad generalization because within any population there are going to be people who are thriving and doing very well and others who are not. But in general, from the studies that I've read and my own observation, income support is not the answer to what is required to create a healthy life.

• (1215)

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

I'll now go to myself for four minutes, with a few questions here.

Mr. Chisu brought it up as well, but in your paper you also talked about opportunities for work accommodations. I spent many years in the oil industry, where we had a duty to accommodate, simple things like putting in belt levers so the agent didn't have to carry the bag. The bag was on there, and that saved a lot of people's backs. It ended up saving the company a lot of money on short-term and long-term disability payments for pain and suffering of the arm, the shoulder, and the back. But in the military, there is no duty to accommodate in that regard. Mr. Chisu's right. If you don't meet the universality, you're more or less gone. We now have on average 200 young men and women who leave the military prematurely due to injury, and this is before they get their tenure in. And that tenure is very vital for their future benefits.

That's one of our concerns. The RCMP have that, but the military does not. But that's not my question.

My question for you is, when you did your study on the work placement, you indicated how important it was to have work that was valuable and was meaningful so, as I always say, you go home tired but you've had a good day. Did you do a comparison between men and women? You didn't break that down in your study. I'd like to know what the comparisons were for men and women who had served, and who had been released for whatever reason, and what the attitude of the change was that they effected. Was it different for men than it was for women? Or was it the same?

**Ms. Judy Geary:** I don't know about the armed forces, but in general there are some differences in how women respond to unemployment or disability as opposed to men. Cameron may be able to speak a little more specifically about it, but there are some differences that would be expected. But there are also differences based on marital status, based on age, and based on the industry that you come from. I'm not aware of any work that's been done on

veterans who've been discharged and how their lives may be different following discharge.

**The Vice-Chair (Mr. Peter Stoffer):** Okay.

I have another question for you. It is one thing to place the individual into a workplace, but if that workplace does not have any understanding of what triggers post-traumatic stress disorder, or OSIs, or anything of that nature, that person may have gone through the training to get the job, they get in there and the workplace environment ends up not being conducive to that individual, they then start from basically ground zero again.

What recommendations would you make for us that we could recommend to the government? When individuals are being released from the military and they have either PTSD, OSI, or a physical injury, or a combination of those, and when they're being transitioned to another work environment, what training should that other work environment have—from the management to the employees—to fully understand what may set off triggers for this individual, or what kind of concerns the individual may be going through as they adjust to the work environment, as Mr. Lobb said?

**Dr. Cameron Mustard:** That's a great question. I don't have an answer.

I do have an observation that goes something like this: over about the last 20 years we've become, as a society, quite comfortable and capable of accommodating impairments that are of a physical nature—a musculoskeletal impairment—and how to aid somebody who has just returned to work, before they've fully recovered from the musculoskeletal condition. We know how to do that pretty well.

The burden of work disability now in this country that is a real challenge is mental health disorders. If we can, how do we prevent it from happening in the first place? But to your example, where somebody has a diagnosis, how do we get them back to work? It's not only the case you spoke to of PTSD and integration into the workforce. I think in the case of depression, anxiety disorders, employers across this country are really looking for help in terms of how to do this.

It's a great question. I don't have an answer.

• (1220)

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

That was exactly four minutes. I can't extend my time, but—

**Ms. Judy Geary:** There are some organizations that are getting experience and are getting fairly good at this— police forces, first responders, transit commissions. They are dealing with PTSD among their own employees and they are learning how to accommodate, and it's all about the triggers. If you have a veteran who's going to work with a new employer, first of all they don't have a legal obligation to say that they have a disability. They do need to say if they need an accommodation of some kind. I would think that if it's a sophisticated employer with a good corporate health function, they would be able to figure out with their new employee what needs to be avoided, and what needs to be put in place to ensure that the post-traumatic stress is not triggered and the person is—as you said—back at square one. It warrants a lot of conversation, because the individual knows what's best for them, and they know generally what they need and what they need to avoid. So it's dialogue.

**The Vice-Chair (Mr. Peter Stoffer):** Thank you very much. I really appreciate that.

Mr. Lizon, please, for four minutes.

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

Welcome, witnesses. Thank you for coming to this committee.

I want to ask two questions, and I will ask them first because we will probably run out of time. And if we run out of time, then maybe I will ask the witnesses to answer to the clerk via email.

The first one is to Judy.

Can you tell us how people presently access the information and services at WSIB? I know if you look at the website, there's a mobile application for services. How popular are the new ways of accessing the information and getting services, in comparison to the traditional way where people used to come in the office to see someone who serves them, or phoned?

Mr. Mustard, in your study on mortality following unemployment in Canada, you concluded, "unemployed men and women [in this cohort] had an elevated risk of mortality for accidents and violence, as well as for chronic diseases".

Could you further explain to the committee how you came to these conclusions? Also, do you believe this could impact the vulnerable group, such as seriously injured veterans?

**Ms. Judy Geary:** In terms of accessing services, workers generally are approached by the workers' compensation boards themselves, and the phone is a primary means of communication. Electronic communication is a little more problematic because there are privacy and confidentiality issues. If an injured worker sends an email to a big organization that has 3,000 people, it can very easily go astray or be seen by people who don't have a right to see it. There's a lot of consideration given to protecting privacy and confidentiality of clients.

The phone is definitely used extensively. It is a very powerful tool if it's used properly and in a caring way, and with people asking good questions and listening well.

When things get complicated or complex, it's very important to have a face-to-face meeting. Nothing replaces it. When there's a dispute, an issue of not believing each other, or trust issues start to creep into the relationship between the client and the organization, and when signs are showing that the worker doesn't trust their management in the workplace, nothing replaces a face-to-face meeting. That gives everybody an opportunity to put their opinions on the table and to solve the problem.

• (1225)

**Mr. Wladyslaw Lizon:** If they wish to have time, Mr. Chair, could you maybe—?

**The Vice-Chair (Mr. Peter Stoffer):** They can just keep talking.

**Dr. Cameron Mustard:** Thank you.

You were referencing some work that we reported recently which, to summarize for the members of the committee, followed a group of

Canadians forward from 1991. This is a group of Canadians who on census day in 1991 reported that they were unemployed.

We followed them forward for 10 years and compared their mortality experience to those Canadians who were employed on census day 1991. Across literally all causes of death, the mortality rates among the unemployed Canadians over 10 years were higher than among the employed Canadians.

Your questions was, could this adverse experience pertain to seriously injured veterans? I think so, yes.

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

We will now move on to our final round of questioning.

Mr. Karygiannis, for four minutes, please.

**Hon. Jim Karygiannis:** Thank you for coming and enlightening us on some of the concerns we have.

There is a new bill the minister has put in place, and it's Bill C-11, which gives priority to the military veterans to get jobs within the public sector.

A lot of people are being laid off, there are a lot of cutbacks, so we need to see how real that is. However, a military veteran who is suffering from post-traumatic stress disorder or other ailments....

In the military we teach one skill—defend your country, be prepared to stand for it—and that's one skill that we teach and there are other skills that certainly follow it. But a lot of the military personnel might need retraining. If there is no retraining available, for a lot of them, when they get to that job, it will be a flop, a failure, or they will not be able to engage. In order for somebody to get the job they must be retrained. Should we also bring in a caveat that says that if money is needed to retrain that person, that should be the case?

A lot of people who are injured, a lot of people who need to move into another job, need to have some sort of retraining package. Would that make fair sense and be a fair comment from my side?

**Ms. Judy Geary:** I would suggest that if an armed forces person is being transferred to a civilian role in some other area of the public service, there needs to be a very carefully thought-out plan developed with the employee and their new management that articulates very clearly to everybody what type of training, accommodation, or on-the-job training or off-the-job training and education is required to make that person successful.

You can rarely take somebody in any job, if it's a significant role change, and have them show up at work and be 100% capable or competent in that job. People need some kind of orientation, they need training that can be provided on the job or, if necessary, in some kind of classroom training or something else.

There is no one answer. It needs to be an individualized plan about what is going to make that return to work successful for that person and for their new manager as well.

**Hon. Jim Karygiannis:** How much time do I have, Chair?

• (1230)

**The Vice-Chair (Mr. Peter Stoffer):** You have one minute and two seconds.

**Hon. Jim Karygiannis:** Thank you.

If a person is not trained and no training is provided for them, you have a person who is a military individual from the field, combat, peacekeeping, or whatever it is, and there is absolutely no training in order for them to liaise and become a civil servant, what would be the success of that individual staying in that job? Would it be 20%, 30%, 40%, or 50%, as a guesstimate from your breadth of knowledge?

If someone is a military personnel, a corporal, they're in the field, they carry military equipment and they do their work. They might know how to fix things and then all of a sudden the federal government says, "You're out of there and we're going to give you a job within the civilian sector". If they are given no retraining, no money is given to them for training, what is the success rate of that person staying in that job? What is your best guesstimate?

**Ms. Judy Geary:** I have no information about what the sustainability rate for employment in that circumstance would be. Sometimes it takes years for these things to be clear.

But I would just reiterate that—

**Hon. Jim Karygiannis:** No training, you can't stay on....

**Ms. Judy Geary:** Well, maybe they need training, maybe they don't need training. Yes, they have been fulfilling a role, but before that they were something else. People have more skills than just what they're doing in their specific job today, which may be applicable in whatever other job is given to them.

**Dr. Cameron Mustard:** I would just make an observation, just to line up with something that Judy just spoke to.

The way the Canadian labour market has changed over the last 20 or 30 years is making it clearer and clearer—as I think of this as a parent of a couple of women who are in their twenties—that we're not going to have one job in our lifetime. Many of us are going to have two, three, four, or five.

**Hon. Jim Karygiannis:** I know my time is up.

But if you're coming out of the military and you're given a priority to have a civil service job, and you're hurt and all that stuff, you'll need training.

**The Vice-Chair (Mr. Peter Stoffer):** Mr. Karygiannis, your time is up.

**Hon. Jim Karygiannis:** Is that a yes, Mr. Mustard?

**The Vice-Chair (Mr. Peter Stoffer):** As a courtesy, though, to the two fine people who are with us today, if you'd like to make a final comment, a wrap-up very quickly, we'd greatly appreciate it.

**Ms. Judy Geary:** Thank you for the offer.

I'd like to point out, as I said in my remarks, that one size does not fit all. Whether the person is being put back into service because they are deemed to be universally fit even though they may still have a permanent impairment, or they need to transition to something else, either outside of government or within the public service, these things need to be worked on with the person, and an individualized plan needs to be developed. Then they need to be supported to fulfill that plan.

Their new employer needs to be supported also, if it's a transfer within the government, for example. Return to work can be a very easy process, but it's a human process, so lots of different things can happen. Lots of things can go right, and lots of things can go wrong, and it needs to be attended to and managed properly.

**The Vice-Chair (Mr. Peter Stoffer):** I assume when you say "that person", you mean that person and their family?

**Ms. Judy Geary:** Yes. Family is very influential in outcomes.

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

Mr. Mustard, do you have any concluding remarks?

**Dr. Cameron Mustard:** It was a pleasure to be with you.

Thank you for the work that you do.

**The Vice-Chair (Mr. Peter Stoffer):** On behalf of our chair Mr. Galipeau, and our committee, it is all of us who thank you very much.

To let you know how the transition process does work, we have two veterans on our committee who seem to have transitioned very well in their personal lives. What they're doing with the Conservatives, I don't know; there was a slip-up somewhere. But they seem to have transitioned very well indeed, so it does work.

Thank you very much for your time.

Committee members, if we could say your goodbyes and all stay for one minute, I want to advise you what the parliamentary secretary, Mr. Karygiannis, and I will be up to very shortly.

*[Proceedings continue in camera]*







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