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**Chair**

**Mr. Rob Anders**

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## Standing Committee on Veterans Affairs

Tuesday, June 5, 2007

• (0905)

[English]

**The Chair (Mr. Rob Anders (Calgary West, CPC)):** Good morning, ladies and gentlemen. This is yet another glorious meeting of the Standing Committee on Veterans Affairs. We have, as our witness this morning, Pierre Allard, who is the Royal Canadian Legion service bureau director, Gerontological Advisory Council. Of course, this is all under the veterans independence program and health care review.

Sir, you know the rigmarole here, but I'll say it anyhow. You have 20 minutes to use as you see fit. Then we will have questions from committee members. The floor is yours, sir.

**Mr. Pierre Allard (Royal Canadian Legion Service Bureau Director, Gerontological Advisory Council):** Thank you very much.

On behalf of Comrade Jack Frost, the Legion's dominion president, who unfortunately cannot be here today, it is my pleasure to appear again at your committee. We value the work that you do on behalf of veterans and your dedication to the cause.

The subject at hand is the ongoing veterans health services review, or health benefits review, which has also been called the veterans health care review. You have already heard from officials from Veterans Affairs Canada and from members of the Gerontological Advisory Council.

[Translation]

On behalf of Comrade Jack Frost, the Legion's Dominion President, who unfortunately cannot be here today, it is my pleasure to appear again at your committee.

I would like to congratulate you on the work you are doing on behalf of veterans.

The subject at hand today is the ongoing Veterans Health Services Review, which has also been called the Veterans Health Care Review. You have already heard from officials from Veterans Affairs Canada and from members of the Gerontological Advisory Council.

[English]

I am here today as both a member of the GAC—Gerontological Advisory Council—and also as the director of the service bureau of a major veterans organization, the Royal Canadian Legion, which represents both traditional and modern-day veterans. Even though the mandate of the GAC is focused on traditional veterans, we also in the GAC, as we do in the Legion, recognize that a veteran is a veteran.

Recognizing that VAC has a long history of modifying programs and services to better respond to the evolving needs of veterans, *Keeping the Promise* recommends that VAC combine its three existing health and social programs to create veterans integrated services. You should keep in mind that there are actually two *Keeping the Promise* reports. One was submitted by the GAC—Gerontological Advisory Council—and it deals with health benefits. There was another *Keeping the Promise* report, actually submitted by the Senate Subcommittee on Veterans Affairs, which was also labelled *Keeping the Promise*, and it dealt with long-term care issues. Keep that in mind.

[Translation]

Recognizing that VAC has a long history of modifying programs and services to better respond to the evolving needs of Veterans, "Keeping the Promise" recommends that Veterans Affairs Canada combine its three existing health and social programs to create the Veterans Integrated Services.

[English]

Veterans integrated services, or VIS, should focus on needs rather than complex eligibility criteria. It should promote early intervention, health promotion, more intensive home support, and a wider range of residential choices, all accessible through a single entry point.

What is the driving force behind VIS? The reality is that current programs and services have strengths but also weaknesses.

Another very important factor in favour of change is the sad reality that traditional veterans are dying at a rate of 2,000 a month. In fact, 12,000 veterans have died since *Keeping the Promise* was issued in November of 2006; 16,000 died between the time it was identified that the GAC should formulate its recommendation for change and *Keeping the Promise* was published. Approximately 70 veterans will die today, as we speak.

When we talk about strengths and weaknesses, it should be clear that VAC's health programs have been far-sighted in helping older veterans and their caregivers while adapting to their changing needs. The weaknesses can be found in the complex eligibility criteria, the reactivity of the programs, and the limited choices of housing options. From a service provider's perspective, our experience through the Legion's service bureau has revealed very practical inconsistencies.

For example, to meet eligibility criteria, why should a veteran apply for a hearing loss pension at age 85—and I would suggest a frail veteran at age 85—to establish eligibility when all this veteran seeks is to stay in his house with the benefits provided through the veterans independence program?

● (0910)

[Translation]

For example, to meet eligibility criteria, why should a Veteran apply for a Hearing Loss pension at age 85 to establish eligibility when all that this aged veteran seeks is to stay in his house with the benefits provided through the Veterans Independence Program, the VIP?

[English]

Does it make sense for VAC to provide all 14 programs of choice—and programs of choice are a separate health benefit, which I can address if you ask—because he has achieved a certain level of disability, while he truly does not need all these 14 programs of choice? Does it make sense to provide eligibility for long-term care to a specific class of veterans but only in the facility with the highest costs?

I've included in your package a table that basically gives you a good overview of a complex eligibility criteria for only one of the three health care programs, that is, long-term care. You've heard about these complex eligibility criteria. This table sort of gives it visibility, gives an image of how complex it is. I stress that this is only for long-term care, even though in this table there are some VIP benefits that are associated with long-term care. To navigate this table, there is eligibility type, 18 different categories, and then there is long-term care, whether it be in a contract bed, in a community facility for chronic care, or in a community facility for intermediate care, which then may give you access to VIP. If you look at page 5, there are all the various codes. "E" stands for eligibility, and the numerical code represents a gateway, if you wish, that is deemed to give eligibility for these benefits.

As you can see, this is a very complex scenario and is difficult to understand, even by expert staff.

One look at the above table will help you to understand the complexity of these eligibility criteria, and the same can be said for the other two elements of the health services, namely, treatment benefits, which shows those 14 programs of choice, and VIP as a stand-alone program. Some of these gateways have been based on low income, others on level of disability, pension or type of service.

*Keeping the Promise* promotes not only an integrated approach based on need; it also suggests that healthy aging must be promoted at the earliest opportunity. This philosophy of promoting improved health outcomes is part and parcel of the proposed VIS. To implement VIS, VAC will have to put in place a structured client screening process that identifies client needs from first contact, progressing to a more integrated approach centred on a high-needs care manager. The structure would deliver coordinated services while providing more options, such as intensive home support and a greater range of residential choices for veterans.

The Royal Canadian Legion has been promoting such a model of service delivery, even before the GAC published *Keeping the*

*Promise*. At our 2006 convention in Calgary, we adopted the resolution which reads in part:

Because of the complexity associated with various entry gates, veterans are often wary to even ask for benefits, let alone understand their eligibility requirements; VAC should undertake a comprehensive rationalization of health care benefits.

● (0915)

[Translation]

The Royal Canadian Legion has been promoting such a model of service delivery even before the GAC published "Keeping the Promise". At our 2006 Convention in Calgary, we adopted a Resolution which reads, in part:

Because of the complexity associated with various entry gates, veterans are often wary to even ask for benefits, let alone understand their eligibility requirements; VAC should undertake a comprehensive rationalization of health care benefits.

[English]

The time to act is now. VIS makes sense, not only for traditional veterans but also for modern-day veterans. These integrated benefits must be available to families as well as to veterans, and VIS must include an outreach program to inform veterans and their families and to encourage them to participate.

[Translation]

The time has come to act. Integrated Services make sense not only for traditional Veterans but also for modern day Veterans. These integrated benefits must be available to families as well as Veterans. VIS must include an Outreach program to inform Veterans and their families, and to encourage them to participate.

[English]

This completes my presentation, and I would certainly be very happy to answer any questions.

**The Chair:** Thank you very much.

**Mr. David Sweet (Ancaster—Dundas—Flamborough—Westdale, CPC):** On a point of order, Mr. Chair.

Mr. Allard, our witness, has mentioned another report that has the same name as one that we have. Was this report from the Senate subcommittee distributed?

**The Chair:** No.

**Mr. David Sweet:** If there is a subcommittee in the Senate that is looking after Veterans Affairs and producing reports, do we have a process whereby those will be automatically put through to our clerk and tabled?

**The Chair:** No. I don't know whether we could set up a formal process to do that, but we could certainly give a heads-up to people who keep an eye out for such things and maybe ask them to apprise us of some of those things as they come up.

**Mr. David Sweet:** Yes. It's a concern of mine that although the other place is the other place, it still resides in the same building, and if a witness has access to some information when we're hearing witnesses and we haven't been apprised of it, it's a bit of a concern.

**The Chair:** I'm sure Senator Kenny would be tremendously....

I'm sorry?

[Translation]

**Mr. Gilles-A. Perron (Rivière-des-Mille-Îles, BQ):** On the same subject, it seems to me that it would be appropriate for the Chair of the House of Commons Veterans Affairs Committee and the Chair of the Senate Committee to have a meeting to organize an unofficial transfer of documents, so that we can complete our work properly. We are in the same building and while we know nothing about what is happening on the other side, I think they do not know much about what is happening here. This seems ridiculous to me.

I agree with you completely, David. There should be a mechanism for exchanging information. After all, we are not designing the atom bomb.

[English]

**The Chair:** It's an interesting comparison.

Mr. Gaudet, did you have anything further to add to the issue? No?

Well, certainly I'll see what I can do about talking to the senator. We had a great trip with him when he came to Vimy, and he's a very knowledgeable fellow on these issues. I would also ask maybe, because we busy ourselves with all sorts of other things we're working on as well.... I will certainly get in touch with him, but maybe—you folks stumble around these people on a fairly regular basis—if you can just....

The clerks get together and they.... So we'll follow up on that.

Now, unless there's anything else to that point of order, or—

**Mr. David Sweet:** I thank you, Mr. Chair.

**The Chair:** —point of information, maybe, or whatever it was....

Are there any other points on that issue? No? Okay.

Now we're going to move into questions for our witness today.

We have Mr. Valley for seven minutes for the Liberals.

**Mr. Roger Valley (Kenora, Lib.):** Thank you, Mr. Chair, and thank you, Mr. Allard. I'll try to scratch through this; I'm losing my voice.

You mentioned the value of the work of this committee. Thank you for that compliment, but it's the value of the work the Legion has been doing in the community and in the ridings for many years that I'd like to talk about first.

I come from northern Ontario, where there's a Legion branch in every small town. They've been looking after people. We know there are some criticisms of any organization, but in the work that's carried on in small towns—and I'll use my home town, Dryden, as an example—the Legion has been a focal point forever. It's not only veterans who go there for assistance. It's generally the largest organization. It's the organization that helps everyone with everything from getting married to simply helping with social issues.

I'm tremendously proud of the Legion and the work they do and the work they've done for decades and decades for veterans. I wanted to put that on the record. I've said it before and I'll continue to say it: the legions are the backbone of the small town.

Too often any government, and I won't mention anyone in particular, will forget the small town in rural Canada, and we can't do that. So thank you for your valued efforts on behalf of the Legion.

I've talked before about how the legions are struggling. I know you're here to talk about the health care review, but I think it'll be a loss to any veteran, whether modern-day or a traditional veteran, if we lose the legions in the small towns or if we lose the legions across Canada.

Do you have any comment on any kind of support from any government on supporting the Legion as they support our veterans. If the Legion is not in Dryden, the veterans who are left there, either modern-day or not, will not have the access they have right now.

● (0920)

**Mr. Pierre Allard:** You're correct. It's not necessarily on the agenda, but I will address it. Thank you for your comments.

First of all, we have prided ourselves over the years that we have never received any support from the government. We are apolitical and we would like to maintain that status. We are not looking for government handouts in any way, shape, or form other than when we try at the local level to get a tax exemption from the municipality, or approaches of that nature.

We had our headquarters down on Kent Street for 50 years. We have built our new headquarters in Kanata. If you, as a committee, ever get a chance, we would certainly like to welcome you there to tell you what we do. I don't think there's enough information out in the public about what the Legion is about. You may want to take that into consideration.

Having said that, a number of non-government organizations certainly struggle to survive and maintain their membership. We will continue to survive as an organization. We will continue to maintain our mandate. We will seek new ways of looking at the way we govern ourselves. We will look at our governance model. We are in the process of doing that right now. We have initiated a unity initiative, if you will, to bring some of the other veterans under our umbrella.

We're currently participating in the new Veterans Charter advisory group. To make sure we are linked with the Canadian Forces veteran of today, we have brought in to that group a still serving military member who has seen service in Afghanistan. We want to establish links and routes to the Canadian Forces.

We have established new programs to meet the needs of the Canadian Forces. We are very present at the Canadian Forces show tours where we send elected officials. We sponsor the major show tours and go into Afghanistan. We're now promoting buying a coffee and donut from the Legion for the troops that are deployed in Afghanistan. That's a program we've just initiated.

We are reaching out to the Canadian Forces member, realizing that he may not join us today, but he will more than likely join us in the future if he sees what our organization has brought forward. In that context we also think our advocacy efforts on behalf of Canadian Forces members, veterans, and families will eventually garner us some support.

I'd like to point out, even to the department, that even though they organized the second national symposium on operational stress injury in Montreal, this was really the third national symposium on operational stress because the Legion organized our symposium in 1998. It was in Charlottetown. We brought together some of the same experts who were in Montreal this year, or in Montreal four years ago. They discussed operational stress, and they ensured that eventually operational stress injury would be recognized as an entitled disability by Veterans Affairs Canada.

We are confident that our advocacy work on behalf of Canadian Forces veterans will garner us some support in the future. With those other initiatives we will survive. We will survive as an independent organization, and we will not seek government support other than the local initiatives I indicated.

For the small branches that are struggling we actually have a consultant for housing projects but also to look after real estate. Sometimes local branches are sitting on valuable land, valuable resources. Through the auspices of Veterans Affairs Canada we have a consultant who basically—I won't call it a secondment—through a partnership agreement has been in Charlottetown since 2000 and provides advice to our local branches to be able to survive and use the assets they have and go on into the future. This is where we stand.

We know we're being attacked. We were attacked in *The Hill Times* yesterday. I brought you a copy of our rebuttal if you want to see it. We're hopeful that this will be published in *The Hill Times* next week.

• (0925)

**Mr. Roger Valley:** Thank you.

You don't need to rebut it to me, but I know there are individuals who have problems with any organization.

Clearly, I must look as bad as I feel because everybody is trying to help me today.

You mentioned some of those numbers that are shocking on the amount of veterans who have passed away and continue to pass away since this program has been announced. I'm going to call it the GAC because I can hardly say Gerontological Advisory Council any longer. They're shocking numbers, and we have to move quickly. That's what we're trying to do here in this committee. We will bring it up and embarrass the government. It's been so many months, and we know it takes time to do it, but we've got to get it done.

I want to go back to one comment you made because it takes it right back to the street level. The people who are listening to this might think, a coffee and a donut, what is that? A coffee and a donut is about involving somebody at the local level, telling somebody you care, and that's what's important to us.

I want to ask you a question. I know it's going to be covered more at length later on....

I guess I'll thank the chairman. Thank you, sir.

**The Chair:** That was effective. I love that little clock.

Now we go to Monsieur Perron with the Bloc, for seven minutes.

[Translation]

**Mr. Gilles-A. Perron:** Mr. Allard, if I may call you Pierre, as you call me Gilles in private. If I get mixed up and call you Pierre during the discussion, rest assured that there is no ill intent on my part.

I have read your presentation this morning carefully. There are a few paragraphs that shock me. That may be because I am sensitive. The first is on page 2. There were other ways this could have been said, without saying that 70 veterans will die today. That seems to me to be using those people's misfortune to strengthen one's own position. I do not like it, and that is not because it comes from you. I would not like it if any organization made that kind of comment.

The other thing, Mr. Allard, that you are surely aware of, is that I am still very uncomfortable with the demands you are making, even if there is good reason for them. I am thinking about seniors who were not in the war, but who made a huge contribution, if not as great a contribution as veterans, to developing this country, and who unfortunately do not have a third, or a tenth, or 20% of what you have. I say this so that it will be on the record: it affects me directly when I walk around my riding and I see seniors wearing the same sweater for 10 or 15 years because they cannot afford to buy a new one, or when I see seniors who have to choose between buying prescription drugs or a baloney sandwich. It upsets me.

Those are the only comments I can make this morning. There is nothing else I can tell you. I would like to know what you think of this.

I am finished speaking, Mr. Chair.

**Mr. Pierre Allard:** All I can say to answer you is that the Royal Canadian Legion advocates not only on behalf of veterans, but also on behalf of seniors. For example, we worked with a group of 15 organizations, I think, who advocated pension income splitting, a program that I think would provide many benefits for our seniors.

We also have a housing program at the Legion, an affordable housing program. It is intended not only for veterans, but also, again, for seniors who need affordable housing. Our consultant can certainly provide information about everything that is available under our affordable housing program for seniors across Canada.

We also try to advocate on behalf of people who are very rightly identified as having needs. We think about them so much that in the case of the VIP program, which is a Veterans Affairs Canada program for veterans, we have argued for three or four years in an attempt to ensure that all seniors in Canada will have access to the program.

We have argued for the Seniors Independence Program in Canada. We are also aware of the needs of seniors. That recommendation was adopted, at one point, by one of the political parties during an election campaign, but nothing was done to meet that need. We think not only that a seniors independence program is necessary for seniors' well-being, but also that it can save the taxpayer money, because it is a program that helps seniors stay in their homes.

• (0930)

**Mr. Gilles-A. Perron:** You say some good things, Pierre. I congratulate you and I thank you. That is not what we see at the Canadian Legion in Deux-Montagnes and the Canadian Legion in Sainte-Thérèse. If we go through the list of Canadian Legions, we see that concern for seniors outside the Royal Canadian Legion does not exist.

**Mr. Pierre Allard:** When you make a judgment about the Legion, I would invite you to consider not only what goes on in the branches, but also what goes on at the provincial and national levels.

**Mr. Gilles-A. Perron:** It needs to trickle down.

**Mr. Pierre Allard:** We go to see veterans living in long-term care facilities all over Canada. We visit not only the large institutions that offer priority access beds for veterans, but also small institutions in the communities.

Checking to see whether the care that veterans are receiving meets their needs provides the same overall picture for the seniors who are in these homes. I simply ask that you judge us not based on what you see in a branch, but rather based on the work we do throughout the country. This is not a speech.

**Mr. Gilles-A. Perron:** I do not know whether you have ever gone to the long-term care home for the aged on rue Chénier in Saint-Eustache. About three to four percent of the seniors who live there are veterans who are receiving benefits from the Quebec system.

You can also visit the second house down from my office, where eight veterans live. That will give you an opportunity to come and meet with me. That house does not cost the Canadian government or the Legion a cent. Those veterans are looked after by Quebec's long-term care system. No money is transferred. I have verified this, my dear friend. Talk to Mr. Paquette, the director of the home, about that.

What is done for veterans is fine, but there are other seniors living in hardship. Seniors are the poorest citizens of Canada, and unfortunately they get even poorer when one spouse in a couple dies.

**Mr. Pierre Allard:** I agree with you completely. That is why we need a Seniors' Independence Program for all seniors in the country.

• (0935)

[English]

**The Chair:** Thank you very much.

We now go on to Mr. Stoffer and the NDP.

**Mr. Peter Stoffer (Sackville—Eastern Shore, NDP):** Thank you very much, Mr. Chairman, and I want to thank the clerk as well for bringing in the chocolate milk today; that was a very kind thing.

Mr. Allard, thank you very much for your presentation. Thanks to everyone at the Royal Canadian Legion for the continuous work they do, not just in assisting our veterans but also in advising young people on what happened during the various wars and conflicts. You continuously educate our young people on the sacrifices and services of our military, not only in the past but currently as well. Thank you very much for that.

Sir, I always like things to be fairly simplified. I've always thought—and I'd like your response to this—that if a military person

served, and now they're out of uniform and they require services, shouldn't the only criterion be whether you served? Then, if you did, what do you need? It's not necessarily what you want, but what you need after a careful assessment.

It gets so complicated. I have 22 veterans in the Dartmouth riding who have all been denied hearing aid assistance because they didn't have a hearing test when they left World War II or Korea. As you know, what happened was they worked on the naval ships and on the battlefields; they came home and, typical of most young people of those ages, they went back to work, went back to their communities, and thought nothing of it.

Now they're getting older. Their hearing is impaired. The audiologist says very clearly that there is a direct link from wartime service to now, but because they didn't have an actual test, DVA has denied them any assistance in that regard.

In VIP programs, if a person didn't get a pension, they're not covered. It's also if they make too much money; one veteran I know, who is 95, was accused of being too healthy and wealthy. All he's asking for is a little assistance around the yard—denied.

I know I'm being simple when I say this, because I've been accused of that before, but shouldn't the only criterion be whether you served—and if you did, what do you or your family need?

**Mr. Pierre Allard:** I think this is exactly what *Keeping the Promise* identifies as the approach to take. What is your need? The reality is that a certain percentage of either the standard population or veterans have high needs. These programs should be applied to the people who have high needs. They should receive the service of a care manager to make sure they get the services and benefits they require. We should couple this approach with a very strong health promotion approach through the serving time of the military member and then after he retires so the needs are minimized.

You raised the issue of hearing loss. I don't want to correct you, but being a service provider I know the criteria that are established for entitlement to a disability pension for hearing loss. The reality is that if you do not have an audiogram from when you were released after World War II or Korea, you have a high chance of success of getting your hearing loss covered through Veterans Affairs Canada if you have a hearing loss problem today. The issue is that some people who served in World War II or Korea continued to serve in the Canadian Forces after those two conflicts and have had hearing loss on release. In other words, they have dual service.

**Mr. Peter Stoffer:** Sir, not to correct you back—I would never have the gall to do that—but if the minister and previous people said that the benefit of the doubt should fall upon the veteran, what are we arguing about? That's what these people have heard—from what they can hear. The national Minister of Veterans Affairs has said that the benefit of the doubt should go to the veteran.

**Mr. Pierre Allard:** As I said, my understanding of it from how the program operates is very clear. The Veterans Review and Appeal Board tribunal has basically looked at hearing loss from the perspective that somebody might have been identified as having a hearing loss, but it did not meet certain guidelines. Those guidelines were not necessarily used for eligibility but for assessment. The tribunal has exercised its option to look at these cases and apply the assessment table to eligibility.

This case was taken upon by one person, Mr. Nelson. He went to the federal court and got a favourable judgment by Judge O'Keefe. Then the federal government went to the appeal court and tried to basically deny—shame on them—Judge O'Keefe's decision.

Here is the judgment of the appeal court that was published a couple of days ago. It basically tells the Veterans Review and Appeal Board to apply the law as it stands and recognize that if there is a disability—and it clearly provides a definition of disability because it is in the VRAB Act and the Pension Act—they should follow the guidelines and recognize eligibility for entitlement.

So progress is being made. It is slow. But if you have any cases where you know for sure there was no audiogram on release—and only from World War II or Korea—send them to me and I'll look after them.

• (0940)

**Mr. Peter Stoffer:** I just use hearing as an example. There's also asbestos, chemical spraying, and all kinds of other things they were exposed to during their wartime service, or even peacetime service, for that matter. Now, 30, 40, or 50 years later they're suffering the results of these things. When they go to DVA for assistance of any kind—medical equipment, pension, or whatever—the battles they have to go through in the legislated format are incredible. Many of them just say to hell with it.

**Mr. Pierre Allard:** The reality is that the disability pension process is evidence-based. A minimum of evidence must be put forward by the applicant. If any of your constituents have problems, we have professional service officers who assist veterans through all levels of the disability pension process to two levels of appeal and reconsideration. Send them my way. I'm not saying they will get disability entitlement, but we certainly know how the system works and will help them.

**Mr. Peter Stoffer:** Thank you.

**The Chair:** Thank you very much, Mr. Stoffer.

For the Conservatives, Mr. Shipley, seven minutes.

**Mr. Bev Shipley (Lambton—Kent—Middlesex, CPC):** Thank you, Mr. Allard, for coming again today. It's always good to see you. From my perspective, I have something like 19 legions in my riding, from very large and growing to, as you say, struggling. I think it has to do with their location and whether or not there are veterans coming back.

I know this is about health care, but I want to go back just a little bit. I'm not so sure that all the comments that have come against you are very fair.

I was involved for many years in municipal council. One thing we continually talked to the legions about, or that they talked to us

about, was the involvement in community funding. I found that for some of the legions where I was involved, they wanted relief from the municipality. On the other hand, they were funding baseball teams and soccer teams and those types of community organizations. And I give credit to the legions for wanting to reach to the community, so it's not that. Do you see yourself, though, as...or could you perhaps help me clarify that?

Also, do you see yourself as sort of an extension to a service club? Often the service clubs do the same thing. I think we need a clear direction on that.

**Mr. Pierre Allard:** You're joining the Bloc Québécois here in identifying us as a service club.

**Mr. Bev Shipley:** No, I'm not, but some are.

**Mr. Pierre Allard:** Okay.

We get funding from two sources. We get funding from our members through dues. We also get funding from the poppy fund. We have strict regulations on how we can use poppy fund moneys. We cannot use them to sustain branches. That's why, thanks to Veterans Affairs Canada, we have a consultant who can assist local branches make use of the real estate they own, which sometimes can be very valuable and can help them survive.

Do we see ourselves as a service club? If we were only a service club, then we would not provide free representation to any veteran, whether they were a member of a legion or not, or to RCMP members, or to their families in this very complex disability pension process.

I just presented one small window on the eligibility criteria for one program. The same exists for all of their programs, whether or not one is getting benefits under the Pension Act or under the new Veterans Charter. It's a very complex environment. Our professional service officers are trained. They have the tools. They have access to the client service delivery network, which is a VAC database.

If we were just a service group, we would not be doing that. We would not be promoting certain support to the Canadian Forces the way we do. We would not have a defence committee that would argue and basically advocate for a strong Canadian Forces in our country. This is not what a service group does.

• (0945)

**Mr. Bev Shipley:** I think what I hear is that it's an extension to reach to the community in terms of who you are, what you do, and—

**Mr. Pierre Allard:** Of course. To put it in succinct terms, we care about our communities. We care about our country. We care about veterans. We are unique. We are almost, I would suggest, an institution in this country, and we intend to maintain our nationwide coverage.

We see ourselves even being able to do an outreach to the reservists. We keep identifying that reservists have special needs that are not catered to. They're out there somewhere, in the smaller communities across the country, and Canadian Forces and Veterans Affairs have trouble touching the reservists. Well, we have the footprint to do that. We have already talked to officials at Veterans Affairs Canada and the Canadian Forces to make sure we can play a role in reaching out to the reservists.



**Mr. Bev Shipley:** I think that's an important part also, Mr. Allard.

Let's go on, as this is about health care. The other day we had the opportunity to meet with a number of people who had been affected by PTSD. You're very aware of that. You've sat through a number of our witnesses' appearances.

In terms of your comments, your help, and your direction to us, we hear different things about barriers, the bureaucracy, and those things that are getting in the way of actually making fluid and fluent assistance to our veterans who are suffering. This particular time it's PTSD, but it's not just that. It's very complex, as you've mentioned.

I'm just wondering if you could give us any idea or any suggestion with regard to recommendations on what we could do to help the access through our system.

**Mr. Pierre Allard:** It's interesting. I happen to sit on the OSISS advisory council. If I was to give you one recommendation, it would be a very simple one. Veterans Affairs Canada have their OSI clinics; they are operational stress injury clinics. They currently have five, and they've budgeted for an additional five. The Canadian Forces maintain something they call the OTSSCs, operational trauma and stress support centres. In theory the OSI clinics are there to meet the needs of the veterans while the OTSSC clinics meet the needs of the Canadian Forces serving members.

There has to be a better transition between the OTSSCs and the OSI clinics. As a matter of fact, there should be a seamless transition. The OTSSCs should be renamed as OSI clinics. They should all be OSI clinics, and they should offer services to either the Canadian Forces member or the veteran. They should also offer services to their families. Here is a simple recommendation to put some clarity, some simplicity, in this transition, which we think should be seamless.

There are too many problems with the handover from one psychiatrist at one type of clinic—the OTSSC—to an OSI clinic, where maybe the medication profile is different depending on which department is approving what.

If you solve that one, I think that would be a good first step.

• (0950)

**Mr. Bev Shipley:** The other question in terms of—

**Mr. Pierre Allard:** And I apologize. I probably come across a little strong, but I really feel—

**Mr. Bev Shipley:** Actually I think it comes across as passionate and direct. That's great.

I'm out of time.

**The Chair:** That means you can come back later.

We'll go to Mr. St. Denis, for five minutes with the Liberals.

**Mr. Brent St. Denis (Algoma—Manitoulin—Kapuskasing, Lib.):** Thank you, Mr. Chair.

Thank you, Monsieur Allard, for being here again to help us.

I'd like to focus in particular on page 6, where you mention the gateway. It seems to me that there are three essential stages for a veteran's application for a service. There's entry, getting in; there's a processing period; and then there's a conclusion, what the result was.

There are three simple stages, although no doubt there are many complexities within each of those.

Again, I want to focus on the entry or the gateway. You suggest that right now the gateway requirements could be based on income, the level of disability, or the type of service needed. To summarize, there are different criteria to go through this gateway.

Could you speak a little about simplifying the entry? Rather than requiring a veteran to jump all these hurdles simply to get his grass cut, whereas another veteran requires a more complex set of responses, could you speak about making that gateway less intimidating, especially for the veteran who is already sick or maybe has literacy or language issues? I'd appreciate that.

**Mr. Pierre Allard:** Just a point of correction. Those are not my gateways; those are the current gateways as they exist. *Keeping the Promise* is saying you need to shrink those gateways to basically identifying needs. There are some people who have high needs. In another committee it was identified that of the large population of Canadian seniors, there are approximately 12% who have high needs.

Currently, looking at our veterans, it's very difficult to look at the numbers, because there are no precise numbers at Veterans Affairs Canada. But in looking at the numbers, it appears that approximately 14% of clients, if you want to call them that, have been identified as having high needs.

So there are a couple of things that need to be done. I think we need to convince, first of all, Statistics Canada that when they do their census, *le recensement à tous les cinq ans*, that they must somehow try to identify the target population of veterans across this country. We have to have a firmer handle on the numbers. Keeping in mind the statistics I've just given you, when we anticipate that there might be a slightly higher need—higher statistics of people with a higher need—in our veterans than in our normal Canadian population, then you have to find a way to screen them when they come to get services. There has to be a very quick screening process that would take place at what is currently the National Contact Centre Network, which is really a call centre for Veterans Affairs Canada. There is a simple test, and there is a test in Quebec called PRISMA, which basically asks about seven questions. If somebody answers yea or nay or whatever to those seven basic questions, it could be identified that he's one of those high-needs persons. If he's a high-needs person, then he needs a designated care manager to provide the care package that he needs made up of these various programs that are here under these complex eligibility criteria.

Then that care manager becomes a resource person for that high-needs client. This is basically what *Keeping the Promise* is recommending. Associated with that, when you go through the PRISMA-like screening, it could be that what you want to recommend to the client who's calling in is to engage in a vigorous health promotion package, which will delay his coming into the gateway as a high-needs person. So in simple terms, this is what we're recommending.

This approach, by the way, would look after the frail veteran of today who, with all due respect to Monsieur Perron, is dying at a high rate. This is what is said in *Keeping the Promise*, and I won't apologize for that. That frail veteran should be hitting this gateway of high needs not based on a stupid entitlement for hearing loss at 85 years old when all he wants is VIP. This high-needs gateway would look after the Joyce Carters of the world who are asking for VIP, which would actually save money for the Canadian taxpayer. That's what we're saying, too vigorously, I'm sorry, but....

**A voice:** No, no. It's right on.

• (0955)

**Mr. Brent St. Denis:** I think to our researcher, as he tries to summarize as we go along some of the ideas that come from our discussions like this...the fact that Stats Canada or some other agency makes sure that we have a reasonably good picture of what that 14% looks like.

Second, with respect to intake or the gateway—and I'll conclude with this—that it be totally reviewed and redesigned so that in the first few minutes of the gentleman or senior veteran's call, he or she is directed immediately to an agent to help or be told, “Okay, sir. That's a small problem. We can get that dealt with right away.”

In other words, divide them sooner rather than letting them go through all kinds of processing and then say, “Oh, by the way, that was a simple problem. We could have settled that weeks ago.”

**Mr. Pierre Allard:** I would like to add one more thing. We also believe that we can act now to at least take some interim steps and not wait until we have this perfect screening process in place, and we can look after the 85-year-old veteran who is frail and who needs VIP.

**Mr. Brent St. Denis:** Thank you.

**The Chair:** Now on to Mr. Gaudet with the Bloc for five minutes.

[Translation]

**Mr. Roger Gaudet (Montcalm, BQ):** Are you a member of the Gerontological Advisory Council?

**Mr. Pierre Allard:** Yes, sir, I am a member.

**Mr. Roger Gaudet:** If I can read the following:

“Keeping the Promise” recommends that Veterans Affairs Canada combine its three existing health and social programs to create the Veterans Integrated Services.

Did you work on that as a member of the Gerontological Advisory Council?

**Mr. Pierre Allard:** That is the model we developed in our report, and we are continuing to work on this. We have more meetings to establish the process to be adopted for providing the services needed. To do that, we first determine whether the person needs a higher level of care, and we then designate a case manager to see that the client's needs are met.

**Mr. Roger Gaudet:** Was your solution included in the report?

**Mr. Pierre Allard:** Yes, it is included in the report.

**Mr. Roger Gaudet:** That answers my questions.

Thank you, Mr. Chair.

[English]

**The Chair:** Thank you, Mr. Gaudet.

Now we'll go on to Mrs. Hinton for five minutes.

**Mrs. Betty Hinton (Kamloops—Thompson—Cariboo, CPC):** I'm actually going to pass to Mr. Sweet.

• (1000)

**The Chair:** Mr. Sweet.

**Mr. David Sweet:** Thank you, Mr. Chairman.

Mr. Allard, thanks. It's interesting to see you in a different chair today. You've mentioned the PRISMA screening tool, and in fact I questioned Dr. Marshall on that specific thing. He was mentioning to me that there's still some work, and it's going through an evolution. We have the PRISMA that's in the report, but do you have a revised one that you can present to the committee?

**Mr. Pierre Allard:** It's still a work in progress through committees of the GAC. I think we are getting closer to a final product. I think we're getting closer to a fully developed process. But that fully developed process is remaining within what I have described as an integrated process of the initial screening, identifying people with high-care needs and then assigning them a case manager. How all that plays out we'll have to see when it comes to its ultimate conclusion. I'd like to add that there is also an essential health promotion element to these integrated services. If we look after promoting health from the get-go, then we can minimize the demands on an integrated service delivery program.

**Mr. David Sweet:** For all three of the past witnesses we had, one of the most encouraging things to me was that this was part of the integrated services.

**Mr. Pierre Allard:** The difficulty will be that we keep hearing the term “evidence-based health promotion program”. It is very difficult to design and prove that you have an evidence-based health promotion program because what you see is the lack of success, if you want. It's difficult to gauge success and to have the evidence you need to prove that this health promotion program works. That will be a challenge, I suspect.

**Mr. David Sweet:** I don't think it'll be that big of a challenge. I think if you get some people who are moving on in age and they get them moving and they develop some muscle mass and they're able to accomplish some things that they couldn't before, then hopefully it will be self-evident.

**Mr. Pierre Allard:** By the way, there are opportunities here for us at the Legion, because where we are in these more isolated localities, if there was a health promotion program, let's say, for not only veterans but for seniors, we could probably integrate that within our branches.

**Mr. David Sweet:** If not, just some good dancing, I guess.

You mentioned some interim steps.

**Mr. Pierre Allard:** Yes.

**Mr. David Sweet:** Have you presented those to Veterans Affairs?

**Mr. Pierre Allard:** I think we keep saying, very consistently, that we have high-priority advocacy needs, and that is VIP for frailty and VIP for pre-1981 spouses. We also keep getting messages that the ongoing health benefits review will allow options to provide those services. Then we hear that the other analysis is because we have all these veterans out there and we don't have a good appreciation of what the total number is; we have to decide how we are going to approach this problem. As I pointed out a while ago, we need to take two steps. We need to convince Stats Canada to revise their census, but we also need to realize that not all those veterans will come forward with high needs.

Going back to my comparison that 12% of seniors are identified as having high needs, currently, it's 14% of Canadian Forces veterans. That's probably a good figure, 14% to 15%, because they have higher stress on their body. We should look at those figures and say, okay, let's take some interim measures right now, because those people—as I said, I won't apologize for it—are dying. They're 85 years old; they're coming to the end of life.

**Mr. David Sweet:** You've mentioned that. I've got a couple more questions, but I need to dig on this one. You're saying from the Second World War, but was it also the Korean War, that no accurate records were kept of released soldiers and then married up with, sad to say, death certificates as we go? There's no accurate information?

**Mr. Pierre Allard:** I would suggest there's no accurate information today for both World War II and Korea of who remains, which is why we need to be a little bit more scientific in our approach. It was only, I would say, about five or ten years ago that the Canadian Forces started to compile more scientific data on people who served and where they've gone. The difficulty is in tracking them, because people move and databases are not easily adjusted to reflect moves across the country, especially for reservists.

• (1005)

**Mr. David Sweet:** So this is why you feel it has to be Stats Canada that would have—

**Mr. Pierre Allard:** I think Stats Canada would be a good place to start.

**Mr. David Sweet:** It's your opinion that the operations in the Balkan states, by that time, the—

**Mr. Pierre Allard:** By that time they were getting better data. There are still some loopholes in the reservist data to this day.

**Mr. David Sweet:** A couple of members already talked about it, but is this issue with *The Hill Times* just an anomaly, a couple of voices, or are there some steps to take to begin to develop a more intimate relationship with...?

The exact topic we're talking about...you have professionals....

**The Chair:** You're out of time. It means more opportunities in the future.

**Mr. David Sweet:** You have no idea how great that point was going to be.

**The Chair:** Sir, but I will, because there's a spot. Immediately after Mr. St. Denis speaks there's another Conservative spot, and it's yours.

Mr. St. Denis.

**Mr. Brent St. Denis:** I won't be long so that David has lots of time to continue.

An important and valuable point is made about looking at needs as the veteran has made a choice to ask for help, either with family prompting or his or her own prompting. Some may avoid asking for help for the longest time, feeling, as many people do, they don't need it, even though they do. There's the needs way of looking at it. The other is, what can we do as a society to keep people in their homes longer? In other words, what are the needs relative to Mr. Smith's ability to stay in his home longer and therefore have a better quality of life, and at the same time it costs less. We see this in the nursing homes available to the general population. It seems to me, before I ask you to comment, that we have these silos, and it's the way bureaucracies work, where you have these bureaucracies that see their programs in isolation from other programs. For example, CMHC has programs to help people repair their homes. If you could invest a couple of thousand bucks into fixing a bathroom or repairing a roof in an older home, but keep the senior there that much longer, you'd save a lot of money, and they'd have a better quality of life.

Could you comment on the needs, but at the same time the broader element that staying in your home as long as you can is better for you, your family, and society as a whole?

**Mr. Pierre Allard:** I want to go back to a comment I made awhile ago. I think Veterans Affairs Canada was very prescient in 1981 when they introduced the veterans independence program. It is one of the best programs. It is what I would call a standard. It's unique across Canada because it provides some very simple processes, if you want, that do exactly what you have asked me about, which is to keep seniors in their home.

Those two elements are groundskeeping and snow removal. What is it that a senior needs if he wants to stay in his home? He needs those two basic elements—snow removal and groundskeeping. VIP also has an element of home renovation, because you're quite correct that CMHC has a home renovation program, but there's not enough money in that budget, and most of the time when you apply for a CMHC home renovation, you're told the money is gone. We have advocated in the past for putting more money in that pot. That is also why, keeping the philosophy of VIP in mind, we have been advocating for a seniors independence program, modelled on the VIP that is in place at Veterans Affairs Canada. It's the cat's meow for helping people who want to stay in their home to stay in their home and save taxpayers money.

It won't work for everybody. It won't work for those high-needs people. And there is a burden on the caregiver. Staying in your home does create a burden on the caregiver, and that should also be recognized. In simple terms, let's adopt the seniors independence program. Keep seniors in their home.

• (1010)

**Mr. Brent St. Denis:** Thank you.

**The Chair:** Thank you. There is a minute and 12 seconds.

**Mr. Brent St. Denis:** I'll make sure David has his....

**The Chair:** There you go. That's very kind.

Mr. Sweet, you have six minutes.

He was on a roll.

**Mr. David Sweet:** I just have one question. I want to get some clarity around what the challenge is for the Legion to bridge to the more modern veteran. I don't even like using those terms because we already said that a veteran is a veteran is a veteran. But we have to try to, in this case.... For example, you just told us something today that I wasn't aware of, that in 1998 you had an operational stress symposium in P.E.I. Is that right?

**Mr. Pierre Allard:** Yes. It was in Charlottetown, with Veterans Affairs Canada officials, Canadian Forces mental health people, specialists from the National Center For Posttraumatic Stress Disorder in White River Junction in the United States, and some specialists from Australia. We held the first national symposium on operational stress injury, and we're very proud of that.

**Mr. David Sweet:** I'm looking here at page 4, at the complexity right now anyway. Obviously the GAC report is trying to eliminate this. But for the life of me, I cannot see why there isn't a desire for the returning veterans in fact to embrace the Legion, because if you've got professionals who can navigate you through this, as well as looking after something that, after our meeting the other day, was obviously a major concern of these veterans of the operational stress injury....

I'd just give you an opportunity to respond to that, about that challenge.

**Mr. Pierre Allard:** The challenge I think is in communicating our message, and that's very difficult. People are ready or not ready to receive a message. That's why we've come to realize it's very unlikely that we will touch the still-serving member and bring him into our organization, though we do that, sometimes with great success. We're hoping to capture the Canadian Forces still-serving member when he retires. But we have to pass on the message that what goes on at the Legion is more than what happens at the branch or at the provincial command; it's what happens at all levels of the Legion.

To be seen as professional service delivery experts is a challenge. Service delivery from the perspective of Veterans Affairs Canada has changed over time. For example, they had pension officers who were very visible, sometimes even in Legion branches. They were there, available, talking about benefits, services, etc. We had certain areas where we were the expert and nobody else was playing—for example, departmental reviews. Well, all of a sudden the bureau of pension advocates started doing departmental reviews. Because we have a good relationship with them, we sort of said, well, okay, we'll go along with that. But that's really not in their mandate.

We now have a program that is delivered to Canadian Forces members in a transition interview where we are not present. The transition interview takes place on the base. It is a process that is entirely in the hands of Veterans Affairs Canada or a Canadian Forces case manager, and we're sort of on the outside.

So we have a greater challenge to make it known that we have services to offer. We're allowed a very small window at SCAN seminars, which are a career transition training session of two days for Canadian Forces members. We're more or less allowed 10 to 15 minutes, and we have to get our message delivered.

So it is a challenge. We recognize that, but we are trying to adapt by using modern methodology, if you want, website information, etc.

We are also attacked. There's no doubt you've seen what was published in *The Hill Times* yesterday. I did bring a copy of our rebuttal. I would like to leave it with you—a number of copies. You can read it. Hopefully they'll publish it. Again, when you're attacked by somebody who's using little tidbits of information, it's kind of difficult to counter it, but we will work at it.

The message I would like to give is that we will survive. We are an institution. We've built our new headquarters in Kanata, and we intend to be there for 50 years, as much as we were 50 years downtown on Kent Street.

•(1015)

**Mr. David Sweet:** Is your document in both official languages?

**Mr. Pierre Allard:** Unfortunately, this is not translated.

**Mr. David Sweet:** The clerk can translate it, and then it can be tabled after.

**Mrs. Betty Hinton:** We're switching now. We're switching, and I'm going to talk really quickly here.

Thank you again for coming today. You're always a very interesting guest to listen to.

Regarding the new Veterans Charter, there are a couple of comments I would like to make. The first one is that it is a working document. The minister and this government are open to recommendations that aim to improve it. When it went through, it went through rather rapidly, and I found some fault with it myself. I think there's room for improvement, and we're working towards making those kinds of improvements.

Every once in a while in this committee, although it is very non-partisan because of who we deal with, there will be the odd comment. One came from my colleague, Mr. Valley, earlier today, who said he was trying to embarrass the government into acting. I would just like it on the record that this government has acted. We implemented the new Veterans Charter. It was the first thing we did. We've put in place the ombudsman position. We've put in place the Bill of Rights. And we are currently, at this committee level, trying to determine what the needs are for improvement to the VIP program.

Now, there are times when it feels like pushing string up a hill to move forward. We've also gotten very involved in the post-traumatic stress portion of it, which is a very important aspect but has very little to do with the traditional veteran.

There was one other comment I wanted to make. You were talking about having Defence and Veterans Affairs put things together, because Defence looks after acting members and Veterans Affairs looks after veterans after they've served. There's a fine line in there. I don't think it would be called a turf war, but there are definite lines as to who looks after what. To blur those lines is very difficult to do, because for an active member, Defence is who looks after you. If you're a member who has finished serving, Veterans Affairs looks after you.

So I understand your frustration, but I did want to point out that slight difference.

Now, we've listened to all of what you've had to say today, and I just have one other question for you. I think I heard you say that the Royal Canadian Legion feels it's losing some connection with the modern-day vet and that you're trying to bridge out and do that. If there is one message that you want to leave for today's modern-day vet, what would it be?

**Mr. Pierre Allard:** We care.

**Mrs. Betty Hinton:** Okay. Fair enough.

I would like to also add that I think the Royal Canadian Legion is doing a remarkable job of taking traditional veterans into the classroom and having today's generation meet yesterday's generation so that they can appreciate what went into giving them the freedoms they enjoy today. Keep up the good work. I think you're doing a marvellous job, and I'd love to see you branch out and become more involved with modern-day veterans.

Thank you very much for appearing today.

**Mr. Pierre Allard:** I might answer quickly on one point you raised, the point that there has to be a delineation between still-serving members getting their services in the OTSSC clinics and the veterans getting their services in the OSI clinics. The reality is that there is a capacity problem in mental health. There are just not enough mental health providers. In addition, both of these clinics provide services not only to the clients but also to their families, so here we have the dual problem of a family of a still-serving member also possibly facing a transition to a different process.

To a degree, the recommendations I made are actually symbolic. If we can call them at least by the same nomenclature—and sometimes there is a certain visibility to nomenclature—they're all OSI clinics, operational stress injury clinics. Eventually they all serve the same members. There have been some discussions in actually trying to ensure that you can get services from either clinic, because they don't have a footprint across the country; they have a footprint, but not a sufficiently wide footprint. Let's say a Canadian Forces member may be at a base where there's no OTSSC clinic, but there is an OSI clinic. Why should he go three hours down the road to get his services at the Canadian Forces clinic when he could get them at the VAC clinic?

This was an item of suggestion, not an item of discussion, not only between the Canadian Forces and VAC but also with the RCMP. We were seeing progress. Unfortunately, I think the turf wars have re-established the ground rules that we will stay separate.

You asked for a simple recommendation; I gave you a simple recommendation. Capacity is a problem, so let's open up these clinics where there's a need and not force people to drive three hours down the road to the other clinic because that's the clinic that's been designated to provide their mental health, keeping in mind that families are also recipients of that mental health.

• (1020)

**Mrs. Betty Hinton:** It makes perfectly good sense to me. That's something I would not have trouble supporting.

On a further note, you're talking about the lack of mental health personnel. That's not just a problem for veterans and serving members; that's a national problem that we face as a nation. The stress of everyday life for Canadians who aren't serving has become very difficult for a lot of people, and we're finding more and more breakdowns among the general population—so yes, mental health is serious.

**Mr. Pierre Allard:** That's why we have to open up the clinics to where the clients are.

**Mrs. Betty Hinton:** I agree that we have to do that. At this time of year, when so many young people are graduating from high school and trying to decide what they want to do with their futures, my recommendation would be that they look seriously at mental health as a vocation, and that they start looking at geriatrics as well, because we are an aging population and we are certainly under enough stress that there will never be a lack of work for mental health workers in this country or in this world.

Thanks again for your comment. I appreciate it.

**Mr. Pierre Allard:** Thank you.

**The Chair:** Thank you, Mrs. Hinton.

We will go to Mr. St. Denis for five minutes.

**Mr. Brent St. Denis:** Thank you. I'll ask just a short question, Mr. Chair, and I'm sorry if you mentioned this while I had to step out for a few minutes.

When a member of the military is about to leave, for whatever reason—by choice, by medical discharge, what have you—in all circumstances, regardless of the nature of the leave-taking, is there a full medical assessment? You mentioned earlier, for example, that if somebody who was in Korea or World War II didn't have the audiogram, the hearing test, when they left, it was more difficult later on.

Does DND establish benchmarks for each retiring person when it comes to their hearing or their eyesight—just the various measures—so that there's a snapshot of what their physical situation was on that date, so that years later, when something comes up, there is an automatic inventory of that information available for comparison, or is it just left to the retiring person to ask for a medical?

**Mr. Pierre Allard:** Well, what I said is that for World War II veterans and Korean veterans, it is actually simpler because there were no such tests, generally speaking. Maybe once in a while, depending on what classification...for example, if you were a pilot, you may have had an audiogram on release if you were serving in World War II or Korea. But generally speaking, there was no audiogram on release. There was a medical test, if you want, but it was not as intensive as it is today.

The problem is if that person, after serving in World War II, then joined the Canadian Forces and served in the Canadian Forces, because starting at around 1960-ish it became the rule to give audiograms on release. So if there is an audiogram on release, that is the challenge: to prove a disability if it doesn't meet the basic criteria.

Currently, there are a number of processes that releasing military personnel must go through. They have to go through a transition interview, first of all with the Canadian Forces manager and then with a Veterans Affairs Canada transition manager, where they get fully briefed on all their benefits, everything that pertains to their release, whether it be from a disability perspective or from the superannuation perspective, basically their pension, pension rights, insurance rights, provision of health care, etc.

So that transition interview is mandatory. For example, going to see the Veterans Affairs Canada official is a mandatory step in the release process. There has to be a release medical. The release medical does include an audiogram. And there are other briefings that happen throughout the career, throughout the life, of an individual. The challenge is when somebody asks for a quick release. In other words, you can get a 30-day release by giving one day's notice that you're going to be released in 30 days, and things might get compressed in those times. Somebody who might actually be ready to release on a medical release but doesn't want to take the time to go through the full process and he's pushing out the door as fast as he can, that's a little bit more challenging.

But even that individual can come back in and say, "I released under voluntary release, but I subsequently identified that I had medical problems. Can you change my release category?" And the Canadian Forces will do that. There are return-to-work programs, there's job training, etc., that can take place six months before the release is initiated. So I would say that the Canadian Forces have things in hand, and so has Veterans Affairs, for the modern-day veteran's transition to civilian life.

It doesn't mean that there are not any challenges: for example, medical care. Obviously, if you've been receiving the care of a medical doctor in the Canadian Forces, finding a general practitioner when you retire is a challenge. I have gone through two GPs since I retired, and the last one, I just found out, has left, so I don't have a GP. I'm 61 years old and I have to go and find one. So this is a challenge.

It's the same thing for the families, because the families are constantly moving across the country. They may establish that they have a doctor, but they say, "This is my doctor for four years until I move *here*, and by the way, when I'm released, I don't have a doctor." So there are some challenges there.

•(1025)

**Mr. Brent St. Denis:** Thank you.

**The Chair:** Thank you very much.

It seems, unless there's anybody else who wishes to chip in at this stage, that we have run out of questions. Is that fair? Okay.

I'd like to thank you, Mr. Allard, for your presentation today.

We have about a half-hour left. Committee members, I understand we do not have a quorum with regard to business; however, I wanted to raise some things.

Next meeting—and we previously agreed to this, so we don't need to formally accept this or adopt this because we've done it at a previous meeting.

Monsieur Gaudet, is this pertinent?

[Translation]

**Mr. Roger Gaudet:** I want to discuss the next meeting of the committee. Are we leaving here by bus? Where is 285 Coventry Rd. located, the conference room?

I see that you are coming to that, Mr. Chair. Thank you.

[English]

**The Chair:** Monsieur Gaudet, thank you.

This is exactly where I was leading. You're telepathic. Where I was going with this was, yes, during the next meeting on Thursday we will be having a tour instead, a briefing by the DND VAC centre, and it's at 285 Coventry Road, main floor boardroom. We will be meeting at 8:45 a.m., so 15 minutes earlier than normal, in front of the Confederation building. It's the easiest place for taxis to gather, and then using taxi cabs, or whatever the situation is here, we'll use those to transport ourselves. Luckily, I have a vehicle, so I will be driving.

The clerk says he will send this around by e-mail.

I know Mr. Stoffer has now vacated, but he did raise the idea of a trip to Dominion Command for the Royal Canadian Legion, and Mr. Allard probably should be hearing about this as well. Anyhow, it's a possibility.

There's another very serious thing that I want to make sure we get done—I don't know when the House will recess, but....

**Mr. Gilles-A. Perron:** Friday, I hope.

**The Chair:** This Friday? Sir, I hope you're right.

I suspect, based on the fact that Mr. Milliken, the Speaker, has a gathering at his place, a garden party on the 12th, and there is a caucus meeting for most parties on the 13th, if that were to follow...I don't know, but we'll see what happens. Anyhow, it's all up to negotiations between House leaders, and I don't know any more than any of you do.

I would like to try to get through the recommendations with regard to Michel's report on post-traumatic stress disorder, and we probably need to take into account some of the testimony we've had from our PTSD sufferers. Anyhow, we'll do the field trip of sorts on Thursday, and hopefully we'll have a chance to come back on Tuesday and deal with the recommendations...do we have witnesses for Tuesday?

•(1030)

**The Clerk of the Committee (Mr. Alexandre Roger):** Either or....

**The Chair:** I suggest we work on the recommendations for PTSD simply to make sure we get those dealt with.

Yes?

**Mr. David Sweet:** Mr. Chairman, based on some of the evidence that we had during that meeting, although this is important and we're getting into the summer, I feel there may have been another two sets of witnesses that we might want to call. Obviously, the will of the committee will rule, and maybe we want to do a supplementary report, but some of the things that were raised that evening were so germane to the actual investigation we're doing on PTSD that.... As I mentioned in my last intervention, I think it wouldn't be good due process for us to leave it out.

**The Chair:** I'm certainly open to the idea of taking other witnesses, if you will. However, because we will be going for the summer recess and it's going to be so long—months away—I would suggest that we take at least what we have and do the best we can with the recommendations as they stand, and then revisit that issue in the fall, if we'd like, and bring in more witnesses. I'm certainly not opposed to that, but we spent some time, and our memories are probably better to harness the full capacity now, with regard to the recommendations, than to wait over the entire summer before we address the issue.

**Mr. David Sweet:** Yes, that's what I said. I don't mind a part two, or a revised report, whatever is within parliamentary tradition, of course, but the concerns that were mentioned were at such a significant level that I think we need to do a little bit more investigation there, particularly because in almost every meeting we saw the recurrence of concerns about capacity. With the doctor's testimony and the fact that there is a chance that there's some of the work the department is doing to actually debilitate capacity, we need to investigate to make sure that's not the case.

**The Chair:** Understood.

Mr. St. Denis.

**Mr. Brent St. Denis:** I hear you, Mr. Chair and David. I think it's important, and I agree with you that while things are fresh, let's have another good kick at the can on the PTSD piece. But if there were a way to characterize whatever we call this—interim, draft interim, or chapter one, however we should characterize it—on David's point, should another couple of points come up.... In other words, it's a living document; it's not crystallized in stone. If in the fall.... You know, we really need to mention this on PTSD, that it somehow be a draft interim report, or a report that we can publish. Do committees

issue or publish draft interim reports? Can we legally do that, so we have it written down, but it's a living document and it still could be revised?

**The Chair:** From what I understand from the clerk, we can certainly submit a report, and there's nothing that precludes us from embellishing on, republishing, or repackaging a report subsequently.

**Mr. Brent St. Denis:** Then that's the answer. Okay.

**The Chair:** Monsieur Perron.

[Translation]

**Mr. Gilles-A. Perron:** Can we table a report with a note saying that appendices may be tabled later or something like that? They might be short reports relating to the main report that we are going to table as soon as possible, I hope.

[English]

**The Chair:** The clerk says that really in many respects we can do as we like, but each report is an independent report. Maybe to skin the cat, if you will, the way to address it is, and this is just off the top of my head, to say in this report that these issues will be studied and ongoing and there will be subsequent reports coming out with regard to these issues.

**Mr. David Sweet:** That's a good point, Mr. Chairman. In fact, to keep us focused, maybe—Michel, were you present at that? Okay. I'm sorry, there were 21 people and it was an interesting night, so my focus was.... I just knew the clerk was considering sleeping over or not. That's all I remember.

We may want to, from recollection of the blues, specifically say that because these concerns came up at a meeting prior to the conclusion of this report, we will be pursuing investigation on future capacity of professionals and what other key items people might want to see out of that so there's a path forward, as mentioned right in this report, that our committee is going to follow.

●(1035)

**The Chair:** We have a fairly clear sense of where we're going on that, I hope, then. Yes? Okay.

With no further questions, then, we'll see you all on Thursday.

The meeting is adjourned.

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