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Chair

Mr. Neil Ellis

Standing Committee on Veterans Affairs

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•(1100)

[English]

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

Welcome today to the Standing Committee on Veterans Affairs. Pursuant to Standing Order 108(2), we are studying service delivery to veterans.

From the Department of National Defence we have Brigadier-General Nicolas Eldaoud, chief of staff, military personnel command; Marie-France Langlois, director, casualty support management, JPSU; Bruce Phillips, family peer support coordinator; and Vanessa Pok Shin, family peer support coordinator.

From the Department of Veterans Affairs we have Elizabeth Douglas, director general, service delivery and program management; Robert Cormier, area director, field operations; and Anne-Marie Pellerin, director, case management and support services.

We will start with 10 minutes from each group. The we will go to questioning. We will ask the group to direct their questions toward a specific organization and witness.

We will start with the Department of National Defence.

Brigadier-General Nicolas Eldaoud (Chief of Staff, Military Personnel Command, Department of National Defence): Good morning, Mr. Chair, and thank you, members of the committee.

I am Brigadier-General Nicolas Eldaoud and I am the chief of staff of military personnel command. I am very happy to be here this morning with my team.

Thank you for the opportunity to appear today and speak to you about the joint personnel support unit, or JPSU, and the operational stress injury social support process.

My role is to assist the commander of military personnel command, Lieutenant-General Christine Whitecross, in Canadian Armed Forces military personnel management, from recruitment through training, education, benefits, health care, and spiritual services to career management, honours, and history.

[Translation]

The commander of Military Personnel Command is also responsible for providing support and services and delivering programs to ill and injured military personnel and their families, as well as supporting the families of deceased military personnel. These services are delivered by the joint personnel support unit, or JPSU, which consists of eight regional headquarters and 24 inte-

grated personal support centres (IPSCs) and seven satellites across the country, with a headquarters here in Ottawa.

[English]

Joining me today are the real experts. First is Navy Captain Marie-France Langlois. She is the director of casualty support management as well as the commanding officer of the JPSU.

Also with me are Ms. Vanessa Pok Shin, OSISS family peer support coordinator here in the national capital region, and Mr. Bruce Phillips, OSISS peer support coordinator.

[Translation]

We serve a number of distinct groups, each of which usually includes regular and reserve force personnel and their families.

There are four groups in all.

[English]

The first group are those who are ill or injured and who are expected to be able to return to full duty participate in our return-to-duty program. This program assists military personnel throughout recuperation and recovery and their return to their military duty, which could be a gradual return consistent with the prescription for return to duty that has been issued by a medical officer.

The second group are those who are ill or injured to the extent that they are not expected to be fit for full military duty are supported through transition services. Approximately 10,000 regular and reserve members transition out of the Canadian Armed Forces each year. Of that number, about 16% are released for medical reasons, and we support them through that transition to civilian life.

•(1105)

[Translation]

The third group is made up of those who are neither ill nor injured. But they are entitled to transition services, recognizing the challenges of adjusting from the military lifestyle to civilian life. Transition includes those who are releasing or retiring, and are either seeking civilian employment or looking forward to a well-planned, successful retirement.

Finally, we also support and assist the families of military personnel who are deceased, ensuring that a designated assistant is assigned to assist these families with the administrative support and assistance they require.

[English]

The joint personnel support unit, the JPSU, and its subunits, the integrated personnel support centres or IPSCs, were envisioned to be a one-stop shop where those who are ill or injured would receive advice, support, and assistance, not only from the military staff who deliver programs and oversee personnel posted to the IPSCs but from other partners.

Chief among these partners is Veterans Affairs Canada, VAC. VAC staff are co-located with CAF personnel in the IPSCs, and VAC is a key partner in the transition assistance that is provided to releasing and transitioning CAF personnel. VAC and CAF are intertwined in many aspects of service delivery. As an example, if you look at the VAC website, you will see that it invites military personnel and veterans to come to the IPSCs for information and services.

The IPSCs deliver the following services: return-to-duty coordination; advocacy services; mobility assistance; adapted physical fitness programs for individuals; the Soldier On program, which you may have heard of before; vocational rehabilitation; peer support, including operational stress injury social support, or OSSIS, and the Helping Our Peers by Providing Empathy program, or HOPE; support in accessing CAF, SISIP, and Veterans Affairs compensation and benefits; transition services for those who are released; civilian employment facilitation, including priority hiring within the public service; and finally, administrative support to families of the fallen.

[Translation]

The operational stress injuries social support, or OSISS, program that I just mentioned is a good example of a joint Veterans Affairs Canada/Canadian Armed Forces program. Jointly funded and operated, it provides valued peer support to members, veterans and families.

[English]

Founded in 2001, the OSISS program was established to complete the clinical care provided by Canadian Forces mental health professionals. A group of military members and veterans who had served in theatres of operation recognized the benefits of sharing their experiences and set up a peer-based support network.

From those roots, OSISS has now developed into a well-established program, managed in partnership by the Department of National Defence and Veterans Affairs Canada. Every member of the network brings to it first-hand experience and practical knowledge of what it is like to struggle with an operational stress injury or to live with someone who has one.

[Translation]

As serious as an operational stress injury may be for affected Canadian forces personnel are veterans, there are also repercussions for their families. Through the OSISS program, peer support is also available to members of the families of those suffering from operational stress injuries. Members of the immediate family can invest considerable effort in trying to understand the injury, being supportive during recovery and maintaining family stability.

Over time, these demands can become major stressors on family members who try to adapt to the long-term effects of the injury.

Because of these stressors, it is important that family members also seek help and support so that they can safeguard their own well-being, that of their children and the injured person.

•(1110)

[English]

OSISS is bolstered by trained volunteers who have previously benefited from the program and who choose to volunteer to support others. Being able to assist others can be a significant part of the recovery process, and many of our volunteers are quite active in providing that support. They are a key component of the program's success.

We are actively working with Veterans Affairs Canada on improving services offered by our organizations to veterans. As an example, the CAF and VAC are working jointly on a national career transition and employment strategy that integrates information on employment, financial planning and investing, and government programs offered to veterans. There are also other joint task force working groups between CAF and VAC that are currently ongoing. All of them aim to ensure the seamless transition of veterans to civilian life.

This strategy takes a whole-of-government approach and anticipates expanding its focus to include other government agencies, such as Employment and Social Development Canada, Service Canada, the Public Service Commission, and others, to leverage existing programs and resources that will support transitioning members and veterans.

[Translation]

Thank you again for the opportunity to appear, Mr. Chair. I would be pleased to respond to the committee's questions.

Thank you.

[English]

The Chair: Thank you. Next we will call upon Mr. Phillips. We'll give you a few minutes, if you want.

Mr. Bruce Phillips (Peer Support Coordinator, Operational Stress Injury Social Support (OSISS), National Capital Region, Department of National Defence): My name is Bruce Phillips. Thank you for having me here today.

I will give you a brief background on Vanessa and me.

I'm a 28-year veteran of the Canadian Forces. I have spent 17 years in the Patricias—that is the PPCLI, if you're not familiar with it—and then I did an occupational transfer to LCIS, or Land Communication and Information Systems, as a technician. I've spent time in Calgary, Wainwright, Kingston, and Petawawa. I had tours in Cyprus, Croatia, and Bosnia, and I was also posted in Germany for a time, where I was born.

My job has three components. I work one side of that, the peer network, and Vanessa works the family side. The third component, as was mentioned by the brigadier-general, is the volunteer component.

Outside of that, I'm not sure if there is any more to add.

The Chair: Thank you. Now we'll call upon the Department of Veterans Affairs for 10 minutes.

Ms. Elizabeth Douglas (Director General, Service Delivery and Program Management, Department of Veterans Affairs): Good morning, Mr. Chairman and members of the committee.

[Translation]

Thank you for the opportunity to participate in this session.

[English]

My name is Elizabeth Douglas, and I am the director general of service delivery and program management at Veterans Affairs Canada.

Today I am joined by my colleagues Anne-Marie Pellerin, director of case management and support services, and Robert Cormier, the area director of field operations from Montreal. We are pleased and happy to be here to answer any questions on the study regarding service delivery.

The care and support of veterans, Canadian Armed Forces members, and their families is Veterans Affairs Canada's highest priority.

VAC undertakes studies and research regarding veterans and veterans' issues. The Life After Service Study of 2013 found that there is no so-called average veteran. In fact, nearly 27% of released Canadian Armed Forces members reported a difficult adjustment. Another 17% reported that their transition was neither easy nor difficult.

Not all members who medically release need the same level of transition assistance, and many who release for other reasons do need significant transition support. This makes the development of VAC's policies, programs, and service delivery to support members, veterans, and their families in transition to civilian life of greatest importance to Veterans Affairs Canada.

Evidence from the life after service study highlights that a successful military-to-civilian transition is particularly dependent on factors in seven key domains of well-being. These domains are employment; finances; health; social integration, both family and community; housing; life skills; and culture, which includes identity.

The transition period is an opportunity for Veterans Affairs Canada and the Canadian Armed Forces to assist veterans in all of these seven areas as they move into civilian life.

To do so, VAC, in partnership with the Canadian Armed Forces, has more than 100 staff working side by side in 24 integrated personnel support centres, known as IPSCs, across Canada. The purpose of this partnership is to provide a coordinated approach to care and support for Canadian Armed Forces members, veterans, and their families in the transition from military to civilian life.

The IPSCs provide access to available benefits, programs, and family services from both departments, allowing veterans, families, and members to focus on recovery as they prepare for the next stage of their lives.

Additionally, VAC transition interviews are available to all releasing Canadian Armed Forces members and their families. The transition interview is a screening process used by VAC to assist releasing members and their families in identifying potential risks and/or barriers to successful re-establishment.

During this interview, VAC staff will identify any potential risks or barriers; determine the level of support/intervention required; provide a collaborative approach to identify necessary benefits and services; work to establish a relationship of trust and confidence; gain a greater understanding of the member's transition needs; empower members and their families to become active participants in this transition process; provide information about or access to the full range of Veterans Affairs Canada's benefits and services; and refer members, veterans, and families to the appropriate resources as required.

● (1115)

Enhanced transition services is another joint initiative by VAC and the Canadian Armed Forces, put in place in response to the June 2014 report of this committee. Veterans Affairs Canada is now engaging earlier with medically releasing Canadian Armed Forces members and their families. This was implemented nationally in September 2015, with the goal of ensuring the best possible outcomes during this transition from military to civilian life.

Early intervention is critical in a successful transition process. It is imperative that VAC become involved with medically releasing members during their pre-release stage of transition. Through early engagement with medically releasing members, VAC is committed to building stronger relationships with medically releasing members prior to release; strengthening joint case management activities between the Canadian Armed Forces and Veterans Affairs Canada; assigning of a Veterans Affairs Canada case manager or veteran service agent before release, based on the member's need; assisting members with completion of VAC program applications; rendering New Veterans Charter program eligibility decisions pre-release, where possible, so that services and benefits are available immediately after release; assisting members with registration and navigation of My VAC Account; providing members with a copy of My VAC Book; and providing information on how employment in the federal public service can be sought and found.

Veterans Affairs Canada and the Canadian Armed Forces are working together to develop joint case plans that will address barriers, ensure timely access to available programs and services, and provide an overall coordinated approach to case management activities. This ensures a continuum of services following release and for as long as those services are required.

An expanded post-release follow-up process was implemented in October 2015. Up to that point, VAC was following up with veterans who were assessed at a level of risk designated as moderate to high. With this new initiative, post-release follow-up is expanded to include medically released veterans designated as being at minimal risk. This provides an additional opportunity for VAC to follow up with medically released veterans to ensure that their transition needs are being met and to address any concerns or issues that this minimal-risk group may have.

On October 1, 2015, VAC and the CAF launched a pilot project to provide medically released veterans and their families with access to the military family services program, MFSP, for two years after release in order to support them in their transition to civilian life. The pilot project includes access to seven military family resource centres located in Victoria, Edmonton, Shilo, Valcartier, Trenton, North Bay, and Halifax; access to the military family services program's family information line; and an enhanced familyforce.ca website to assist with transition.

Results as of March 2016 indicate that the military family services program is well received and welcomed by the veteran community. Service utilization is increasing on a monthly basis. As of March, over 2,400 veterans and family members have been served at both pilot and non-pilot locations.

● (1120)

In conclusion, as part of Veterans Affairs Canada's five-year strategic plan, the department is more closely aligning with the Canadian Armed Forces to close gaps in service and address as many barriers as possible before a member of the Canadian Armed Forces releases.

All of these measures help to achieve better outcomes for all of our military personnel, veterans, and their families by ensuring they have the support they need before, during, and after their release from the military.

Thank you, Mr. Chair.

The Chair: Thank you.

We'll start with our first round of questions, which will be six minutes.

If you want to answer questions in English or French, feel comfortable with it. We do have interpretation.

We will start with Mr. Clarke.

[*Translation*]

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

Thank you for joining us this morning. It is an honour to have you with us here at the Standing Committee on Veterans Affairs. All the more so because, if I am not mistaken, this is the first time that we have with us both Canadian Armed Forces personnel and a number of representatives from Veterans Affairs Canada.

We have so many questions to ask you that it is difficult to decide where to start. I would specifically like to talk to Ms. Douglas, Ms. Pellerin, and Mr. Cormier.

I am sure you are aware that a number of veterans have come here in recent months; they have had many complaints about the programs and services provided by your department. They have mentioned benefits, red tape and other problems.

Transition interviews have been held for two years. I myself was released from the Canadian Armed Forces a few months ago, and I had my transition interview by telephone the day before yesterday. It was a very interesting experience. I found it was very well done.

I have noticed that most veterans who have come to tell us about their concerns and their complaints about the treatment they have received were released more than two years ago.

Can you share with us your data, if you have any, about veterans who have been released in the last two years and who have gone through transition interviews? Have the interviews made a difference? Have they improved the situation for veterans?

● (1125)

Ms. Elizabeth Douglas: Thank you.

[*English*]

I'm going to turn to my colleagues Anne-Marie Pellerin and Robert Cormier, as both have experience with transition interviews and will be able to assist with your question.

[*Translation*]

Ms. Anne-Marie Pellerin (Director, Case Management and Support Services, Department of Veterans Affairs): Good morning.

[*English*]

Thank you very much for the question.

Transition interviews have been administered by Veterans Affairs Canada for a number of years now. It's in excess of two years, actually—I think they started back in the early 2000s—but we have invested more aggressively in the transition services and the administration of the transition interview over the last two years, in concert, of course, with our Canadian Armed Forces colleagues.

What the transition interview does is, hopefully, in the pre-release phase of a member's release from the military, enable a Veterans Affairs agent to evaluate, as my colleague mentioned in her opening remarks, any potential risks or barriers to re-establishment and then to counsel the releasing member and family—we encourage families to participate in the transition interview in order to get a full picture of the circumstance—in terms of benefits that our department may be able to provide, as well as community services—

Mr. Alupa Clarke: I am sorry to interrupt you. I understand the end goal of the transition interview, but I'll be more specific. Have you been receiving fewer complaints since you have been doing these kinds of transition interviews? We want to know if this transition interview is actually stopping a lot of the problems.

Ms. Anne-Marie Pellerin: Yes, I think it would be fair to say that the transition interview enables us to direct the releasing member. In some cases, the releasing members will need case management services, in which case they are assigned to a case manager. In other situations, if the members are functioning well and have no risks in transition, then they are directed potentially to benefits and services but without necessarily the case management services.

What we have added as of October 2015 is the post-release follow-up, which enables us to follow up after release with those members who otherwise are not receiving case management services and who have not been identified as being at risk. On the transition interview, if a member had been identified as minimal risk, we did not follow up prior to October 2015; now we follow up with those as well. Since October 2015, we've followed up with 280 released members who were at minimal risk, and of those, we've had in the vicinity of 60 apply for Veterans Affairs programming. I think that post-release follow-up is demonstrating that added insurance, if you will, in making sure that those who have released are doing well and, where they may not be, providing additional supports and potential benefits for them.

[Translation]

Mr. Alupa Clarke: Thank you very much.

Ms. Langlois, you are responsible for the joint personnel support unit. Someone told me that there were not enough senior military personnel, officers, in that unit.

Has that problem been solved?

Captain(N) Marie-France Langlois (Director, Casualty Support Management, Joint Personnel Support Unit, Department of National Defence): The joint personnel support unit will be restructured in the coming year. As part of that restructuring, the IPSCs will be the responsibility of designated commands, the army, the navy and the air force. That structure will certainly have more senior officers running the IPSCs.

Mr. Alupa Clarke: Very good.

Thank you.

• (1130)

[English]

The Chair: I have a follow-up question to Anne-Marie.

You gave us some numbers, 280 and 60. How do you attempt to find veterans? I know myself that if I don't want to be found, you're not going to find me. Do you keep calling? If you're concerned, do you actually send somebody out and knock on the veteran's door and say, "We're here"?

Ms. Anne-Marie Pellerin: For the process that we've put in place for that follow-up after release, we usually have the releasing contact information. If the member is moving to a different part of the country from the base from which he or she is releasing, we try to obtain that information during the transition interview. The attempt is to make contact by telephone. We make three attempts. If those are unsuccessful, we will then send out written correspondence and ask the veteran to contact us so that we can pursue that follow-up.

The Chair: If that goes unanswered, do you still look?

Ms. Anne-Marie Pellerin: We make our best effort to reach them, but if we can't do it with the contact information that we have, then....

The Chair: Quickly, do you have a percentage of veterans whom you just can't find once they leave?

Ms. Anne-Marie Pellerin: I don't have that figure with me today. As I mentioned earlier, we started this process in October. We had roughly 380 or so veterans in that category who had released, and to date we've contacted 280. For some of them, we are still in the process of trying to contact them.

The Chair: If you have that information, would you be able to send it to the committee, to the clerk?

Ms. Anne-Marie Pellerin: Yes.

The Chair: Thank you.

Mrs. Lockhart is next.

Mrs. Alaina Lockhart (Fundy Royal, Lib.): Thank you for appearing today. I think your testimony and the questions and answers we have will be very productive for our study.

I'd like to thank Mr. Clarke for bringing up the fact that it's interesting to sit here and talk about what the initiatives are and the issues that have been identified and what the intent is, versus what we're hearing from the veterans who have gone through some of these services and where the gaps are.

We recognize that many veterans are able to transition well, but we're very concerned about those who are falling into the gaps. I'd like to ask Mr. Phillips and perhaps Vanessa if they could talk to us about the step-by-step process when you get involved, and what that looks like.

Mr. Bruce Phillips: Thank you for the question. If I have a peer referred from IPSC or an OSI clinic, one of the first things I do is ask about their status with veterans affairs.

Mrs. Alaina Lockhart: Can I just back up and ask how they would find you? How does that connection happen?

Mr. Bruce Phillips: It could happen through the OTSCC or Montfort Hospital. The OSI clinic is a referral. It could come from the IPSC, the Royal Canadian Legion...you name it. Anybody can refer to us, even a peer.

The first question I ask if they have been released is whether they have engaged with Veterans Affairs. I cannot get them any help unless they have engaged with Veterans Affairs. It is one of the first steps.

We go down to Veterans Affairs hand in hand. We sit down with them and we begin the claim process. I check to make sure they have had a conversation with their doctor and if there has been a diagnosis. It has to be evidence-based. If it's not, then I'm going to communicate to Veterans Affairs that an assessment is required. That's how we begin.

Mrs. Alaina Lockhart: All right. Can you identify a group that seemed to fall through the cracks?

Mr. Bruce Phillips: No. I suppose, however, that this would happen more often the older they are or the longer they've been released. The nature of the beast is to withdraw. When I get them like that, they have usually been released for some time.

• (1135)

Mrs. Alaina Lockhart: This question is maybe for the brigadier-general.

When we had the ombudsman here earlier this week, he talked about the determination of service attribution as one way to look at a different concept of transitioning soldiers to veterans. I'm wondering if that's a concept that has been discussed or where we're at with that.

BGen Nicolas Eldaoud: I assume you're referring to the attribution to service.

Mrs. Alaina Lockhart: Yes, sorry.

BGen Nicolas Eldaoud: That matter is always on the books. It has to do with ensuring that between us and VAC, the transition and the benefits are being given to those members as fast as possible. Believe me, we are committed to making sure that we transfer the information to VAC and get the attribution to service done quickly so that veterans get the benefits they deserve.

Mrs. Alaina Lockhart: Would allowing that determination to be made while they were still enlisted result in any barriers?

BGen Nicolas Eldaoud: VAC is legislatively obligated to make that determination. We do not make it. None of our benefits in the Canadian Armed Forces or the Department of National Defence depend on that. We don't care whether it's related to service or not. If the member has been injured or ill, he will get our benefits. For us, it makes no difference.

There is an issue, though. Right now one of the ideas is for our medical doctors to do this. Our surgeon general has a problem with this idea, because we want our doctors to focus on the care of the patient and not be linked to receiving benefits. The trust between the

doctor and his patient needs to be pure and maintained. It's about that person getting better, not about administration and certainly not about money.

Mrs. Alaina Lockhart: We can certainly appreciate that. We're trying to get at whether the intentions are good and what we could do to improve delivery. Is it resources? Is it legislation? That's a good point to make.

How am I for time?

The Chair: You have seven seconds.

Mrs. Alaina Lockhart: Thank you very much.

The Chair: Ms. Mathysen is next.

Ms. Irene Mathysen (London—Fanshawe, NDP): Thank you very much, Mr. Chair.

Thank you for being here.

As Ms. Lockhart indicated, we've heard a great deal from the ombudsman with regard to this transitioning process, and certainly we've heard from veterans. I'm sure you know that there are a number of very concerned and disappointed veterans.

Elizabeth, there seemed to be problems with regard to the sharing of documents from DND to Veterans Affairs. That was indicated. What are those roadblocks, and how can we get past them?

I'll start with that, and I have subsequent questions.

Ms. Elizabeth Douglas: Thank you very much for the question.

First, there has been a backlog, and we are working with our colleagues at DND and CAF to make improvements in this area.

There has been significant improvement over the past year. Around this time last year, it took approximately 35 days to transfer records from CAF to VAC. Now we're at 19 days. Part of the reason for that is, first, we have recognized and placed priority on it; second, there is the digitization of records. Now that they are scanned documents, they come to us more quickly and sooner.

We are working to shorten that timeline even further. To that end, if I may, I will turn it over to my colleague.

• (1140)

BGen Nicolas Eldaoud: We are very concerned with time when it comes to making sure the information is passed to VAC. We're all over this backlog.

If you have more specific instances of barriers, I could be more specific, but right now we're very keen on making that timeline as short as possible.

Ms. Irene Mathysen: Okay, I will be specific.

DND determines that a CF member has an injury due to service. Why does Veterans Affairs have to reassess that? How can that possibly be helpful?

BGen Nicolas Eldaoud: DND does not determine whether that illness or injury is relative to service. That's the responsibility of Veterans Affairs Canada.

Ms. Irene Mathysen: That's exclusively their responsibility?

BGen Nicolas Eldaoud: Yes, madam.

Ms. Irene Mathysen: With regard to what we heard today, the ombudsman said that if we make sure there is quality of life for the veteran—financial support, housing, supports for the family—then a lot of the problems we're seeing will go away.

One of the recommendations from this committee—or from many committees, actually—is that the CF member should remain within the Department of National Defence until all the transition is complete, all the paperwork is done, and everything is set up. In the Netherlands, they make sure that the individual has a job before they're released from service.

Is that the direction we should be going or that we are going? Do you have any comment?

BGen Nicolas Eldaoud: I will let Captain Langlois answer this one, if you don't mind.

[Translation]

Capt(N) Marie-France Langlois: Thank you, madam.

[English]

It's true that transition is very complex, and it's different for each individual. We want to make sure that people are ready when they are released and transfer into civilian life. On the medical side, we'll make sure that the person is stable before they are released. This is why we're working very closely with Veterans Affairs Canada so that they get involved earlier in the process and there's a seamless transition to civilian life.

Military personnel can remain in the forces in different ways. If they're fully fit, they could be eligible for a retention period of up to three years. If they have complex transition needs, they could be eligible for a transition period of up to three years once they don't meet universality of service.

Working closely with Veterans Affairs and making sure that people are starting to work on a transition plan early in their careers is the new current strategy on employment and transition that is being put in place right now. It is focusing on making sure that people are ready to do a seamless transition when the time comes.

Ms. Irene Mathysen: I want to come back to a question Ms. Lockhart had.

General, you said the purpose of the physician at DND is to make sure individuals are well, yet when they get to VAC, if there are issues in their medical condition that impact benefits, then there seems to be this vacuum.

How do you ensure that there is an understanding of the medical condition when individuals arrive at VAC and are assessed?

The Chair: I'm sorry, you'll have to give a 10-second answer or come back in the second round of questioning to answer that.

[Translation]

BGen Nicolas Eldaoud: Okay.

[English]

Thank you.

Actually, we do ensure that. We do pass the medical file to VAC so that it can make the assessment. The medical piece to this is actually transferred. I would need more specifics to understand what that barrier would be. It's the determination maybe that you're talking about, which we don't do, but the medical situation of members is passed to VAC.

• (1145)

The Chair: Thank you.

Go ahead, Mr. Bratina.

Mr. Bob Bratina (Hamilton East—Stoney Creek, Lib.): Thank you.

I'll just stay on that point. It's not to be redundant, but it needs to be clear in all of our minds.

I appreciate the notion that the service medical people are interested in dealing with the facts of the case before them, not what funds may be available as a result. The file should be written up in a way that everything with regard to the service people's activity should be seamlessly transportable to the veterans' situation, and to us around the table, because we heard so many of these witness testimonies that there didn't seem to be an understanding of the service time in the post-service time.

Is there no way that the medical records could have a strong indication that didn't require months of interpretation by veterans affairs as to the attribution of the problem?

BGen Nicolas Eldaoud: Thank you for this question.

It's important that we put stuff in context. A lot of these injuries and illnesses that are related to service are obvious; for example, someone fell from an obstacle course during training and broke something. They are very obvious. The files, when they transfer them to VAC, will be pretty obvious.

The ones we most likely hear about, which may be more complex, are the ones in which that determination is not that obvious. Our surgeons will do their best to determine what happened as much as they can, but the linkage to service may not be that obvious at the end of the day. When the case passed to VAC, it has to do the determination with its criteria. It's not always obvious that an illness is related to service.

Mr. Bob Bratina: Do you have anything further, Ms. Douglas?

Ms. Elizabeth Douglas: Yes, I'd like to add to that. To your point, we have in the last year put in place a streamlined, evidence-informed decision-making model for four areas. Those areas are hearing loss, tinnitus, PTSD, and MSK, or musculoskeletal.

The reason we have done this is that they represent approximately 50% of our claims. Instead of doing that deeper dive that the general referred to, we have found, based upon evidence, that it's far easier to identify that we can streamline the decision process in those particular categories. We've had that in place for over a year. We are now meeting our service standards in those categories. Service-related injuries over and above those four areas may take more time because you would have to go in and make that linkage as attributable to service.

Mr. Bob Bratina: It's helpful to our committee that you did produce, in your comments, statistics regarding the percentage of released CAF members reporting adjustment difficulties and so on, because we have to continually monitor how we're performing.

We've heard some excellent presentations, but we've also heard from the witnesses a different kind story.

In your statement you speak of "providing information on how to access employment in the federal public service". Apparently there are joint personnel support unit staff shortages. Did they come together somehow?

Ms. Elizabeth Douglas: I'm going to turn that question over to my colleagues. Thank you.

[*Translation*]

Capt(N) Marie-France Langlois: Thank you for the question, sir.

[*English*]

It is a challenge. There were many vacant positions within the JPSU across the country, but we have put forth efforts to make sure that we're filling those positions, and I am glad to say that since April we have reduced it to half of the positions. We're getting close to the point where we're going to be fully staffed.

A lot of our public servants employed as service coordinators in the IPSCs are former military personnel because they have the knowledge of the organization and the knowledge of the program and services as well. They understand the clients and the people we support.

• (1150)

Mr. Bob Bratina: How's my time?

The Chair: You have one minute.

Mr. Bob Bratina: "Seamless" is one of the things we're after here, because of service delivery. In identifying a veteran, we were talking about an identifying card. Is there some way, or is it the case, that the veteran's identity as a serviceman and then former serviceman is continuous and easily accessible in the process?

BGen Nicolas Eldaoud: Yes, and that's one of the efforts we're going towards, and it's how we identify our veterans.

I'm sure you may have heard of this issue of the ID card for veterans. We're on top of that at VAC to make sure we produce it in the next few months so that they will have something that is recognizable that they're proud of, because that's a lot to do, and that we will be able to track them to some degree because they have that ID card.

The Chair: I have a clarifying question again, and I apologize to the committee.

There's some conflicting information on staffing issues from the ombudsman, which I believe would be in the blues, that said this is recurring yearly and there hasn't been a catch-up. I wonder if we could ask you to go back over the last, say, five years and send us information about the shortage of staff so that we can see if we are reaching those complements or if it's what we might have heard at the last testimony, which was that this has been an ongoing systemic factor.

On OSISS I would ask the same. Could you get that to the committee in a document, if that's at all possible?

Thank you.

Now we have Mr. Fraser.

Mr. Colin Fraser (West Nova, Lib.): Thank you very much, ladies and gentlemen, for your appearance today and for your testimony, which will be helpful.

I'd like to start, Brigadier-General, by asking you about something you mentioned, the ID card. I've heard about that from a number of my constituents. Will the ID card that you're looking at and working on have a photo on it of the person?

BGen Nicolas Eldaoud: That is the plan, sir, absolutely.

What I know about it, and maybe Captain Langlois can add to this, is that it will look more or less like the ID military card we have, but turned sideways. The reason it will be sideways is that it's a security issue. We want to make sure there is no confusion between a serving and a retired member. We want it to have a bit of the look and feel of the ID cards that those members had all their careers. It's a question of pride and recognizing themselves.

Mr. Colin Fraser: Exactly, and that's exactly what I heard. Having the photo ID recognizes that they get discounts if they go travelling and all of these sorts of things, but it also is a recognition of their identity as former Canadian Forces members. I implore you to have a photo ID.

BGen Nicolas Eldaoud: That is the plan, sir.

Mr. Colin Fraser: Thank you. All right.

One thing we've heard from a number of witnesses is that part of the stress in transitioning is financial matters. I noticed in your notes that you mentioned one of the things is to work with VAC on financial planning or to have that service available. I'm wondering if you could comment on the financial planning aspect of transition. Are those services offered widely, and are they well known to members who are transitioning?

BGen Nicolas Eldaoud: I'll start, and I may see if my partner wants to get into this.

Yes. As part of their transition, there's a piece to it that is about finances. It's part of the overall advice they get as they transition. Right now we participate on several task forces, and one of them is focused on their benefits and includes some financial advice.

Ms. Elizabeth Douglas: Thank you for that, and thank you for the question.

In terms of transition and financial advice, I am going to turn it over to Anne-Marie Pellerin, who can provide more information, but I want to stress one of the points that the brigadier-general has just made. Part of the VAC five-year strategic plan is to ensure seamless transition, which will deal with all of those issues including finances. We have set up several joint task forces, and we have several transition teams, including a CAF-VAC seamless transition team that Anne-Marie co-chairs.

That's why I'll turn it over to her to answer that question for you.

• (1155)

Ms. Anne-Marie Pellerin: Thank you very much.

During the transition period, at the transition interview, the VAC agent counsels releasing members on our benefits and programs. That is one option for us to inform the member of what financial benefits are available from VAC. That is promoted and encouraged. For those who are case managed, likewise the case manager would inform the veteran and the family regarding the benefits available and encourage and support application where that may be indicated.

For those who are receiving a disability benefit, a disability award, there is also financial support from Veterans Affairs for the member, the recipient, to obtain financial advice in the community. We will fund that financial advice, obviously, because our agents and case managers are not financial experts.

These are some of the opportunities and occasions when we provide that support.

Mr. Colin Fraser: Thank you very much.

Sticking with Veterans Affairs, regarding the military family resource centres, I think in your comments you said that 2,400 veterans and family members have been assisted through this pilot project and also at non-pilot sites. I'm wondering what that means. How are they able to access services at non-pilot sites?

Ms. Elizabeth Douglas: Anne-Marie, do you want to take that as well?

Ms. Anne-Marie Pellerin: I will.

The pilot sites are in four of the 32 military family resource centres.

Mr. Colin Fraser: I thought it was seven. Sorry.

Ms. Anne-Marie Pellerin: Sorry. I may have misspoken. We have seven pilot sites out of a total of 32 MFRCs across Canada. At those seven pilot sites, we have provided the funding for the MFRC organizations to hire what we call "veteran family coordinators". They, obviously, provide the services to medically released veterans. The pilot is for medically released veterans.

However, we have made the decision not to necessarily restrict it to medically releasing. If a veteran or family presents, they will not be turned away. Likewise, at the non-pilot sites, we have taken a

position that we will not turn a veteran away. The MFRC organizations are helping to support at non-pilot sites, to the extent they are able, with their local programming.

The other aspect is the family information line, and of course the website, which would be national and available to any released member.

The Chair: Is that it?

Mr. Colin Fraser: Yes. Thank you.

The Chair: Mr. Kitchen is next.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Thank you, Mr. Chair.

Thank you all for being here, and thank you for your service.

It's great to see a great working relationship between the two of you; however, we've heard from people that there seems to be a disconnect. The people who have come to talk to us make it sound as though there isn't this working relationship amongst you. That transition stage, as you go from one to the other, seems to be an issue.

I'm wondering, because you have such a great relationship among yourselves, whether you actually communicate with each other about that transition process and actually assess that from time to time—yearly, every five years, or whatever—and ask what you need to be doing in that transition.

BGen Nicolas Eldaoud: I'll start, and I'll also ask Captain Langlois to add to it.

Just so you know, from my perspective—and Captain Langlois will talk more about the tactical level where it's happening—I will tell you that if I don't get a phone call two or three times a week from Veterans Affairs—and we have a liaison officer there—it's because I'm on leave. Really, we talk all the time, and I call them. We hear about issues all the time.

I can assure you that from the Chief of the Defence Staff, who gets letters, to my boss, and to every level of the higher leadership of the Canadian Armed Forces, they all come to me saying the same thing: Nick, solve it. That's when the changes start happening.

I talk to JPSU, but also to our VAC liaison officer. Within hours, those things are being discussed. Obviously, then, we say, "Let's make sure this doesn't happen again" so we don't drop the ball again when that happens.

[Translation]

Capt(N) Marie-France Langlois: Thank you for the question, sir.

[English]

We're doing everything we can to work together.

Here are some interesting facts.

In the headquarters here in Ottawa, in the transition services cell, we have two seconded employees from VAC. We also have a liaison officer from VAC within the headquarters. We have two military personnel in Charlottetown, and a liaison officer from the military with Veterans Affairs. Across the country in the IPSCs, the integrated personnel support centres, we're working hand in hand. There are people from Veterans Affairs. We have the health services. We have the family liaison officer and the service coordinator from CAF. The chain of command is involved with the member to better provide the services for transition or to focus on their return to duty, so it's at all levels.

When there are issues that are more systemic, they are examined at a tactical level. They're brought up to headquarters in Ottawa, and we discuss them at our level.

• (1200)

Ms. Elizabeth Douglas: Thank you for the question.

We certainly realized at VAC that we want to continue to improve the transition process. That is also why we have seamless transition as one of our priorities, and why we have the CAF-VAC seamless transition working group and task force. It is something we want to continuously improve. It is not something that is static. The action plan and the project plan have not been finalized yet as to how we are going to continue to make these improvements, but we are working on it. When this is completed, we will be more than pleased to share it with this committee or to come back to this committee.

I am going to turn to Anne-Marie because, again, she chairs from VAC. Is there anything you could add to that, Anne-Marie?

Ms. Anne-Marie Pellerin: I think the comments are quite good and encompassing. If you have another question, I would certainly—

Mr. Robert Kitchen: Do you keep track of what the specific issues might be? In general, you mentioned that you get phone calls and someone says, "Handle it." Do you keep track of that so that you have stats to say, "These are the main issues. These are the main things we have to focus on"?

BGen Nicolas Eldaoud: My question to the CO of the JPSU is always the same—after we deal with the issue, obviously—"Why? Why did this happen?" We always discuss that, because what you just mentioned here is certainly my concern and my boss's concern. Making a mistake once is okay, but you can't do it twice.

The answer to your question is yes. We always make sure that we close the loop or we understand what happened so that it doesn't happen again, absolutely.

Mr. Robert Kitchen: Do you publish those?

BGen Nicolas Eldaoud: No, sir.

Unless... Captain Langlois, do you have something to add on that?

Capt(N) Marie-France Langlois: Not to my knowledge....

BGen Nicolas Eldaoud: No, we don't.

Mr. Robert Kitchen: Is it possible that we can see that at all and see what some of the issues might be?

BGen Nicolas Eldaoud: As I said, we don't publish them, but we will look into what we have discovered in the last few months, for example. Would that satisfy you, sir?

Mr. Robert Kitchen: That would be very helpful. Thank you.

Do I have more time?

The Chair: You have 50 seconds.

Mr. Robert Kitchen: Okay.

Ms. Douglas, I am just wondering if you assess the level of knowledge of the veterans about the services that are available to them. In other words, I know a lot of times people tell them they provide all these services. I come from a health care background, and the bottom line is that, when I talk to my patients, oftentimes I will tell them.... I have been very fortunate that I haven't had to say too many tragic things to people, but when I say that to them, I often ask them, "Okay, this is what I have said to you. What did you hear?", because what they hear and what I told them oftentimes are different. I am wondering if you follow up on that. Do you assess that?

The Chair: You will have to make that a very quick answer, please.

Ms. Elizabeth Douglas: Thank you for that.

We have not been assessing whether they actually understand what we have been saying, but we try to work with them to make sure there is a sense that they know what programs and benefits they are entitled to.

The Chair: Thank you.

Mr. Eyolfson, go ahead.

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

This is for the staff from the Department of National Defence.

Not just in the military but in society in general, we know that there is a stigma to mental illness, and even more so with PTSD in the military environment. Can you make any recommendations on the military side to reduce the stigma around this condition?

• (1205)

BGen Nicolas Eldaoud: Yes, sir, absolutely, and thank you for your question on this matter.

The issue of mental health, and certainly the stigma within the Canadian Armed Forces, is absolutely recognized, and from the top. Obviously, I am referring to General Jonathan Vance, our Chief of the Defence Staff.

The way we handle this.... The number one enterprise is the chain of command talking about it. Our surgeon general is very involved and committed to making sure that mental health within the CAF is a recognized issue and that the chain of command sees it as a condition that exists among the ranks that we need to talk about. That is why we are very involved.

Bell Let's Talk, for example, is one initiative we embrace. We are doing this with Bell, and for the last few years we have been extremely involved. Every year this thing goes on and improves, to the point where.... General Vance usually gets all his general officers together twice a year. The last time we did that, when he got us together, the subject of that two-day conference was mental health, and he had it right in the middle of the Bell Let's Talk event, just to show you how important it is.

It is about the chain of command talking about it, recognizing the issue, understanding what the issue is, and encouraging people to just say it and not be concerned about any repercussions that could come. There shouldn't be any repercussions. Most of those mental health issues are within the universality of service. We keep people. This issue of "If you have a mental health problem, we will release you" is a myth that we are trying to destroy.

Mr. Doug Eyolfson: Do you think we have an opportunity to change the way that universality of service exists? It seems that there are members who have expressed that they're afraid to ask for help because they say they're going to lose their job. We've had a number of veterans who've said to us that they were starting to have nightmares over the things they saw in combat. They went to see their commanding officer and asked for help, and one thing led to another and they are now out of the military. It all seemed to start with "You can't go out in the battlefield. You're done with universality of service."

It sounds as though there needs to be some change to that process, because that's the provision that seems to be the barrier. There are too many personnel who are asking for help that had implications for universality of service, and this is what led to everything going south for them.

BGen Nicolas Eldaoud: Thank you for that.

Absolutely, and it's very recognized.

Part of understanding the problem and talking about it is getting our soldiers to realize that a lot of soldiers are serving today with PTSD, and there's no issue about it. They're medicated and they're getting the help they need, but they're still wearing their uniform because you can have PTSD and still meet universality of service.

That line of universality of service is a prerequisite or a condition, but it is the basic common one, which means that it's a myth to think that because you have a mental health problem, wound, or issue, you cannot serve anymore. If it's to a point where it's very aggravated, yes, we could go to the point where you cannot serve anymore. We're talking about a few cases. A lot of people have mental health issues, wear this uniform, and do a great job.

Mr. Doug Eyolfson: Thank you.

There are a lot of veterans at their level who are reluctant to ask for help with mental health and PTSD, for much the same reasons. It's the stigma and this sort of thing.

Can you think of ways to improve the situation with veterans to help them to ask for help?

Ms. Elizabeth Douglas: As stated earlier, one of the things that we are doing is this post-release follow-up. We're doing it with those veterans who were originally deemed to be minimally at risk. However, what we find out is that quite often veterans don't either self-identify—as you're pointing out—or they don't come looking for services immediately after their transition. It may take several years. This follow-up is incredibly important to us, because we need to continuously reach out and we need to ensure the overall health of our veterans.

In terms of the reaching out, we now have the OSI clinics, we have the other support clinics, there's often peer-to-peer information, and we have online services. There are a multitude of ways in which we not only reach out, but that the veteran can come to us as well.

I'd like to turn to my colleagues, Robert in particular, because Robert deals with—

• (1210)

The Chair: I'm sorry, but we're out of time for this question.

Ms. Elizabeth Douglas: I'm sorry.

The Chair: Thank you.

Mr. Bezan, you have five minutes.

Mr. James Bezan (Selkirk—Interlake—Eastman, CPC): Thank you, Mr. Chair.

I want to thank the witnesses for being here today and for their support to our serving men and women in uniform and to our veterans.

Captain Langlois, how many people right now are employed in the JPSU?

[*Translation*]

Capt(N) Marie-France Langlois: We have 428.

[*English*]

Mr. James Bezan: That counts reservists as well, or just regular force?

Capt(N) Marie-France Langlois: It's a staff of regular force members, reservist members, and civilians.

Mr. James Bezan: I've heard from military members who are transitioning out of the service that one of the things that makes them fairly anxious in transitioning out is that the credentials that they have through their various fields of employment within the Canadian Armed Forces are often not recognized when they transition into civilian life.

Have Canadian Armed Forces started to look at how we can provide a civilian Red Seal, for example, for mechanics, for aviation, or things of that nature?

Capt(N) Marie-France Langlois: *Je vous remercie de votre question.*

In the transition services cell, we're actually looking at matching those qualifications.

For example, for somebody who was in the infantry, it's hard to find an equivalent in civilian life. There's a project right now looking at finding those qualifications that can be of value in civilian life for those trades or occupations that you would find on the civilian streets.

Mr. James Bezan: In addition to the problem of the armed forces credentials, every province makes its own decisions. For the Red Seal program, there are different qualifications that are required.

Capt(N) Marie-France Langlois: Exactly.

Mr. James Bezan: I know that the United States has used monster.com, the employment website, to help with that transfer of information and to make those new credentials more accessible and understandable for employers who are looking at veterans moving into civilian life.

Capt(N) Marie-France Langlois: Monster.ca is also in connection with the transition services cell. We're looking at different third party organizations to assist us in the transition of military personnel.

Mr. James Bezan: One thing I also hear about from serving members and veterans is the issue of medical records, and the transfer of those medical records to the VAC files. Has that been streamlined at all in the last few months, or are there still some hiccups along the way?

Capt(N) Marie-France Langlois: There's actually a working group for this. I could defer that question to my VAC colleagues.

Ms. Elizabeth Douglas: Thank you.

As previously noted, there has been an improvement over the past year, and there has been a working group looking into this to try to identify what those barriers are. In terms of the length of time it took to transfer records, we have gone down from 35 days a year ago to 19 days now. We are continuously looking for ways to improve that, whether it's using technology or a closer working relationship. We have recognized that as being a problem, and we are working to correct it.

Mr. James Bezan: I had a conversation with the National Defence and Canadian Armed Forces ombudsman, Gary Walbourne, who used to be the deputy ombudsman over in Veterans Affairs. He's suggesting that rather than having our veterans who are being medically released go through another medical assessment done through VAC, there's a possibility that we should be using the surgeon general as the be-all and end-all in making the determination on medical release. He also suggests that it be the factor determining how they are handled by VAC, whether it's through SISIP or any of the other programs, based upon their medical condition.

Have there been any discussions between the two of you on that in that working group?

• (1215)

BGen Nicolas Eldaoud: The surgeon general's organization does exactly that. It determines the medical reason for release. It determines whether or not a member needs to be released for

medical reasons and why. That's already being done by the surgeon general.

Mr. James Bezan: Is that recognized by VAC?

BGen Nicolas Eldaoud: Yes. In the medical files that we have, there is always third party information. When we send it to VAC, Access to Information and Privacy tells us that we need to make sure we give them information on the person, on the veteran, and not on anybody else. We have to go through it to take this third party information out, but that's about all we do. The rest of the information just goes to VAC for their assessment, sir.

The Chair: Great. Thank you.

Ms. Mathysen, we have three minutes, and then we'll take a five-minute break and come back with a short round of questioning.

Ms. Irene Mathysen: I have so many questions.

My understanding is that medical records go out, but without observation, and it's VAC that makes the judgment in regard to the benefit.

You have the expertise in terms of being able to take that raw data and identify the problems that exist. I mean the nuanced ones, above and beyond your four key categories, because when we get into the nuanced problems, that seems to be where the difficulty lies.

Do you have the medical expertise to take that file and assess it?

Ms. Elizabeth Douglas: Yes, we do have the medical expertise.

Ms. Irene Mathysen: Okay.

Ms. Elizabeth Douglas: I would just like to state that this is outside of my purview. We do have a director general who is responsible for adjudication, and I would like to refer these questions to him, perhaps at another date, or come back with answers to your questions.

Ms. Irene Mathysen: That would be very helpful.

I want to get into the area of mental health issues. If DND has a member who is clearly fragile in terms of possible suicide, does that information come forward when the individual is released? Is VAC aware of that high risk in terms of potential suicide?

Capt(N) Marie-France Langlois: Normally, a member of the Canadian Forces will not be released if he's not stabilized, in the sense of his condition. The medical information, the diagnosis, that's contained in the medical file will be passed on to Veterans Affairs Canada.

Ms. Irene Mathysen: You're saying that anything related to issues of mental illness would be in the medical file, yet we're seeing suicides post-release and we're very concerned about that.

I had a question about My VAC Account. One of the things that we heard from witnesses was that the first thing that happens when you go into My VAC Account is a question about your banking information. It seems to upset a great many people. Is there is a gentler and less intimidating way of bringing a veteran into the My VAC Account process? Have you thought about that?

Ms. Elizabeth Douglas: The reason the banking information and the GCKey are there is the way in which the Government of Canada can secure online information. It is a whole-of-government solution that has been put forward by Treasury Board Secretariat.

That said, we too recognize that veterans are struggling with it. From a usability design perspective, we know that this is one of the greatest barriers. What we have done is put a pop-up screen on My VAC Account, and it actually will delineate why this is happening and the steps that one must go through to log on.

The Chair: Thank you.

We'll recess for five minutes and then we'll come back with the next round of questioning.

• (1215) _____ (Pause) _____

• (1225)

The Chair: Thank you. I'd like to call the meeting back to order.

In terms of time allotment, since we're going to give a wrap-up to each organization, I'd like to start with five minutes in the second round.

We'll start with Mr. Kitchen. I believe you're going to split your time with Mr. Clarke.

Mr. Robert Kitchen: I am, if I give him some time.

The Chair: Okay. I'm talking very slowly to get him back here, if you notice.

Mr. Robert Kitchen: I'm going to follow up on Ms. Mathysen's question at the very end, dealing with the very first thing that the veterans see on My VAC Account, which is the issue of their finances.

Can you not just move that to the end of the document so that they can fill out all their information, and then give the nice part at the end? If that's the first thing they see, they're going to get their back up and shut down. How hard is it to do that?

Ms. Elizabeth Douglas: We do have to follow processes and standards set out as to how we align and set up our website, but of course we can look at it and see if it would work.

The other piece is that we've had tremendous growth with the My VAC Account over the last two years. It's been literally 1,000%. We're working with and going to be looking at training some of our veterans service agents and those working in the field office so that when veterans come in, we can assist them with it if they find it is really difficult. We have heard this before; this is not the first time.

We also do usability work in our design. We work with veterans around that usability work. Just as you are saying, sometimes there is concern. Are people going to go directly into my banking information and find out what's in my bank accounts if I use my banking password to log on? We do fully recognize that, and we certainly will continue to work to improve.

Mr. Robert Kitchen: Okay, great. Thank you.

I have another question for you. Can you break down the number of veterans who use the earning loss benefit according to their previous rank, as in how many privates are using it or how many

corporals are using it? If you can't do that today, can you provide us with that information?

Ms. Elizabeth Douglas: I don't have that information today, but I will certainly go back, and if we can break that data down, absolutely, we will share it with you.

Mr. Robert Kitchen: Thank you.

Mr. Clarke, do you...?

Mr. Alupa Clarke: Okay. Yes, of course.

[*Translation*]

Mr. Eldaoud, I would like to go back to the medical reports, the CF 98 form, and the surgeon general.

I have also met with Ombudsman Walbourne. I understand that you really want to protect the doctors' privilege to provide a diagnosis. Their role is to provide care, not to be part of the decision to grant benefits or not. However, your ombudsman seems to tell us that, despite that, we have to do things differently.

At the moment, when the surgeon general makes a diagnosis, even though he is very aware that a knee injury happened in Kandahar on such-and-such a date, for example, he does not put that on the CF 98 form, the medical report. Am I right on that?

• (1230)

BGen Nicolas Eldaoud: I will answer that, sir, but I do not have all the details. You are asking a very specific question.

The example you used was of a leg injury sustained in Kandahar. In all honesty, I cannot imagine that there can even be any confusion about a case like that. As you just said, the CF 98 form is a document that soldiers fill out with the assistance of their chains of command; it allows the event to be linked to the date and place where it took place. Even the chain of command indicates on the document whether, in its view, the injury is service-related. The commander signs the document, not the medical support chain. That allows the doctors to do their jobs. We are talking about the same event. There is no secret as to the location and time when events took place, but that is of no concern to the doctors.

However, other documents are given to veterans, specifically the CF 98 form that you just mentioned and the medical report containing the doctor's diagnosis. Those are the documents that say that it is clear, for example, that a soldier will never walk again, and that he is entitled to certain benefits.

Mr. Alupa Clarke: However, your surgeon general cannot mention when the event took place in his report.

BGen Nicolas Eldaoud: I cannot answer that specific question, sir. I do not know what the medical document contains. Clearly, that information is protected by the Access to Information Act and the Privacy Act. I do not know.

Mr. Alupa Clarke: Very quickly.

What? The time is up already?

[English]

The Chair: It's 5:02, so your five minutes are over. I'm sorry.

Ms. Romanado is next.

Mrs. Sherry Romanado (Longueuil—Charles-LeMoine, Lib.): Thank you.

[Translation]

First, I would like to thank you for your contribution to our country. Thank you also for being here today.

[English]

We've just heard that 10,000 regular and reserve members transition out of the Canadian Armed Forces every year.

My question is for you, Madam Douglas. What percentage of them have a transition interview?

Ms. Elizabeth Douglas: Thank you for the question. Again, I'm going to turn it over to my colleague.

Ms. Anne-Marie Pellerin: I thank you for the question as well.

The Canadian Armed Forces have made the transition interview mandatory for medically released regular force and reserve force members as well as for regular force members who are voluntarily releasing. On an annual basis, we are doing upwards of about 5,000 transition interviews.

The group we're not so successful with in terms of reach is the non-medically-releasing reservist group. As part of this seamless transition task force work that is just getting under way, that is one group we will be focusing on in terms of how we can better reach and serve them and make sure they are successful in their transition.

Mrs. Sherry Romanado: How soon after the decision to leave, whether voluntarily or involuntarily, does this transition interview happen?

Ms. Anne-Marie Pellerin: Under the enhanced transition services implemented in September 2015—and this is with the medically releasing regular force and reserve force members—for those who have a degree of complexity as determined by the CAF, in terms of the connection with the Veterans Affairs case manager, the engagement with Veterans Affairs starts at a minimum of six months before release. They are informed...there's an assessment of their potential needs and risks upon release.

The transition interview, though, happens a little bit closer to release. It's usually within a three- to four-month period pre-release, because their circumstances can change the closer it gets to release.

Mrs. Sherry Romanado: Thank you.

Okay. Fifty per cent of releasing members do not have a transition interview, so they do not necessarily know what services are available to them, and you do not know if they're going to need help. It's a reactive approach rather than a proactive approach for half of the transitioning members, if I understand it correctly.

Now I'm going to switch gears, General. We talked a bit about universality of service and mental health. You mentioned that our CDS is very much dedicated to making sure that the issue of mental health in the military is not hidden and that folks do seek out support. I know for a fact that's not happening, because my son just lost two

classmates, and they hadn't even seen service. There is still that stigma and there is still that fear of coming forward to say, "I need help now."

I know that when folks join the Canadian Armed Forces, there are actual medical, physical, and mental requirements to be able to join. We're talking about the few who would probably not have mental illness who are actually being selected, yet we still have a lot of suicides.

I'm concerned that it is not getting down to the ranks, right down to the students who are studying at our military colleges, that they can seek help. I'd like to know what concrete measures are happening—rather than Bell's Let's Talk initiative or twice-a-year conversations—so that our students are not suffering in silence and our active members are not suffering in silence. Could you could elaborate on that, please?

• (1235)

[Translation]

BGen Nicolas Eldaoud: Certainly, madam.

[English]

By the way, thank you for being the mom of one soldier, or maybe

Mrs. Sherry Romanado: Two.

BGen Nicolas Eldaoud: You are the mom of two soldiers. Thank you.

I didn't say that our effort toward mental health is done, not at all. We are active, absolutely, and we understand that it's not there yet. What you're referring to in terms of the military college is something I've been personally very involved in over the last few months. Currently there's a board of inquiry happening at RMC as we speak to understand what is going on, not only in terms of what the students know and what they're being told, but what the environment is at RMC. Is there something we can do? Is it the leadership? It's a very complex issue.

I didn't come here prepared to talk about mental readiness, so I don't have any statistics to give you, but let me just say this. I can assure everybody here, and actually every Canadian, that the number one priority of the leaders in the Canadian Armed Forces—the number one priority—is the care and well-being of their troops. As soon as you talk about anything that could jeopardize that, and mental health is one of them, it's our top priority.

It will take time, however. It is a societal problem. We know this. We need to deal with it. We're never going to stop looking at it. Actually, be aware that General Vance's mission on mental health—and actually he goes even further, to suicide—is to eliminate suicide in the CAF, and we're working on it. It's not to reduce it, but to eliminate it. While some people tell him that he can't do this, he says, and I may even almost quote him, "I'll be damned if I don't try." We'll never stop working on this until we get there. Whether we do get there is something else, but we won't stop.

I'm sorry I don't have statistics to give you.

Thank you again.

The Chair: Go ahead, Ms. Mathysen.

Ms. Irene Mathysen: Thank you very much.

I have two questions. First, and this is to VAC, do case managers have the authority to inform veterans of possible services and benefits that they may qualify for, even if the veteran hasn't put in an application? Is there a policy for case managers to review veterans' files and look for additional benefits if those have been overlooked?

Ms. Elizabeth Douglas: Thank you for the question. I'm going to turn that over to Robert Cormier, who is the area director for Montreal.

Mr. Robert Cormier (Area Director, Field Operations, Service Delivery Branch, Department of Veterans Affairs): Thank you, Ms. Mathysen, for your question.

Yes, the role of the case manager is absolutely to get to know the veteran and the member and all of the needs that are there, and in time to inform that member of the benefits and services available through the department. It happens, though, based on a very individual assessment and individual need. Some members or some of our veterans are not capable of taking in all of the information at once, so often it will be over a number of discussions held between the case manager and the member.

Ms. Irene Mathysen: That would be an active thing, to make sure absolutely every benefit is delivered.

I had another general question about the JPSU. I'm sure you know that we've heard concerns raised about it. How do the military chain of command and the civilian chain of command interact? How do they talk to each other in terms of making sure that the outreach they provide to veterans is the best possible outreach?

• (1240)

[*Translation*]

Capt(N) Marie-France Langlois: Thank you for your question, madam.

[*English*]

In the integrated personnel support centres across the country, there are two streams. There is the services side, which provides the support and the knowledge and the advice on program services and benefits. Also, you have the chain of command, the platoon, which provides for the people who are posted to the JPSU and provides the leadership to the ill and injured. They work very closely together. A platoon staff member will make sure that individuals go to their medical appointments and transition appointments, and make sure that their contract for their return to duty is well done and that they find good employment within the available units on location.

They work hand in hand to make sure members have access to all the resources they need. It's two streams, but it's a one-stop shop, with family support, with Veterans Affairs support, with health services support, with the OSISS support, and with family and peer support.

Ms. Irene Mathysen: That's a bit more reassuring, because we heard that there were issues with regard to the internal audit and that

these were negatively affecting the transition to civilian life for members, particularly those on medical release.

My next question has to do with the adjudication period and the 16-week service standard. We heard both from ombudsman Walbourne and from the Auditor General that this is simply too long. It has to be a shorter period.

I'm wondering what steps you are taking in terms of the recommendations of both Mr. Walbourne and the Auditor General to reduce that time?

Ms. Elizabeth Douglas: Thank you for the question.

First I want to go back again to the fact that we are looking at ways to streamline adjudication and that we have been successful with approximately 50% of our cases. They are now meeting the 16-week service standard.

Beyond that and in terms of the real specifics, again that is outside my area of responsibility. However, I can take that question back so that the director general whose responsibility is adjudication can respond, and we can make sure that answer gets to you.

Thank you.

Ms. Irene Mathysen: Okay, but did that concern expressed by both the Auditor General and Mr. Walbourne raise red flags?

You said you're meeting the 16-week service standard, but the red flag is that it needs to take much less time to meet the needs of veterans, so is there going to be a response to the Auditor General's report from the individual to whom you referred?

The Chair: We are out of time, so it would have to be a 10-second answer.

Ms. Elizabeth Douglas: I will certainly make sure that he is aware of this and will pass those concerns on to him.

Thank you.

The Chair: Go ahead, Mr. Fraser.

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

I want to return to the questions that I was asking Veterans Affairs with regard to the pilot project at the military family resource centres.

There are seven of them. When will that pilot project wrap up, and are any plans being discussed now to expand it to all those centres?

Ms. Anne-Marie Pellerin: The pilot project is a four-year pilot project. We've received funding over five years and we are providing that funding to the military family services program. Some lead work began about a year ago. The official launch was October 2015.

As part of the pilot project, there will be a review at the one-year point, which will help us make whatever adjustments that may be necessary, including looking at the reach of the project. Based on that initial one-year review, there may be decisions at that time in terms of how it will go forward.

Formally, the final review would be done at the end of the four years.

•(1245)

Mr. Colin Fraser: Thank you.

One of the things mentioned as a service is familyforce.ca. I went on that website, and it looks as if there's a lot of information there, but it looks as if it might be difficult to navigate if you're looking for something specific. I'm wondering if there's been much activity on familyforce.ca and if that is being well received and if it can be integrated with My VAC Account.

Ms. Anne-Marie Pellerin: I would have to take that question away.

Familyforce.ca is the website operated by the military family services program, so I would have to defer to them for the exact statistics and updates.

In terms of linkage to My VAC Account, that has not yet come up in discussions, but certainly there's linkage and opportunities in connection with our own Veterans Affairs website.

Mr. Colin Fraser: Okay. That would be helpful.

One of the things I'm noticing is that there are so many resources out there. They are all well intentioned, but getting them streamlined and bringing them all together so that you don't have to go over here for this and over there for that and have all these different websites and all these different acronyms and benefits and services.... I can understand why it would be difficult to manage. It would be good to look at streamlining it to have a one-stop shop, even on a website.

With regard to the pilot project for medically released veterans, you mentioned earlier, Ms. Pellerin, that some people who aren't medically released can still access the service. Can you help me understand why it was set up to be just for the medically released and not for everybody?

Ms. Anne-Marie Pellerin: This pilot project came about as a result of two things. One was that the June 2014 report of this committee suggested we invest more in support for veterans and their families. The other was that in our mental health initiatives over the years, we wanted to make a more significant effort, particularly for the ill and injured. As a pilot project, we focused on the ill and injured, primarily those who have medically released. However, based on experience to date and what we anticipate will come out of our one-year review, it would appear that the need out there is not confined to the ill and injured.

Mr. Colin Fraser: Thank you.

Those are my questions.

The Chair: Thank you.

This ends the round of questioning. We would like to give each group a couple of minutes to wrap up. We will start with the Department of National Defence.

[*Translation*]

BGen Nicolas Eldaoud: Certainly, Mr. Chair.

[*English*]

Allow me to say that the Canadian Armed Forces and the Department of National Defence are totally committed to supporting our troops, not only because it is an obligation of leadership but also because it is one of our moral obligations. This has to do with the credibility of our institution. We fight across the world, but our number one fight is right here on the domestic front. It's within our own lines and our own troops. I can assure you of the commitment of all our leaders starting at the top.

[*Translation*]

In closing, I would like to thank you all. From these consultation session, it is very clear that your work is to make sure that we are taking care of our soldiers, not only when they are serving, but for the rest of their lives. So thank you very much. It is an honour to be here.

[*English*]

The Chair: Thank you.

Department of Veterans Affairs, it's your turn.

Ms. Elizabeth Douglas: Thank you, Mr. Chair, and my thanks to the committee members.

I speak on behalf of my colleagues when I say that I found this extremely useful. We will take back to the department all of the questions and all of the comments. Our ultimate goal is the well-being of our veterans and their families. To that end, we have questions that we have to come back to answer. This meeting was wide-ranging, covering everything from transition to My VAC Account and lots in between. We will get back to you

I thank you for the opportunity to be here today.

•(1250)

The Chair: Thank you.

On behalf of the standing committee, I'd like to thank all the organizations for the great work that they do for our men and women who have served and are serving. If there are any questions or thoughts that you want to add to your testimony, please forward them to the clerk. He will get the information out to all of us.

I know that there are questions that committee members didn't have a chance to put on the floor. If you would send them through the clerk to the organizations, then we will all have a copy of them and they can go on record.

Members, we start in London on Monday. I hope to see you all there.

The meeting is adjourned.

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