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Chair

Mr. Rob Anders

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● (1535)

[*English*]

The Chair (Mr. Rob Anders (Calgary West, CPC)): This is another meeting, yet again, of our veterans affairs committee. Today we have some more witnesses prepping us on the veterans independence program. We have Mr. Brian Ferguson, the assistant deputy minister of veterans services, and Mr. Ken Miller, director of the program policy directorate.

I leave it to you gentlemen witnesses to say what you have to say.

Mr. Brian Ferguson (Assistant Deputy Minister, Veterans Services, Department of Veterans Affairs): Thank you, Mr. Chair, and good afternoon, everyone. *Bon après-midi*. I would like to thank the members of this committee for the invitation to be here today to discuss the veterans independence program. I welcome this opportunity to provide you with an overview of this outstanding program and to share a brief history of how it evolved and a few lessons my department has learned as a result of providing for the health and home care needs of Canada's senior veterans.

[*Translation*]

One of our most successful and popular programs, the Veterans Independence Program, has been made available to more and more clients since its inception.

[*English*]

When the program was first introduced in 1981 as the aging veterans program, its sole focus was to help veterans remain independent in their own homes for long enough that long-term care facilities became available. VIP has since become the model for programs both in Canada and throughout the world. It was designed to help senior citizens live independent lives in their homes and their communities until long-term care becomes an absolute necessity. Its goal is achieving nothing less than healthy living within the community through such assistance as housekeeping, groundskeeping, and transportation, an emphasis that was all but unique in North America in 1981 when the program began.

[*Translation*]

It is modelled on a graduated health care approach that emphasizes early assistance to prevent clients from becoming unduly dependent on the long-term health care system, allowing them to live with dignity, security and comfort in their own homes for as long as possible.

[*English*]

In addition, if any veteran client or primary caregiver feels they have a need that is not being met and for which they feel they should be eligible, we work directly with them to assist in arranging the additional care they require.

In total, approximately 97,000 Canadian veterans and primary caregivers receive VIP services today, at an approximate cost of $270 million, a fraction of the costs for providing the same number of clients with bed and long-term care facilities.

Currently we have 10,600 veterans in long-term care across the country. More importantly, it has allowed those Canadians who access VIP to remain in their homes, not only helping to maintain their independence but ensuring a high quality of life in their later years.

With your concurrence, I would like to review the slide deck that has been provided for your reference. My colleague, Mr. Ken Miller, director of program policy, and I would be pleased to answer any questions you may have on the subject.

If you're fine with that, Mr. Chair, I'll proceed with the slide presentation.

The Chair: Since I was engrossed in the signing of our report, yes.

Mr. Brian Ferguson: If we turn to the opening slide on the veterans independence program, I'll cover basically today.... I'll wait until the slides are distributed.

The second slide in your possession indicates the topics covered today. I won't read it to you; I'll simply go into the topics themselves.

I'll begin with the background. The VIP program was first introduced as the aging veterans program in 1981; that was the genesis of the program. It was renamed in the mid-1980s to the veterans independence program. The services received under the program are authorized under the veterans health care regulations.

In terms of purpose and philosophy, the VIP program exists to assist clients to remain healthy and independent in their own homes or communities. Services are based on clients' particular circumstances and health needs, so it's a needs-based program. It complements other federal, provincial, or municipal programs available. Clients must first access these other programs; we top up missing services when they are eligible for them.

The services provided consist of the following five elements: home care, which is the lion's share of the expenditure on an annual basis, with about $207 million; ambulatory health care, meaning health care to assist you in getting around in your environment; transportation; home adaptation; and the other big-cost item, nursing home care.

Home care itself includes access to nutrition services, such as meals on wheels; personal care, which includes assistance with bathing and dressing; professional health support, which includes nursing and occupational therapist support; grounds maintenance, which includes snow removal or lawn care; and housekeeping, which includes laundry, vacuuming, and meal preparation. As you can see, it is a full range of very practical assistance for maintaining independence in the home.

Ambulatory health care includes health assessment, diagnostic services, and social and recreational services under the supervision of a health professional. It also covers travel costs to access these services. If someone has to get out of the home to access these services, travel costs are covered.

Transportation services are there to help clients participate in social activities and to do shopping, banking, etc., when transportation is not otherwise available.

Home adaptations are there to provide access to enable clients to carry out basic everyday activities, such as food preparation, personal hygiene, and sleep.

Nursing home care is for clients who can no longer live at home. That's care in a facility in a client's community under the veterans independence program.

We are often asked who is eligible. Veterans who require VIP for their pension condition or condition for which they receive a disability award are eligible if they need the VIP to be able to maintain their independence.

Disability award recipients who are assessed at 48% or higher and who require VIP services for any health condition are eligible. That basically grants VIP on the assumption that 48% is a threshold high enough for them to need that assistance.

Also eligible are disability pensioners who are at risk due to frailty and who require VIP for any health condition.

Also eligible are war veterans who qualify because of low income—income levels are established under the War Veterans Allowance Act—and who require VIP for any health condition. People sometimes are under the misperception that this is the way into the VIP—in other words, it's income tested. It's not income tested. It is another gateway into the program for those who have low income, but these other avenues are there as well.

Totally disabled non-pensioned prisoners of war who require VIP for any health condition are also eligible.

It continues with overseas service veterans who are eligible for long-term care, who are at home awaiting admission to a priority access bed, and who require VIP for any health condition. That requires just a bit of explanation. All of Canada's overseas war veterans are entitled to long-term care as a benefit, regardless of whether they were injured in the service of Canada. If there's any kind of a backlog when it comes time for them to access that care, they're eligible for VIP assistance at home to maintain their independence while they're waiting for the bed to become available.

Canada's service veterans who require VIP for any health condition are also eligible. Canada's service veterans are veterans who served in Canada during only World War I or World War II for a minimum of 365 days, who are over age 65, and who are income qualified.

Eligible as well are primary caregivers, including spouses or common-law partners, of any veteran who at any time since 1981 received housekeeping and/or grounds maintenance services at the time of death or admission to a long-term care facility.

● (1540)

In terms of numbers and costs, as of March of this year, we are providing VIP services to approximately 73,800 veterans and 24,000 primary caregivers. I should underscore that's eligibility for housekeeping and/or grounds maintenance services only. The total cost for VIP was $270 million last year.

The program has evolved a lot since it was first designed in 1981. Veterans' eligibility for the program was expanded in order to meet the changing needs of veterans and clients. Today there are over 15 eligible groups and subgroups, and, as you know, pressure continues to be exerted for further enhancements.

Highlights of the program's evolution are outlined on this slide. In 1981 the war service veterans pensioners were eligible. In 1984 the first extension was made to income-qualified war service veterans. In 1981 Canada service veterans for their pension conditions were added to the eligibility list. In 1990 special duty pensioners for their pension condition were added. In 2003 housekeeping and/or grounds maintenance for life was granted to survivors and primary caregivers of veterans who died on or after September 1, 1990. And most recently, in 2005, lifetime housekeeping and/or grounds maintenance services were granted to primary caregivers, including spouses and common-law partners of veterans, who received these services at the time of death or admission to a long-term care facility. So that took it back to the beginning of the program.

Quite a number of significant client groups are not currently eligible: 166,000 war service veterans, including 86,000 veterans who have overseas service but who receive no pension—they are eligible for long-term care but they're not eligible for VIP; 80,000 veterans who served primarily in Canada but have insufficient service time or do not satisfy income requirements—in other words, less than that 365 days to qualify as a Canada service veteran.

The estimated cost of providing VIP to these individuals who are excluded would be about $500 million annually. That would include the home care, the long-term care, community beds, and related treatment costs.

There are an estimated 237,000 survivors of veterans who have never had VIP services and therefore they would not be eligible. The estimated cost of providing VIP, the housekeeping and grounds maintenance only, would be $330 million a year. These figures are illustrative of the cost magnitudes that would be attached to increasing the eligibility.

Some other considerations. I mentioned that the overseas service veterans have eligibility for long-term care but don't have eligibility for VIP, except in one circumstance, and that's what we call our overseas service veteran at-home pilot, which was implemented in 2003 because we had wait lists in a few cities—Halifax, Vancouver, and Ottawa. It takes a long time to build facilities and beds for individuals at that stage of their lives, so a pilot was introduced to offer these overseas service veterans on the wait list for a long-term bed access to VIP home care and treatment benefits until a bed became available.

The results of a survey done after we introduced this program were that 155 of 170 veterans who participated in the pilot chose to stay at home rather than move to a facility when a bed became available, asking us to extend the pilot. Even though with these individuals the cost approximated $7,000 a year—higher than the average because of the conditions they were in—it's still a bargain compared to the $20,000-plus it costs to put somebody in a long-term care facility.

I would also like to highlight that we have a continuing care research project under way with Ontario. In September 2005 we launched, in collaboration with the Ontario Seniors' Secretariat, a project to evaluate the impacts of our OSV at-home pilot project and to compare the outcomes and costs of providing home care, supportive housing, and residential care to VIP clients in Ontario. This will be a full costing of all the costs associated with home care and VIP related to these programs and will provide a definitive baseline for people to assess the real numbers associated with this program. The project results will be used to make informed decisions on continuing care policies, with the goal of improving supportive services to veterans, seniors, and their families, as well as contributing, we hope, to national policy-making on continuing care issues. We're expecting the results of the study by June of next year.

I would like to conclude by simply reminding people that we have two toll-free numbers for information on all of our programs, including the VIP, and they are listed here on your slide deck in English and in French.

● (1545)

We would also like to indicate that veterans or survivors who are currently receiving back benefits may be assessed on the need for VIP services as part of a regular follow-up by the department.

We have been attempting within the available resources to conduct what we call proactive screening. We will phone veterans of a certain age and maybe in a certain risk category to ask how things are going. Through that screening exercise, if our analysts at the end of the phone line feel there's an issue that may need to be resolved, we'll send out what we call a work item to our district office. Within 24 hours, somebody gets out to see those individuals and to see what kinds of situations they may be in. In many cases, it would lead to other services being added or the VIP program being instituted.

Mr. Chair, that concludes my brief overview of the VIP program.

Both Ken and I are here to answer any questions or to attempt to respond to any comments you may have.

The Chair: No problem. I take it that Mr. Miller is not going to add anything at this point.

The first seven minutes go to our Liberal colleagues.

Mr. Cuzner, you seem to be giving me a head nod, so fair enough.

Mr. Rodger Cuzner (Cape Breton—Canso, Lib.): Thank you Mr. Chairman.

Gentlemen, thank you very much for the presentation.

I'll base my comments on someone who's not unfamiliar to you two gentlemen, and that's Joyce Carter. I certainly know that Mrs. Hinton had an opportunity to speak with her on a number of occasions, and I know Mr. Stoffer has. She has been a tremendous advocate for the VIP program through writing monthly letters and making contacts with elected officials.

I reference her because in October, prior to the election call, she had received a letter from the then leader of the official opposition stating that benefits for the VIP program would be extended to all Second World War veterans and Korean War veterans, regardless of any of the past criteria.

Could you indicate to me what would have to take place within the program? What processes would have to evolve? Could you give me the genesis of trying to bring that through to fruition should that change be made? Could you give me some insight on how that would evolve?

● (1550)

Mr. Brian Ferguson: If I understand the thrust of your question, it would be on how we assess the need for change in the program and proceed with that. It's a timely question.

This morning we in fact had a meeting with the minister on this very subject. Upon his arrival in the department, he asked us to proceed with a comprehensive health care review, looking to improve our services, where we can, particularly to senior veterans and other clients. This morning he reiterated in his direction to the department that we need to ensure the review is comprehensive and achieves the best combination of value for money and service. The review is under way, and it will look at all of the various competing demands on the program.

One of the things he's asked us to ensure is that we do not have a piecemeal approach. We need to take a comprehensive look at the opportunities for improved service and, when looking at the pressures that are on the program, to examine the issues of eligibility and need. We're not to make ad hoc decisions that would be piecemeal in nature, and we're to come back to the minister with a comprehensive health care review for his consideration. This review will look at the issues of the VIP, long-term care, and other health problems.

Mr. Rodger Cuzner: The VIP would be one aspect of that in the assessment.

Mr. Brian Ferguson: That's correct.

Mr. Rodger Cuzner: As presented, if the VIP were to be extended, I think I read somewhere that the value would be in the vicinity of about $500 million if those services were properly extended under the VIP program.

Mr. Brian Ferguson: For the client group of caregivers and spouses, it would be about $330 million, if the program were only extended for the housekeeping and groundskeeping elements of it. The $500 million figure was to extend it to those veterans who currently do not have access to the program, such as the overseas services veterans and others.

Mr. Rodger Cuzner: It's currently at $273 million now?

Mr. Brian Ferguson: It's $270 million, as of last year, in terms of what was being spent on it.

Mr. Rodger Cuzner: With this review—and I know you wouldn't want to prejudge a review—with that intent, even under a new program and after the review, there would have to be a substantial injection of new cash within the department to cover those services, if that were to be the decision taken by the minister and by cabinet.

Mr. Brian Ferguson: Yes. I think that's a fair comment, Mr. Cuzner.

Mr. Rodger Cuzner: Could you give us a critical path and how you see this review evolving?

Mr. Brian Ferguson: The timeline we have in mind is getting back to the minister in the late fall with the analysis that he's asked us to conduct. After that it would be in the hands of the normal processes of government. Probably it would be sometime in the spring when we would be in a position to consider what the outcome of it might be. That's a guess off the top of my head; I wouldn't want you to take it as a definitive timeline.

Mr. Rodger Cuzner: So it's very much in the initial stages and—

Mr. Brian Ferguson: It's a complex subject and will require a lot of analysis in terms of issues such as the mix of services that get the best payoff for VIP, the cross-impact of those on long-term care costs, and that sort of thing. It's a trade-off expenditure, and it's actually quite a valuable one.

Mr. Rodger Cuzner: What do you mean by that?

Mr. Brian Ferguson: I mean in the sense that the money you invest in VIP really does avoid costs in long-term care, but you have to make the case; you have to be able to show that the numbers are real and credible. There haven't been that many definitive studies, which is why this study in Ontario is really going to help us in that regard.

Mr. Rodger Cuzner: It's case by case, is it, to assess whether or not there is best bang for the buck?

Mr. Brian Ferguson: When it comes to actually applying it, yes, it would be.

Mr. Rodger Cuzner: Okay.

The Chair: You have maybe 40 seconds left.

Mr. Rodger Cuzner: Yes, I know, but I owed you 40 from last week.

● (1555)

The Chair: Fair enough. All right. Well done.

Monsieur Perron, with the Bloc, is next.

[*Translation*]

Mr. Gilles-A. Perron (Rivière-des-Mille-Îles, BQ): Good afternoon, Mr. Chairman.

I'd like to introduce my colleague Claude DeBellefeuille, who is joining us today. Even though she has a male given name, she's a woman.

[*English*]

Brian, thanks for being here.

Brian, you're going to have to explain one thing to me once and for all so that I can understand.

[*Translation*]

The Royal Canadian Mounted Police receives payments from veterans. Will these people one day be entitled to the Veterans Charter? Are they entitled to the VIP? If not, we're going to start feeling pressure from the RCMP people. If so, that will result in considerable expense.

I'd like to hear your comments on the subject.

[*English*]

Mr. Brian Ferguson: Thank you for that question.

It's quite timely, in fact, because we are currently working with the RCMP. They're conducting a needs assessment on behalf of their members in these areas, and any change in these areas will require an amendment to their legislation because of the way they're set up under the law.

I can tell you that they are certainly looking at it. They're quite interested in these programs; they are reviewing and looking at their needs. We will take our direction in Veterans Affairs Canada from the decisions they make within the RCMP.

[*Translation*]

Mr. Gilles-A. Perron: As you no doubt know, in Quebec, perhaps because we are progressive — pardon me, but I have to compliment myself — we have systems similar to those for veterans that apply directly to seniors. The CLSCs, the Centres locaux de services communautaires, offer long-term home care. There is even a program designed to fund multigenerational homes. In other words, you build a home, we provide grants, and the son or daughter houses their father or mother in part of their home and provides them with care.

Has the Department of Veterans Affairs had these kinds of ideas? If not, have you previously contacted the Quebec Ministry of Health and Social Services to see whether it's possible to join forces with them, not only to provide care to veterans, but also to provide care to our parents, who are as useful to society as veterans. My father couldn't take advantage of that, since he's dead.

[*English*]

Mr. Brian Ferguson: Yes. The way I'd like to approach that is there have been many great innovations in the province of Quebec. We probably don't know as much about all of the elements of those as we should. But within the context of this health care review, we will be looking at ideas such as those to see where they could fit.

As I mentioned earlier, because the minister is interested in getting the best value for the money in improving service, by definition we will have to look at these ideas. We'll definitely take note of your suggestion here today.

[*Translation*]

Mr. Gilles-A. Perron: There's one principle that all of us at this table have to consider: the population is aging. Soon there will be more veterans and elderly parents; at my age, I'm already one of them.

Will society have enough money to meet all the needs and provide all the services that we'll want to provide? We're talking about an investment of approximately $500 million, if we want to open the VIP. I don't agree on this issue, but where should we draw the line? Will we decide not to take care of an electrician, but to take care instead of someone else who went to war? I believe both have a certain responsibility, a similar usefulness in building the best possible country.

● (1600)

[*English*]

Mr. Brian Ferguson: I might add, Monsieur Perron, that in the study under way in Ontario, there's a specific emphasis on assisted living arrangements. Admittedly the data collected will be relevant to the Ontario experience, but I think it will be very useful in terms of a dialogue on the kinds of changes possible under the health care review.

Also, we would definitely follow up on your suggestion to find out more about what's going on in Quebec.

[*Translation*]

Mr. Gilles-A. Perron: The CLSCs have been in existence in Quebec for 25 years. They have a lot of experience and they work well. They don't just provide treatment for seniors; they also offer care for people coming out of the hospital. They try to minimize the time that patients must spend in hospitals, by offering them, when they get out, the services of nurses who visit them every day to change their dressings or help them with rehabilitation in their home, in their environment. This also works for seniors. The program works very, very well.

It might be interesting for you to go take a look and get some information. That would be good for everyone.

[*English*]

Mr. Brian Ferguson: We certainly will do that, sir. I don't want to leave you with the impression that we don't have any interaction at all with the CLSC. We certainly do in the province of Quebec. Our area counsellors and district staff work quite closely with them when we're dealing with veterans.

But at the same time, I'd like to express my appreciation for making those suggestions. We definitely will follow up on them.

The Chair: Mr. Stoffer is next.

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

I thank you, gentlemen, for your presentation.

Mr. Cuzner knows the lady I'm about to talk about, Joyce Carter. I'm sure most of us have received mail from her on an almost monthly basis. She's been struggling for quite some time to try to extend VIP to people such as herself, pre-1981.

You talk about 237,000 survivors of veterans who never had VIP services. That seems like a fairly large number.

First, I'd like to know how you arrived at that number. Second, only certain veterans under certain conditions receive VIP, so does this 237,000 include every widowed person of a veteran, whether they were eligible for VIP or not? It seems you're serving 97,000 now, yet 237,000 were not—I'm wondering how you arrived at that figure.

Mr. Brian Ferguson: Ken, did you want to take a crack at that? I could answer generally, but if you wouldn't mind...?

Mr. Ken Miller (Director, Program Policy Directorate, Department of Veterans Affairs): Absolutely.

Those are survivors of war service veterans, those being folks who served during World War I or World War II.

I can't answer your question about how the number was calculated.

I'm aware of the background you're talking about and the suggestion that's been made by a number of sources to expand VIP eligibility into the area of survivors beyond where we are now.

I should point out something quite important to you. It is that the authority we have today to provide VIP to primary caregivers—and mostly it is the survivor of the veteran—is actually in the regulation, and it's in the regulation as a continuation of the benefits that are in place.

With the changes that Mr. Ferguson referred to over the last number of years, we have now provided VIP housekeeping and grounds maintenance to all survivors of veterans who were in receipt of VIP benefits at the time they died or at the time they went into a long-term care institution.

The pressure point now is to go beyond that. That means providing the same VIP benefits that are available to our primary clients, the veterans, to survivors as primary clients in and of their own right. That's the significance of this; it's not a continuation of benefits to go further down the road. That's the number—237,000. It's an estimate number. The cost of providing the housekeeping and the groundskeeping to those individuals is about $330 million.

● (1605)

Mr. Brian Ferguson: We don't have the precise details, but we will definitely get that information and get it back to you.

Mr. Peter Stoffer: What I'm wondering is how many of the 237,000 would have qualified for VIP if it was pre-1981. I can't figure out that 237,000 veterans would have all been eligible for VIP.

Mr. Brian Ferguson: No, it's clearly not.

Mr. Peter Stoffer: I'm surmising that this figure is of all survivors—right?—and not all of them would have qualified for VIP. It would be interesting to note how many of these veterans, if they were alive today, would have been eligible to qualify for VIP. I think the number would be much smaller; if it is, then maybe it's possible to rethink that, so that people like Joyce Carter could have the coverage.

On the other point—and I thank the researcher for this question—the Royal Canadian Legion indicated to the committee a while back that the VIP program is too complex. Are you trying to find ways to make it easier for veterans to gain access to the VIP?

Mr. Brian Ferguson: That is one of the things we will look at in the health care review. The question of complex eligibility is writ large within our various health care programs, so we definitely will be looking at that aspect of it.

Mr. Peter Stoffer: You also talked about the fact that a lot of this is based on a pensionable disability, but in many cases...would aging be considered? As you know, a lot of veterans are very proud individuals and don't like to admit any kind of infirmity or affliction, but when they become older, in their eighties, the aging process definitely slows them down. Would their age, or the aging process, be considered eligible under VIP?

Mr. Brian Ferguson: We did introduce an eligibility around frailty recently. Actually you made quite an interesting observation—that as individuals age, not every one of them needs care—

Mr. Peter Stoffer: Right.

Mr. Brian Ferguson: —and some people age differently from others. There may be an area that we....

We have been examining the impact of the frailty issue; all I can say at this point is we're not far enough down that examination yet to include it in any kind of assessment, but we are factoring it into the review itself.

Mr. Peter Stoffer: Thank you.

I want to compliment Mr. Perron about the RCMP going for the VIP. That's a good thing to do, by the way.

The Chair: Now we'll go over to the Conservative side of the table for seven minutes. First is Mrs. Hinton.

Mrs. Betty Hinton (Kamloops—Thompson—Cariboo, CPC): Thank you very much for coming.

I know what a complex issue this is and how difficult it is for people to understand. You've indicated that the department is serious about making changes to this program to better suit the needs of the veterans it serves. In all fairness, I think the committee would like to know why you are making changes now. Other than as a result of a change in government, why is the department looking at going this route now?

By the way, I happen to agree with the direction the department is going—but I'd like to know why.

Mr. Brian Ferguson: Certainly. I think it goes back to something Mr. Stoffer and Mr. Perron said. Canada is in the midst of a major demographic change, with an aging population. We're certainly experiencing that with the age of our veterans, and the impact on them and on their families is quite significant.

I think the timing is really right from that perspective. If we don't take appropriate measures, we could end up down the road with, I would say, excessive service issues for these people, and we would not be providing the best service at the best value.

I think it's all part of the aging demographic for our veterans. We've had experience with the aging of senior veterans over the years, and I think we've now reached another stage in that, Madam Hinton. We're really looking forward to the review, actually, from that perspective.

Mrs. Betty Hinton: You mentioned at the beginning of your presentation today that one of the first acts of the minister was to call for a comprehensive review of the health care portion of the VIP program, which is actually the largest part of it. I'm not sure what parts of it you can share in terms of progress at this point in time. Maybe there's nothing to report to the committee level at this point in time, but I applaud going in that direction, because I too have been hearing from many veterans for many years about this problem.

Mr. Cuzner made reference earlier today about a letter to Joyce. I could probably shed some light on that, if you don't mind, Mr. Ferguson. I wrote the policy for the Conservative Party regarding veterans because I feel very strongly about this issue. We made it very clear as a party that we were going in a specific direction to support veterans.

One of the things we learned soon after taking office was that there was a 7,500-case backlog. We had to deal with Agent Orange and Agent Purple. There is the ombudsman and the bill of rights that are in front of this committee right now, and as the gentlemen here from the department have pointed out, we're looking at this comprehensive health care review.

Overall, in the case of the cost factor, you mentioned it's less expensive. That's a very crude way of putting it, but that's the bottom line: it's less expensive for us to be more inclusive in this VIP program than it is to put our veterans into long-term care.

Do you have any data to back up the difference in the costs? I know it differs from province to province. What would be the savings, aside from the fact that these veterans would be able to be more independent, stay in their own homes, and probably be healthier in the long run?

● (1610)

Mr. Brian Ferguson: We have done analyses of this over the years. Our best guesstimates at this point—and I'll come back to why we're calling it that—are somewhere in the order of one-sixth to one-eighth of the cost of going into a long-term care facility.

I don't want to say that's the definitive figure because there are policy analysts who will say that those are just our costs; maybe there are costs that accrued in the province we were dealing in that we're not aware of and that we actually haven't counted. That's one of the reasons we're doing this study in Ontario—to actually roll up all the costs so that we'll have a definitive study that either makes the case or refutes the case.

My strong belief is that it's going to very strongly make the case. It's clear that the veterans independence program and programs like it have a huge payoff—not only on the cost side, but also, as you mentioned, Ms. Hinton, in the benefit of staying at home contributing to a healthier lifestyle. I think it's a very important study.

The other thing I would like to mention is that in comparing the VIP program of keeping people at home versus putting them into long-term care, it may be possible to look at other arrangements that may be more costly along the road, but those arrangements may still be less costly than the long-term care solution. Mr. Perron mentioned, for example, what's going on in Quebec, and other provinces are also quite innovative on that front.

Mrs. Betty Hinton: Do I have any time left?

The Chair: You have two minutes.

Mrs. Betty Hinton: I'll pass the two minutes to Mr. Sweet.

The Chair: Mr. Sweet is next, then.

Mr. David Sweet (Ancaster—Dundas—Flamborough—Westdale, CPC): Thank you.

Thank you, Mr. Chair.

One of the things that I like to hear about is this action of proactive screening. Could you give me an idea of the number of calls that have actually been made, and how many responses you went through with veterans who said they weren't aware of the community services and hadn't taken them up?

Mr. Brian Ferguson: I can't give you precise numbers at this table, but we'll get those numbers for you, sir.

What I can tell you is that we had a small unit with an administrative job to do. I think there were about a dozen people in the unit. Their job each year was to ensure that those who were receiving benefits were actually still alive and in need of those benefits. Through training we turned that unit from an administrative process into a unit making these phone calls out to these individuals and actually doing this proactive screening.

My guess is that we probably cover only about 25% of the aging veterans who really could use this proactive service. It's an issue for the department to see if we can find ways to do it, but I can tell you that where we do it, it pays dividends in an amazing way, because we have found a lot of cases of people who were in need of service.

One of the things we used this unit for, by the way, was to deal with some of the natural catastrophe events that have happened in the country, such as the power outage in Ontario. We called some 5,000 of our clients through that proactive screening unit to see how they were doing at the time.

Mr. David Sweet: Is this ongoing?

Mr. Brian Ferguson: The proactive screening unit is ongoing. It has a program of phoning out to people under certain criteria. But I don't want to leave you with the impression that we cover all our veterans that way; we cover as many as we can within the resources.

Mr. David Sweet: When did this begin?

Mr. Brian Ferguson: It began, I would say, about three years ago.

The Chair: Bang on time, Mr. Sweet.

Now we'll go over to Mr. Valley.

Mr. Roger Valley (Kenora, Lib.): Thank you, Mr. Chair.

Thank you for the presentation.

When we see it all put together here, although we've seen this information in our offices, it does clear up some of the muddy water. When you're an aging veteran, it's difficult; they don't understand why the guy across the street is getting it, and it's because of the stage of life that they're in.

I just wanted to ask one question. I wouldn't want to say we're confused, but my friend here and I can't even decide how to spell our first names, so you can understand where the question is coming from—he didn't even hear that.

An issue came up when the minister was here, and I wasn't clear on the answer. You may have provided it already, and I apologize if I missed it. Is there a difference between a veteran's home and a veteran's residence? That was brought up when the minister was here.

● (1615)

Mr. Brian Ferguson: There is no difference I'm aware of, but certainly we'll double-check.

Mr. Roger Valley: I may have misheard, but I think the indication was that if the veteran was in his own home, everything was fine, but if he was in an apartment or a condominium or something like that—

Mr. Brian Ferguson: Oh, I see what you're getting at. Yes, the eligibility for the VIP program does change, depending on where you are.

Mr. Roger Valley: Is that one of the things you'll be looking at in your review?

Mr. Brian Ferguson: Indeed we will.

Mr. Roger Valley: They would still be eligible for a lot of these services—and I think you listed $207 million for the cost of home care—inside their own homes, whether that was an apartment, a condominium, or a residence on a street.

Another question I have is about the income-qualified category and who is eligible for what. Can you tell me where these figures came from? Is there a set figure you use, or are they adjusted? I need to know if...there are different needs tests for different things. How is it arrived at, and has it been adjusted?

Mr. Ken Miller: The income-qualified route is just one route in. The other, of course, is in relation to pension conditions.

The income-qualified route ties back to our war veterans allowance program. Those rates are established and indexed annually, and they change over time. If an individual's income is below that ceiling or that threshold, the person would be qualified for the VIP program by virtue of low income, if the person is that type of veteran.

Mr. Roger Valley: Are those pensions and everything adjusted as inflation goes and as society changes?

Mr. Ken Miller: The rates are adjusted annually. An indexing formula is applied to them.

Mr. Roger Valley: I'm wondering about the services. We all know that those of us who choose to live out on the far-flung edges of the province or the country generally don't have access. How successful is the VIP out in the far-flung regions, the small rural areas, or even the remote areas?

Mr. Brian Ferguson: It's successful there.

We're pretty flexible in terms of the arrangements that can be made. We have a contract with a service provider who has put together a list of individuals who are available to assist right across the country. That list is growing, and it's continually managed and updated. Even though we do have people in rural areas, I'm not aware of a huge challenge there, because people can use whatever local services they need in order to get the support.

Mr. Roger Valley: So it's not just a certain service provider you have—they can use the services in the communities?

Mr. Brian Ferguson: As much as possible we're encouraging people in this area to use service providers on a list maintained by our contractor, who does the invoice processing for this service. In areas where those don't exist, we also have the flexibility to use whatever services are available in the community.

Mr. Roger Valley: Is that common in the smaller areas? I'm speaking of small communities with 300 or 400 people.

Mr. Brian Ferguson: Yes, that would be common in the small areas. Just to make certain that I'm not misstating the case, I will double-check on that and get back to you.

Mr. Roger Valley: Lastly, I'm wondering about the first nations communities. I have 38 reserves in my area.

When the Second World War ended, we know there were challenges on people applying for some of the pensions and services they needed. Are we successful also on reserves, where we wouldn't have some of these organizations you mentioned?

Mr. Brian Ferguson: I'll have to look into that, sir, and get back to you to determine what the success rate is on the reserves. I will get back. We'll do an analysis and get back to you. In the department we've basically been attempting to have better outreach to those communities. We've established an outreach coordinator for each of those communities. I don't have that sort of evaluation at my fingertips, but I will get back to you.

Mr. Roger Valley: When you reach out to mine, you'll be reaching a long way, but please share the information with all the committee, as with Mr. Sweet's information. We like to share it all.

Thank you very much.

● (1620)

The Chair: We'll go back to our friends with the Bloc. Madame DeBellefeuille.

[*Translation*]

Mrs. Claude DeBellefeuille (Beauharnois—Salaberry, BQ): Thank you for your presentation. Since I'm replacing a colleague, I took the time to read all the documentation before coming here.

Before being elected member, I was a social worker with seniors, in particular at a public home for seniors in Quebec. So I definitely feel concerned by Ms. Hinton's question and by the study you're going to do.

I think it's important to emphasize that the choice of living environment, whether you're a veteran or a senior who did not go to war, is a personal choice that should not be determined by a question of cost.

In Quebec, we've adopted a home care support policy that encourages seniors to stay at home because that's often people's first choice, but also because it was determined that that was the least costly option for our government.

I worked at a reception centre where there were veterans. There's one in Sainte-Anne-de-Bellevue. It's not a very natural living environment, it's more an institutional living environment.

Quebec has evaluation grids — I'm going to use a little social worker jargon — that determine that, when someone requires more than four hours of care a day, it is hard to keep that person at home. So they have to consider a different living environment.

In Quebec, we've developed an alternative to public housing that's called intermediate resources. The government awards a contract to a non-profit organization, a worker's cooperative or a private business, to house people who require more or less one to four or four and a half hours of care a day.

Following your study, I encourage you to explore this avenue because you might encourage the introduction of what we in Quebec call intermediate alternative resources. That might enable veterans who leave their home to gain access to a less formal resource than those provided in the institutions. In Quebec, these people enjoy all the services of the CLSCs, the Centres locaux de services communautaires. They're found everywhere in Quebec, in 17 administrative regions.

I find that avenue interesting, and I hope your department won't just think about housing costs, but also about veterans' wish to choose their living environment.

Now I have a question to ask you. Do you systematically evaluate veterans' satisfaction with the services provided under your program? Do you consult them? Do you have a kind of communication that enables you, when you conduct your studies or reorient your services, to identify what really meets the needs of veterans?

[*English*]

Mr. Brian Ferguson: First of all, thank you very much for those comments and your thoughts on intermediate care and other arrangements. We definitely will ensure that we assess those opportunities as part of the health care review. Those are wonderful programs that need to be looked at in this light.

With respect to the services we provide, we have a program for assessing those services. We use something called the common measurement tool. It is a government tool that was designed by the Government of Canada for central agencies to use. We've adopted that tool. It's conducted by an independent outside firm. We do it about every year and a half to two years. The most recent one is I think about a year old now. I think it was done in the spring.

I think our client satisfaction rate was somewhere about 84%. It's an independent study. We treat it quite seriously; we really don't take that study and say how nice it was that we got 84%. We look for areas of weakness and conduct reviews with all our management teams to see how we can make improvements in those areas, because no organization is perfect. I wouldn't want to go on in greater detail, but certainly we do have that type of program and we use it quite regularly.

● (1625)

[*Translation*]

Mrs. Claude DeBellefeuille: Thank you.

Is my time up?

The Chair: Yes.

[*English*]

Now we're over to the Conservative side of the table, with Mrs. Hinton.

Mrs. Betty Hinton: We're going to split our time.

This has been bothering me for years. I'm sure you've heard me say this to you before, but I'm going to put a scenario in front of you and ask you if things have changed now.

One of the things that most upsets me relates to couples in which the husband was the veteran. As you well know, veterans are strongly individualistic people who don't rely on anybody to help them. They're very independent—a wonderful word—so they did not apply for the program, although they qualify. He's outside shovelling one day, has a heart attack, and dies. Because he was not a part of that program, his widow is now excluded from that program. Are we still in that situation, or have we made some changes?

Mr. Brian Ferguson: No, we're still in that situation, because of the way the regulations are formulated. But I would like to harken back to the comments I made earlier. We have been asked to look at what the art of the possible is in a comprehensive way, and certainly those issues of eligibility will be factored into the review. I'm not in a position to say what the outcome will be, but you're quite correct to ask that question, and it's an area about which everybody is extremely sympathetic. It's at the front of our minds.

Mrs. Betty Hinton: It's a common-sense change.

I'm going to split my time with Mr. Sweet.

Mr. David Sweet: This is probably one of those things that makes sense when you're actually involved in the everyday mechanics of it, but could you just let me know?

This says, “Who is eligible?”, and then, “Totally disabled non-pensioned Prisoners of War”. How could somebody be a totally disabled prisoner of war but not qualify for a pension?

Mr. Brian Ferguson: Admittedly, the wording is not all that....

Ken, do you want to respond?

Mr. Ken Miller: If somebody was a prisoner of war and didn't sustain any disability or injury during that time—many would, of course—the fact that they were a prisoner of war and now they....

Basically, we're talking about somebody who's frail at this point. That need and having been a prisoner of war create an eligibility gateway.

Mr. David Sweet: I'm glad you mentioned frailty, because that was the next thing I was going to mention. You were mentioning that frailty was a gateway into the program. What kind of measurement are you using for capacity to find out who's frail enough to qualify for the program?

Mr. Ken Miller: We use fairly comprehensive evaluation criteria, but to put it in a nutshell, we basically determine whether the individual is at risk of institutionalization, at risk of falling and of serious injury, or at risk in other significant ways of that nature. Our medical colleagues carry out an evaluation, and if that's the case, it gives them an access point. Basically what this means is that somebody whose pension condition is not the cause or the need for their VIP—something else is—can still have access to the program and get the benefits they need.

Mr. David Sweet: Last question. Could you define what a pensionable disability is?

Mr. Ken Miller: Sure. In the context of the Pension Act, it simply means that somebody has received entitlement for a condition—it could be an injury, it could be a disability—that has some relationship to service. In the context of the new Veterans Charter, it means that somebody has an entitlement for what we call a disability award, meaning again that they have a condition or injury related to service for which they received an award.

Mr. David Sweet: And the charter has substantially broadened the previous act?

Mr. Ken Miller: It has provided Canadian Forces veterans with many more programs that were never there before, giving us an incredibly expanded ability to respond to their needs, simply by putting tools in the tool box, if you will. We never had those before.

● (1630)

Mr. David Sweet: Okay, but does it draw in more capacity for pensionability?

Mr. Ken Miller: Not in terms of pensionability itself, no.

Mr. David Sweet: But ancillary services?

Mr. Ken Miller: Ancillary services, absolutely.

The Chair: All right.

Now we'll be heading over to the Liberal side, and I don't know if it's Mr. Cuzner or—

Mr. Roger Valley: Just say "Roger", and one of us will answer.

Some hon. members: Oh, oh!

The Chair: Well, one of our "Roger" friends.

Mr. Rodger Cuzner: I'm okay here.

The Chair: Mr. Valley.

Mr. Roger Valley: Thank you.

I just have a couple of quick points. On the overseas service veterans at-home pilot project, you say in your first bullet point that, "Implemented in 2003 [it] offered certain overseas service veterans".... Can you explain why it's "certain overseas veterans" and not all of them?

Mr. Brian Ferguson: It's for those people who were entitled to a long-term care facility bed and were on a wait list and couldn't get in. So "certain" was meant to cover them.

Mr. Roger Valley: It says that, but it confused me a little bit.

Mr. Brian Ferguson: It was probably an overuse of the word "certain".

Mr. Roger Valley: Yes, I thought it had to be in a certain country or something.

From the stats there, when we can see how hard these people fight to stay in their homes, we understand why they served their country.

I just wanted to comment on this. Anything that can be done, anything at all in that area in your review...that's the key to this whole program, to keep them in their homes. The stats in your survey on those wanting to stay in their own homes are incredible; I mean they're not even close to being "good", but are great.

Mr. Brian Ferguson: I might add that they are entitled to the long-term care bed, but not the VIP program, which would actually keep them at home. So that's definitely an area we'll want to look at as part of the review.

Mr. Roger Valley: That's what the survey points out, that the VIP service allowed them to avoid that long-term bed time much longer

Mr. Brian Ferguson: That's right.

Mr. Roger Valley: Again, that goes back to some of the savings you have to document.

Mr. Brian Ferguson: Absolutely.

Mr. Roger Valley: I just have one last question, again from this parliamentary research service document, which talks about the maximum cost for VIP services. The question is, are they adjusted annually? I suspect the answer is yes, but my question is not so much that, but about the differing costs of providing services in different regions and the tremendous drain on our health care services. Home care providers fall into an area that is in demand. We can guess that in certain areas where there are extreme shortages of workers right now, such as the west, costs are going to be much higher to service somebody in their own home.

So how do you deal with that? Is it done on a regional basis? Is it a blanket for Canada? How do you arrive at that?

Mr. Brian Ferguson: Our service delivery goal is to provide uniform service, so we would not be saying that because you're in the west, you're cut off from those services.

Mr. Roger Valley: It's not a dollar value then; it's a uniform service.

The Chair: It's a needs-based, uniform service.

Mr. Roger Valley: Okay, thank you.

Mr. Rodger Cuzner: Could I just take that up?

The Chair: You have two and a half minutes, sir, yes.

Mr. Rodger Cuzner: You also identify the toll-free numbers to contact. Are the officials measuring the success of the toll-free numbers? My sense in my dealings with the veterans is that they continue to go back to the Legion service officer, because they're not comfortable with getting on a rotary...or hearing a strange voice or a strange accent. What I get a fair amount of the time is that it used to be the case that most of the calls were handled locally, and they had a relationship with the person at the desk. So when I say "strange voice", I mean they were used to doing business with somebody with whom they really built up a relationship.

How are we able to measure the success of the 1-800 numbers? I understand the rationale behind them, giving your front-line workers a little additional time, but—

Mr. Brian Ferguson: We measure them using that common measurement tool. They were included in the assessment we did through that. If you're interested, sir, we can give you the results of that component of the survey with the questions that were asked and how the survey results factored in.

The other thing I would mention is that we get about a million phone calls a year through the NCCN. We do not refuse to put people through to our district offices. We try to answer as many questions as we can through that system; about 70% of the questions are answered satisfactorily, and 30 of them are what we call "warm transferred" over to the district office, where they pick up the phone and carry on the discussion.

What people don't realize is before we introduced the system, they were waiting a long time for people in the district to call them back because people were so busy in the districts and they had to go out and meet their clients. If I might say, they were quite forgiving as long as they knew the person would call them back in a week or so. We feel they get much better service under the current—

● (1635)

Mr. Rodger Cuzner: Do you have a reference, a comparative study or a reference prior to going to the 1-800?

Mr. Brian Ferguson: I don't think we have a reference study to compare to, but we knew we were under significant difficulty at the time. We were taking away from our area counsellors in answering questions, and we now know 70% of the questions would be answered satisfactorily without the need for the valuable time of the area counsellor.

You're quite correct, sir, in pointing out that people get very comfortable dealing with the people they're familiar with, especially as they get older. We've tried to put the best balance we could into the system.

The Chair: Thank you, Mr. Cuzner.

Now we move over to the Conservative side of the table.

Mr. Colin Mayes (Okanagan—Shuswap, CPC): My father was in the Canadian Scottish in World War II; he is on a VIP program, and he's in an apartment. I am at ease with the fact that he has been taken care of. It's a great program, and I really appreciate it.

I wanted to make that statement. I don't really have any other questions, just to say that it's working well.

The Chair: Mr. Stoffer, you're up early.

Mr. Peter Stoffer: In relation to the urban-rural veterans, in the cities obviously there would be services and various companies like the VON can provide that, but in the rural areas and more outlying areas, can you give an example? Are there enough services out there to assist rural veterans? In the case where services are lacking, what do you do to assist them to have adequate services under the VIP?

Mr. Ken Miller: That's a good point, and thank you for the question.

Certainly there are differences in terms of the service providers who are available in the urban versus the rural environment. When we are dealing with a rural environment and a limitation of providers, we try to provide the service in the most reasonable and effective way we can.

As Mr. Ferguson indicated earlier, we have quite a wide network of service providers registered in our system. A lot of them are urban-based, of course. When you're dealing with a rural situation you may or may not have that service provider.

We make exceptions as we need to, to make sure the service is in place. Utmost in our mind in making those exceptions is the safety of the client. We screen our service providers to make sure they have the credentials one would want to make sure they have when dealing with veterans. With that caveat, we make exceptions as we need to, to get the provisions in place.

Mr. Brian Ferguson: I don't know that we're able to answer your question directly. In all probability, fewer services are available in the rural areas than in cities. We're not aware that that has been a barrier to us in providing the service, but I'll go back and look for further information and let you know.

Mr. Peter Stoffer: Which company or organization is your biggest service provider in the country? Would it be the VON, or does it differ province to province?

Mr. Brian Ferguson: Most of these service providers for VIP services are very distributed. Those who do housekeeping and ground maintenance, etc., are registered in our new system. They're your average service provider who does that kind of work in any community. They're not part of big companies.

We have a contract in the Atlantic with Medavie Blue Cross Care, which does centralize processing of the invoices. They are the ones that maintain the list of registered service providers for groundskeeping and home care.

Mr. Peter Stoffer: Say, for example, I was in Sheet Harbour, Nova Scotia, a small community of a couple of thousand people, and say we had 20 veterans or 20 spouses of veterans who were eligible for VIP. If I wanted to start up a company to provide service to them, what would I have to do in order to get a contract with DVA to do that? Or is that the proper way to go?

Mr. Brian Ferguson: You would seek to become registered on the service provider list that's maintained by this company I mentioned. And when you are on that list, then you would be able to market your services to those individuals.

● (1640)

Mr. Peter Stoffer: So instead of going to DVA, you go to this particular company?

Mr. Brian Ferguson: To get registered on the list, yes.

The last figure I heard is that we had about 8,000 service providers registered, and it continues to grow. The advantage of the list, as Ken mentioned, is that there's a certain level of scrutiny of the types of individuals who get on that list.

Mr. Peter Stoffer: Would it be possible to get the name and number of that organization, in case people call up?

Mr. Brian Ferguson: Indeed, we'll do that. Yes, absolutely.

Mr. Peter Stoffer: Thank you, Mr. Chairman.

Thank you.

The Chair: Thank you, Mr. Stoffer.

Now we're over to Mrs. Hinton.

Mrs. Betty Hinton: Canada service veterans who served in Canada during World War II or the Korean War are eligible for VIP benefits. You mentioned this a little bit earlier, and I'm going to give you an opportunity to elaborate a bit on it. What are the restrictions concerning income that determine whether or not such veterans have access to the VIP benefits? And do those same restrictions apply to their widows or their caregivers?

Mr. Brian Ferguson: I'll ask Ken to elaborate further if I miss anything on this one.

In terms of Canada's service veterans, they're eligible for the program if they have a disability caused by service for Canada and they require VIP to access the program. If they don't have that entry point into the program and have low income, they could get in through that means as well. And certainly if they're in and they die, under the current arrangement, any surviving caregiver is eligible to continue with the program themselves, and there's no means test or anything of that sort. In their case, it's whether the veteran was eligible and whether they were receiving the benefit.

Mrs. Betty Hinton: But define low income for me, if you would, please.

Mr. Brian Ferguson: Low income would be guaranteed income supplement type of income.

Mr. Ken Miller: It links to our definition of low income in the war veterans allowance program. I don't have the numbers with me today, but I could certainly provide those to you. There's an income ceiling defined within that program, so if someone falls below that income ceiling, then by definition they're considered low income.

Mrs. Betty Hinton: I would appreciate it if you could supply that. I'm sure all members would be interested in that threshold. Thank you.

That's it.

The Chair: All right.

Now over to our friends with the Bloc. Monsieur Perron.

[*Translation*]

Mr. Gilles-A. Perron: I only have a few brief comments. First, I want to thank you for coming.

Is the VIP also available in other countries, such as the United Kingdom, France, Belgium, Italy and the United States? If so, I would ask you to send the committee a very brief comparison between the system in Canada and those in other countries.

It was mentioned that this would be more costly in certain regions than others. I'm talking about the cost per client per region. Would you be able to tell us how much the VIP costs, on average, in the Prairies, Ontario, Quebec and the Maritimes? You could send us a computerized table showing the costs. That could show us where the problems mainly stand.

That's all. Once again, thank you very much. Keep up your good work.

[*English*]

Mr. Brian Ferguson: We will get that information for you, to the best of our ability.

[*Translation*]

Mrs. Claude DeBellefeuille: I learned that one of the program access criteria is income. I was told that didn't include family income, that it was limited to the veteran's income. So when a veteran is married and is living in a couple and is authorized to enter the program, the spouse's income is not taken into consideration.

Is that correct?

[*English*]

Mr. Brian Ferguson: I think you're correct on that point, but we'll get back to you. It's the veteran's income, and that's the way the system works.

[*Translation*]

Mrs. Claude DeBellefeuille: That means that, if a veteran is living with a person who has a good job and a significant income, he can nevertheless receive support, and, upon his death, his spouse also receives money under the program, even if her situation does not meet the income test. Are the income tests reviewed when the spouse becomes a widow?

● (1645)

[*English*]

Mr. Brian Ferguson: We'll get back to you on those points. I think that's correct. We did not attempt to put an income test in the continuation of the benefits. It does provide an entry point. It was brought in because if you didn't get VIP because of pension or other reasons, this was another way to get into the program. But you're right that these situations arise as a result.

The Chair: I think Mr. Valley indicated that he was interested.

Mr. Roger Valley: Thank you, Chair.

I have a quick question, similar to what Mr. Perron said. In talking about Canada and the world, you say we initialized this program, but where would we fit in the world with our VIP program? With our restrictions on eligibility, the amount of service we've put into it, and the threshold we provide for these veterans, how do we stack up against any three you want to pick?

Mr. Brian Ferguson: In undertaking to carry out the analysis that Mr. Perron requested, I've done a lot of work with other countries to compare what we have and what they have, and I don't recall other countries having the VIP program. I've just asked Ken if he's aware of any, and we're going to double-check that and get back to you. This is a fairly unique program, so it may be the only one.

Mr. Roger Valley: Your opening statement kind of indicated that the world had followed Canada's lead, but I understand that.

Mr. Brian Ferguson: I understand what you're saying. We'll get back to you with that information.

Mr. Roger Valley: Hopefully we're still the best, or we might have to adjust that study.

That's all, Mr. Chairman.

The Chair: Thank you, Roger.

I think at this stage we can say we've exhausted our questions. I would like to thank our witnesses very much for their appearance here today. I'm sure we've all learned a great deal more.

Now we have a motion to deal with. We started with two, but I believe we're going with Mr. Shipley's.

Mr. Bev Shipley (Lambton—Kent—Middlesex, CPC): I think Mr. Perron has a friendly amendment.

[*Translation*]

Mr. Gilles-A. Perron: I have a friendly amendment to propose, since the two motions are similar.

Bev is interested in visiting all the institutions where care is provided to veterans, whereas David only wants to go to Sainte-Anne-de-Bellevue. To make both of them happy, I suggest that we add, after the words “to Canadian veterans”, in the third line, the words “starting with Sainte-Anne-de-Bellevue, Quebec”. That would solve the problem of both colleagues. David Sweet would be happy, because he could visit the Sainte-Anne-de-Bellevue institute as a priority, and Ms. Shipley would be happy as well, since everything would be included in the motion.

[*English*]

The Chair: That's acceptable to me.

Mr. Shipley.

Mr. Bev Shipley: On a little clarification, I agree with Mr. Perron that they could be combined. I don't want it left that I said the motion would indicate that we would go to all of them. We would look at the list, choose which ones, disperse, and get a variety of different ones that were best suited for us to visit. That could include Mr. Sweet's.

Mr. Gilles-A. Perron: It doesn't take off your last part:

[*Translation*]

“[...] locations chosen from a list [...]”

[*English*]

That is straight. The only thing it's putting into your motion is that we must go to Sainte-Anne-de-Bellevue because they would want it.

● (1650)

The Chair: That sounds fine with me. I think the clerk clearly understands the intent. Maybe we'll just proceed to the vote, unless there's any debate. Then I'll explain the process from there.

(Motion as amended agreed to)

The Chair: I mistakenly took part in the liaison subcommittee today because it was over the budget. They just had their meeting today. I'm not sure if they're having one next week. I will have the clerk go ahead and prepare the budget. He'll probably want to have some informal consultations with everybody on this list and where we want to go.

That's that, unless there's anything else.

The meeting is adjourned.

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