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Chair

Mr. Neil Ellis

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• (1100)

[English]

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

Good morning, everybody. Pursuant to Standing Order 81(4) we are considering the main estimates 2016-17 today, including vote 1 under the Department of Veterans Affairs, vote 1 under the Veterans Review and Appeal Board, and vote 5 under the Department of Veterans Affairs. These were referred to the committee on Tuesday, February 23, 2016.

At the same time we will be discussing the minister's mandate, and if time permits, the committee will move in camera to discuss further business.

I'd like welcome the Honourable Kent Hehr, Minister of Veterans Affairs.

Minister, this your first time appearing in front of the committee. On behalf of the committee, I'd like to congratulate you on your position and welcome you here today.

Minister, you have the floor for 10 minutes, then we'll start with questions after that.

Hon. Kent Hehr (Minister of Veterans Affairs): Thank you for that welcome, and congratulations to my parliamentary colleagues on being appointed to this committee. The work we will do together here is very important and especially meaningful to many of you around the table.

Mr. Clarke deserves our greatest thanks for his military service and for that of his brother. Ms. Romanado has two sons who are currently serving. Mr. Kitchen's father and brother served in the forces, and Mr. Bratina's son will shortly be a member of the Royal Canadian Mounted Police. Ms. Mathysen has been a long-standing advocate on behalf of veterans.

It's an honour and privilege to be named Minister of Veterans Affairs and Associate Minister of National Defence, and to work alongside members of the Canadian Armed Forces, the RCMP, veterans, and their families. I understand the challenges a person faces when tragedy strikes, when injury and illness take their toll. I myself would not be here today without the support of others as well as help from various levels of government. The peace, tranquillity, and freedom I enjoy every day is because of the sacrifices that have been made by veterans, and I hope to make a difference in their lives. My mission is to reduce complexity, close the seam, and rationalize

benefits for veterans and their families. We will improve support and services, and always focus on care, compassion, and respect.

The Prime Minister has given me an ambitious mandate to provide financial security and independence, education and employment opportunities, and better mental and physical rehabilitation for Canada's veterans.

With the co-operation of the Minister of National Defence, we will close the seam between the Canadian Armed Forces and Veterans Affairs. We will also strive for excellence in all services we deliver, setting veterans' well-being as the objective of everything we do. My mandate letter provides a good road map, and we are listening to veterans' associations and stakeholders, who will help ensure we meet the needs of veterans. We are serious about consulting with veterans and veterans' stakeholders. We don't tell veterans what they need. We ask them what they need. To that end, six stakeholder advisory groups are being set up and meetings with various groups will be held over the next while. These advisory groups are one of the mechanisms we use for stakeholders to give me advice and suggestions. To better support veterans where they live, budget 2016 proposes to reopen and staff offices in Charlottetown, Sydney, Corner Brook, Windsor, Thunder Bay, Saskatoon, Brandon, Prince George, and Kelowna, while opening an additional office in Surrey. We will also expand outreach to veterans in the north by working with local partners.

Budget 2016 also proposes to hire additional case managers to reduce the veteran to case manager ratio to an average of 25:1. Case managers represent the first line of intervention to help with the rehabilitation process and to coordinate referrals to health care providers. Reducing the client to case manager ratio will help veterans make a successful transition to civilian life. To implement these measures, budget 2016 proposes to provide \$78.1 million over five years, starting in 2016-17.

I would like to mention that while face-to-face interactions are great, it's clear veterans also want to do business and interact with us on their terms. We have seen a rapid increase in the number of people who have registered to use our secure online access tool, My VAC Account. There are now 32,000 registrants, a tenfold increase since 2012. We are making significant investments to ensure the financial security and independence of veterans with disabilities and their families as they make the transition to civilian life. The sum of \$1.6 billion has been set aside so that over the next five years disabled veterans and their families will receive more money. This includes increasing the value of the disability award for injuries and illness caused by service to a maximum of \$360,000, indexing this amount to inflation and paying it retroactively to all veterans who have received this award since 2006, increasing the earnings loss benefit to replace 90% of an eligible veteran's military salary, expanding access to the permanent impairment allowance to better support veterans with career-limiting service-related injuries, and renaming it the career impact allowance to reflect the intent of the program.

• (1105)

We will conduct a veteran financial benefit review to simplify benefits and determine where the gaps remain and which programs are less than fully effective to meet the needs of veterans and their families.

This review is central to determining the context for the next phase of financial benefits, including the option of a pension for life. Veterans associations at the last stakeholder summit told us to take the time to get this right, and that's exactly what we intend to do.

Similarly, we need to take action beyond financial benefits. This includes veteran education and career transition initiatives, spousal training, mental health, and suicide prevention, among others. All of these initiatives are important in helping veterans find their new normal.

Homelessness has become a significant issue in Canada and it affects the veteran population as well. We have created a priority secretariat that will examine three priority areas, one of which is addressing veteran homelessness through more support for the homeless and those at risk. Through the secretariat, Veterans Affairs is developing a homeless strategy in collaboration with partners and stakeholders that will identify ways of improving existing policies and programs. We will tie our efforts to the whole-of-government approach to ensure all Canadians, including veterans, have better access to affordable housing. Budget 2016 has proposed to invest an additional \$111.8 million over two years.

Mental health has always been the challenge, but it has been long overlooked in military culture. The combat mission in Afghanistan took a huge toll on our troops. Over a quarter of the troops who deployed now receive some sort of assistance from Veterans Affairs. The public discourse on mental health encouraged many more veterans from numerous peacekeeping missions to come forward. We're also seeing veterans from as far back as the Second World War reaching out to get help. We have the medical research, and now it's time to do something about it. We will create two new centres of excellence, one of which will specialize in mental health.

Commemorating the service and sacrifices of Canada's veterans and those who paid the ultimate price is a key pillar of Veterans Affairs. We will remember the service and sacrifice of those who have served by providing easier access to the funeral and burial program. Through budget 2016 we'll expand program eligibility to more families of lower-income veterans. We will do this by increasing the estate exemption from approximately \$12,000 to approximately \$35,000 and will apply an annual cost-of-living adjustment moving forward.

We will continue the community war memorial program by merging it with the commemorative partnership program and by making the overall application process easier.

On July 1 we will commemorate the 100th anniversary of the battle of Beaumont-Hamel, both in France and in St. John's, Newfoundland, to recognize this tragic day for Newfoundlanders. Next year we will recognize the centennial anniversary of the battle of Vimy Ridge.

As we recognize these important anniversaries and honour our military and veterans, I ask for your collaboration and support so that we may advance realistic and prompt action on our mandate. It is imperative we meet the needs of veterans in the most effective and efficient manner possible, all the while doing it with care, compassion, and respect.

Finally, I want to thank not only the esteemed public servants beside me today, but those across the country in back offices who work tirelessly to provide top service for our veterans.

• (1110)

The Chair: Thank you.

We will begin our first round of questioning with six minutes, and the first questions will come from Ms. Wagantall.

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Thank you, Minister, for being here today. I deeply appreciate it. I appreciate as well that everyone around this table is focused on making the lives of our veterans and their families better, and I look forward to working together to make that happen.

I have a couple of questions, specifically on the mandate letter and some of the items that there's an intention to deal with at some point in time. One of the priorities identified in the mandate letter is to create two new centres of excellence in veterans' care, including one with a specialization in mental health, post-traumatic stress disorder, and related issues for both veterans and first responders. This is not addressed at this point in the budget.

Can you give me an idea of what the timeline is on this?

Hon. Kent Hehr: You also know that I am the associate minister of National Defence. As the mandate letter indicates, we are supposed to look at this in a broad fashion. We are going to look at how we can serve both the military and our veteran community and first responders. We are taking that approach. I am sitting down with the Minister of National Defence on many issues, on closing the seam, as well as getting our veterans who are leaving the service better support in the transition phase. To incorporate that, that will be part of our centre of excellence. We have to look at a great many locations around this country where the centre of excellence can best be housed. We have to look at where the research is currently being done and where we have those with the ability to provide these services to the members.

Mrs. Cathay Wagantall: Just briefly then, we are looking at two centres of excellence. I appreciate that we have volumes of veterans in some places more than others. I am from the west, from Saskatchewan, and I am concerned about what the thinking is as far as how those centres of excellence would serve individuals who aren't close to them.

Hon. Kent Hehr: We are working through that process.

My mandate is to create two new centres of excellence in veterans care, as indicated, including one with a specialization in mental health and post-traumatic stress. We now have up to 30% of the veterans returning from the Afghan theatre who are identified with post-traumatic stress. It's imperative.

The research is coming forward. We need to find how this can be best appropriated to the communities and get those who need it the help they need. I will point out that we have moved on some key initiatives that will also support this: re-staffing in the Veterans Affairs office and allowing our case managers to get down to a reasonable ratio of an average of 25:1.

Mrs. Cathay Wagantall: I appreciate that as well.

This whole question of PTSD and mental health is a significant factor that we need to deal with. The whole question of a suicide prevention strategy coming forward also isn't addressed at this point in time. As a government, we are also facing dealing with the Supreme Court's mandate to come up with an assisted dying legislation. I understand one of the recommendations at this point is to open up that access to people with depression, which deeply concerns me for our veterans when we are looking at, on the one hand, preventing suicide and, on the other hand, making assisted dying more available, beyond the scope of what was suggested.

Hon. Kent Hehr: I don't want to speak to another minister's department. I will say that we are going to concentrate on making veterans' lives better through care, compassion, and respect, and giving them the tools they need to build their lives, both in financial ways as well as in the support they need to build their lives.

• (1115)

Mrs. Cathay Wagantall: Wouldn't you say, then, that this should be a very high priority for us at this point in time?

Hon. Kent Hehr: I would say my entire mandate letter is a priority.

Mrs. Cathay Wagantall: You do have to prioritize, right? It's a huge task.

Hon. Kent Hehr: I think we did prioritize.

Mrs. Cathay Wagantall: This isn't in there right now.

Hon. Kent Hehr: I agree, but we did deliver on six of the 15 mandate letter items. We ensured financial security as well as working on some of the components that are going to assist in mental health, reopening the nine offices and two additional offices. That will allow a point of contact for people who are struggling to come in, get the help they need, and get connected to case managers and people. I will remind the member that under the former government, 800 front-line service delivery specialists were cut. That was too far, too fast. Our case managers and people trying to help veterans were getting backlogged, and veterans were delayed from getting the care and help they needed.

Mrs. Cathay Wagantall: I understand what you are saying. I think what's important, though, is that we make sure that these services are also.... Seeing the word "centralized", with two centres.... Our veterans are all over the country, so I just want to make sure that the services are available to all of our veterans to the same degree, regardless of where in the country they live. I know that this is an issue in my province, where mental health support is needed and it's not there. We travel in our province to get help for pretty well anything. We have an opportunity for another office there; I understand that. My concern is for the front-line work.

The Chair: Thank you very much.

Our next question will come from Mr. Bratina.

Mr. Bob Bratina (Hamilton East—Stoney Creek, Lib.): Minister, it's so great to have you here.

Just before I ask you a direct question or two, I would mention that in my previous life as mayor I wanted to reacquire Hamiltonians with their military heritage. To that end we renamed the war memorial park, Gore Park, Veterans' Place. That was done by General Maisonneuve in 2006, and then last year the complete redesign was completed and Geordie Elms was there to help celebrate that. I found out this morning that the redesign of our Veterans' Place has just won a national architectural award for effective design of a public space. So you know that the concerns of veterans are well in hand in the city of Hamilton, and certainly by us here on the committee.

Having said that, I'd like to point out that budget 2016 states that the calculation of the earnings loss benefit will be amended. Can you clarify the changes that have been made to the base pay specifications and how that will impact those currently in receipt of the benefit and those who will eventually receive it?

Hon. Kent Hehr: I was just in Hamilton visiting our front-line staff and our team there, who are grateful for the re-staffing efforts. They're looking forward to the conversation I'm going to be having with the Minister of National Defence on closing the seam. They presented some very good ideas for us on how we at VAC and the Department of National Defence can work better. I can attest to the great work going on in Hamilton.

If we look at the changes we've made to the earnings loss benefit it was really something that had been called for by the veterans' community since the implementation of the new Veterans Charter in 2005, and some of the gaps that they saw emerging. Moving it from 75% of a pre-release salary to 90% of what that salary would be ensures that veterans of all categories, whether they be a private, corporal, or otherwise, will have more financial security. They will be able to build their lives. Really it's more in correlation with what other programs of service delivery are in other areas around workmen's compensation and the like.

We thought to ourselves: why is an individual, a man or a woman who has served in our military and who has suffered a debilitating injury, being penalized in such a fashion? Of course, in moving it to the 90% they are also still allowed to tie into all the other programming that Veterans Affairs Canada is providing, whether it be educational, supports for families, or retraining. We sense that this is a move to ensure financial security and it works for all levels of those who find themselves in the program. They'll have more money in their pockets to support their families, to build their lives, and find a meaningful place to reach their new normal.

But maybe General Natynczyk could augment that with any further details on the exact numbers.

• (1120)

General (Retired) Walter Natynczyk (Deputy Minister, Department of Veterans Affairs): Minister, you're spot on.

I would just say, again, this is in response to something that the ombudsman had put forward after doing a lot of research and consultation. We're really pleased to be able to deliver this as quickly as possible in the mandate. It's going to have a huge effect not only on veterans but on their families, and give them that sense of confidence that while they're going through the vocational rehab programs their financial security is being addressed.

Mr. Bob Bratina: The overriding issue for us here now is studying service delivery. How do we get these things, and how do the veterans become aware of them?

We've heard about difficulties in transition from the Department of National Defence to Veterans Affairs Canada. How do we close the seam and address the challenges that veterans face currently with the transition?

Hon. Kent Hehr: I thank the member for his question because that is identified in my mandate letter and an important one. We've seen gaps emerging over the course of the last number of years, and my work with the Minister of National Defence is described as imperative in moving Veterans Affairs forward.

We have right now many military men and women who know they will be leaving the military, which is a difficult day. Many of these men and women have joined up. It has been part of their family and their blood. It's what they wanted to do with their lives. They wanted to contribute to military service. When that day comes, they deserve our care, compassion, and respect in transitioning them to a place where they can continue to build their lives.

I'm looking forward to that work I'm going to do with Minister Sajjan meeting with the various people in Hamilton and other places across the country. They say right now there are difficulties on case

management levels and on front-line staffing. To be able to allow for that early intervention when a man or woman knows they are going to leave the military is not happening. We know we have to do that better to allow them to get their lives established so they can get the financial services they need, as well as help with career transition, employment opportunities, and educational experiences.

We understand this is a huge issue and will comprise much of my work over the next year, or year and a half. I can say we identified some areas where we can go. Are they in practice yet? Not yet.

The Chair: Thank you, Minister.

Ms. Mathyssen.

• (1125)

Ms. Irene Mathyssen (London—Fanshawe, NDP): Thank you very much, Mr. Chair, and thank you, Minister. We are very pleased that you are attending our committee meeting, and it is a pleasure to see you.

I have a number of questions, and I hope to get through a significant number of them.

One of the quite disconcerting realities of the last mandate of government was compelling veterans with severe injuries, such as the loss of limbs, to reconfirm every three years that the injury still exists.

Do you have any plans to change that? Obviously that kind of injury doesn't go away, and for a veteran to have to re-file paperwork, and prove over and over again that injury still exists, seems ludicrous.

Hon. Kent Hehr: You're right. The complex array of services Veterans Affairs provides, as well as trying to have them tailored for each and every veteran, does sometimes entail a large amount of paperwork. We have reduced some of that. We're going to continue going on that path. I know a bit about having to fill out forms. For the provincial government I have to fill out every year that I'm still a C-5 quadriplegic. There's a bit of that in the nature of government, in the way we go about providing services.

That said, I believe General Natynczyk can advise us on a little of the work we've done in this regard, and where we hope to go in the future.

Gen Walter Natynczyk: I want to clear up a misconception. The real purpose of reconnecting with veterans on a regular basis is to see what kind of conditions they are facing, because a lot of the serious injuries don't get better, and in many cases they get worse. The purpose of the follow-up questions—and we try to be as unintrusive as possible—is to see what their real conditions are like and whether they require additional assistance.

It's interesting. Since this issue arose a while ago, in looking at it, on 24% of the occasions where we had feedback, Veterans Affairs provided additional supports to those veterans.

It really is a question of the circumstances under which the veteran is living. Do they need additional support? Are they able to cope? Have they changed their address? Have they moved to a different venue where they might need additional support?

I want to clear up that misconception. The purpose of that questionnaire is to follow up in an unintrusive way, and in a caring way, to ensure that Veterans Affairs is fulfilling its responsibility for caring for that veteran.

Ms. Irene Mathysen: Minister, the mandate letter indicated a plan, and you referred to it here, to reopen the closed Veterans Affairs offices.

What is your timeline? It has been six months. Offices like the one in Windsor have been closed for a long time, and veterans truly need those services, so we need a timeline in terms of reopening. Also I understand you are going to staff those offices, but I have heard some concerns about the training of those new case workers and about making sure they have all the skills they need to do the job.

Hon. Kent Hehr: We are going to open the nine offices that were closed under the previous administration. We're also going to open up a Surrey location, where we're finding a cohort of veterans who are finding their way to that region. We identified that as an area of support. Also, we had no ability to service the north, which we are going to be doing. I can tell you that I'm working very closely with Minister Foote on this to engage her early on in getting our offices open. Obviously this will take some time, but I can tell you that we're actively engaged on this and we're looking at plans to reopen them as soon as possible.

On the hiring of front-line staff, we know that we have to ensure they have the ability to interact with veterans and to connect them to the services they need. Going back, we have some expertise in this. We have offices in other areas and we're looking at what they're doing as a best practice model. That will continue in my work with Minister Sajjan.

The hiring of the service delivery staff has already begun. We're gone a great way down that path. We've hired 183 people to date, 72 of whom are case managers, and we're continuing to go through that hiring process to ensure our veterans get the care, the help, and the support they need, when and where they need it.

• (1130)

Ms. Irene Mathysen: Thank you, Minister.

In the Netherlands, a member of the armed forces is not released from the military until they have both employment and a benefits package in place. Have you heard of this? What do you think about it? Is this something that we might apply here to our Canadian Forces and veterans? Is it a model that you might be prepared to pursue?

The Chair: Minister, we have about 30 seconds left.

Hon. Kent Hehr: In my meetings with our operational stress injury clinics and those who are currently on the transition teams, from the Department of National Defence to Veterans Affairs, they've identified those gaps. We're going to be working with Minister Sajjan to look at these models, to ensure that when they're released from the military they have the financial benefits they need to build their lives, as well as options on education, employment, and the like.

The Chair: Thank you.

Next is Ms. Romanado.

Mrs. Sherry Romanado (Longueuil—Charles-LeMoine, Lib.): I'd like to thank you, Minister, for being here today. Please accept my apologies for literally running in the door. I am the only member of Parliament who sits on both the national defence committee and the veterans affairs committee, so I too wear the same hats that you do, and I was literally running from one meeting to another.

I want to commend you, because my decision to run for Parliament was based on the care that our Canadian Armed Forces and our veterans were experiencing. After rereading articles from February 2014, where it was mentioned that the goal was one case manager for every 40 case-managed veterans, to hear your goal of 25:1 is inspiring. I'm looking forward to working with you in that regard.

Given Mrs. Mathysen's comments regarding recruitment of case managers, I'd like to know if you could elaborate a bit in terms of the job description and the profile you're looking for in terms of these case managers. I know that we've hired 72. I want to get a sense of what it is that you're looking for. What kind of skill set are you looking to bring in?

Hon. Kent Hehr: Again, the 25:1 number was not pulled out of thin air. We researched. We looked at best practices, both in social work and in other military operations around the globe, and we said that this was where we're aspiring to be, an average of no more than 25:1. Currently we have case managers who are well beyond that, and our veterans are not receiving the information and the services they need. This has been referenced in ombudsman's reports and in reports of auditors general going back some time. We're making meaningful steps to do that.

In terms of employment and who we're hiring, I think General Natynczyk would be best to give you a scope of what we're looking for. Obviously, it's the best and the brightest: we want them in Veterans Affairs.

Gen. Walter Natynczyk: I would say that the common denominator for all the folks we want to hire is empathy—folks who have real people skills. As the minister indicated, their whole job is about the care of our veterans, compassion, and respect.

With regard to case managers, we're looking for social workers, nurses, and psychologists who have some experience with case management. I am thrilled to see that folks are coming from across the country. Indeed, many who are contemplating retirement from the Canadian Armed Forces are applying. We're working through the public service rules, which can be somewhat challenging, but to get people in the door, as the minister indicated, we have hired in excess of 183 people thus far.

We put them through a very formal training program, which has been great. We have reinstated a formal training program, bringing people centrally, putting them through a bit of a schoolhouse, and making sure they understand the various regulations. I was just in Quebec City recently, and I saw the great people who have come in, gone through the schoolhouse, and are getting their first few case files of veterans. As they get more and more confidence, more will come to them from other case managers who have carried quite a heavy burden.

I would also like to emphasize that it's not only case managers who are key here. It's also the veterans service agents. The veterans service agents are those individuals who care for a larger number of veterans, who have very simple, straightforward issues and requirements and illnesses and that kind of thing. The case managers manage about 9,400 cases in total. The vast majority of the others are managed by the veterans service agents. We're hiring both, and putting them both through a training program.

I would just conclude by saying that the key for all of them is a sense of empathy, of ensuring that the veterans and their families have the support they require.

• (1135)

Mrs. Sherry Romanado: In terms of wait times, how do you determine an ideal wait time in terms of service delivery, and what tools are being used to evaluate current wait times and benchmarking for improvements?

Hon. Kent Hehr: We're endeavouring to go on a service delivery review. We are looking at what we're doing in Veterans Affairs in all facets, whether that be through retraining, employment, or education, as well as the number of front-line staff and the needs that are out there.

The complex needs of those who are returning from the Afghan theatre and others in our department are pressuring us to do a better job on service delivery. That's a good thing. I'll reiterate that this has been identified in ombudsman reports and Auditor General reports. Going about that review and coming up with ways to track the help that veterans are getting on a timely basis—that's the work we will be doing in our department.

The Chair: Mr. Fraser.

Mr. Colin Fraser (West Nova, Lib.): Thank you very much, Minister, for being here today. It's really a pleasure to have you with us. I appreciate very much the work you've done so far in your role. Congratulations on being the Minister of Veterans Affairs. I look forward to working with you to ensure that the service being provided to veterans in Canada is the best in the world.

You mentioned budget 2016 in your opening comments. In reviewing it, I think it will make a difference for veterans. I appreciate your comments on budget 2016.

I'm wondering, with regard to service delivery, about the nine offices that will be reopened and the new one in Surrey. I come from Nova Scotia, from West Nova, and no service delivery office will be reopened there. Could you tell me how the service delivery will be improved for rural areas, for veterans who maybe have difficulty accessing larger centres, and how the department can work with those veterans to ensure that they're able to receive services like those in bigger places?

Hon. Kent Hehr: There is no doubt that the reopening of the nine offices, and Surrey, and the expansion in the north will allow many people to have more access points, as will the hiring of more service delivery staff. I look at this like some of the other things we're doing in our department, making sure that we have the people available to deal with cases in a timely manner.

On the expansion of our role in rural Canada, there is no doubt that we have many veterans who choose to live all across this great

nation and they need our care, compassion, and respect. We need to work with them on rebuilding their lives. How to build that holistic, integrated support, while recognizing the large nation we live in, is a challenge, but it's a challenge for all departments. It really, really is. We'll continue to monitor that and continue to build on that, and we'll look at other ways to support our rural communities.

Walt, do you have anything to add on that?

Gen Walter Natynczyk: If I could just add that, again, the front-line offices, augmented by the 10 additional offices, will be key and I'll call it the mobile office, a virtual office, in the north. It's interesting, one of our key staff was just up in the north in a small community of just a couple of hundred folks and there were two veterans of Bosnia and Afghanistan. It's providing that front-line staff.

As well, as the minister indicated in his opening remarks, the online service My VAC has now doubled and tripled to 32,000 veterans using that support, which is absolutely terrific. It's interesting because we stereotype who My VAC is set up for. You see a 95-year-old veteran with an iPad on his or her lap, able to do that; some folks of World War II or Korean War vintage are pretty savvy with this. At the same time, others need a personal touch and personal visit. That's why we're reducing our paperwork load so our case managers and our veterans service agents can get out more and maintain that personal touch with our veterans.

• (1140)

Mr. Colin Fraser: Thank you very much. I know My VAC is going to be an important piece in reaching out across the country. It's also important to keep in mind that some areas in rural Canada don't have high-speed Internet access so it'll be important to work with cross-government departments to ensure this is looked at.

With regard to the caseworkers, and reducing the ratio to 25:1, I commend you, Minister, and also the department, for taking that on and ensuring the resources are there to do that. I'm wondering if you can explain what that will mean for the ability of an individual who has been in the system and been waiting and the delays that can be resolved by reducing the ratio to 25:1.

Hon. Kent Hehr: In my view, this is a very good step in ensuring our veterans get the care, compassion, and respect they deserve, as well as the services they need. When a veteran has a person to pick up the phone in a timely manner and then to follow up with their needs on an individual basis, it's highly important to ensure we understand the challenges they're going through, understand the programs that are available, and we're trying to incorporate the family. We have to understand that when a man or a woman signs up for military service, the entire family goes along. We're looking at building that perspective not only through the case managers, but throughout the whole department, having a family-centric approach to how we get services out there better.

The 25:1 number was researched and was looked at as a best practice in social work as well as other military organizations that are providing that service, and we think it's necessary. Let's also remember we're attempting to move into assisting those men and women who find themselves homeless, who have been veterans. Let's be clear, when we're dealing with homelessness, there's a complex array of issues that a member has gone through. That often takes up an additional amount of a caseworker's time, and that's a good thing. We don't look at this as a negative, trying to assist someone to build the capacity to get into affordable, accessible housing, to rebuild what has become a difficult situation. We sense by these additional supports we're allowing for the time to work through whatever the veteran's issue is, whether it's a physical or emotional disability.

The Chair: Thank you, Minister.

Mr. Clarke.

[*Translation*]

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

Good morning, minister. It's an honour to have you with us, and I would like to thank you for joining us.

As I am the official opposition critic for veterans affairs, I have done my homework and contacted a number of veterans groups. I also had breakfast with some 100 veterans in Quebec City, last week. I want to start by saying that, like those veterans, I recognize your contribution and congratulate you on the efforts you and your government have made to make things better for veterans. I also want to congratulate you on continuing on the path of the previous government, which adopted an approach of constantly improving the situation under the new Veterans Charter, which was created in 2005.

However, minister, I would like to ask you some questions about two key points. I am talking about two concerns and disappointments I heard about from the veterans I have met and talked to on the phone over the past two weeks. I am referring to the financial benefits covering three specific increases.

The veterans have told me that they were pretty disappointed to see what has come of their recommendations on the earnings loss benefits. Those recommendations, which were supported by the Veterans Ombudsman, were to increase the benefits from 75% to 90%.

Veterans feel a bit cheated. In fact, although this is an increase, the 90% is based on a lower salary base than the 75%. When we do the math—which I did in my office—we see that the increase is actually 3.7% and not 15%, since the salary range is lower. We are rather talking about an increase from 75% to 78.7%. Instead of having \$8,600 more per year, a veteran who is entitled to earnings loss benefits receives \$2,000 more per year.

Minister, as you know, the veterans' request for a 15% increase implied that the base salary range would not be reduced.

Could you briefly explain the department's actions?

• (1145)

[*English*]

Hon. Kent Hehr: In budget 2016, we delivered substantially for veterans who have been long awaiting changes and recognition that their services were respected. We moved on the earnings loss benefit in an aggressive fashion, I believe, that allows for people to move from 75% of their release salary to 90%.

[*Translation*]

Mr. Alupa Clarke: With all due respect, we can see together, when we do the math, that the increase is 3.7% and not 15%. Your mandate letter said that you accepted the ombudsman's recommendations to increase the rate from 75% to 90%. However, that is not explicitly stated in your budget. It's mentioned very briefly. If we do the math, we see that it's not a real increase.

I can tell you that most of the veterans groups said that they were more or less satisfied with the budget. However, when it comes to this specific benefit, they are very disappointed to see that it is somewhat deceitful. If that is too strong of a term, I apologize.

[*English*]

Hon. Kent Hehr: The member brings up the ombudsman. I will refer you to the comments he made after we delivered budget 2016. He was highly impressed with the direction of this government and was grateful for the changes this government acted on after a decade of recommending these exact changes. We followed through on our campaign promises to veterans. We moved from 75% of their pre-release salary to where they are at 90%. This affects all members who are currently in the program. All members in the program will have more money in their pocket to help provide for their families, and we think this is a good thing.

[*Translation*]

Mr. Alupa Clarke: Minister, sorry to interrupt you, but as I told you....

[*English*]

Hon. Kent Hehr: I'll remind you of what my mandate letter said. My mandate letter said to move from 75% to 90% of salary, and that is what we've done. At all levels throughout the military, people on ELB will do better on this program. This is a good day for veterans, and it will help them and their families going forward to give them the financial capacity to build their lives.

I'll also remind you—just pushing back a little bit—that we not only delivered a large amount of money, but we delivered it with care, compassion, and respect to those who are most disabled, most in need, and who most need those services. So whether we did it in ELB, expanding access to permanent impairment allowance, going to the disability award that veteran communities have been asking for for a decade, we have moved forward in—

• (1150)

The Chair: Thank you, Minister.

Mr. Eyolfson.

Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.): Thank you for coming, Minister, and again let me join the long line of people congratulating you on your post.

My background is medicine and particularly emergency medicine. Much of what I see is injury, both physical injury and mental and psychiatric injury. One of the things that we've noticed over time, and we do a lot of research into in my field, is prevention. This kind of blurs the lines between your two hats, between your Veterans Affairs work and your Defence work. Many veterans present with injuries, and I don't mean the catastrophic injuries that you might get as an unfortunate consequence of combat, but repetitive strain injuries, hearing loss due to constant exposure to loud noise, repetitive strain orthopaedic injuries in paratroopers or infantry personnel, and these sorts of things.

There may be an opportunity in evaluating the injuries that veterans have to apply this to prevention in active service. Is any thought being given to using the data you get in your veterans' injuries and applying this to injury prevention techniques in active service?

Hon. Kent Hehr: your background serves you well in asking it since your background is in medicine and the like. It's great to have your expertise on this panel in that regard.

I think that the Prime Minister's decision to name me the associate minister of National Defence allows us to take that information back to the work I'm going to do with Minister Sajjan and look at how we can do things better. Other jurisdictions have looked at the model that we're prescribing of having a joint ministry and allowing our veterans who are releasing from the military to get the help they need when they need it, both financial and other benefits, whether it's a return to work or education. I think this is a great suggestion of how we can take some of that knowledge.

I think one of those things we also have to remember is that many times we'll have a person who leaves the military who feels at that time that they're 100% good and then we find 15 years later, after having jumped out of 400 planes, that the person has knee problems. It's important to consider how we understand that and how we build that into our models of trying to do things better on both the DND side and how we recognize things at Veterans Affairs.

It would be remiss for me not to say that we're taking an attitude of giving veterans the benefit of the doubt. They will get the services they need when they need them, when that situation comes. You have a tough guy who's jumped out of planes but didn't really have a note on his file that said his knees were hurting. When he reappears at Veterans Affairs, we want to use some of this analysis and say

that, although it's not on his medical file, we can figure out the reason why he is here and needs our help.

We're transitioning the entire department to try to take that attitude of getting the veterans the help they need when they need it.

Mr. Doug Eyolfson: Thank you.

Changing gears a bit, we talked about the homeless strategy. Our experience outside of veterans was just the general population of the homeless. It's estimated that 60% of homeless people are suffering from under-treated mental illness. Is there similar data or a correlation with homeless veterans as to whether there is a link between mental illness in these veterans and their homeless state?

Hon. Kent Hehr: Let's remember, Veterans Affairs has never had it in its mandate to be in charge of homelessness. Yet we know that over the last 35 years homelessness has become an issue, not only in the veterans' population but in the Canadian population as well. We have moved aggressively on this. I've hired a priority secretariat to look into homelessness and other initiatives to allow us to tie into our whole-of-government approach to this issue. We're making an historic investment in housing, and how I tie my department into that is the important work we're going ahead with.

Homelessness is complex, not only among the average Canadian who finds himself homeless, but also among veterans. We're going to have to look at what has happened. We'll work with individuals through our case managers and those points of contact to try and tie them into provincial government services as well as in our whole-of-government approach.

I have every confidence that much of what you said is true. Because this problem has been identified, we as a department are taking this seriously to do a better job of helping those veterans who find themselves homeless—whether it ties back to military service or not—to find affordable housing. We're moving ahead, looking at best practices, housing first, and concepts like that. We're putting together part of an advisory team that's going to look at some of these issues and help us out, and looking at best practices and how we tie into this approach.

I look forward to your help on this file.

• (1155)

The Chair: Thank you, Minister.

Mr. Kitchen.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Thank you for coming, Minister, we appreciate your time. Hopefully, I can get a couple of questions in here.

My father—and thank you for mentioning that—was a military attaché in Afghanistan in the seventies, and I was fortunate to live in that part of the world during those times, through two military coups. My brother also served with the Canadian Forces in the second-last rotation in Afghanistan.

What that leads me to is the question on the Afghan memorial. Can you tell us a little bit more on where it's going to be, and the costs? That was not presented in the budget and I'd like to hear that quickly, if I could.

Hon. Kent Hehr: I think it's very important to honour the men and women who served in our Afghan mission. It was Canada's longest mission. Of the many members who served, some gave the ultimate sacrifice. As well, many are coming back with issues. We take this job of commemoration seriously in our department. We are currently working with heritage to provide a dignified monument that respects their service. I can tell you that we mentioned it—and I don't know if you've had a chance to read our priority and planning document for the year—but that work is being done as we speak, so we're making progress.

Mr. Robert Kitchen: Thank you.

On that note, and as you mentioned, in a quarter of our troops coming back from Afghanistan we're seeing a significant increase in mental illness. You brought up the issue of the two centres of excellence. Could you expand on that?

In the sense of centres of excellence, are we talking about doctors providing services for these people, or are we talking about researchers? I think what we need to do is to provide the service. If we're going to provide these centres of excellence, they should be important for our veterans. They should be there for services. I know we've talked about having one focused on mental illness, but we need to make certain that they have a part of research-building, while at the same time their major focus should be on providing appropriate medical services, whether with doctors, psychologists, nursing, etc.

Hon. Kent Hehr: I could give you a long-winded answer on this, but I won't. I've been at this job 160 days. I think we've delivered quite a bit on our mandate letter, six of the 15. The hard work now begins on the rest of the mandate letter, and that's understanding what we need and want out of the centres of excellence, how we incorporate best practices, and how we get the best bang for our buck, whether that's going to be through research or through a care facility. Also, how we're going to coordinate this in an efficient, effective manner is something we discuss within my department.

Are we on a tangible, "I can announce it tomorrow, here's exactly what we're going to do"? Absolutely not. This is a work in progress and we'll continue to go forward. It's in my mandate letter. It's important to mental health, to the men and women who served in our military, and how we use it to look at first responders and other things. This is a big task and we're going to look at doing it in the best way possible.

• (1200)

Gen Walter Natynczyk: Can I just share some of the feedback?

When the minister met with veterans associations in Ottawa on December 1 and 2, we had a discussion about these two centres of

excellence, and the point goes right back to yours that you just made, sir. There's a real appreciation about research, but the veterans also want to see a facility that would actually provide services to veterans.

As we look at this issue, we recognize that there are these two demands, but we also recognize that we have a partnership with the Canadian Armed Forces and the Canadian Institute for Military and Veteran Health Research. It is a network connecting the 30 universities across the country with medical faculties that do research on behalf of the surgeon general, the Canadian Armed Forces, and Veterans Affairs. It's connecting all of that research to a centre that actually would provide services to those veterans.

Mr. Robert Kitchen: Could you possibly give us an idea of what this might consist of?

In your mandate letter, there was an issue on a veterans education benefit. There was no reference to that in the budget. Could you expand on that for us, please?

The Chair: We're down to about 25 seconds.

Hon. Kent Hehr: We have a commitment to redo that.

We're looking at a wholesale review of best practices. We've committed to that in our mandate letter, and we will continue to work towards providing that full educational benefit to veterans. Stay tuned.

The Chair: Thank you.

Ms. Mathysen.

Ms. Irene Mathysen: Thank you very much, Mr. Chair. I'm very grateful to have an opportunity to ask some more questions.

You identified the needs of families in your remarks, and I appreciate that very much because veterans who are supported by their families are going to do so much better. One of things I did wonder about was beyond that monetary benefit that you've promised. That's fine, unless of course we have a caregiver who has to leave a job, a career. What other supports are you planning to provide for veterans' families, and particularly those acting as caregivers?

Hon. Kent Hehr: Well, my department offers both direct and indirect support to veterans and family members through a variety of benefits and services. Obviously, there's case management support, transition services, mental health services, rehabilitation services, as well as the family caregiver relief benefits that are provided.

How we look at supporting spouses and being able to allow them to live full lives is something that our department is going to have to explore and work through. There's no doubt, as we mentioned here, when a man or woman goes and serves in the military, the entire family goes. When an ill or injured soldier or those struggling come back, it's the family who's the front line of healing along with them rebuilding a life. We get that, and we're going to continue trying to incorporate the family into everything we do to allow for a better transition for our members.

Ms. Irene Mathysen: I'm also concerned about the spouses, the dependants, of deceased veterans.

In the mandate letter, or at least in the election campaign, there was a promise to increase the death benefit from 50% to 70%. It wasn't in the budget.

When will that happen? It's very important for these families to be able to manage.

Hon. Kent Hehr: I received a mandate letter with 15 to-do lists on it.

I have every confidence that my Prime Minister is watching that I achieve these goals and get them done on a timely, pragmatic basis that fits within what we need to do for our veterans and their families. We remain committed to not only that proposal but every proposal in that mandate letter. We'll be working aggressively to implement that in the future.

Ms. Irene Mathysen: I hope so, Minister, because that's a very pressing issue for families.

We heard from the deputy minister in the preamble about the culture—

The Chair: Sorry, we've run out of time.

Minister, on behalf of the committee, I'd like to thank you for coming today. General Natynczyk, I'd also like to thank you again, on your second time in front of us.

We will take a break for a couple of minutes. We have another set of witnesses coming up.

Again, thank you, Minister.

• (1205) _____ (Pause) _____

• (1210)

The Chair: I call the meeting back to order.

I'd like to welcome the witnesses. We have Mr. Butler, the assistant deputy minister of strategic policy and commemoration, and Mr. Doiron, assistant deputy minister of the service delivery branch.

We'll now begin questions and we'll start with Mr. Clarke.

• (1215)

[*Translation*]

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

Good afternoon, gentlemen. Thank you for joining us today.

I am not sure who exactly my question is for, but I will ask it anyway.

My colleagues and I would like to obtain some clarifications on the budget for veterans. We are talking about \$5.6 billion over six years. An amount of \$3.7 billion is allocated immediately for retroactive payments, leaving another \$1.9 billion. It seems that we are losing track of \$300 million.

I would also like to know whether the \$5.6 billion is really over six years or over several decades, since it applies to long-term allocations.

[*English*]

Mr. Bernard Butler (Assistant Deputy Minister, Strategic Policy and Commemoration, Department of Veterans Affairs): In the budget document, it is framed as the difference between the dollars that will actually be paid out in the next five years, the \$1.6 billion, and the accrual accounting, the \$5.6 billion, which takes into consideration the longer-term projections for the value of those programs.

[*Translation*]

Mr. Alupa Clarke: If I understand correctly, the \$5.6 billion is not only for six years, but for a longer period.

[*English*]

Mr. Bernard Butler: Yes, the \$1.6 billion is the value over the next five years.

[*Translation*]

Mr. Alupa Clarke: I understand what you are saying.

[*English*]

Mr. Bernard Butler: That's the actual amount forecast to be spent on those program elements.

[*Translation*]

Mr. Alupa Clarke: *The Fiscal Monitor*, published by the Department of Finance, says that, since the election, there has been a \$5.4-billion deficit. The report says that a large part of that deficit is due to the increase of veterans benefits. If I understand correctly, a \$3.7-billion amount will indeed be used automatically to cover the benefit increase. Is that correct?

Mr. Michel Doiron (Assistant Deputy Minister, Service Delivery Branch, Department of Veterans Affairs): I think it is, but I would like to refer these questions to our chief financial officer. We can answer questions about our programs and tell you how much money is spent, but we cannot talk about actuarial value and discrepancies in terms of figures. I would not want to mislead anyone. I think that Ms. Stuart or Maureen Sinnott would be in the best position to provide detailed answers to any questions about the department's finances. My colleague and I are not accountants, and I would not want to mislead you, Mr. Clarke.

Mr. Alupa Clarke: I understand.

Let's talk about the reopening of offices. Some veterans would like to know about transparency. How will that be organized? Do you think those offices will provide treatment deliveries, or will they be limited to case management?

Mr. Michel Doiron: The 10 offices, in addition to the one we will open—the office in the north will not be permanent—will be based on the demand of that region's clientele, just like our current offices. People will be able to meet with their case manager.

Each office will be mixed in nature. What they will have will be based on the number of clients in that location. There will be case managers, veteran service agents, nurses and other stakeholders to provide our veterans with comprehensive services. Those are not mental health clinics. They are offices just like the ones in our current network.

[*English*]

Mr. Alupa Clarke: Okay.

I will give my remaining time to my colleague.

Mrs. Cathay Wagantall: My question is in regards to the veterans independence program. I see an increase in that program over time. These are services to help them live at home, right? What's the expectation there?

• (1220)

Mr. Michel Doiron: The veterans independence program is to allow veterans to remain in their homes as long as possible before going to a long-term care facility or maybe a hospital. The value has been increasing, both because more and more veterans are making use of it, and because, as our veteran population is getting older, some of their needs are growing. That's where the difference in cost is. We do believe it will continue to go up a bit—I won't say substantially—as the veteran population ages, to give them the services they need.

Mrs. Cathay Wagantall: I appreciate that. I think everyone has a better quality of life and mental health when they have the opportunity to stay at home as long as possible.

The Chair: Okay, thank you.

Mr. Bratina.

Mr. Bob Bratina: One of the priorities identified in the mandate letter is to work with the Minister of National Defence to reduce complexity, overhaul service delivery, and strengthen partnerships between Veterans Affairs and National Defence.

Could we discuss what the complexities involve?

Mr. Michel Doiron: Transition has been identified by some of the research. My partner can talk about the research more than I can, but transition is that difficult part when somebody leaves. We are working with our partners in the Canadian Armed Forces to work with the transitioning member—because they're not a veteran yet—upstream. The moment we know that they will be leaving the Canadian Forces and that they have needs, we start working with them, so that the day they take the uniform off is not a shock. The complexity is that there are many people involved in the process, whether it be our case managers under Veterans Affairs, or those under CAF, DND, or SISIP. What we're trying to do is accelerate the service and simplify the process for the member so that it's not a big black hole when they get there, and take care of them throughout the process.

Mr. Bob Bratina: It's surprising to me, in a way, that we're still in that situation.

A member of my family who was in the armed forces and retired probably 20 years ago, after 20 years in the service, told me that it was a hard landing leaving the forces. She said that wherever she went in the world she would be looked after; there was a place for her to go, a hierarchy, and everything she needed to feel comfortable, which completely came to an end.

I'm surprised that we're at the stage where we're still trying to solve that.

Mr. Michel Doiron: I can't speculate on why it has taken so long, but I do agree that it's still a hard landing for some folks. The wellness model of care, compassion, and respect, which has been put forward by the deputy minister and the minister, aims to try to soften that landing, understanding that for some people it will be difficult

regardless. It aims to ensure that while they're still in uniform they receive as much care as they can before they leave, but also that they are educated on what to expect, whether in health care, employment, or various items, so that at least it's not as unknown when they actually leave the forces. We are progressing down that road.

Mr. Bob Bratina: We heard the minister talk about forming advisory groups to help with consultation on veterans' issues. Could you give us more on the scope and purpose of advisory groups?

Mr. Bernard Butler: You're absolutely right; the minister is very committed to the idea of engaging and consulting with stakeholders. There's no doubt that, as we move forward as a department with our programming, we really need to better understand where the needs of Canada's veterans are, as they see them. The minister has instructed the department to establish six advisory groups dealing with issues like policy, service excellence, families, care and support, commemoration, and so on. Basically, through those strategies, we will sit down with representatives of veterans' organizations, individual veterans, and so on, and get them to help us map the way forward. When it comes to programs or budget commitments, such as the veterans' education benefit that was referred to in the budget, we'll be consulting with stakeholders to ask, "What should that look like? What does that mean to you?" The budget committed to a comprehensive financial benefits review. Going forward, we'll consult with stakeholders to get them to give us a sense of what their needs are, how they see that, and how best the department can meet those needs. That's the context.

• (1225)

Mr. Bob Bratina: Is there work being done on a veteran's identity card? Is that something that's under consideration?

Mr. Michel Doiron: Yes, we're looking into that, exploring the options.

Mr. Bob Bratina: Thank you.

The Chair: Ms. Mathysen.

Ms. Irene Mathysen: Thank you, it's good to see you again.

I've been thinking about this question of services and how very important the services are that are provided by Veterans Affairs Canada. There are also external routes that have some very innovative approaches. I'm thinking right now, for example, of the Wounded Warriors, and the canine and equine therapies that they have been using and exploring. I've heard a great deal of positives about both of those.

I've also heard a lot from the Legions and real concern expressed about the fact that the poppy funds in legions are being utilized to provide services where there is a vacuum.

The question is, does the department reach out to those groups like the Legion, like the Wounded Warriors, like all of those wonderful folks who have come together to help and have been innovative? Do you connect with them in terms of what VAC might be able to provide beyond what is currently in the lexicon?

Mr. Bernard Butler: The answer is absolutely, yes. I think it's fair to say that when it comes to issues around veterans programming, many of the issues are so complex that they really require engagement with a wide range of partners, other government departments, and so on.

If I use the example of homelessness, and the minister spoke to that earlier this morning, there's no doubt that Veterans Affairs can't solve all of these issues by itself, but it can take a very active role in engaging with other government departments like ESDC, like CMHC, with organizations like the Royal Canadian Legion, like VETS Canada and so on to help identify and understand and advance the issues in the interests of veterans.

When it comes to innovative methodologies for engaging with treating or supporting veterans, the answer is absolutely, yes. We have, for example, issues around equine therapy and canine therapies. We understand there are a lot of organizations out there having considerable success in those areas.

From a Veterans Affairs Canada point of view we look at those strategies, we look at what folks are doing, and we engage with those partners. At the present, for instance, we are supporting a number of research initiatives to try to understand what is out there, what these kinds of therapies might offer. On the basis of that type of research, we'll then develop and adopt policies and practices that are evidence-based and we believe will ultimately serve the interests of veterans well.

Absolutely, we're very much engaged with third parties on a broad spectrum, a broad continuum to try to understand where innovative thinking is, where there may be opportunities to try to then validate them and then develop programs and policies that will incorporate them into the way forward.

Ms. Irene Mathysen: Thank you.

The 2014 Auditor General's report was quite a significant report. The auditor found that the application process for the disability benefits program was very complex and said that decision-making was slow.

The department also found that there needed to be a better process in terms of mental health strategies for veterans, that there also was a need for performance measures to be put in place, and the department agreed. My questions are the following. What actions have been taken to make the application process for disability benefits less complex? What action has been taken in terms of speeding up decision-making? And what measures are in place to assess the performance of mental health strategies?

• (1230)

Mr. Michel Doiron: We welcome the comments from the OAG from last November 2014, I believe it was, which made us move on multiple fronts.

When it comes to the disability side—I think the last time I was here we just touched on it—we've accelerated the way we are now adjudicating what I'll call “the injuries” for our men and women in uniform or for our veterans. Essentially, we are not looking at 500 pages of their medical health records—I think somebody else asked a question to the minister earlier. We're now looking at what their trade or their job was in the armed forces and whether their injuries

are consistent with injuries related to that, and we've accelerated the method to adjudicate.

I say injury and not illness. Illness is still very complex. If you have a heart condition that was caused by airborne particles in Afghanistan because of the burn pits, then we probably need doctors to assess what this is and if it's possible. However, if it's the fact that your knees are gone and you've jumped out of a plane a thousand times, I don't think we need a doctor to tell us that, as long as there's a diagnostic.

When it comes to mental health we've also accelerated the method for how we adjudicate it. If you have a diagnosed mental health condition and you were in any special duty area, then you're in the club in that sense. It's much faster.

The Chair: Thank you.

Ms. Romanado.

Mrs. Sherry Romanado: Thank you for being here today.

As I've said in multiple presentations, the decision to join the Canadian Armed Forces is an incredibly proud one for the members serving, to put on that uniform. When a member is involuntarily—I won't say dismissed—from the Canadian Armed Forces due to injury or illness, it is a huge blow. There is no soft landing. We take away their uniform. We take away their identity. We sometimes take away their family, in terms of the colleagues that they serve with.

While I'm happy to see that there's a 3% increase in the budget for Veteran Affairs this year, I'd like to get a sense from you on what support system we are putting in place when there's a decision to release a member of the Canadian Armed Forces because of injury or illness, to ensure that we are not aggravating that injury by making them jump through hoops or retell their story or prove their injury.

These folks have served our country, and we should be bending over backwards to thank them and make it as easy as possible for them to transition out.

Mr. Michel Doiron: That is the aim of what we're trying to do in eliminating the seam in the transition process. Since September 2015 we have something called the enhanced transition process, which is where Veterans Affairs case managers or staff, depending on the complexity of the case, start working with the veteran immediately to remove as many impediments as possible.

I agree with you, for some people it will never be a soft landing. We can only do what we can do to help them land, and at the end of the day work with them. That's why we've started the enhanced transition services, to start working upstream. This is from a recommendation that came from this committee, I believe in late 2014, and we've implemented that. We may have to tweak that process. It's new, and as you know with any new process, as you go down you find what works and what doesn't work.

We still need diagnostics. Let's be honest. The person is retiring or being forced out or whatever the right term is for a reason. We do need a medical diagnostic to work with and to work with the client. What we're trying to do is simplify the forms and facilitate the process, understanding that a lot of people are involved in that process.

For example, were you injured for service, or is your injury not service related—diabetes or something like that? There are all kinds of reasons why you would breach the universality of service. The deputy and I often use the term “navigator”. How can the person navigate this complex set of rules and processes? That is part of what's in the mandate letter, to look at the financial benefits and the process, and to simplify as much as possible. We're really pushing that process forward.

• (1235)

Mrs. Sherry Romanado: This may sound like a really bizarre question. I think everyone around this table is committed to our Canadian Armed Forces and our members who have served our country. I'd ask you what the average Canadian can be doing to help the Minister of Veterans Affairs, to help the parliamentarians around this table, to support you in your initiatives and also to support our veterans. What can we be doing, the average Canadian, to help our members who have served our country so valiantly?

Mr. Michel Doiron: That's a very good question and not an easy question to answer at the same time.

I think it comes back to what a member discussed about health care and things like that. I think if there's one area where everybody could help—and maybe it's not the simple side of it—it's to ensure that our veterans, wherever they decide to retire, receive health care in those locations.

There are a lot of initiatives on employment, whether it's at the federal level or companies stepping up to the plate and hiring veterans, and we're doing a lot of work on homelessness. A lot of groups are involved in homelessness and they want to help, so how do we coordinate all that?

On medical care, I'm not talking about specialists and surgeons, I'm talking about your day-to-day medical help because we can work with the veterans but they often need a family doctor to give them access to some very basic care, and in some cases in some parts of this country, that is very difficult. Veterans Affairs do not have practising doctors in the sense that we don't give prescriptions and the doctors we have are references. They are there to make sure we're doing the right thing. I think if there is one area that collectively we could work on, I really think it's on the health side of ensuring that our veterans get a doctor, that they're not put in long queues. I'm going to stop because I could get on the soapbox on that one. But I think that's an area where I think there's work to be done.

The Chair: Thank you.

Mr. Fraser.

Mr. Colin Fraser: Thank you for appearing before the committee again. We appreciate it.

I want to ask a question, if you don't mind, regarding the Veterans Review and Appeal Board. Is that a question that you would be comfortable answering?

Mr. Bernard Butler: I think probably not in a sense that the Veterans Review and Appeal Board, as you know, is independent of the department. Depending on the question, it might be more appropriate to have that directed to the chair of the review board.

Mr. Colin Fraser: Yes, maybe I'll frame my question in regard to the main estimates and the funding for the Veterans Review and Appeal Board. It would appear that the funding was higher in 2014-15 and then went down a little bit in 2015-16. It would appear that it's projected to go up a bit in this fiscal year 2016-17. I'm wondering if you could comment on that, the fluctuations in the amount of money allocated for the Veterans Review and Appeal Board and whether there is some reason for the fluctuation that could be addressed as far as delays that we know are happening at that level are concerned.

Mr. Bernard Butler: Thank you again for the clarity of the question, but I think that I would have to go back to the observations that my colleague had made earlier, that issues around budgetary expenditures and so on are really not within our domain. Certainly with respect to the operations of the Veterans Review and Appeal Board, that would really be a question that would have to be directed to the chairman of the Veterans Review and Appeal Board, to explain or to clarify the circumstance.

Mr. Colin Fraser: Okay, I'll move then on that through you. Would that be possible?

The Chair: Can we get a written answer? Okay, we'll get it through you.

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

I am wondering about the Last Post Fund. Do you feel okay to answer a question on that?

Mr. Bernard Butler: Sure.

Mr. Colin Fraser: I think it is important that we recognize the importance of ensuring that all veterans receive a dignified burial. Obviously we need to support them during their lifetime, but to ensure that they have a dignified burial is something that I think we all support.

I wonder about the uptake on that, the fact that it has received funding, and whether there has been any criticism of that. How can we improve that to ensure that veterans have access to the services through the Last Post Fund?

• (1240)

Mr. Bernard Butler: As the minister indicated earlier in the morning, the Last Post Fund administers the program of funeral and burial on behalf of the department. With respect to this budget, one of the biggest criticisms had been that the estate exemption, which had been reduced in 1995, was not keeping pace with the growing costs of funeral and burial expenses. This budget has increased the estate exemption from \$12,000 to \$35,000 in today's dollars and has provided for indexing of it.

For fiscal year 2014-15, some 1,186 veterans' families benefited from the program. It's a significant uptake, and those were folks who were eligible. We believe that with this change in the eligibility criteria, we will continue to see healthy demand for the program and that there will be a lot of veterans' families who will benefit from it.

Mr. Colin Fraser: Can you touch on the eligibility criteria and how this could be expanded?

Mr. Bernard Butler: Under the program there are two gateways for eligibility. One is called "matter of right". If a veteran dies from a service-related disability, his or her family automatically qualifies for benefits under the funeral and burial program. The other gateway relates to a means-tested eligibility. If a Canadian Forces veteran dies without sufficient means to assure a respectful funeral and burial, their families can access these benefits.

Prior to the budget, under the means-testing mechanism, if the veteran died leaving assets worth more than \$12,000, the family didn't qualify. A house was excluded from that calculation and I believe a motor vehicle. Now, because it has been elevated to \$35,000, there will be many more veterans' families who will be able to apply for benefits under the program.

The Chair: Mrs. Wagantall.

Mrs. Cathay Wagantall: For clarity, we're supposed to be discussing the main estimates, but we can't really talk numbers. Is that correct?

The Chair: Can you answer questions on the numbers?

Mr. Michel Doiron: We're not here to justify the numbers. The chief financial officer should do that. We can talk about the programs. That's what we were instructed to do.

Mrs. Cathay Wagantall: I have one here that I can ask. It's in regard to the case managers and their roles and responsibilities across the country. A couple of us are focused on rural areas and meeting their needs.

What kind of feedback do you get from the case managers and from the individuals that they're serving regarding the best way to provide those services where a person is not in a major centre? How can such a person access that easily?

Mr. Michel Doiron: I can provide a lot of insight on that. In respect of the case managers, it doesn't matter if you're in a rural or an urban area. The case managers will travel to serve you in your location. In the north, it may be a bit more problematic, but we're taking steps to fix that. They will go to your residence. They will talk with you on the phone. It's the same thing for our nurses.

We have over 4,000 people working to provide specialized services in locations across the country. We've taken a lot of steps to ensure that the services, whether they're psychosocial, medical, or vocational, are available where the veteran lives. Some rural areas are more difficult to get to than others, but the case managers do go and serve.

When we were running 40:1, the time the case manager had to dedicate to the veteran was problematic. Now that we're going to no more than 25:1, the case managers have more time to dedicate to individual cases. This will greatly improve the service. In any event, I want to be clear that our case managers do travel to the location if that's what the veteran wants.

•(1245)

Depending on where they live, some veterans are happy to come into an office because they go downtown that week or something. If not, we send occupational therapists to the home to evaluate the

home. Is it safe for the veteran? What do you need? Do you need a ramp? We do go out to visit.

Mrs. Cathay Wagantall: As far as the case managers and the 25:1, I would think that over time you'd get a good sense of who needs the services. Do you try to even it out so that there are some tough cases for each manager and some that aren't as time consuming?

Mr. Michel Doiron: Absolutely. We do the 20-60-20 rule: 20% complex, 60% more in the middle of the road, and 20% easy. I say we try because it's not always 20-60-20, but we try to manage that so they have a mental break. If you deal with a homeless veteran, you may be spending three days on that, and it's very difficult.

The Chair: We have about two and a half minutes.

Mr. Kitchen.

Mr. Robert Kitchen: Just to clarify, Mr. Clarke had asked a question earlier about finances. Can we have that put in writing, so that it could then be presented, and then get a written answer on that so we can get to the questions Alupa asked at the beginning?

The Chair: Yes. Mr. Clarke, we'll have that.

Mr. Robert Kitchen: Thank you. They were more financial, which you say you're not prepared to answer, or cannot.

You talked about medical care and providing those services, which is what we need. We need to provide for these veterans. You talked about diabetes. You mentioned it's not service related. If you've ever eaten a month's worth of MREs, I would question that. We're talking about lifestyle choices.

Who makes those decisions? Let's take that situation. If someone ends up with type 2 diabetes, which in a way we're looking at as a lifestyle situation for this individual, we can possibly attribute that to his lifestyle. Who makes that decision to say yes, that is, or no, it isn't?

Mr. Michel Doiron: That's part of the adjudication process. The member will supply evidence of what they think, and we will adjudicate it. Often cases like that are more complex. We'll rely on jurisprudence. Is this something we've paid before? Where was the onset of the symptoms? There are certain rules regarding that.

As I said earlier, we have doctors. That's when we will refer the files to our medical experts to say, "This is what the individual is telling us. Does this make sense? Have we seen this before?" That's where we get that information.

The Chair: Mr. Eyolfson.

Mr. Doug Eyolfson: We were talking earlier about transitioning the medical care of veterans to primary care providers in the community, particularly to family doctors. We talked about this yesterday in the health committee. There needs to be an investment in the health community for a more readily accessible and transferable form of medical record-keeping, particularly with electronic medical records.

There's great disparity across the country and even within health regions. I know that in my own city of Winnipeg, different hospitals have different medical records. Some are still using paper and illegible handwritten notes. Is any work being done on making the medical records of active service personnel and veterans electronic, and in a form that can be transmitted, or that can be readily transferred to primary care providers and emergency departments, should they present?

• (1250)

Mr. Michel Doiron: That's a good question on that side. There's a lot of work being done to transfer the medical health records from CAF to us and to have them available. For serving members now, their records are electronic. They're historic. I don't know the exact year, but prior to that they're still paper. I don't know if anything is being done to do that.

I do know the member can ask for a CD of their medical records to provide to their health care professional, but I don't know if there's any concerted effort to do that between health care systems.

Mr. Doug Eyolfson: If it's not inappropriate to make a suggestion as part of my question, I'll note that this could be very useful. Transferring records to family doctors is not as time sensitive, but again—this is my bias because of my career—very often these patients will present to an emergency department, and someone might very quickly need to get that vital information where you can just sit down at a computer terminal, pull something up, and get the information you really need for an ill veteran.

Changing gears from the mandate letter, I've been trying to keep track of what was asked so far today, but forgive me if this has been asked before. There is a family caregiver relief benefit of approximately \$7,200 per year. Do you think this is sufficient to support family members in the care of veterans in their families?

Mr. Bernard Butler: The family caregiver relief benefit was introduced in budget 2015. It was clearly directed at supporting veterans and their families where care was fairly intensive and where the primary caregiver—oftentimes it's the spouse—needed some breaks. That's essentially what the relief benefit did. It basically was based on a calculation of the value of 30 days of care in a year. The idea was that the veteran could use that money to bring in a professional caregiver and thus afford the spouse or whoever was providing the care an opportunity to get away from it, to maybe take a vacation. It's very flexible. The money could be used to bring a family member from away to help out.

The ombudsman has tabled a report in which he has identified a number of issues and concerns around supports available to families. From our point of view, I think, we're very interested now in looking at those issues. As I said earlier, one of the initiatives we have under way through the direction of the minister is to establish an advisory committee on families to help us look at some of these issues, as a way to informing where we might go in the next round as part of the minister's mandate.

There's always more, I think, that one can do. I think we're making significant progress in that respect, but we will certainly be looking at these issues much more closely over the coming months, particularly given the ombudsman's expression of concern on the file.

The Chair: Thank you.

Mr. Kitchen.

Mr. Robert Kitchen: We've talked about medical care. I'll go back to that. I appreciate the comment on electronic records. Again, it's important that doctors have access to them. When we're talking about rural communities and dealing with computers, etc., and possibly even starting to talk about robodocs and dealing with that aspect, robodocs from the point of view of diagnostics are going to be wonderful to help in rural areas where you don't have access.

The concern I might have is that with robodocs, especially when we're dealing with mental illness, I anticipate that there would be a huge increase in the cost of replacing robodocs because of the frustration that some people would have in dealing with them. If we're looking at that and we're dealing with mental illness, I don't know whether that's even on the agenda. Perhaps you can comment on that.

• (1255)

Mr. Michel Doiron: We weren't at this point looking at robodocs in that sense. We do a lot of the electronic things, but you're talking to a real person, right? I'll take that back to my senior medical adviser, but at this point I'm not aware that we are actually going down the road of robodocs for mental health.

In our OSI clinics, either the individual meets in person with a psychologist or psychiatrist, or they do it via a secure transmission. I don't want to say Skype, because it's not Skype, but I've drawn a blank on the name.

Mr. Robert Kitchen: You talked about evidence-based practices, and they are known to be extremely helpful and that's the way a lot of things go in health care. One of the difficulties with that is getting the administrators, the practitioners, and the doctors who spent 30 years training one way to all of a sudden come up with dealing with those best practices. Who supervises the supervisors who are making sure it is being followed?

Mr. Michel Doiron: We have to be very clear. The provincial health care systems have a huge role to play in the health of the veteran. VAC is not here to police whether it is the medical health system, provincial health care systems, or VAC. I say that because it's often been said when we see something identified. I think you will be meeting the chief medical officer, Dr. Cyd Courchesne, on Thursday. She's a retired commander from the navy, so she understands the Armed Forces quite well; she was DG Pol. When we notice something, we have a committee that will take it up. We have written letters to the medical associations or the College of Physicians of the various provinces because they have the ultimate responsibility. When we identify something, our doctors will look at it and then refer it to make sure they're getting proper care. The care of the individual is with his or her doctor and often we're not even privy to all the related information. It's a doctor-patient relationship, so we're not even privy to all the information when it comes to service-related issues that we're dealing with.

The only exception to that would be on the mental health side, where we pay the provinces to run operational stress injury clinics throughout the country. They are not our employees, however they work only for veterans and RCMP members—when I say veterans I do include our colleagues, the RCMP—and we pay the full bill. If it's a psychiatrist, psychologist, mental health nurses, caseworkers, or social workers, Veterans Affairs pays. We give them what we expect them to deliver, we track the performance, and we follow up with them. That's the only area where we put a caveat and it's in the realm of mental health and our OSI clinics, because that I think is more specialized care for our soldiers.

Mr. Robert Kitchen: Who determines the successes?

Mr. Michel Doiron: The psychologist or the doctor working with the individual.

Mr. Robert Kitchen: Thank you.

The Chair: Ms. Mathysen.

Ms. Irene Mathysen: Thank you, Mr. Chair, and, again, thank you for being here.

I've heard a great deal about the care of the individual and of course that it is so very important, I think that's why we're all here. The reality is that over the last few years there's been a lot of anger from veterans, a lot of frustration with regard to what was available to them, how they access care. I think some of the remnants of that still exist. I wonder, in terms of the relationship between those veterans and VAC, has any thought been given to how we repair it. It's very important to have a relationship, so have you given some directive in that regard?

• (1300)

Mr. Bernard Butler: It's a very important question because we are very sensitive to that. What I would tell you is that over the last year or two we have developed, at the direction of our deputy minister, and supported by our minister a strategic plan that clearly calls for three things. One is fixing the scene and one is service excellence. Through that approach of trying to address those issues, there are three principles that are underlying it, and they are to show care, compassion, and respect to veterans.

I think it's all part of a cultural change, basically, within the department. It's trying to achieve ways and means of understanding what the veterans' needs are and ensuring that we put the veteran first. In other words, it's a veteran-centric approach in terms of not

only all the services that we deliver but also in terms of the way we deal with our policy formulations, our business processes, down to including our program design.

As we go forward, the pillars are service excellence, fixing the scene, and being veteran-centric, driven by the principles of care, compassion, and respect, which we believe will actually translate into establishing a much more positive relationship with the veteran community. Together with engagement with veterans and stakeholders going forward, we believe there's a tremendous opportunity to improve that relationship into the future.

I can tell you that we hear that a lot now. It is true. There will always be some veterans who, for whatever reason, are not happy with the level of service they get. Our mandate is to try to ensure that this number is reduced to zero, if we can. In the process, we have a strong commitment on the part of our minister, our deputy minister, and our staff to basically achieve those ends.

The Chair: Thank you.

On behalf of the committee, I'd like to thank both the deputy ministers for appearing again, and it was great having you here today.

Having said that, we will take five minutes here, and if the members are ready to make a decision on the main estimates 2016, we will vote on that today.

VETERANS AFFAIRS

Vote 1—Operating expenditures.....\$870,518,397

Vote 5—Grants and contributions.....\$2,725,592,000

(Votes 1 and 5 agreed to)

VETERANS REVIEW AND APPEAL BOARD

Vote 1—Program expenditures.....\$9,451,156

(Vote 1 agreed to)

The Chair: Shall I report the votes on the main estimates 2016-17 to the House?

Some hon. members: Agreed.

The Chair: We have a motion to adjourn from Mr. Fraser.

(Motion agreed to)

The Chair: Thank you very much.

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