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Chair

Mr. Rob Anders

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● (1530)

[*English*]

The Chair (Mr. Rob Anders (Calgary West, CPC)): Good afternoon, committee members. I want to start the meeting.

Before we get into the presentation, I want to tremendously thank the Australian high commissioner for appearing with us today.

Sir, I'm going to give you a kind of background in terms of what we're doing.

Since the new government has come into office, we've separated what used to be a national defence and veterans affairs standing committee into one that's national defence and, separately, veterans affairs. Having served on the previous committee, I think having a separate committee on veterans affairs allows us the ability to delve into veterans matters that often, compared to national defence issues, came across as less urgent. When government matters arose, oftentimes discussions were focused on the Department of National Defence and serving soldiers more than the veterans. So we've separated the committee.

We've just completed a health care review study, we've implemented a veterans charter, and we've instituted an ombudsman, for the creation of which we relied upon some of your country's testimony.

What we're looking at now is comparing ourselves in a broad swath of ways, other than just health care or ombudsman issues. We're looking at dealing with our other, in a sense, NATO or industrial or westernized, or whatever terms you want to use, allies—countries of comparable economic means—to see how we stack up and what we can do to improve.

One of the last groups we had in was the U.S. Department of Veterans Affairs. I was quite impressed with what they talked about in terms of the gravesites—105 going to 126 national gravesites they have for veterans, etc.

That is generally what's going on. You'll be given twenty minutes to split time as you see fit between the two of you. If one wants to take nineteen minutes and the other one minute, or whatever combination, that's fine. Then we have pre-assigned rotations for the first rotation and the second rotation for questions.

Once again, just for the committee members' benefit, I introduce William Fisher, the high commissioner for Australia.

It says “to be confirmed”, sir, but I see that your name is Adam Luckhurst, and we had the chance to meet just previously.

Gentlemen, now that you have a sense, the floor is yours. Thank you very much for coming on short notice.

His Excellency William Fisher (High Commissioner, Australian High Commission): Mr. Chairman, thank you very much indeed. It's a great pleasure and a great honour to be here today. I've appeared before various parliamentary committees in Ottawa, and that is a reflection I think of the policy closeness that exists between Canada and Australia as places to govern. By that I mean that the similarities and commonalities we share mean that the experiences we face as governments, as legislators, and as parliaments make the problems we have to handle of a very similar nature.

As you alluded to in your introduction, we have continent-sized countries; we have federal systems; we are Westminster systems; we have a very dispersed population; we have a similar income per head; we have similar expectations by the electorate; and of course we have an immigrant population drawn from all over the world.

But I think this committee adds a special area of interest and similarity between Australia and Canada, and that is the reflection of the common experience in warfare that Australia and Canada have shared over the last century or so. Australian and Canadian troops have fought side by side in most of the major conflicts over the last century. They were together in the First World War, quite spectacularly so—in fact, both Canadian and Newfoundland troops, in those days. We especially recall Newfoundland troops because they were the forces who came into Gallipoli with us in 1915, and they accounted so well for themselves there that a great deal of literature has sprung up from that experience. Australian and Canadian troops were, of course, side by side in the trenches of northern France in the First World War. The Battle of Amiens, perhaps the turning point of the First World War, was a battle fought essentially by Canadian and Australian troops. That's something we are very aware of today. In fact, just last month I think about 5,000 Australians visited northern France in commemoration of that great battle.

We were together again in World War II. I don't know if members of the committee are aware, but virtually all the Australian pilots, the Australian air crews who participated in the air war in Europe in the Second World War, trained in Canada. In fact, my colleague's father-in-law trained in many dozens of sites right across Canada in the Second World War. There resulted a number of marriages and mixed families between Australians and Canadians, as young Canadian girls went back to Australia with them, and of course quite a number of the Australian boys stayed and have now become good Canadian citizens. I think the greatest number of Australians in Canada date from that time of the empire air training scheme.

More recently, Australian and Canadian troops were together again and fought the same battles in the Korean War, where again, one of the turning points was a battle fought by Canadians and Australians.

You were with us in Timor, and of course we are now in adjacent provinces in Afghanistan.

We have, therefore, very similar experiences in terms of having sent our forces overseas. We have had troops killed in almost every continent; we have cemeteries in every continent except Antarctica; and we have a duty of care of a very similar order of magnitude, distances, and complexity as you. We are co-participants in the Commonwealth War Graves Commission, and that gives us an obligation to watch over gravesites in so many countries of the world.

● (1535)

I've been a diplomat now for 40 years and I have never been in a posting on any continent where there has not been close at hand a Commonwealth war graves cemetery with Australian and Canadian forces buried in it.

The reason I say all of this is that the commonality of our experience is something that I think gives us a real interest in the workings of your committee. The former minister told me that she had used some Australian practices, and I can tell you that we'll be watching the debates of your committee and, if at all possible, we will be absolutely shameless in plagiarizing your good conclusions to bring to bear in Australia as well.

My colleague, Adam Luckhurst, is the personification of this. We have an arrangement with the Canadian veterans services administration to have a permanent exchange of staff. Adam is the lucky candidate from the Australian Department of Veterans' Affairs in Canberra who has been posted to work inside the Canadian administration in Prince Edward Island. I'm very lucky that he is here today. He is actually the man who knows the real substance of the issue, and he'll make a speech about the issue and will be available to answer questions.

I just want to say that the functions of our Department of Veterans' Affairs are very like your own, covering not just the maintenance of the services to those survivors, but also a very important national role in the promotion of awareness of the sacrifices of earlier generations, particularly in outreach to schools and the public—in which I think we have quite a good record—on the national significance of these sacrifices of earlier, and now current, generations and their meaning to Australia. Every year, as you might know, we have a national celebration, Anzac Day. It is certainly the most important day of the year for Australians. It's essentially a commemoration of the sacrifice of our fallen soldiers in all wars, on all continents, in all times.

● (1540)

With that, Mr. Chairman, perhaps I'll pass this across to my colleague. Thank you once again for inviting us to come and speak to you today.

Mr. Adam Luckhurst (Australian Department of Veterans Affairs): Thank you, Bill.

I'm Adam Luckhurst. I'm a senior executive within the Department of Veterans' Affairs in Australia. As the high commissioner said, I'm very lucky to be on an exchange program with Veterans Affairs Canada for the next 18 months or so.

I've only been in Canada for about five weeks, so I'm rapidly learning about your country, and it's certainly a great place to be.

I've got a broad background in veterans affairs issues. The key areas I've been involved in are areas around rehabilitation policy, looking at our linkages with our defence force, our research program, and also management of some of our health services, particularly our hospital program.

I thought I'd give you a general overview of the way our department works and touch briefly on a couple of issues that I understand you're interested in; namely, around mental health and also transition for our younger defence force members. Following this, obviously I'd be happy to answer any questions you may have.

I would, however, like to stress that I have a broad knowledge of the veterans affairs system in Australia, but it is a very big program, it has a very considerable budget, and I may not be able to give you all the levels of detail you may wish. I'd be happy to provide that later if need be.

If I could talk about what the Veterans' Affairs portfolio looks like in Australia, primary within it is what we call our Repatriation Commission, which comprises three members: a president, who is also the secretary or the head of the Department of Veterans' Affairs; a deputy president; and a community representative, who is nominated by ex-service organizations.

The Repatriation Commission is essentially responsible for setting policies and making decisions under our Veterans' Entitlements Act, which I'll come to in a moment. And that really, on a day-to-day basis, means it's the decision-maker for the granting of pensions and our provision of health care and those sorts of things. But obviously many of those decisions are delegated on a day-to-day basis to officers of the department.

We also have a Military Rehabilitation and Compensation Commission, which is very similar to our Repatriation Commission. It is comprised of the same three members and it also has a broader group of representation, which includes representatives from Defence, and they are administering our Military Rehabilitation and Compensation Act, which is in place for veterans who served after July 1, 2004.

We also have a Veterans' Review Board, which is responsible for reviewing decisions of the department particularly relating to entitlements—was a claim accepted?—or assessment, which is really about what level of pension is deemed to be payable.

We also have a Repatriation Medical Authority, and it's responsible for determining statements of principle in relation to medical or scientific evidence connecting injuries, diseases, or death with the circumstances of a veteran's service.

We also have the Office of Australian War Graves—I think Bill has given you a good picture of the nature of our war graves—and they're obviously responsible for managing our war graves and other commemorative activities as well. They are also responsible for publishing and maintaining nominal rolls of participants in previous conflicts.

We also have a couple of smaller bodies: the Specialist Medical Review Council, which is responsible for reviewing statements of principle established by the Repatriation Medical Authority; and the Veterans' Children Education Board, which oversees the programs we administer relating to children's education as dependants.

Within the portfolio we also have the Australian War Memorial, which is our war museum. It is not just a museum; it also collects a lot of the historical records about people's service in various conflicts.

As I've alluded to, a number of different pieces of legislation outline the way our repatriation system works in Australia. Primary to this is the Veterans' Entitlements Act, and that essentially provides for services for those who undertook missions up until June 30, 2004.

Three key services are provided under that act.

The first is the granting of disability pensions and income support to those who have war-caused disabilities.

The second is the provision of a comprehensive range of health care treatment services. Under these arrangements, veterans have access to health care services at no cost, and that includes hospital care, and that's within Australia's public and private systems; medical practitioners, primarily medical specialists and general practitioners; pharmaceutical items; and allied health treatments, such as dental, optometry, physiotherapy, podiatry, occupational therapy, and the like. We have a veterans home care program, similar to your VIP, which provides domestic assistance, personal care, home maintenance, and respite care. We provide aids and appliances, hearing services, transport, and also residential age care.

The third part of the act really provides for looking after the dependants of veterans, particularly war widows.

The second key piece of legislation is our Military Rehabilitation and Compensation Act, which came into force in 2004, and it really is very similar to our Veterans' Entitlements Act in its broad thrust. The key difference between the legislation is a significantly enhanced focus on linkages with the defence department and in particular the provision of rehabilitation.

The rehabilitation program is really aiming as far as possible to restore ability and function as close as possible to where the individual was before the injury occurred. And obviously in line with good practice, the program is required to cover medical, vocational, and psycho-social rehabilitation.

MRCA also provides serving or former Australian Defence Force members with payments when they are incapacitated by accepted conditions. These payments are based on their Australian Defence Force salaries and allowances. Reservists can have their payments based on their civilian and military earnings.

Compensation is then provided in cases where permanent impairment has been shown, and compensation can be paid in either a tax-free periodic payment, a tax-free lump sum, or a combination of the two. Funds are provided to enable the member to receive financial advice to determine which option is most appropriate to their circumstances. MRCA similarly provides for widows and dependants as well.

There is a range of other pieces of legislation but two I'll just mention very briefly. One is the Safety, Rehabilitation and Compensation Act, which provides for rehabilitation and compensation for Australian Defence Force personnel injured up until June 30, 2004, but not in a period of wartime. And also, the Australian Participants in British Nuclear Tests (Treatment) Act 2006, which provides for non-liability cancer treatment for those who participated in the British nuclear tests in Australia.

● (1545)

I'd now like to provide some information on the funding levels and numbers of clients.

Total proposed expenditure for 2008-09 for the veterans affairs portfolio is $11.6 billion Australian. The service provided by the department under the various pieces of legislation is split into four main outcomes: the provision of income, support, and compensation payments, for which the total is around $6.3 billion Australian in 2008-09; provision of health care services, for which funding is about $4.9 billion Australian this financial year; the provision of commemorative services to recognize the service and sacrifice of men and women, with funding for 2008-09 being $45 million Australian; and the provision of advice and information about benefits entitlements, and services, and funding in that area will total about $58 million Australian in 2008-09.

At December 2007, the Department of Veterans' Affairs had approximately 423,000 clients. Of these, over 137,000 have some level of accepted disability that has warranted the granting of a full or partial disability pension.

The department provides treatment cards to those who are eligible to receive one. Over 235,000 have a gold card, which entitles veterans to receive treatment for all conditions they have, regardless of cause. Approximately 52,000 have white cards, which enable them to receive treatment at no cost, but relates to war-caused disabilities only. We also provide orange repatriation cards to a small number of allied war veterans, including some Canadians—I think there are around 30 or so, so it's quite a small number indeed. The cards are provided to entitled veterans from World War II and enable the individual to receive a pharmaceutical allowance of $5.80 Australian per fortnight and pharmaceutical items at a subsidized cost of $5 Australian each.

Some allied veterans may also be eligible to receive a service pension from the Australian government. I believe there are a small number of Canadian allied veterans who receive the service pension in Australia as well.

I understand from the secretariat that there are a number of areas you are interested in. I would therefore like to briefly cover two of these, the first being services and supports to those with mental health conditions.

DVA has in place a comprehensive range of services and programs to meet the health care needs of those with a mental health condition. At January 2008, 52,227 veterans had an accepted disability in the area of mental health. This represents approximately 18% of those who are eligible for treatment under DVA's health care system. Almost 140,000 DVA clients receive some form of treatment for mental health conditions. So for those other people to whom we would be providing services outside of their war-caused disabilities, there is a considerable number of services being provided there.

We have a number of avenues for the provision of treatment. DVA operates the veterans and veterans families counselling service. It's a specialized confidential service that provides nationwide counselling and support to Australian veterans, peacekeepers, their families, and eligible Australian Defence Force personnel. The veterans and veterans families counselling service operates out of 15 offices throughout the country and has also established a network of approximately 500 private practitioners to assist veterans in regional, rural, and outer metropolitan areas.

Services available from the veterans and veterans families counselling service include counselling for individuals, couples, and families; clinical case management; crisis counselling, including after hours telephone support; educational and treatment group programs; lifestyle programs, such as heart health; the Stepping Out program for transitioning Australian Defence Force members; referral; and information and education.

Separate from the veterans and veterans families counselling service, individuals can access other health care providers, such as specialists, general practitioners, psychologists, and social workers, under the DVA health care system using their treatment card.

The department has also developed a range of education programs aimed at promoting an understanding of mental health conditions and how to get information, help, and assistance. The At Ease initiative is a suite of communication products developed for the veteran community about mental health and well-being issues. It encourages veterans to recognize possible signs, take appropriate action, and assume more responsibility for their own health and well-being. The At Ease branding will be used in all communications to veterans and health care providers and provides a focus on keeping your mind at ease, with the tag line of “Recognise, Act, Maintain”. The key elements of the At Ease initiative at the moment include a dedicated At Ease website, a 24-hour hotline, an information booklet for veterans, a range of fact sheets, resources for families and caregivers, and information for health care practitioners.

● (1550)

For a number of years, DVA has also operated the Right Mix program. This initiative was developed to reduce alcohol-related harm, to assist veterans to understand their alcohol use, and to provide avenues for information and further assistance.

The government has also recently established the mental health life cycle project, which is aimed at achieving a range of outcomes, including enhanced psychological resilience among serving personnel, better early intervention on mental health surveillance, successful transition from defence to civilian life for Australian Defence Force members and their families, effective rehabilitation support, and timely access to mental health treatment.

The first elements of the package are commencing in 2008-09. There needs to be an establishment of a transition management project and family support trial. That's occurring in Townsville, on the Queensland north coast—a study into the barriers to successful rehabilitation and an examination of treatment options for hard-to-engage clients. Work is now under way, in conjunction with the Department of Defence, which we're working with on this project, to finalize the details of those three projects.

The department also provides core funding to the Australian Centre for Posttraumatic Mental Health, which is an academic centre operating within the University of Melbourne, to continue its important work in developing further understanding of effective treatment strategies for a range of mental health conditions affecting war veterans and others.

The Minister for Veterans' Affairs and the Minister for Defence Science and Personnel recently announced a review of mental health care in the ADF and beyond.

The review will seek to assess existing mental health programs and support across the Australian Defence Force, in the Department of Veterans' Affairs, and advise on their effectiveness, gaps in services, and challenges in delivery. It would also examine and advise on transition processes between the Australian Defence Force and DVA. It is expected that a report will be provided to ministers by mid-December 2008.

The second key area I'll focus on relates to how the department and the Department of Defence are working together to improve both linkages and transition support.

DVA and the Department of Defence have a defence links program, which is in place to ensure close working relationships and to enable the improvement of support to veterans by both agencies. Some of the key areas of work today have tackled a range of different areas, and they include rehabilitation.

Under the Military Rehabilitation and Compensation Act, Defence has the prime responsibility for rehabilitation programs while an individual is a member of the services. DVA has the responsibility after discharge. So DVA and Defence are working closer together to ensure exchange of information and ideas, to maximize outcomes from rehabilitation for individuals.

Work is also under way to ensure that appropriate systems and linkages are in place to manage the shift from one agency's responsibilities to another when an individual accessing rehabilitation programs discharges.

We are also looking at transition management. A key area of focus for both departments is working on strategies to improve transition, and in particular close attention is being made to those being medically discharged, so that all claims and other issues are addressed prior to the point of discharge, wherever possible.

DVA already operates transition management services for those being medically discharged on behalf of the Department of Defence. They assist members sort through the range of issues they may have at transition and help them work out appropriate options for dealing with them.

A range of information products have also been jointly produced, and two pilot projects aimed at establishing improved processes between agencies concerning transition support have been established. The department, through the veterans and veterans family counselling services has also established the Stepping Out program, which is aimed at assisting defence force members considering transition to civilian life to understand some of the issues that may arise for them and how they can seek information and support to deal with them.

We're also working together in the area of health care. Close working relationships in the area of health care are also in place. This, in particular, covers areas of mental health, but we're also looking at preventative health care programs, such as hearing loss. There is a web-based program that's been put in place between the two departments in those areas.

We've also placed considerable attention on the area of records management between the two organizations. In particular, DVA now has access to some defence IT systems, which enable us to gather information about an individual's service, but we've also put in place streamlined arrangements for the management of paper-based records, which most of their decisions are still based on. This work has been very successful, and we've significantly reduced, as a result of it, the processing time for clients, for personnel.

● (1555)

Finally, there's also a close cooperation in the area of research in defence. DVA has established jointly a Centre for Military and Veterans' Health, an academic centre based at the University of Queensland. One of the key bits of work for that centre is undertaking some research, looking at some of our personnel who have been on more recent deployments, both in the Middle East and in Australia's near north.

I hope this has been of some assistance to you, and I'm happy to answer any questions you may have.

The Chair: Thank you.

From the Liberal Party of Canada, Mr. Valley.

Mr. Roger Valley (Kenora, Lib.): Thanks for joining us today. We've heard a lot of comments on how Australia serves its veterans—serves them very well—and we can learn a lot from some of the systems you have in place. That's what we've been trying to do as we've crossed Canada. We've looked at a lot of the different services and how we might improve them. So when I'm asking my questions of you, I'd like you to look at closing some of the gaps that you've identified. You've explained some of the processes you use and how you're trying to make them better.

You touched on the mental health review, with the joint departments' new website called At Ease. It's all to do with mental health. Is this a new phenomenon? We have soldiers returning from Iraq. We both have soldiers returning from Afghanistan. They're facing different issues that they didn't face in conflicts decades before this. Is this a new focus on mental health?

● (1600)

Mr. Adam Luckhurst: The one conflict where we have experienced that—and Canada hasn't—is Vietnam. We have a significant number of Vietnam veterans who have post-traumatic mental health outcomes such as post-traumatic stress disorder. One of the strategies we put in place very early was the establishment of what was then called the Vietnam Veterans Counselling Service, which only last year changed its name to the Veterans and Veterans Families Counselling Service. It's not a new issue, in that we've been providing services in the area of mental health for many years.

I think there is a heightened awareness of mental health issues, and I think a lot of that has come from the work of Vietnam veterans, who talked to government and others about some of the health issues they faced following their service in Vietnam. Our health system has for some time had a broad range of services in place.

One of the differences we're facing at the moment is that we're dealing with a much younger group of people, and this requires different solutions. They are also much more Internet aware, and we have to adjust our communication techniques to their needs.

Mr. Roger Valley: Let me ask a more direct question. We've looked into this issue and talked to different people right across Canada. We need to focus on mental health. It's a growing issue for us. When we actually started digging into it, we found we didn't have the resources, either on the military bases or in the private sector.

Canada is going through some pains. I'm not sure where Australia sits. We have shortages in all medical professions right across Canada. In mental health, we are struggling to provide services for our general population and our military. Is that true in Australia? How do we deal with it when we can't get the professionals?

Mr. Adam Luckhurst: I'm not sure of the answer to that, but we certainly have the same sorts of health workforce issues in Australia, particularly in some of our rural areas. We have a network of providers that link into our veterans of interest, the Veterans and Veterans Families Counselling Service, and people can also use our health care treatment arrangements. So if there's a health professional there, they certainly have no problem accessing treatment. But we are also looking at other techniques.

For instance, some of our Internet-based activities mean that people, wherever they are, can get support and assistance. We are looking at—and I don't know the details—things like tele-medicine. We want to use our clinicians based in the cities to provide services over the phone and through video conferencing to people in more remote areas. We are facing the same issues on the number of health workforce people who can help in this area.

Mr. Roger Valley: Part of the problem, we're being told, is the resources in the military itself to provide mental health services for the enlisted people. There's much more money to be made in the private sector, so we contract. But even at that, we can't contract in the outlying areas, in the remote areas. We can't get the people who are actually going to provide the service.

Is that similar? Does the military have its own mental health workers, to a large degree, to provide that service?

Mr. Adam Luckhurst: The military certainly does have mental health professionals who work with them. I'm not 100% sure of the exact nature of their service, whether they're reservists or personnel. I can certainly find that out for you. But certainly they do employ psychologists, psychiatrists, and other mental health workers to assist them.

I would imagine that like the rest of the Australian community, they are also having trouble recruiting some of the medical workforce in those areas, because of the general overall shortfall.

I couldn't actually comment specifically on defence, because I'm just not familiar enough with their situation and where they're up to in terms of recruiting.

● (1605)

Mr. Roger Valley: Thank you. You've provided a lot of information. I probably only have a chance for one last question.

What we're trying to achieve is some kind of seamless transition for our soldiers going into private life. You mentioned several times in your discussion how your records and everything are changing. We do not have a system that is successful everywhere in Canada right now. We've seen individuals just recently who feel there's a total break. When they're in uniform they have service, they have everything they need, and when they drop out of service.... Many people in Canada, such as myself, don't have doctors; I haven't had one for many years.

In Australia, is it the perception of the uniform—the soldier—that he is going to be cared for properly when he leaves? Is it going to be a smooth transition, or are you working towards that?

Mr. Adam Luckhurst: My feeling is that people do believe they will be cared for when they leave. We are certainly looking at a whole range of strategies to improve transition, because it hasn't worked perfectly in all situations in the past.

We have the transition management service in place, which DVA operates on behalf of Defence. Part of the reason why that's in place is to help manage that transition process, particularly for those being medically discharged. I think in Australia, from memory, there are somewhere between 5,000 and 8,000 who are discharged from the Australian Defence Force each year, and around 8% to 10% of those are medically discharged.

We very much put our efforts into the medically discharged, but that doesn't mean we're not also looking at those who are voluntarily discharging. We try to make sure that they've got the sort of information they need before they discharge, so that if further down the track they realize they've got an issue that's related to their service—a health condition—they know who they can come to for support and service.

Certainly, there are so many different situations for different people, and we try to put in place a range of different services to meet those different needs.

The Chair: Thank you very much, sir.

[*Translation*]

Mr. Perron, from the Bloc Québécois, you have seven minutes.

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

Thank you for being here this afternoon. I don't know where to start, but let me first give you a personal definition. I hate it when you talk about mental illness in the case of a soldier. I consider that the phrase “military psychological injury” is much more accurate. In my view, it is an injury that is equivalent to a shoulder or a leg injury, but it is being felt in a different fashion.

You said that you partnered with the University of Melbourne to do studies on post-traumatic stress syndrome. Do you have exchange programs, for example with the Sainte-Anne Hospital, which is beginning to be at the cutting edge of research and technology, and with the US Department of Veterans, which also boasts very advanced research on psychological injuries? Would you have some good information to give to our universities?

[*English*]

Mr. Adam Luckhurst: As I understand it, the Centre for Posttraumatic Mental Health at the University of Melbourne is an academic centre rather than one that provides treatment. But the director of that centre is renowned internationally for his knowledge of post-traumatic mental health conditions. He would certainly be liaising with professionals around the world.

He was the chair of the International Society for Traumatic Stress Studies, and through that avenue he liaises with professionals and academics around the world in understanding what works, what doesn't, and what the latest research is saying. He provides that not just through academic peer-reviewed journal articles, but also through information updates in reports and things from his centre.

On other contact with some of the specialist centres, I understand that some of our mental health professionals liaise with others around the world, but I can't give you any details on to what extent that occurs.

● (1610)

[*Translation*]

Mr. Gilles-A. Perron: Could you give us more detailed information on this subject?

I am also interested in another matter. You said that you were providing compensation to military personnel that were involved in British nuclear tests that were done in Australia. Surely there are civilians working for the military establishment, civilians who live around these so-called contaminated areas.

Are these civilians entitled to compensation? We have the same problem with the agent Orange tests that were done at the military base in Gagetown, and the surrounding population is abandoned because they have received no compensation, just as the civilians who were working on the military base.

Do you have the same problem? What are you doing for civilians?

[*English*]

Mr. Adam Luckhurst: The British nuclear tests occurred in the 1950s, as I understand it, primarily in remote areas of Australia and a range of different islands. The British Nuclear Tests Act only provides cancer treatment for those who were exposed during the tests in certain places; they are eligible to get white cards that provide payment for any cancer treatments they may have. I don't know the details. I'll have to get back to you on the levels of compensation. But certainly people had some level of coverage through some of the schemes that were in place at that time.

[*Translation*]

Mr. Gilles-A. Perron: We also have Native or Aboriginal people in Canada.

When dealing with these Native or Aboriginal people, are your officials from Veterans Affairs taking into account their culture, the place where they live, their religion and their language, in order to establish better relationships and provide better care? How do you deal with this problem that seems intractable here in Canada?

[*English*]

Mr. Adam Luckhurst: We are doing quite a bit of work in that area at the moment. We've recently employed some staff to do specific work with aboriginal communities. The first bit of work on that has been around the commemorative events that happen each year for our indigenous communities.

As far as special programs for them, we are at a bit of a disadvantage because our information doesn't actually tell us who are indigenous and who aren't. One of the pitfalls we have in providing tailored service is we don't know who these people are and where they live within our service. We are very aware of a number of indigenous personnel, and they are involved in the commemorative activities we're doing.

On our arrangements for compensation and the like, the same arrangements apply for them as for any other personnel. They're also able to access the same range of health services as any other member of the veteran community that has entitlement. But we don't fund specific veterans health services to provide coverage.

[*Translation*]

Mr. Gilles-A. Perron: Thank you, sir. My time is up.

[*English*]

The Chair: Thank you.

We now move on to the New Democratic Party and Mr. Stoffer for five minutes.

● (1615)

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

I apologize for being late, Your Excellency, and thank you so much for your presentation.

How many people are there in Australia? What's the population?

Mr. Adam Luckhurst: It's getting towards 21 million.

Mr. Peter Stoffer: I have the budget for the Australian Department of Veterans' Affairs as $11.6 billion Australian.

What's the Australian dollar to the Canadian dollar now?

Mr. Adam Luckhurst: It's getting up towards....

Mr. William Fisher: It's about 95¢.

Mr. Peter Stoffer: So it's roughly comparable.

Our budget this year, with 33 million people, is $3.5 billion Canadian. You have 12 million fewer people, and your budget is almost four times as high as ours.

How many clients are there for DVA in Australia?

Mr. Adam Luckhurst: There are around 420,000.

Mr. Peter Stoffer: Our client base is 221,000, including our RCMP.

How many employees do you have for DVA?

Mr. Adam Luckhurst: It's around 2,300.

Mr. Peter Stoffer: We have over 3,500. Something is not right here. Somebody is a lot more efficient, with a lot more money, than we are. I just find it rather amazing. You have 12 million fewer people, four times the budget, 1,000 fewer people working, and more clients. We're going to have to look at this down the road. The comparisons are just unbelievable.

I noticed something on children here in your budget. We had a concern a while ago in Petawawa—you may have heard about it—with some children having great psychological difficulties because their fathers were killed in Afghanistan. You obviously have suffered the same thing.

Is it DVA or another department that looks after the specific needs of children of military personnel who are injured, either mentally or physically, or who have died?

Mr. Adam Luckhurst: I understand that Defence, through their Defence community organization, provides some level of assistance, particularly to those who have recently suffered a loss or an injury. I can't comment on the specifics of those because I'm not fully aware.

Within the veterans affairs system, we also provide services through our Veterans' and Veterans' Families Counselling Service so that children or other family members can access support through that mechanism. We also have a small number of other services. We have some educational programs that provide educational scholarships. For instance, for children of Vietnam veterans and the like, we have the Long Tan bursary system, which provides, as I understand it—it's not an area of expertise of mine—grants for education. Also, those whose father or mother may have died in service are also entitled to health care arrangements through our health care scheme as well.

Mr. Peter Stoffer: Very good. Thank you.

For your veterans home care program, which is similar to our veterans independence program, what qualifications does a person have to have to be able to apply for that? In Canada, you need to either show a pension disability from your service or you have to be at a certain income level in order to access it. In Australia, if I were an elderly veteran and I wanted to apply for veterans home care, what qualifications, besides being a veteran, would I need in order to access it? Or are there any restrictions?

Mr. Adam Luckhurst: As I understand it, there aren't really restrictions. One of the reasons we have a large number of clients is that a decision was made a number of years ago to grant veterans who had qualifying service, had served in a theatre of war, who were aged over 70, a gold card. The gold card provides for treatment for all conditions, whether war-caused or not.

So as I understand it—not that there are limitations around the amount of service that people can get—we have a separate assessment agency that does the assessment to determine whether there's a need for a particular service, and if so, what services might be available.

Mr. Peter Stoffer: This is my last question before he cuts me off.

In 2000, we changed the definition of a veteran in Canada. If I were in Australia and I asked you for the definition of a veteran in Australia, what would it be?

Mr. Adam Luckhurst: We talk about the Department of Veterans' Affairs, but we administer different pieces of legislation, and for the people who are covered under those bits of legislation there are slightly different definitions under that act. So we talk broadly about the department and its responsibility to veterans. For instance, it will cover existing serving personnel through our Military Rehabilitation and Compensation Act, past personnel, widows, dependants, family members, so there's not a....

Mr. Peter Stoffer: Very quickly, if I signed up today to the Australian military, did boot camp training, and in my training became permanently disabled, would I be a veteran?

● (1620)

Mr. Adam Luckhurst: Well, you'd be able to access those Australia Department of Veterans'—

Mr. Peter Stoffer: No. Would I be a veteran?

Mr. Adam Luckhurst: I guess it's....

A voice: I guess you could be.

Mr. Peter Stoffer: Thank you. Thank you very much. I tried to sneak that in there.

The Chair: I think you got what you were looking for, sir.

Mr. Peter Stoffer: Thank you, sir.

The Chair: And I was impressed by the way he delved into the numbers as much as he did. That was intriguing. I'll leave it at that.

We go on to Mrs. Hinton, with the Conservative Party of Canada, for seven minutes.

Mrs. Betty Hinton (Kamloops—Thompson—Cariboo, CPC): Thank you, and thank you very much, High Commissioner, for what I consider to be a fascinating oral history of the ties between Canada and Australia at the beginning. It was wonderful to hear it repeated.

I also agree with you. We don't have to reinvent the wheel either, and we have absolutely no problem poaching good ideas from other countries, so you're welcome to take what you want from us as well.

I know this chair well, and he's going to cut me off when my time comes up, so I'm going to ask you four questions. Please just take note to see whether you can answer.

In Australia—this is asked out of ignorance—do you have situations such as we have in Canada of provincial governments whose jurisdiction covers health care, or is it all a federal responsibility? That's the first question.

Do you have a doctor or professional shortage in Australia such as we face here in Canada?

The next two questions are a little bit easier. You recently established your At Ease website, which is designed to improve mental health amongst veterans. What prompted the establishment of that initiative?

The last question is about the At Ease website. There is a phone number for a 24-hour hotline. Do you know how many people have called the hotline since the creation of the website?

Mr. William Fisher: On the state-federal division on health, in the Australian constitution, health was one of the issues given to states, but in the interim one hundred or so years, the federal government has become more and more active in health. In fact, now large quantities of the health portfolio are covered by the federal government.

Where the boundary is, is a moving feast, frankly; it goes in and out, but generally in the direction of more federal participation. In fact, last year there was a suggestion by one of the state health ministers that the whole health portfolio should go entirely federal, that the states should withdraw from it. This was, of course, because of the escalating cost of health and the thought that the federal government was best placed to address escalating health issues.

So health is now, you might say, a shared responsibility, but more and more it's a responsibility wherein policy is done at the federal level and administration of a lot of the hospitals—not all—is done at the state level.

But you have some DVA hospitals, have you not?

Mr. Adam Luckhurst: We used to have DVA-run hospitals. They have now been wound back. A couple of them were transferred to the state governments and some across to a couple of private sector organizations; that's Greenslopes in Queensland and Hollywood Hospital in Perth. They're still regarded as veterans hospitals, but they have a much broader clientele than veterans themselves.

Mrs. Betty Hinton: He'll let you answer. He won't cut you off.

Your answer raises another question.

Mr. William Fisher: On the shortage of doctors, of course, there's always a shortage of doctors in the general sense, but it's more of a regional issue I think than an overall issue. It's very hard to get medical practitioners to rural and isolated areas. It's really easy to get doctors at Surfers Paradise and Sydney and Melbourne and the nice places like that. It's much harder to get them at Oodnadatta. The reason for that, of course, as we all know, is that the salaries and the conditions are vastly better within metropolitan areas and large communities, and doctors, like anybody else, like to live in nice places, so it's often hard to get specialists to stay.

The government has been looking at a number of initiatives to try to persuade medical staff to stay in rural areas for a while, but it's very difficult. The medical profession is like any other profession. They're free individuals, and they can't be directed to stay in one area or other.

Adam, I think you had a special arrangement with some DVA people, didn't you?

● (1625)

Mr. Adam Luckhurst: Yes. Under Veterans' Affairs we have arrangements for doctors. They're actually called local medical officers rather than doctors, but we have a special arrangement in place. It's not really a contract, but we encourage them to provide services to veterans. They did, and I think still do, receive extra money to provide services to veterans in recognition of the extras that we expect of them in terms of doing things like case management and that sort of thing, as much as general practitioners can.

Mrs. Betty Hinton: I'm going to jump in for just a second.

What you raised, High Commissioner, I find very interesting. When the federal level started to take on more of the responsibility for the health care aspect of things—rather than provinces, you have states in Australia—did they scale back the funding that went to the states to compensate for the fact that they were picking up a larger share of it, or did things remain status quo? Did the states still have the same amount of funding, or did that funding get scaled back when the federal level took over some of the aspects of health care?

Mr. William Fisher: Let me preface by saying that I'm not a great expert on this.

Secondly, I think you'd get a different answer from each state from what you'd get from the federal level.

The principle, of course, is that the total funding does not alter. How it's delivered is an organizational issue, and the funding is supposed to relate to the issue and not to who does it.

I'm just making a guess, but I think the very fact that the states have been contemplating voluntarily giving more authority to the federal level seems to indicate that they see a concern, not so much for the amount of money they're getting now, but with the future commitments they'll have to face as the population gets older and with the sorts of health issues we have in western societies these days.

That said, there has been a lot of disagreement between the federal and state areas about the most efficient way of delivering good health care. In fact, it was an issue in the last election. The previous Conservative government took over two hospitals forcibly from state authorities because they said the state authorities were not doing a good enough job in managing them and using the funds that were available.

As far as I know—and as I say, I'm not an expert—it seems to be more a question of organization of the portfolio than absolute levels of funding.

Mrs. Betty Hinton: What about the At Ease website?

Mr. Adam Luckhurst: In terms of At Ease, I don't know if there was any one particular event that prompted its establishment. I think there was a general recognition of the need to provide more promotional material around mental health. It's not just an issue for veterans, but a broader issue, I think, in the general community. There's a recognition of the need for greater awareness around mental health issues.

Clearly, there are mental health issues for veterans. We all know that. I guess it's an attempt to be proactive in terms of getting information out. They've had all sorts of other information as well, but it's always good to update and enhance where you can. I think that's what At Ease has done.

In terms of numbers calling, I'm sorry, I don't have any figures on that at the moment.

The Chair: Thank you very much.

That completes the first round, where we had some people asking seven-minute questions. Now we're into the second round, and they're all five minutes.

We're back over to the Liberal Party of Canada. I believe Ms. Minna is up, and she can pass time on to Mr. Valley.

Ms. Minna, for five minutes.

Hon. Maria Minna (Beaches—East York, Lib.): Thank you, Mr. Chair.

I want to go to the issue of post-traumatic stress syndrome, which you mentioned earlier.

I was on another committee not too long ago in our Parliament that was studying this issue. General Dallaire, who was in Rwanda, has been very open about this issue and is an advocate. He was talking about the need for early intervention in this area, but also the need to recognize that the onset can be later, in some cases seven or eight years after the fact. Most of the soldiers who need help don't go on the base or anywhere near where they might be seen by others, because there's a stigma attached to it. It's considered a mental weakness and so on.

He was recommending that programs be offered off the base, where there's more of a civilian population, and that mental health experts or psychiatrists who work with other paramilitary types of organizations, like the police, could be identified because they would have a better understanding of what these people would have gone through. These are the kinds of things he was talking about.

I wonder if you've had similar experiences and to what extent you've put in place any specific mechanisms that we might be able to look at to address some of these things.

● (1630)

Mr. Adam Luckhurst: We certainly have in terms of services off the base. As I understand it—and I'm not an expert on this—our Veterans' and Veterans' Families Counselling service has arrangements with the defence department so that people can go to the counselling service to receive help and assistance through that avenue—which is certainly off the base.

Also, I think there's still a lot to be learned about post-traumatic stress disorder or any sorts of post-traumatic mental health conditions. We're certainly working with our academic colleagues to get a better understanding of how to provide the treatment that is going to be the most efficacious in achieving a much better outcome. There's certainly new information becoming available, looking at, for instance, what role the family plays and on keeping the family together, or on how important that is in helping people get through post-traumatic mental health events. So I think there's still a lot to learn.

In terms of the issue you raised about timeframes between an event and the onset of symptoms, that basically equates with my understanding that there can be a considerable time period between the two. Of course, we may only see it within the Department of Veterans' Affairs, plus people can access our counselling service. We may only become aware of the situation when someone puts in a claim to our organization for assistance.

So it's a bit hard for us to provide a comprehensive range of services if they haven't come to us in the first instance. That's one of the challenges of the system, and we're trying to get around it by providing some counselling services to people who don't have any accepted mental health condition at the time.

All of these things, I guess, add to the picture and help us to move forward in providing better care, but we still have a long way to go in getting to where we probably all want to be.

Hon. Maria Minna: Go ahead.

Mr. Roger Valley: Thank you.

Adam, you're going to be here 18 months, I think. Obviously you're here to teach us or to learn from us; I'm not sure which.

Mr. Adam Luckhurst: It's definitely to learn.

Mr. Roger Valley: After being on 11 bases in the last 12 months, I know what our complaint is.

What is the single biggest complain that you hear from your veterans? I want to know if it's access to health care, the red tape, or all of the above.

Mr. Adam Luckhurst: I think there's a range of different issues they raise. I don't know what the main one is, but the complexity of the process is one, and we're trying hard to manage that. When we have three main pieces of legislation, sometimes people have multiple eligibility under those different pieces of legislation. That, by its nature, creates complexity. So we're trying to work on and come up with some ways of simplifying that.

There are other issues around levels of payment and levels of access to service, and those sorts of things, which come up from time to time. But generally, there's a very high satisfaction rate with the system in Australia. I think our last veterans satisfaction survey had a satisfaction rate in the 90th percentile, so there's a fair degree of satisfaction overall.

● (1635)

Mr. Roger Valley: That's very impressive.

Thank you.

The Chair: Thank you.

Now we're over to *le Bloc Québécois, et Monsieur Gaudet, pour cinq minutes*.

[*Translation*]

Mr. Gilles-A. Perron: Mr. Chair, I will speak in place of Mr. Gaudet, because he is absent-minded.

Here, we are trying to move more and more toward home care, to keep veterans or old age people at home as long as possible and to give them the best care possible. I find the idea interesting, but I do have a concern. We have developed a detailed statement. Will we have enough qualified personnel? Will the responsibility to take care of older people fall on the shoulders of children and grandchildren, as is often the case in native communities?

Do you have some experience in the area of care provided at home in your country?

[*English*]

Mr. Adam Luckhurst: Not necessarily in relation to home care, but I do understand that within Australia generally, because of the aging nature of the population, particularly the voluntary care that's given and with our veterans home care program, it is paid staff. But certainly in voluntary care, which provides a significant amount of support to veterans and all other older people in the community, the issue we're facing is that as people get older, as our population gets older, there aren't the same numbers of people to provide that voluntary support that we may once have had in the past.

I think it'll continue to be an issue into the future.

[*Translation*]

Mr. Gilles-A. Perron: Have you begun to implement some solutions, including for veterans, in order to provide the best possible care at home?

[*English*]

Mr. Adam Luckhurst: Home care is provided through paid staff. I'm not familiar enough with the program to know what the pressures are on the employers to know whether they are finding it difficult to attract employees, but that may well be the case.

In terms of other guidance I could give you, I can't think of anything at the moment.

[*Translation*]

Mr. Gilles-A. Perron: Mr. Chair, I will conclude by making a comment to my friend William Fisher.

You are a diplomat and you are restricted in what you can say. You are a federal government employee in terms of the relationships with provinces or states, as you call them, regarding the health system. Perhaps we would not have the same point of view if we had representatives of the states sitting at this table. Your federal government is involved more and more in providing health care, just as our federal government is doing in the provinces.

[*English*]

Mr. William Fisher: The new government in Australia has taken the initiative to have a meeting with all the state premiers, which is part of the normal process, and the main purpose of that has been to look at ways of improving the function of the federal system. The prime minister and the premiers of the various states and territories have come up with a very large list of things they feel they should do over the short and long term to make the federation function well.

I think the motivating force here is what works best, what is the most efficient way of delivering services and handling policy. We face a number of major challenges in Australia that really have to be done at the national level. Obviously, we face climate change. We face tremendous problems of desertification, of water shortage. We face national problems with respect to aging. We face indigenous problems. All of these really require being answered at the national level, and that is what the governments are trying to do, governments at the state and federal level. I doubt you'd get a very different answer from representatives of the state governments to those issues.

● (1640)

Mr. Gilles-A. Perron: It's about the same problem we have here.

The Chair: Mr. Gaudet, I'm sorry, I can't. You're already over time collectively. I'm sorry. I'm bound by these agreements already set up, so it is what it is. But there will be time later on.

Now we're over to the Conservative Party of Canada, Mr. Shipley for five minutes.

Mr. Bev Shipley (Lambton—Kent—Middlesex, CPC): Thank you, Mr. Luckhurst and High Commissioner, for being with us today.

You talk about 500 private practitioners that you use. Are they on the base, off the base, and are they specially trained to deal with the effects that people who come back from deployment and emergency service will have, which are different from those that an ordinary person like you and me might have?

Mr. Adam Luckhurst: These are the 500 practitioners linked with the Veterans' and Veterans' Families Counselling Service.

I will say that I'm not 100% familiar with what level of training those individuals have. Certainly, a part of the role of the Veterans' and Veterans' Families Counselling Service is having strong links with the Australian Defence Force, and they do tap into local bases and those sorts of things.

In terms of how those 500 practitioners operate outside of the actual shopfront, if you like, I'm not 100% sure. But certainly one of the things they try to do is make sure that all their staff are aware of the particular issues that face our serving personnel and those who have served in the past.

Mr. Bev Shipley: Do your military people go through any post preparation before they go on deployment? When they come back, if they become a vet and they've got symptoms of operational stress disorder, are the sessions all one on one, or is there some assessment in the preliminary stages so that you could actually meet with the professionals in a group?

Mr. Adam Luckhurst: Are you talking about when they come to the counselling service?

Mr. Bev Shipley: Yes.

Mr. Adam Luckhurst: As I understand it, they operate in a variety of different ways. They will certainly sit down with the individual to do an assessment of particular needs and circumstances. From there, it is about pulling together a package of care that is best able to meet those needs. That may include pulling together a broader team of people, it may be counselling sessions, or it may be that now that they've talked to someone and they understand the issues, they don't necessarily need a package of care at that time, but they're fully aware of what might be available to them should they need something in the future.

Mr. Bev Shipley: One of the things we've heard time and time again is that it always seems to come down to the complexity of filling out the forms and to the need to streamline the forms so that the individuals can actually fill them out. We've talked with other agencies, and we're still waiting for a good answer to see how we can resolve the problem.

I don't know if that's an issue with you. Have you got that resolved? Do you get complaints regarding the complexity and the frustration? I think it mainly depends on whether there's a mental illness and on age.

Mr. Adam Luckhurst: To some degree there are certain bits of information we need to know in order to assess a claim in line with the legislation. Partly because of that, there's a fair amount of complexity in it. We also fund a range of ex-service organizations to assist our people in filling out their forms. That particularly helps some of our older people with some of it, but it also helps our younger people as well. It does help in that situation. It doesn't mean our forms aren't complex or that there's not a lot of information that needs to be provided, but it helps the individual get through the process, and obviously people can ring up the department and get clarification on questions and information as well.

● (1645)

Mr. Bev Shipley: I have a final question. In terms of working relationships with other countries and sharing what we're doing today with veterans affairs departments of other countries, do you have a working relationship that is pretty positive with Canada? Do you have a comment on that?

Mr. Adam Luckhurst: I think our working relationship is probably closest with Canada. That's partly because of the exchange program that operates, but it's also because of the significant similarities between the Australian system and the Canadian system. We also have close links with New Zealand, the U.K., and the U.S., but I think probably the closest is with Canada.

Mr. Bev Shipley: Thank you very much.

The Chair: Thank you, Mr. Shipley.

We'll now go to the Liberal Party of Canada and Mr. Valley.

Mr. Roger Valley: Thank you.

High Commissioner, in your opening comments you mentioned similarities between Australia and Canada. You spoke of remote and isolated locations, and it was almost as though you were talking about my riding. I serve northern Ontario, and this group knows I won't let a meeting go by without mentioning something. I just had the opportunity to rub elbows with some Aussies over in Afghanistan, so....

This question should be able to answer itself, but I'll ask it anyway.

You talked about outreach to schools and communities and how you keep the message alive about the service and the sacrifices given by the people who serve. In my riding, and in many parts of Canada, it's done by the local legions; that's all we have left. We've devolved. There's not a lot of federal presence in the outlying areas. There's not a lot of federal structure out there. It's basically dealt with by the provinces. I'm sure Australia must have something like the legions.

Mr. William Fisher: Yes. The returned servicemen's associations are strong, although, of course, declining because the population components for returned servicemen are declining. Therefore, the government itself has taken over a lot of the responsibility for work with schools.

It's a very strong element in the Australian curriculum. All school children are taught as part of their regular curriculum under Australian history about the overseas service, about the Anzac Day commemoration, about what Anzac is, the spirit of Anzac Day. There are national competitions every year. It's a very large part of any primary school child's education to learn about this fact.

It's something that I think—although we didn't ever come up with it in a terribly clever way—has worked in a remarkable way, in that the commemoration of returned servicemen, which was falling off in the 1960s because the population was going and the Vietnam War at the time was unpopular.... The commemoration of returned servicemen was really dying. Through this public education program through the schools, a quite astonishing phenomenon occurred, and that was that the young people of Australia took over this idea themselves. Now you find that Anzac Day commemoration, for example, is, as I said earlier, the most important day in the year in Australia, and that's true.

This year I think we had 12,000 young Australians go to Gallipoli. It's a very difficult place to get to. You can't get a train or a plane to Gallipoli. You have to get to Istanbul and go over road. And there's no hotel; they were camping out on the beach.

It's a remarkable achievement, and this is through the effort of public education that we've undertaken over the year.

Mr. Roger Valley: I think that's something else we can learn from then.

One of the challenges was alluded to by Adam. It was a question to try to deal with the aboriginals and how do you know where they are. I've said many times, and people are getting bored with me saying it, that our problem as MPs is that we don't know where our vets are. When you take into consideration large, remote, isolated places with few or no government services and you stick the veterans there, how do we find them?

Is it similar in Australia, where your privacy laws restrict following where veterans go and finding them and reaching out to them? Many times, if we could reach out to them, we could deal with some of the issues, or at least start to recognize them. But we're not allowed that information. We try, and we're going to wriggle around and try to find ways to find these people, but if we had information on where they're located, it would be much easier for us.

As I said before, we're politicians, and we have lots of information that's not generally given to the public. Yet we can't have that information, so we can't go and thank them for serving. We can't ask them if everything is okay, or even have a coffee with them. We're not allowed that.

● (1650)

Mr. Adam Luckhurst: Certainly, I'm not aware of any specific requests for information on names and addresses. I'm not actually sure how we would stand from a privacy perspective in that regard. We certainly do produce reports by electorate, which give out the details of the numbers of veterans and a range of information, but we take care in providing that. If they're very low numbers, we don't specify those, because it may mean that someone might be identifiable from that information.

Certainly, members are involved in some of the commemorative activities that happen, so they're linked up in that way. But I'm not aware of any specific requests, so I'm not sure how our privacy laws would stand up if the question were asked.

The Chair: Thank you.

Now over to the Conservative Party of Canada. I believe Mr. Cannan is up first.

Mr. Ron Cannan (Kelowna—Lake Country, CPC): Thank you, Mr. Chair. I'll share my time with Mr. Sweet.

Thank you, gentlemen, for your time. As I am sure you've heard from this committee, nothing unites us more than our veterans, and of course the fine line that your country and our country produces as well.

I want to touch on the comment about the veterans home care program that you mentioned you have. We have the veterans independent program, known as the VIP. Could you please expand on the services under your program, and which are the most popular ones?

Mr. Adam Luckhurst: I'm not sure which are the most popular, but the four key types of services are: domestic assistance, which provides help with tasks such as household cleaning, dishwashing, clothes washing, ironing, shopping, and bill paying; personal care, which provides assistance with daily self-care tasks, such as eating, bathing, toileting, dressing, grooming, getting in and out of bed, and moving about the house; safety-related home and garden maintenance, which assists in keeping the home safe and habitable by minimizing environmental health and safety hazards; and respite care, which provides temporary relief to the eligible person's carer, or to the eligible person if he or she is the carer.

To give you a bit of a picture of how many people we've provided services to, in 2006-07 they undertook about 160,000 assessments for 78,000 veterans. In 2007-08 we provided services to about 80,000 veterans across the country.

People are also able to access other home care services through some other Commonwealth state programs, like the home and community care program and Meals on Wheels. Veterans are able to access these services through the Commonwealth state programs.

Mr. Ron Cannan: Thanks for those utilization numbers.

One of the areas where we have a challenge is with seniors. We want to keep the veterans independent as long as possible and living in their own homes.

Some of our communities are developing stratified dwellings. You can have your own home, but you pay a common area fee. Or if you move into a condo, for example, you have to pay maybe $150 a month, and they look after the snow removal and the lawn care.

We haven't been able to provide any funding for veterans when they move into homes such as these. Do you have a mechanism for formulating an evaluation, to determine how much could be allocated to a veteran if he moved into an independent stratified unit?

Mr. Adam Luckhurst: No. I can run through the programs we do have in housing. But we don't run a program like that.

There are a few different things we do in housing. We administer the defence service home loans—loans of up to $25,000. It has a capped interest rate, which is below the average market rate. So we provide access to loans for eligible people through that scheme. We also have a home insurance scheme, which provides insurance to veterans. We also provide, through our income support programs, access to rent assistance programs. For a couple, this can be up to $101 per fortnight.

The other aspect of the services we provide is about looking into veterans home care and making the home safer. We have a HomeFront scheme, which is about providing assessments to make sure that houses are safe. There's a small amount of money available for modifications—handrails, those sorts of things—so that the house is a bit safer.

We also have a home maintenance line, which can provide advice about home maintenance issues and provide referrals to qualified tradespeople who might be able to assist in fixing any problems they might have.

● (1655)

Mr. Ron Cannan: Thank you.

The Chair: Mr. Sweet.

Mr. David Sweet (Ancaster—Dundas—Flamborough—Westdale, CPC): I have to say that it's been a while since I heard “fortnight”—while studying Shakespeare. It's nice to hear it again.

At the beginning of your remarks you talked about hospitals, but then subsequently you said you had divested yourselves of all the hospitals. Are all of the veterans care facilities run by either the state or private enterprise? Do you get any kind of feedback from veterans about the lack of camaraderie that results from their being in a facility shared with civilians?

Mr. Adam Luckhurst: In our hospital program within Australia we have public hospitals operated by the state governments and private hospitals run by private organizations. We have contracts in place with the state health departments that provide the equivalent of private hospital care to veterans. It will be things like a room by themselves whenever possible, the choice of a specialist, and those sorts of things. We essentially pay the state health departments on a cost-recovery basis for the provision of those services to veterans.

In terms of the private hospital systems, we have a range of contracts with all major private hospitals in the country. People can access private health care through their practitioner and receive the services they need.

I think people are most concerned about getting the quality of care they need through the two hospitals I spoke of earlier, Hollywood and Greenslopes. People tend to go to them if they're veterans; they do so partly because that's where they've always gone, but those hospitals also probably bring some understanding of veterans issues that our veterans appreciate.

Overwhelmingly, the issue is about making sure they get quality care when they need it, and the hospital arrangements certainly make sure that happens.

Mr. David Sweet: Thank you.

The Chair: Thank you.

Now we will go over to the New Democratic Party. Mr. Stoffer, you have five minutes.

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

Sir, you said that 12,000 students went over to Gallipoli. Does the federal government assist in some way with financing the trip?

Mr. William Fisher: It's not students. It's just individuals, but they're mainly young people.

No, the federal government doesn't. That said, schools will make trips, so there is perhaps assistance for different people who want it.

You might be able to elaborate on that. Could you?

Mr. Adam Luckhurst: The only other thing I'd say is that obviously the department puts a lot of money into making sure the site is ready for those people who attend, so we fund those aspects of it.

Mr. Peter Stoffer: You said earlier—

Mr. William Fisher: Could I just add to that? That's just Gallipoli, and as Adam said, Gallipoli has become rather a political subject in Australia because of the requirement that the Turks are obliged to receive this huge number of Australians at dawn every April 25. It doesn't just happen, so we have had, and they as a department have had, to invest a great deal of money in actually making toilet facilities and road access facilities and that sort of thing available.

Gallipoli is not the only place these people go. I think we had 5,000 this year at the dawn service in northern France; at Kokoda in Papua New Guinea there are a great number, and at Changi in Singapore there are a large number. There are a number of places that Australians—mainly young, but not just young—will go to commemorate places of commemoration.

Mr. Peter Stoffer: Thank you.

You said earlier that the rate of satisfaction is in the 90th percentile, but you also just said you did assessments of 160,000 people in 2006-07 for the home care program, and of those, 80,000 were accepted. That meant the other 80,000 were turned down. Did you call them up and ask how satisfied they were afterwards?

We hear from our own department that the satisfaction rate is in the 80th percentile, but when you ask if they actually called the people who were denied benefits or refused benefits for whatever technicality, the answer is no, they didn't; they only contacted the people who were their clients.

Do you do the same thing?

● (1700)

Mr. Adam Luckhurst: Part of it is that in the assessments under the veterans home care, the decision isn't necessarily yes or no.

It is partly about changing needs. Someone can be assessed now; then, for instance, because their partner might have died or whatever, they might need a reassessment because their needs will have changed. That's not necessarily about saying no; it's about recognizing that what people need has changed.

I couldn't tell you in terms of what the difference is.

Mr. Peter Stoffer: In the Australian legislature, do you have a standing committee on veterans affairs that is similar to what we have in Canada?

Mr. Adam Luckhurst: No. One of the commitments of the government in the election was to establish a prime ministerial committee on veterans and ex-service matters. That won't be made up of parliamentarians, but it will be a committee reporting to the prime minister on veterans issues.

Mr. Peter Stoffer: High Commissioner, a couple of years ago we had the pleasure of being at the Canadian War Museum, where we saw a beautiful, remarkable film on Gallipoli by a Turkish director. Could you tell us if there is any possible way we could get a copy of that? I know members of my committee who haven't seen it would be fascinated by it. I think it's one of the finest documentaries I've seen on a war effort. You put that with *And the Band Played Waltzing Matilda* by John Mcdermott, and I tell you, you'll be crying all night long. It's a great thing.

Mr. William Fisher: I'll ask my Turkish colleague if he has a copy of that, which I think he does.

Mr. Peter Stoffer: It was a remarkable film. It was a remarkable evening, so thank you so much.

The Chair: I'm intrigued, and we still have 45 seconds left on your time. Is there a title to that film?

Mr. Peter Stoffer: I think it's *Gallipoli*.

The Chair: It's *Gallipoli*.

Mr. Peter Stoffer: It was at the War Museum, Mr. Chairman, and a whole group of us were invited by the Australian High Commission and the Turkish Embassy. It was one of the most moving documentaries that I've ever seen on anything, especially when they showed them standing and taking the time to bury their dead on either side. They stopped the hostilities, as they did in *All Quiet on the Western Front* and the German battle at Christmastime when they stopped hostilities, exchanged cigarettes, played a little football, and then went back to killing each other.

It was just a remarkable thing. It would be nice to know where to get a copy of it.

Mr. William Fisher: I'll see what I can do.

Mr. Peter Stoffer: Thank you, sir.

The Chair: That's wonderful, a great suggestion.

Now we're over to the Conservative Party of Canada, with Mr. Sweet for five minutes.

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

My colleague Mr. Shipley asked you about the 500 private practitioners, and you mentioned that you weren't aware of their credentials. Are you aware whether these 500 are an amalgam of counsellors, psychologists, and psychiatrists?

Mr. Adam Luckhurst: Yes, that's right. They're primarily psychologists and counsellors and social workers, I believe, rather than psychiatrists, but they would access psychiatrists through various means as well. So they would have access to psychiatrists when they needed them.

Mr. David Sweet: I'm assuming they have psychiatrists and psychologists who are regular service people as well. Are they used at all for veterans services, or is it all private practitioners?

Mr. Adam Luckhurst: It's primarily through private arrangements, but many of those people own private practices as well, so they can seek care from those people as well.

Mr. David Sweet: Thank you. You mentioned that you had invested some money in research in Queensland, and I think there was one other university you mentioned as well. Do you have an idea of the magnitude of investment in PTSD research that you do?

Mr. Adam Luckhurst: No. We have those two main centres and a centre for military and veterans health in Queensland. The Department of Veterans' Affairs provides a million dollars a year to provide running costs, and since they are an academic organization, that will be for working in particular areas. The Department of Defence also provides resources to them as well. So in a sense we're providing the infrastructure and they're going about the work of identifying the need.

Some of the work they're doing at the moment in terms of health deployment studies obviously will focus on the areas around mental health issues. For the Centre for Posttraumatic Mental Health, we provide funding somewhere in the vicinity of $1.1 million to $1.5 million a year. That's a mixture of core funding to establish the centre, operate it, and funding for specific projects. We also fund a range of other projects from time to time that look at mental health issues, and they may be the recipients of those research projects or maybe those of other organizations as well. But there is a range of bits of research that is done covering mental health issues, some specific and some as a part of a broader range or broader research topic.

● (1705)

Mr. David Sweet: Going back to what you opened up with, High Commissioner, I agree with my colleague, that it was a great soliloquy on the history of our military engagement and partnership and mutual suffering through it. One of the things that I think we have in common is that often we take the yeoman's job. I know we feel an extra burden being in Kandahar, in a place where there's a lot of combat, but your troops have been in Vietnam and Afghanistan and Iraq as well, and I think you still have—I'm not certain—battalion strength or maybe even a couple of battle groups in Iraq at the moment.

Of the 423,000 clients you have, do you know what percentage would be what we would call "traditional" veterans, from the Second World War and Korea, and what percentage would be contemporary veterans from Vietnam, Iraq, Afghanistan, etc.? I know we're really trying to drill down into some detail, but we'd like to have that for the report.

Mr. Adam Luckhurst: The significant majority are World War II veterans. I can't give you a percentage, but outside of that, in terms of veterans themselves, the 423,000 include dependants and war widows and the like. So overall, I think it would be somewhere around the 200,000 mark, but I could get you a more definitive number on World War II veterans. There were, I think, around 55,000 who went to Vietnam, and a significant number of our Vietnam veterans are now our clients. Our younger veterans are obviously a smaller group, but that partly reflects the fact that their conflicts happened reasonably recently.

It has taken some time for some of the people to come forward in the past to become our clients. So we won't see the full impact of servicing the more recent deployments for some time.

Mr. David Sweet: Thank you very much.

The Chair: Thank you very much.

Now to the Bloc Québécois and *Monsieur Gaudet pour cinq minutes.*

[*Translation*]

Mr. Roger Gaudet (Montcalm, BQ): Thank you, Mr. Chair.

Do you provide some training to your young men and women in uniform about the post-traumatic stress syndrome?

[*English*]

Mr. Adam Luckhurst: Because I'm not from the defence force, I can't really answer that question in any level of detail, but the defence force certainly has a mental health strategy in place. Obviously a part of that is treatment and a part of it is prevention, but I really don't have the details on exactly what they're doing.

[*Translation*]

Mr. Roger Gaudet: Could you send us later on some documents on the prevention efforts being done in Australia for young men and women who are going to war?

● (1710)

His Excellency William Fisher: My military attaché will answer you.

Mr. Roger Gaudet: Thank you very much.

Mr. Gilles-A. Perron: Could I add something?

Last week, I was surprised to learn that Americans consider that some 30% of young soldiers coming back from Iraq suffer from psychological injuries, from the post-traumatic stress syndrome.

Do you have similar statistics? I believe that your military attaché could send us the answer to this question.

[*English*]

Mr. Adam Luckhurst: No.

[*Translation*]

His Excellency William Fisher: I do not know either, but I will enquire, if you wish me to do so. I don't know whether we have figures such as these.

Mr. Gilles-A. Perron: Thank you.

Mr. Roger Gaudet: Thank you, Mr. Chair.

[*English*]

The Chair: Thank you.

The last questioner I have is Ms. Hinton.

Mrs. Betty Hinton: You might have to go back to what you said originally, but you gave us some numbers on mental health services. You said how many were accessing the mental health services. This may be a very difficult question for you, but can you tell me—if you can look up the number—approximately what percentage they are of your entire population, military and non-military?

I ask this because we've been hearing statistics from different reports. I'm rather interested in what the percentage is. Obviously, geographically, we could fit Australia into a corner of our country, so it must be a lot easier in Australia to get to your people than it is in Canada. The mental health part of it has become a really serious issue.

You did give a figure, but I didn't write it down fast enough.

Mr. Adam Luckhurst: Essentially we have about 52,000 veterans with an accepted disability in the area of mental health, but because of our arrangements, people can access treatment for conditions that are war-caused or not, particularly those people who have a gold health care card. Through our databases, we can identify people who have received, for instance, medication for a mental health condition or have attended a psychologist or psychiatrist.

About 140,000 DVA clients have received some form of treatment for a mental health condition in a year. So out of 423,000 or so, it's about a third, I guess.

Mrs. Betty Hinton: We're hearing that approximately 25% of the Canadian population has some need of mental health services. It's a stressful world out there. Military service makes it even more stressful. You're saying about one-third and we're hearing about a quarter in Canada. I wanted a bit of a comparison.

I'm sure my colleague Mr. Cannan has some questions. I'll give him the last part of my time.

Mr. Ron Cannan: I've used mine up.

Mrs. Betty Hinton: Well, thank you very much. I appreciate your responses.

The Chair: We thank everybody. At this stage, I would like to thank High Commissioner Fisher for his presentation and Mr. Luckhurst for his elucidation of the questions. You highlighted how we've been tremendous allies over many years. I know there are many similarities between Canada and Australia with respect to our population densities. You concentrated on your coast, and we concentrated on our southern coast, the warm climes of our country. Thank you.

If you don't mind, I'm going to proceed to some committee business as we're carrying along.

● _____ (Pause) _____ ●

The Chair: Ladies and gentlemen, we're going to set the record for the cheapest committee travel ever. I've never seen one as low as this. Why I have to do this, I don't know.

The Standing Committee on Veterans Affairs wishes to visit the national military cemetery in Ottawa in light of issues raised during its comparison study of veterans services offered by members of the Commonwealth and the G-8. The visit to the national military cemetery, combined with information on eligibility criteria for interment and arrangements concerning burial costs, will help the committee compare Canadian procedures with those in the United States, the United Kingdom, and other countries.

It's $400. We don't even require an interpreter because the lady who is on-site speaks both *en anglais and français*. There you go; we even save money on an interpreter. It's pretty straight-up stuff.

Mr. Stoffer.

● (1715)

Mr. Peter Stoffer: When I go to a cemetery it's always appropriate to bring a wreath and lay it on behalf of either our committee or the Canadian people. You don't need a special day for it, because every day is special.

The Chair: That's a fair suggestion. I imagine a wreath could be had for $50 to $100. We'll add that to the budget. I think we can figure out a way to add that in. How about we take that as an amendment to the travel request? We'll have to vote on this as an amendment to the travel request.

Mr. Ron Cannan: What's the $400 for?

The Chair: It's a bus.

Mr. Ron Cannan: We could walk over there.

The Chair: Bless your heart. If you want to do that, nobody will stop you.

Monsieur Gaudet.

[*Translation*]

Mr. Roger Gaudet: Where is this cemetery located, Mr. Chair?

[*English*]

The Chair: Vanier.

[*Translation*]

Mr. Michel Rossignol (Analyst, Political and Social Affairs Division, Library of Parliament): The Beechwood Cemetery is located on Montreal Road in Vanier. It is about 10 minutes away from here.

[*English*]

The Chair: Maybe the benefit of a bus is that we'll know nobody gets lost. That alone has value. That alone may be worth $400. Is there any more discussion on the $400 or any of that?

The travel request is amended by Mr. Stoffer to include a wreath. All those in favour?

(Amendment agreed to)

The Chair: There is a question of whether or not we consider this for an official date of June 12. Is the committee copacetic with it being June 12?

Mr. David Sweet: Is this going to be part of our regular meeting?

The Chair: Yes, it will take place during regular committee time on June 12. We already have witnesses scheduled for June 10, so June 12 it is.

Everybody is in favour?

(Motion as amended agreed to)

The Chair: I think that's it for official business.

The meeting is adjourned.

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