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Chair

Mr. Neil Ellis

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● (1110)

[*English*]

The Chair (Mr. Neil Ellis (Bay of Quinte, Lib.)): Good morning. I would like to thank you all for attending today, and welcome everybody in the audience. Today the committee resumes its study on service delivery to veterans by the Department of Veterans Affairs. We'll discuss committee business in camera during the second hour of our meeting.

Today we have as witnesses, General Walter Natynczyk, deputy minister of the Department of Veterans Affairs; Bernard Butler, assistant deputy minister, strategy policy and commemoration; and Michel Doiron, assistant deputy minister, service delivery branch. We will start with the general.

Thank you and good morning.

General (Retired) Walter Natynczyk (Deputy Minister, Department of Veterans Affairs): Mr. Chairman, ladies and gentlemen, thanks for the opportunity to provide a few comments as part of the orientation program for your committee's work as you focus on our mission in the care for our veterans and their families.

In addition to my two colleagues beside me, I want to highlight the presence of retired Rear-Admiral Liz Stuart, who appeared before you on Tuesday. Liz retired after over 30 years of service just last month and has joined our team as the assistant deputy minister for human resources, corporate services. She is also our chief financial officer.

[*Translation*]

I thank the committee for the remarkable work it has accomplished to date.

[*English*]

The report from this committee of June 2014 provided many important recommendations for improving our support for veterans, their mental well-being, and their families.

[*Translation*]

On behalf of the government, the mandate of Veterans Affairs Canada is to take care of members who became ill or were injured while serving their country, and to support survivors and families.

[*English*]

It's also our duty to keep alive the spirit and to commemorate the service and the sacrifices of our armed forces. It is a noble mission, it's a vital mission, and it's one to which we are fully committed. I understand that you've received a deck presentation that provides an overview of the department. if you wish, we could provide follow-up information on our policies, procedures, and operations. My intent over the next few moments is to expose you to the cultural change that we have embarked on in the department to set the conditions for implementing the government's mandate for veterans.

[*Translation*]

Allow me to speak to you about the changes we have begun to make to the culture of the department for the purpose of better implementing the government's mandate toward veterans.

[*English*]

There are 700,000 veterans in Canada, aged from under 20 to over 100 years old. Veterans Affairs programs support 135,000 veterans and 60,000 survivors and families, including members of the Royal Canadian Mounted Police.

[*Translation*]

Between 5,000 and 6,000 members of the military are released annually.

[*English*]

Generally speaking, a quarter of these men and women are being released for medical reasons as they are no longer medically fit for operational duties. Often these sailors, soldiers, airmen and women immediately apply for support from Veterans Affairs for benefits and treatment programs. The remainder are released on a voluntary basis or take retirement at the end of a long career. Many of these people are retiring veterans who apply to Veterans Affairs for support for injuries and illnesses that often surface years after they take off their uniforms.

[*Translation*]

Approximately 50% of our clients submit a claim for benefits two years or more after having been released from the forces.

[*English*]

Our life-after-service research shows that approximately 65% of men and women who have left the Canadian Armed Forces transition to civilian life with little difficulty. They find a new purpose in a civilian career or in volunteer work. They have some measure of financial security and are able to support their families.

Our research also indicates that a significant number experience varying levels of difficulty in translating their military knowledge, skills, and leadership experience to a new career in civilian life. Many who leave the military early or in mid-career, especially those from the operational classifications such as the combat arms, are vulnerable to experiencing a difficult transition. But each man and woman who served had a unique experience. All of them had different experiences in their training and in their operational deployments, whether on peacekeeping missions, stability operations, or in combat in Afghanistan or during the world wars or the Korean War.

The department's legislation under the Pension Act and the new Veterans Charter, together with related implementation policies, programs, and processes, exists to assist veterans' transition to civilian life and to enable their long-term well-being.

[*Translation*]

Our programs are successful for many of them.

[*English*]

Injuries and illnesses are assessed, veterans are given treatment and support, and, with that support, they are able to cope with their new circumstances.

Now, we do wish that our support was perfect. We wish that it would meet each and every one of the needs of our wounded, our ill, our injured, and our families, but we are aware that we have had a number of shortcomings in our support programs, and we need to fix them.

The minister, the Honourable Kent Hehr, endorsed the department's strategy to make the changes that were recommended in a multitude of studies and reports, and in feedback from our numerous veterans associations and stakeholders. The entire strategy can be summed up in three words: care, compassion, and respect.

We will care for those who serve: for our veterans, the wounded, the ill, and the injured, and for their families and survivors. We will exercise compassion in our consideration of their needs, ensuring that we apply the benefit of the doubt to support their individual circumstances. Finally, we will respect them. We will recognize their service and commemorate their extraordinary sacrifices.

These are powerful action-oriented words that have changed and operationalized the culture of the department. These words are enabling our employees to do what is right in support of our veterans.

● (1115)

[*Translation*]

The objective of our strategy is simple. We want to improve the services we provide to veterans and their families.

[*English*]

There are three key objectives in the strategy. First, in everything we do, we will focus on the individual needs of the veteran. Too often, large organizations focus on the policies, programs, and processes, to the detriment of the client's experience.

[*Translation*]

We are doing everything in our power to put the veteran at the core of all our decisions and policies.

[*English*]

Second, we are making every effort to close the gap between the Canadian Armed Forces and Veterans Affairs to enable a simpler, easier, and successful transition from uniformed service to civilian life.

[*Translation*]

We work with the Department of National Defence and the Canadian Armed Forces to address any gaps in our departments, and to eliminate cumbersome administrative processes as well as unacceptable delays.

[*English*]

Third, we are striving for excellence in our service. We will search for and apply the best practices, the highest standards, and innovation in all of our policies and practices. This “care, compassion, and respect” strategy acts as a framework and sets the department's culture as we advance on the government's mandate to address the needs of veterans.

[*Translation*]

You are no doubt aware of the mandate of our government regarding service to veterans. In summary, it contains 15 points to be improved regarding the support we provide to veterans and their families.

[*English*]

Key among them is the financial recognition of pain and suffering related to the wounds, the injuries, and the illnesses attributed to service. Central to this financial recognition is the task to re-establish the lifelong pensions as an option for injured veterans.

It also directs enhancements to our services by reopening offices across the nation and by strengthening our front-line staff. It also tasks the department to enable career transition by addressing the gap between the military and civilian life to provide access to university, college, or technical school and assist veterans to find a job.

[*Translation*]

Veterans Affairs Canada, together with National Defence and the Canadian Armed Forces, must improve suicide prevention and mental health services.

[*English*]

In particular, we need to continue to address the stigma of mental health and to encourage those veterans who are experiencing a mental health injury or illness to seek professional treatment. One soldier, sailor, airman or -woman suffering from invisible wounds of a mental health injury or committing suicide is one too many. Similarly, we need to support our veterans who find themselves homeless.

These tasks in the mandate are our main effort to support our minister and the government. We'll work closely with the Canadian Armed Forces and consult with stakeholders to deliver on them.

Finally, I wish to reinforce the importance of commemoration, especially as over the next two years we'll remember the achievements, the service, and the sacrifice of the 100th anniversary of World War I and, on July 1 of this year, the Battle of Beaumont-Hamel. Next year will mark the 100th anniversary of the Battle of Vimy Ridge, a singular victory at great cost. We'll also mark the 75th anniversary of the tragedy at Dieppe.

[*Translation*]

I also want to say that we will be commemorating the achievements of our youngest veterans. Recently we marked the 25th anniversary of the Persian Gulf War and the liberation of Kuweit.

[*English*]

We will continue to work in partnership with other government departments, the Royal Canadian Legion, other government associations, and stakeholders across the nation, to commemorate our fallen comrades.

A number of memorial projects are ongoing. Our understanding is that we will continue to work with our partners to see these projects to their completion, projects such as a memorial for our troops who served, and for those who made the ultimate sacrifice in Afghanistan.

Mr. Chairman, ladies and gentlemen, I hope my wave-top brief was helpful in providing some context to the briefings you've received. My colleagues and I are available to address your questions.

Thank you.

The Chair: Thank you.

The first round of questions is six minutes, and we'll begin with Mr. Kitchen.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Thank you, General, for being here today.

I want to thank you for your service to your country and for taking on this new role that you've stepped into. It's much appreciated. I know you'll do as excellent a job as you did with our forces for so many years.

I'm going to focus on the service aspect of things, having been a primary health care practitioner in my other life, and having worked for many years with veterans. You mentioned that 50% of services tend to be for people you see two years post their retirement.

Are there any studies that indicate the different levels of service of veterans that might make them more inclined to require post retirement? Is there anything you can enlighten us on at all?

● (1120)

Gen Walter Natynczyk: Mr. Chair, I think it would be worthwhile at some point perhaps, having our researchers here, because of the huge body of research we have undertaken.

The study I mentioned in my comments, the life after service study, we do on a cyclical basis every two years. If you have a look, it's one of the most comprehensive views of the successes and challenges of our men and women after they take off the uniform. The research demonstrates the level of injury or difficulty they have, as compared to Canadian society across the board.

The research branch reports to Bernard, and I'm wondering if he wants to add something there.

Mr. Bernard Butler (Assistant Deputy Minister, Strategy Policy and Commemoration, Department of Veterans Affairs): I would only add, Mr. Chair, that as the deputy has indicated, we are learning more and more through our research efforts, in conjunction with Stats Canada, the Canadian Armed Forces, and with the Department of National Defence, about these very kinds of issues.

Previously we did not know a whole lot about what that transitioning population looked like, and longitudinally what their issues were. We are at a point where we're starting to accumulate the data, starting to get a better picture of it. As that evolves, that will certainly inform the department and the government in terms of where the greatest gaps are and where the needs are for those various groups.

Mr. Robert Kitchen: Thank you.

On that same note, then, there are potential differences between the cohort of the veterans from WWII, WWI, Korea, and today's veterans.

Is there a proactive approach that you're using to look at the new veterans and what they may be experiencing? Could you expand on that at all?

Gen Walter Natynczyk: Yes, sir. Again, Mr. Chair, absolutely.

Indeed, a lot of the research is focusing on those younger men and women who have served in operations over these past few decades. Those veterans from World War II and the Korean War, we consider them to be the traditional veterans. Those veterans who served in the fifties, sixties, seventies, eighties, and this past decade and a half, are a lot of the focus of the studies.

It's interesting when you consider that of the veterans who come to Veterans Affairs, only about 25% of our clientele come to us while they're still in uniform. There are 25% who come within two years after they've handed in their ID card and taken off the uniform. As I mentioned in my notes, it's 50% from year 2 out to year 60.

In some cases, there's a latency. Sometimes there's a latency with regard to a mental health injury that pops up as a result of another event. Sometimes it's a musculoskeletal injury that may not have been documented. With the fact that the person might have been an infantryman or a bosun aboard a ship, or working with aircraft, there's a musculoskeletal injury that can then come s to the surface.

That's what Michel and his team have been working on. How do we look at the entire sailor, soldier, airman's and woman's service, as part of their evidence—for example, an infantryman might have bad knees, bad hips, a bad back, and so on—in order to address their needs more quickly within the department?

Mr. Robert Kitchen: Thank you. I'm going to get a little bit more specific, then, into the service aspect and health care.

When we're looking at caseworkers or at doctors, whoever the specialists might be, and we're trying to identify who those specialists are—and not to be disrespectful of any of them—are we doing some sort of background check to ensure that we've got the right person for the situation? In other words, as we mentioned, we're dealing with a musculoskeletal injury. Who's the right person to provide the right treatment at the appropriate time based on case studies and generally accepted practices?

Are those standards set out, or is it purely wide open so that anybody could put their name in because they need a paycheque?

● (1125)

Gen Walter Natynczyk: Mr. Chair, I guess in this regard, Veterans Affairs does not have a mission to provide primary health care, with the exception of supporting our hospital, Ste. Anne's. Otherwise we rely upon all of the provinces for services, not only for physical injury or illness, but also for mental health injuries and illnesses. We are relying on the provincial systems across the country.

So when a man or woman is serving in the Canadian Armed Forces, the Canadian Armed Forces run their own medical system for all primary care all the way through to the most serious cases. Veterans Affairs only has Ste. Anne's Hospital, and we contract to each of the provinces for operational stress injury clinics in partnership with the Canadian Armed Forces. In addition to that, we rely upon the provincial health care systems across the country.

At this point I'll hand off to Michel. Michel, could you expand on that?

The Chair: We're out of time. Thank you.

Ms. Lockhart.

Mrs. Alaina Lockhart (Fundy Royal, Lib.): Thank you very much.

I appreciate your being here today. Your overview was very helpful.

I'd like to focus on the transition part. The report by the standing committee in June of last year cited that one of the challenges has been Veterans Affairs case managers picking up clients early in the transition phase as opposed to near the end of the transition phase. The ombudsman went on to say that the transition process should start much earlier than it does now.

I was encouraged by your comments that it's certainly part of your focus, but at this point, is the department engaging prior to the retirement of a serving member, and how far from retirement does that start?

Gen Walter Natynczyk: Mr. Chairman, we are trying to engage with Canadian Armed Forces much earlier in the transition process. When a man or woman gets injured while on duty or off duty, we hope that they recover, rehabilitate, and get back to their primary duties and responsibilities and carry on with their careers. Unfortunately, many cannot recover from a serious injury or illness. The Canadian Armed Forces have this policy of universality of service that I'm sure you've heard of. From a career administration standpoint, the armed forces make a decision that an individual must retire at some point with a medical release.

It is our intent to move our engagement with that veteran as far as possible before that decision. Since your study—and your study was very useful, as I mentioned earlier—we have created an enhanced transition service where we are at this point now engaging at least six months before the release date. We are continuing to work with the armed forces to move that date up even earlier. As the former chief of the defence staff, I know we were able to accommodate folks for up to three years after a decision was made on their career disposition, and there is some discretion. This is not hard and fast, but there's a period of time that individuals are being accommodated in the Canadian Armed Forces, and our intention is to try to engage with the Canadian Armed Forces so that we can provide services to those individuals as early as possible.

I'll be very frank with you. One of the challenges is that many of these men and women aren't ready. They're not ready psychologically and, again, I speak about a lot of the soldiers who served for me, they're not ready. They're not ready to leave their cohort, and being with their cohort is absolutely vital to their well-being.

So what we're trying to do is to provide those services to them and work with them and at the same time stand ready, indeed, if they're ready to go. I spoke to one veteran last year. It's taken six years, but he's finally going back to school.

Mrs. Alaina Lockhart: Thank you.

Would it be fair to say that there is a flip side with this transition, too? No two veterans are the same. For example, I have spoken to a veteran who felt that he was held too long in the service and wanted to be transitioned earlier. Could you elaborate on some of those challenges too?

Gen Walter Natynczyk: Madam, you have put your finger exactly on the point, the fact that every individual is different. You have to lay out the options to them and provide as much education to them as possible. As I mentioned, some of these veterans are under 20 years old, so decision-making.... Each one of them is different and unique. Some are in mid-life. It's about providing an array of these programs. When you look at these programs, they might look complex, but they are tailored to meet the unique needs of all these men and women at different times in their life.

When someone leaves the armed forces, the armed forces also have a vote as to when these people leave because they have a huge investment in these folks. They have put a huge investment in them in training. It is in their interest, and in the nation's interest, to try to get these men and women healthy again in order to fulfill their operational functions.

However, at a certain point they are not capable, and unfortunately then they have to transition. This is so difficult psychologically because they all, every one of them, walked into the recruiting centre of their own volition. When they are told they have a medical release, that is not their wish. They want to be with their cohort and fulfill their lifelong dream of a career. That is what makes it so complicated and challenging.

● (1130)

Mrs. Alaina Lockhart: Speaking from your expertise, can you tell me about some viable ways that you see to assist serving members and their families in that transition too? We have talked a lot about families and transition.

Gen Walter Natynczyk: At some point, I am going to ask my colleague to say something, but not yet.

As we discuss various concepts here and I brief our stakeholders.... One of our stakeholders is General Dallaire, who reminds me constantly that the families transition with the veterans. As we talk about moving to a new normal, if the veterans can find their new purpose again, be it a career or volunteer work, and if their family is with them, those two components are vital. We know that our partners, spouses, and close friends are essential in giving us counsel, especially when we are having a difficult time. The support we provide to the veteran's family is key.

You'll be aware, based upon the recommendations of this committee, that we have launched pilot projects with the Canadian Armed Forces to provide military family resource centre services in seven locations so that, after people have taken off the uniform because of a medical reason, they have access to the MFRCs and settling in the new location. Especially for those veterans who are most seriously injured, with both physical and mental injuries, family support is essential to their recovery.

The Chair: Sir, thank you.

Ms. Mathyssen, go ahead.

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

Thank you for being here. I, too, would like to say how grateful I am for your service.

We have heard recently in the committee about efforts to restaff VAC after considerable layoffs, and I wonder what percentage of the VAC staff are temporary or contract employees. How often would a veteran be given a new caseworker? What kind of effort is made to make sure that there is consistency in terms of that veteran having a caseworker over the long term? If those caseworkers are rotated, for what reasons are veterans given new caseworkers? Finally, how many cases, how many veterans, are assigned? Is there a maximum number of cases that a caseworker would be allowed to take?

Gen Walter Natynczyk: Of the 135,000 veterans we are supporting—again, about 60,000 are families—those who need very close support because of their complex, series injuries, who at this time number 9,300 veterans, have case managers. The remaining number are supported by individuals we call veterans service agents. A veterans service agent would handle those veterans with uncomplicated, straightforward, low-touch support needs. It's minimal engagement.

This number and the number of field staff were reduced over the past few years. You'll be aware that about a year ago, the government made an announcement that we would hire additional case managers, veterans service agents, nursing staff, and so on, with a target of getting to about 30 veterans to one case manager.

Jump in if I'm offside here, Michel.

Across the country, Veterans Affairs has been working to engage these specialized folks; we're talking about psychologists, nurses, and those people with experience in case management. In some areas of the country, we have been very successful. At this point, we have hired a total of 180 staff. The number....

Go ahead, Michel.

● (1135)

Mr. Michel Doiron (Assistant Deputy Minister, Service Delivery Branch, Department of Veterans Affairs): We've hired 180 staff of the 309 that we were approved to hire over a number of years. Of those, we've hired 72 new case managers who have been deployed to the field. You will accept that prior to their being fully up to speed, we have a training program to make sure they're providing the proper services, and they have now started to take on new veterans.

On average, right now across the country, we are meeting no more than 30 to 1. That said, there are parts of the country where we are above that ratio because we were not able to recruit or hire. Everybody we had in the pool, I'll call it, was hired in case management, so we've gone out again to the public to rehire and make sure we bring up those numbers. Our aim is to hire a total of 167 case managers.

Gen Walter Natynczyk: If I could add, in some parts of the country, we've had real challenges hiring, just because of the labour market in the area and finding the right people with the right expertise and experience.

I'm aware that we're still in the area of north of a ratio of 45 to 50 veterans per case manager. As the new people come in, we are then moving veterans to these new staff, so that's why you see movement.

Ms. Irene Mathyssen: Are there temporary or contract employees? Is the hiring that you described full-time and permanent?

Mr. Michel Doiron: Yes. The people we're hiring now are full-time, but we do have some temporary and casual employees, usually to fill an immediate need or where we do not have the resources to put in an indeterminate employee. I do not have those percentages with me, but I can get them to the committee.

Ms. Irene Mathyssen: That would present some problems, certainly if they're temporary and there are gaps in fulfilling needs. Thank you.

I've heard anecdotally from veterans the concern expressed that case workers are encouraged to minimize their contact; in other words, to not always provide the veteran with information about all the programs they may be eligible to receive. I wonder whether you've heard any of that from the veterans you serve. Is that a concern you might have?

Gen Walter Natynczyk: We are changing the culture, the idea of care, for exactly that reason. What I say to our employees when I visit the offices across the country and visit the head office is that we treat our veterans as if they're our mum, dad, sons, or daughters. What level of care do we wish to offer our own children? My three kids served.

It's what level of care and the compassion operationalized to give them the benefit of the doubt and respect them no matter what. Absolutely.

Ms. Irene Mathyssen: Certainly, it's important, because we heard from the Auditor General that veterans find the application process very complex when it comes to benefits and programming. They're being asked to make decisions based on something that is very hard to understand.

I wonder what actions the department—

The Chair: We're out of time for the next question. We'll have to save it for the second round. Thank you.

Mr. Bratina.

Mr. Bob Bratina (Hamilton East—Stoney Creek, Lib.): Thanks very much.

General, the person I'm going to refer to retired some time ago from the Canadian military, so the information might be out of date, but what she told me was that, as a member of the Canadian Armed Forces, she could go anywhere in the world, from Masset in Haida Gwaii, the former Queen Charlotte Islands, to Egypt, and there would be a place to meet people.

The issue was the hard landing after leaving the service. I'm not sure whether that's still the case or not, but she told me that it was interesting to be in this close-knit family for so many years and then to be outside. So now we get to the point of accessing services. As you say, in some cases it might be that some time passes before you need to even get involved with something like that.

What is the situation currently for veterans wishing to access services? There is an array of services available to them. Are they generally aware of how to access those services? We've heard about one-stop shopping.

Could you comment about the ability to actually engage again with Veterans Affairs and so on regarding services.

● (1140)

Gen Walter Natynczyk: Mr. Chair, sir, your point is really well made. When we're in uniform, it is a close-knit family. With every unit, ship, or squadron you're part of, you are indeed a family. When you leave the Canadian Forces, whether it be for a medical reason, voluntarily, or retirement, it's hard. It's a cultural shock. The individual's identity really is captured by their uniform. That's what makes it so hard.

This is why an organization like the Royal Canadian Legion was created years ago. The fact is, for many folks, their soft landing is by joining an association like the Legion, or the Dominion, or the various veterans associations in order to maintain those bonds—but also, when trouble signs start to show up, so that the support is there because, especially with regard to mental health injuries, it's people around these sailors, soldiers, airmen and women who will see it first and will then say, “Hey, listen, you have to go see somebody.”

Also, through the Legions and the Dominion, we have service officers. We train them at each one of the Legions so that there are folks out there with the training. Also, we're on the web. We're now encouraging Canadian Armed Forces members early in their career to create accounts on our network called My VAC Account so that right from basic training they will have a My VAC Account and are aware of some of the services down range.

Do you want to go ahead and talk about a few of those things?

Mr. Michel Doiron: Your point, sir, is well taken. There are a lot of ways to access us. We have call centres. We have offices. We have agreements with Service Canada where we have services available at Service Canada also. We have the My VAC Account with over 25,000 users. So a lot of information is there, and you can do your applications.

I think one aspect of your question was around whether or they know which services to access. That's where we have to do more work to make the services simpler, easier to apply, easier to understand, and to know they are out there. That is part of the culture shift that the deputy talks about, making that information more available and more understandable. We keep trying to improve our website—there's a lot of information on the website—so that it's understandable and navigable.

It comes back to the veterans' centricity, looking at the services, looking at what we do from the veterans' perspective, not from the bureaucrats' perspective. We still have some work to do on that side.

Mr. Bob Bratina: Thank you for that.

Expanding beyond the individual to the family—and we're here to solve problems and make things more efficient—are there notable shortcomings in understanding the family supports or the provision of them that we need to address?

Gen Walter Natynczyk: Mr. Chair, again I think one of the challenges is that not only is every individual serving the military different, but so is the family situation because of their service and the number of tours, postings, and so on.

We know that when someone has a physical injury or a mental health injury, the family, because of a domino effect, requires support as well. So we're looking at our programs and processes to determine how we can enable those families to get the care they need so they can stay and support the injured veteran.

All of our programs and support services flow through that veteran to the family. That's what occurs in the Canadian Armed Forces and what occurs with Veterans Affairs. Again, our mandate letter enables us to look at ways and means and to make recommendations on how we enhance the care to the family so we have resilience in our veterans' families.

● (1145)

Mr. Bob Bratina: I don't know how much time I have let.

The Chair: You have about 20 seconds.

Mr. Bob Bratina: I'll ask it on the next go around.

Thanks very much.

The Chair: Ms. Romanado.

[*Translation*]

Mrs. Sherry Romanado (Longueuil—Charles-LeMoyne, Lib.): Thank you very much, Mr. Chair.

Thank you very much, General Natynczyk. I would like to take this opportunity to thank you for the services you provide to our nation.

[*English*]

After hearing your presentation, and as a military mother of two sons serving, I'm soothed that I have someone of your calibre who gets it. The decision to enlist and to put on the uniform is something of great pride to the military and their families. Knowing that you get it, and knowing that your children are currently serving as well, brings some level of peace.

In terms of operations we know that a significant number of what we call “modern-day vets” aren't reached traditionally, the way some of our older vets are. I'd like to know if you could elaborate on some of the technology Veterans Affairs is using—I don't want to say “static” one-way communication, i.e., a website—to reach some of our vets who are in outlying regions, who don't have access, or may not be as comfortable on the phone. Could you elaborate a bit on some of the initiatives Veterans Affairs is using to reach them?

[*Translation*]

Gen Walter Natynczyk: Thank you, madam, for the question.

That is a challenge now with young soldiers, sailors and members of the Air Force. After their service they usually do not join groups or associations like the Royal Canadian Legion.

During the Second World War and the Korean War, a lot of soldiers stayed in the area with their comrades after having been deployed. These comrades were an important source of support.

However, at this time, they find themselves side by side in a foreign country.

[*English*]

These men and women maintain contact with each other over the Internet through social media, but not with everybody. It's with those who were in the same firefight, in the same battle aboard ship, aboard their aircraft, or in their squadron. That's how they console each other, counsel each other, and support each other. We are fortunate in that there are a lot of leaders. These great men and women have served and learned so much, and there are social media groups that come together of cohorts to support each other. I could list a number of them. This is one of the reasons we're creating a structure of advisory groups and stakeholder groups. You may be aware that we had a successful summit of these groups here in Ottawa on December 1 and 2 with a large gathering at the War Museum. A large number of the folks who were there are the ones who are co-ordinating these peer support groups on the Internet, bringing them together, and making them aware of the resources that Michel provides over the Internet so they can connect. They're scouting and supporting each other over the Internet and how quickly can they engage back to us through our staff in order to provide those who need support with that support.

Michel.

Mr. Michel Doiron: We do use a bit more technology in certain realms. If I think about OSIs

[*Translation*]

In some provinces, our mental health clinics are using technology. In this way, veterans do not have to go to a clinic to receive their psychological treatment. Of course, they must go on site from time to time.

We use Telehealth to accelerate services. We are currently testing the use of similar technology with our case managers so that we may offer certain services to our people in remote areas, since we do not have offices in some regions. Sometimes there are no Service Canada offices either. Speaking to these people by telephone or through a Veterans Affairs Canada account is relevant in terms of safety; we have to make sure these people are monitored.

I don't know how far we will go, but we are testing that possibility now. We are exploring all aspects. These people are there 24 hours a day, 7 days a week, but we are not, except for calls having to do with mental health.

We are attempting to improve the situation so that services are available when clients need them.

● (1150)

[*English*]

Mrs. Sherry Romanado: To elaborate on what you mentioned, I agree there are a lot of grassroots initiatives on social media where folks are coming together to talk about concerns. How active are Veterans Affairs staff in monitoring these social media sites, dispelling some of the misinformation, or making sure the folks who are in crisis are being taken care of? I monitor many of these sites. I want to know how active are Veterans Affairs representatives, caseworkers, or whoever in monitoring them so they can make sure they reach out in real time to these folks who are obviously looking for support? I don't know if you can elaborate on that.

Mr. Michel Doiron: We don't monitor social media sites per se. A case manager doesn't have the time to monitor in that way. Our communications folks do monitor the sites and provide us some input. Our minister's office is also very involved because a lot of veterans or friends of veterans will say, “Wait a minute. Michel's in trouble here,” and send us a note. That's when we get involved. What happens in that realm is in that realm, in the sense that they're sharing, if not private information, their information, so we try not to....

However, once we get the call, whether it's a deputy minister who receives a note, or me who receives an email from someone—people, even in this room, will send me emails that someone is in trouble—we take action immediately. Then we use all means possible to contact them and to help them.

Mrs. Sherry Romanado: Thank you.

[*Translation*]

Mr. Alupa Clarke (Beauport—Limoilou, CPC): General Natynczyk, it is a great honour for me to meet you and to be able to ask you questions. During the first years of my military service, you were my highest ranking superior. I would have three questions for you.

Firs of all, in 2014-2015, the Minister of Veterans Affairs at the time, Mr. Erin O'Toole, intended to introduce a card which was to be given to all veterans, regardless of their number of years of service. It was to be issued in two phases. During the first one, the type of service and number of years the member had served was to be established. In the second phase, an electronic chip was to be added which would contain information on the person's health.

I would like to know where that project stands and whether it is still going forward.

Gen Walter Natynczyk: The Canadian Armed Forces protocol is to give the members of the Canadian Armed Forces the NDI 75 ID card. However, the Canadian Forces decided to change the practice last month and to replace it with the CFOne card. The card was designed by the Canadian Forces Morale and Welfare Services. The card will have on it the name of the veteran and will indicate whether he is a veteran, a family member or someone else. At this time, we are still issuing NDI 75 cards.

Mr. Alupa Clarke: Do you think that this card could in future contain confidential information on the person's health?

Gen Walter Natynczyk: The Veterans Ombudsman, Mr. Parent, has made a recommendation on this. He indicated that it would be simpler and easier if there were one ID card for all veterans, especially in cases where they need health services. We carried out a study on this program and made a recommendation to the government.

Mr. Alupa Clarke: Fine.

Several veterans told me that when they want to receive benefits, they have to demonstrate that they were injured in the course of their military service. The burden of proof rests with them in that regard. I am told that in the United States it is the opposite, since the authorities in that sector have the burden of proof. Is that correct? If so, would it be possible to change this approach in Canada, which would simplify life for veterans considerably?

Gen Walter Natynczyk: In the context of the strategy I mentioned, we changed the system with regard to the proof to be submitted. I am going to ask Mr. Doiron to explain the situation.

Mr. Michel Doiron: We made some changes last summer. We had already begun to do so, and now they are in effect. It concerns the Canadian Forces Operations Code. Obviously, and that is understandable, a member of the Canadian Forces will not always document all of his injuries. When we referred to the burden of proof, it meant that we reviewed the file to see if there was anything that stood out.

Regarding injuries, we have not eliminated the burden of proof, but we have simplified the process. We ask what the veteran's duties were. The deputy minister referred to this earlier. Let me give you an example.

[*English*]

It's in the case of an infantryman.

[*Translation*]

We know that it is normal for veterans who were in active duty in theatre to have knee, hip and back problems. If someone served in the infantry, there are two or three things we look at. That is what is meant by the burden of proof. If a physician says that the person is injured, he belongs to the club. We still have to assess the percentage of disability and the complexity of the injury, but the person's entitlement to benefits is not at issue.

● (1155)

Gen Walter Natynczyk: I would like to say more on these broad changes in culture and processes regarding psychological injuries.

We have an expeditious process in place to help men or women who are suffering from a psychological injury due to a training accident, be it during a deployment to Somalia, Rwanda, Bosnia, Kosovo or Afghanistan.

Mr. Alupa Clarke: Unfortunately, following a pilot project that involved several Canadian cities, we found out that over 2,000 veterans are homeless in Canada.

What was the nature of that pilot project exactly? What do you intend to do about the fact that there are that many homeless veterans in Canada?

Gen Walter Natynczyk: There was a conference here this week, two days ago in Ottawa. All of the participants in that pilot project were present. A lot of lessons were learned by all of the participants and all of those lessons were shared. The department's objective is to bridge the gaps, to have a strategy and a development plan and to make recommendations to the government.

There is one challenge that remains to be met regarding the number of veterans who are homeless, and that is to find out where they are and to determine who is providing support to them.

Last year, I went to Victoria. I met representatives of the Royal Canadian Legion. The Legion has a shelter there, Cockrell House. That is a local initiative. The weather on Vancouver Island is relatively mild. That house is for soldiers who are homeless. We are now able to offer them shelter while they begin their transition. It is another element of support that allows us to provide treatment for their addictions and mental health problems. We offer them vocational training and a process for their future.

[*English*]

The Chair: You're done. Thank you.

Mr. Fraser.

[*Translation*]

Mr. Colin Fraser (West Nova, Lib.): General, thank you very much for being here with us today.

I also thank Mr. Butler and Mr. Doiron for their presence at this meeting. I thank them as well for their presentations, which were greatly appreciated.

[*English*]

Regarding the benefits for veterans who are permanently ill or injured, I have some concern about the financial difficulties that many of our veterans are facing. Here, I appreciate the question by Mr. Clarke a moment ago about homeless veterans and there may be other systemic reasons why that's happening.

However, I'm wondering if you can help shed some light on the benefits that permanently ill or injured veterans receive and comment on whether or not that is sufficient for them to make ends meet and not struggle financially.

Gen Walter Natynczyk: Mr. Chair, I'll say a few words and then ask Bernard to add.

We've got two acts and regulations that provide services.

Until March 31, 2006, if a veteran came forward with an injury or illness, they were covered under the Pension Act. For any injury the department became engaged with after April 1, 2006, the individual is covered by the new Veterans Charter. We have quite a lot of veterans who had coverage under the Pension Act and then with a new injury or illness that may have arisen since April 1, they're also covered under the new Veterans Charter.

It's quite complicated when you lay out all that, and some have called it a quilt or a patchwork, but we're dealing with two specific acts.

I'll turn it over to Bernard now.

● (1200)

Mr. Bernard Butler: Thank you, Deputy and Mr. Chair.

The benefit suite we have was the subject of a fair amount of study by this committee back in 2014. As the deputy said, since 2006 the program for modern-day veterans who make applications for financial and other supports has been captured under the new Veterans Charter suite of benefits.

For those who are seriously injured or seriously ill as a consequence of their service, there are several key program elements designed to support them. The first one is a compensation award. It's a lump-sum award for serious problems, such as a 100% disability. Currently, that's a $310,000 lump-sum benefit. It is called a non-economic benefit. The policy basis for it is to recognize and compensate veterans for their disability.

On the income-support side, the economic support side, if members have a service-related rehabilitation need, they have access to a suite of rehabilitation programming—vocational, psychosocial, and medical. While they are in those rehabilitation programs, they are eligible for 75% of their pre-release income. It ensures that their pre-release income doesn't fall below a 75% level. In 2014, this committee recommended that this amount be increased. Those of you who have studied the minister's mandate letter will notice that there are references to increasing this award.

Veterans who have requirements from permanent impairment and who meet certain criteria under the legislation are eligible for an additional payment over and above the benefit for loss of earnings. These are paid in three categories, roughly between $600 and $1,600, based on the degree of disability. Those payments are for veterans who cannot successfully re-establish themselves or be rehabilitated. Earning-loss benefits and benefits like the permanent allowance are paid until age 65.

As a function of the last budget, there is a new benefit called the retirement income support benefit. It ensures a minimum of 70% payment or 70% benefits for those veterans who are receiving things like the earnings-loss benefit after age 65.

The long and short of it is that there are a number of support benefits in place for veterans until age 65 and beyond. But in the minister's mandate letter, there was clear direction to look at increasing the amount of the earnings-loss benefit, improving access to the permanent impairment allowance benefit, and increasing the amount of the disability award.

It's fair to say that the department and the government are concerned about these issues. They want to ensure that where there is a need that need will be met.

Mr. Colin Fraser: Thank you very much. I appreciate your answer.

I forgot to mention I'll be sharing my time with Mr. Eyolfson.

The Chair: You only have about a minute left, so you'll have to make your question quick.

Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.): Thank you all so much for coming. It has been an honour to listen to you.

I'll ask a fairly straightforward question. I'm a physician and so I'm particularly cognizant of issues having to do with mental health. In various medical records, they'll have mental health problems and medical problems as well. When they transition, what is the mechanism for transfer of medical records from the military to Veterans Affairs? Is this an efficient process? Are medical records transferred to a primary care medical or psychiatric provider?

● (1205)

The Chair: You only have a short time to answer that question.

Gen Walter Natynczyk: A recommendation by this committee in the past was for the electronic transfer of records. The Canadian armed forces is digitizing its records to ensure that there is a seamless connection to Veterans Affairs.

Over to you, Michel.

The Chair: We won't have time for that answer. Sorry.

Ms. Wagantall, five minutes.

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Thank you, General, and thank you to your staff. I'm very honoured to be on this committee. The more I learn and understand the challenges our vets face, the more I appreciate the amazing opportunity we have here to continue to invest in making it a better experience for them.

I enjoyed hearing what's been happening and the recommendations that have been coming forward, and the opportunity we have to build on that.

I have just one thing initially. I had an individual contact me who is a caregiver for a veteran in Saskatchewan, my home province. She made sure to tell me that the Saskatchewan VAC front-line staff are absolutely wonderful. I think it's good to hear those things sometimes. She said the support staff there is just amazing. The ANAVETS program, that contact thing, is so important in our province, along with the My VAC Account. Those in our younger generation are definitely going in that direction to get their services in a lot of ways. They don't feel unappreciated or uncared-for in using that system. I think they see it as quite helpful.

This individual's concern was related to the delivery of services. We talk about wanting these front-line services there for them, but the challenge then is that we now have a medical program that we didn't have with the older vets, that we work through the provinces, and it's about getting those services. The psychiatrist who worked with the individual she worked with flew in from Vancouver and was remarkable. They will not be available to do that anymore, and there's this huge void.

Then I had a call from another individual who works in a recovery centre not far from a base. I believe there are a couple of veterans involved there right now. They have 30 beds, 30 opportunities for care.

I just wonder where the breakdown is on what we can do on this side, into the provinces, to encourage and find those individuals we're asking to help our veterans.

Gen Walter Natynczyk: Thanks for the point, madam. All I can do, following this, is to drill down a little bit more into that specific example in Saskatchewan. We do leverage the operational stress injury clinics across the country, and we do have practitioners. Whether they're connected by telemedicine or whether they're able to get on location, it really is a question of how many are there and what our ability is to get the very best professional practitioners to our veterans across the board.

In so many ways we rely on the provinces, but we are actually engaging the provinces to provide a higher level of care for all of these veterans across the country. Just from talking to the Royal Ottawa hospital here in Ottawa, people generally are in the program 18 months to 24 months on average, but then the challenge is that once someone gets through the treatment process, we need to have civilian practitioners who are out there, because it's the civilian practitioners who carry on with the treatment beyond that specialist treatment.

This is complicated, and it's unique to every location across the country. If you wish, we can have a drill-down, as we do on a daily basis, in your region. If there's something we have dropped or missed, we will engage.

Mrs. Cathay Wagantall: I appreciate that. Thank you.

This discussion about burden of proof is something that's new to me. In our workplaces, if someone gets injured, they write up a report. You have that documented verbatim report, because in the future you may need it. At the moment you may not.

Is that something that DND does with...?

Gen Walter Natynczyk: Ma'am, this is a challenge, because a lot of our men and women in uniform are young, they are resilient, and they think they are indestructible. If you have young kids who are in their teens and twenties, they're indestructible.

I've been parachuting with troops, and I know they're hurting. They're taking Motrin like they were Smarties. They're going to jump. There's nothing in their medical file that says they have bad ankles, knees, hips, or backs, but they're going to do it. Sometimes their spouses, their families, are not there to make sure that there's common sense.

In many cases, our challenge is from legislation, that there has to be some level of evidence. This care, compassion, respect campaign —this strategy—from a compassion standpoint, allows us to exercise what is in the act, “the benefit of the doubt”, and to look at the context of that individual's service.

If they were a gunner, they might have a hearing issue, a back issue, a hip issue. If they were a paratrooper, they have other issues. If they were loading the back of a Chinook or a Hercules, again, it's hearing, back.

We're looking at the specialties of the individual and their service. Where did they deploy? If they were on operational deployments—Rwanda, Swissair 111—all of these have a cumulative effect. What we are now saying in the department is that it's all part of evidence. This is a significant change.

The U.S., as brought earlier, has a presumptive model; they have different laws. I'm told by many lawyers—some who are very close by—that we don't have a presumptive model. But we achieve the same effect by considering the context of the service.

● (1210)

The Chair: Ms. Mathyssen, you have three minutes.

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

I guess I'd like to do a little drilling down.

In the 2014 report, the Auditor General said that while the department had provided timely access to the rehabilitation programs, there were still some problems in regard to accessing mental health services. We've heard anecdotally from personnel that they're reluctant to seek that kind of help because of the stigma attached to it, and then when they do many months can go by. That is very detrimental in terms of successful treatment of the medical problem.

What measures have the department put in place to actually measure the performance of the mental health strategy? How do you know what you need to do? How will you know when it's working?

Gen Walter Natynczyk: Mr. Chair, thank you very much for the question.

Again, we really appreciate the Auditor General's report and recommendations.

Since that report, the department has moved forward on opening new operational stress injury clinics alongside of the Canadian Armed Forces, not not only main clinics like one in Halifax, but also satellite clinics in smaller communities. It's trying to create offices within a reasonable distance of where key critical masses of veterans are so that they can get support, and where they are more isolated, to leverage technology such as telemedicine.

I'll ask Michel to make a few comments.

Mr. Michel Doiron: We have implemented with our clinics, tracking mechanisms to see how long it's taking to be accepted in the clinic and how long before a clinician is seen, and a bunch of matrix.

This is new. We started it after the OAG report. We now have about nine months of information, and we're pinpointing where we have some of these issues and we're addressing them. Those matrix, we're now tracking.

Gen Walter Natynczyk: I will also say that this is a work in progress.

In partnership with the regional health authorities, our ability to engage the right practitioners and in the right numbers is different in every part of the country.

Ms. Irene Mathyssen: In terms of tracking, General, you said that most CF personnel successfully transition to civilian life.

How do you know that? What mechanisms are you using to be able to say that?

Gen Walter Natynczyk: That's their saying that. It's their surveys.

Reporting to Bernard Butler here, we have a Fulbright scholar, Dr. David Pedlar, with one of the best research cells, I would say, in the nation, looking at the human dimension of service. That's obviously with our allies, because he is on a Fulbright scholarship as we speak south of the border.

On a two-year basis, we are doing surveys of those who have released, in order to understand the changing dynamic of our veterans, so that is coming from them.

● (1215)

The Chair: Thank you.

This concludes the first part of our meeting.

On behalf of the Standing Committee on Veterans Affairs, I would like to thank you, General, and your staff for appearing today.

Thank you to everybody in the audience for attending.

We will take a short break and then the committee will return in camera.

[*Proceedings continue in camera*]