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Chair

Mr. David Sweet

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● (0900)

[*English*]

The Chair (Mr. David Sweet (Ancaster—Dundas—Flamborough—Westdale, CPC)): Good morning, ladies and gentlemen. Welcome to the 34th meeting of the Standing Committee on Veterans Affairs. We're continuing with our study and review of the new Veterans Charter.

We have some very distinguished guests with us. We have Gordon Sharpe, who I understand served in the CF and retired as a general.

Is that correct, Mr. Sharpe?

Brigadier-General (Retired) Gordon Sharpe (As an Individual): Yes.

The Chair: We have Don Ethell, who is chairman of the committee of the New Veterans Charter Advisory Group. Of course we've heard from Don. I merely have to say to you to look at his chest and you'll realize the great service he's been to this nation and frankly to the world because of his United Nations and NATO service that he's also had in the past.

We have Muriel Westmorland, who is an occupational therapist, and also Patrick Loisel.

Do all the witnesses have opening remarks?

Professor Muriel Westmorland (Professor and Chair of the Committee, New Veterans Charter Advisory Group): I'm the chair of the committee, and I do have the opening remarks, which I submitted ahead of time.

The Chair: I'm sorry. The chairman of committee number 3, family support, is Mr. Ethell. And Muriel Westmorland is professor and chair. Thank you for correcting me.

[*Translation*]

Mr. Guy André (Berthier—Maskinongé, BQ): Point of order, Mr. Chair. We received a document, but it is not in French.

[*English*]

The Chair: The clerk is looking after the documents.

I would just ask the witnesses whether you all have opening remarks. It's just the chair? Okay.

Ms. Westmorland, you can go ahead with your opening remarks. We like to keep it to around ten minutes, but we're fine if you need some extra time, and then we'll go to a rotation of questions.

Prof. Muriel Westmorland: I've actually timed it. It should be well under ten minutes.

Thank you very much, Mr. Sweet, for your welcome.

It's a pleasure and an honour for me to appear before you today to present a brief overview of the work of the New Veterans Charter Advisory Group and to highlight the key elements of our report. I am also very pleased today to have with me two of the three chairs of the three subcommittees we formed. Colonel Don Ethell chaired our family support committee. Brigadier-General Joe Sharpe chaired the economic needs committee. And as Dr. Vivienne Rowan, who is chair of the rehabilitation committee, could not be with us, I asked Dr. Patrick Loisel if he would appear, because he is an internationally known researcher who is well respected in rehabilitation and return to work. I'm delighted to have these gentlemen with me. They will be pleased to respond to questions later as well.

The aim of these opening remarks is to set the scene, as it were, and to highlight the recommendations in our report. As I mentioned, my colleagues and I will be happy to answer questions you may have to the best of our ability.

The New Veterans Charter Advisory Group was established in 2006 and had its first meeting in the spring of 2007. I had previously been a member, as had Don Ethell. Joe Sharpe was also involved with the VAC-CF Advisory Council, which produced the report "Honouring Canada's Commitment: 'Opportunity with Security' for Canadian Forces Veterans and Their Families in the 21st Century", under the chairmanship of Dr. Peter Neary. In the last paragraph, this report states that the men and women of the Canadian Forces, wherever they serve, " should be assured at all times that our country has a comprehensive, coordinated, and easily understood plan for their future". This statement, of course, was also echoed in the title of that report: "Opportunity with Security".

As you know, Veterans Affairs Canada took this advice seriously, and in 2006 the act that is now known as the new Veterans Charter came into effect. It is also known as the living charter, in that there was an initial commitment and continued commitment to continuously review and evaluate the programs developed under the new Veterans Charter.

The New Veterans Charter Advisory Group was established in the context of the latter. Its role was to provide advice and guidance to the Department of Veterans Affairs as it implements its modernized services and programs and to monitor the ongoing responsiveness of these initiatives in meeting the needs of CF clients, RCMP clients, and their families. This advisory group has representatives from several veterans organizations, a family member whose husband died as a result of injuries in service, and academics with backgrounds in rehabilitation, treatment of mental health conditions, disability management, return to work, and policy issues affecting health and wellness.

At our first meeting we were charged with developing a report on the new Veterans Charter suite of programs over the next 18 months. We immediately established three working committees to focus on families, economic needs, and rehabilitation. This structure proved to work well as the three groups met in committee and shared their thoughts and experiences related to these areas. There was much experience in each group, which had a mix of membership from veterans organizations, both VAC and RCMP, academics, and at times VAC staff. The development of the report was based on major principles encompassing determinants of health, wellness, and life course. It is important to stress these.

The evidence regarding the key determinants of health is solid. There is no doubt that families, economic support, and early intervention are very important factors in not only preventing illness but in maintaining wellness. The life course is a concept stressed in the Gerontological Advisory Council's report "Keeping the Promise" and reminds us that when we think about the needs of veterans, we need to think about them within the framework of their lives, not within just one period in time.

It is with these principles in mind that the New Veterans Charter Advisory Group has developed the 16 recommendations contained in the report. The following recommendations are accompanied in the report by a detailed rationale. I will just highlight them here, as I am sure that you will follow up with specific questions.

The first area is strengthening family support services. This is an area that is no surprise, I am sure, to this committee. There has been a growing awareness and sensitivity to the families of our serving military members and veterans, but there is still more to be done. We provided five recommendations.

● (0905)

First, number 1.1, take steps to create and maintain a respectful family-centred culture in all Veterans Affairs Canada programs. Second, number 1.2, fill service gaps to ease transition to civilian life. Number 1.3, improve access to skilled, knowledgeable health care providers. Number 1.4, provide more support for family members caring for veterans. Number 1.5, provide more support for survivors and families of the fallen.

The second area is on ensuring financial security. Socio-economic stability is essential to the optimum health and wellness of our veterans. It is with this in mind that we submitted the following recommendations under ensuring financial security. Number 2.1, end the legacy of the insurance-based approach to economic benefits. Number 2.2, ensure disabled veterans receive a fair, equitable income consistent with a normal military career. Number 2.3, increase access to the permanent impairment allowance. Number 2.4, ensure non-economic loss awards are comparable to those offered in civil society.

The third major area is raising the bar for rehabilitation services and outcomes. Veterans Affairs recognizes the importance of rehabilitation in assisting veterans to resettle back into their communities, but our committee felt that there is still more to be done: 3.1, modernize the rehabilitation programs; 3.2, improve case management services; 3.3, improve access to Veterans Affairs rehabilitation services; 3.4, repair damaged relationships with providers.

We then added two more major recommendations. Number 4, actively promote new Veterans Charter programs and services. Number 5, establish performance measures to gather data and assess impact of programs. Under that number five item, we had two recommendations: 5.1, monitor programs and services; 5.2, invest in research, because there's still more research to be achieved in the area of rehabilitation, and other areas too, and its impact on the veteran, particularly the area of transition to civilian life and work.

The New Veterans Charter Advisory Group considers all these recommendations to be important, and therefore has not prioritized them. We feel it's not our job to do so, and therefore present them as equally important and informing an integrated whole.

Thank you for this opportunity to make these opening remarks. I will close by emphasizing the importance of moving forward as quickly as possible to the process of implementation, in order that our veterans receive the kind of care they not only need but deserve.

Thank you very much.

● (0910)

The Chair: Thank you, Madam Westmorland, for your opening remarks.

We'll go to our rotation of questions, first to the Liberal Party for seven minutes. Madam Sgro.

Hon. Judy Sgro (York West, Lib.): Thank you very much.

Welcome. It's very nice to see you here. We were looking forward to the work we're doing on the charter. It's most important to have you come before us to help ensure that we understand the complexities of some of these issues and the importance of them. So thank you for your contribution and being here today.

I'd like to focus specifically on the issues of the disabled, and the economic issues. You clearly made some mention of them and you've done some work on them, so I'd like you to further discuss that whole issue.

We've just finished dealing with Mr. Stoffer's Bill C-201, which talked about the bridging issues and all of the funding problems that seem to have occurred to people unexpectedly. We heard from the department about the way that system works, and it's not uncommon and it's unfortunate that people didn't know.

I'm particularly interested in issues in and around the disabled because I believe they need additional assistance, not less. Especially when they've reached that point of 65, I think it's a serious problem, and the legacy of the insurance industry. Would you elaborate more on that particular part?

Prof. Muriel Westmorland: Certainly I can respond, and then I think we have other comments from my colleagues, if that's okay.

I have actually had a fair amount of experience myself working in the insurance industry as a therapist, very much in auto insurance and the LTD and STD areas. There's been a major concern about the constraints that an insurance context lays on the disabled individual. It not only is stressful because they have to deal with the rules and regulations, but there is a tendency, and it's rampant throughout the insurance industry, to really curtail what can be offered. When a person is going through enough trauma, they really don't need that kind of constraint. So that's a major concern of mine.

I have listened to the expertise around the table, and certainly when I was first on the VAC/CFAC Council that came up as a major item. It was very much in the discussion our committee had. I know Joe, in particular, has some comments he'd like to make about that, please.

BGen Gordon Sharpe: I'll keep my comments fairly brief.

None of us have a grudge against the insurance industry, by any stretch of the imagination. Our concern is that the principles that are inherent in an insurance approach work well for houses, cars, and things like that, but they don't work very well for people, partly because it's very difficult to put an accurate cost figure on things, but it also renders, if I can use the term, the individual who's the subject of this sort of claim into a victim, almost, into somebody who has to defend the approach. From an organizational point of view, from a bureaucratic point of view, the insurance principle tends to drive you to minimize payouts, because the reward is the minimum that you can pay out, and it drives us in the wrong direction, particularly in bureaucracies.

I think one of our concerns is that the service income security insurance plan piece of work inside the Department of National Defence was built upon that principle, and a lot of those thoughts have progressed or migrated out into the veterans affairs side as well. We tend to see a lot of the programs in veterans affairs driven by that insurance principle. That's our concern with that one.

It's kind of an underlying or a foundational type of thinking that goes into the approach to some of these benefits, and I think that's really where our concern is. We need to walk away from that altogether and start looking at this from a human dimension and take that approach, as opposed to the insurance principle.

● (0915)

Prof. Muriel Westmorland: Dr. Loisel would like to make a comment, if that's okay.

Dr. Patrick Loisel (New Veterans Charter Advisory Group): Yes.

[*Translation*]

I will speak in French, as it is easier for me, even though I am bilingual.

[*English*]

I'm working at the University of Toronto now, but I am from Quebec.

[*Translation*]

As has been pointed out, the medico-legal model does not work well for rehabilitation in general, and it is even worse for work rehabilitation. This is a problem that affects the worker's compensation board, as well. As you said, it works well in the case of house or car insurance. It ties the cause to the incapacity. In this case, with an injury or accident that occurred on the battlefield or in the course of military life, insurance has to be responsible for the consequences. In actuality, modern scientific models show that is not the case. A person cannot dissociate the amputation of their right leg from their psychological condition, their family problems or their difficulty returning to work. All those factors are intertwined for that person.

Insurers, in general, want to avoid having to provide compensation related to those other problems. As I noted to this committee, that is a major problem, but one that holds a lot of interest for me. I was very shocked to see that the same thing was happening with Canadian armed forces and veterans. Veterans and members of the military need insurance coverage that protects them from the consequences of incidents that can arise in combat or in the course of military life. When they become injured and have to undertake rehabilitation therapy, the insurance company inevitably tries, for obvious reasons, to impose limits on access to services.

It is not a matter of providing unnecessary services, but a range of services are needed to treat the person as a whole. That is the trouble with the medico-legal model in insurance.

[*English*]

Hon. Judy Sgro: We've heard many comments from veterans on that issue of how they are treated.

You set out a variety of issues here and you didn't want to prioritize any. If I could just suggest to you, over and above the work that we do, one of the things you might really want to champion is that very issue and try to get on with dealing with that, and we could work in a bit of a coordinated manner. I think that's a really important issue that we should go after and make the change that's necessary to ensure that the lives of our veterans are treated with respect.

Thank you.

The Chair: Now on to the Bloc Québécois.

Monsieur André, seven minutes.

[*Translation*]

Mr. Guy André: Good morning, everyone. I am always happy to hear someone speak to us in French; it is pretty rare here, in the House of Commons.

In your document, you talk a little bit about support for natural caregivers. I would like to tell you about the story of Frédéric Couture, a former member of the military, who tried to commit suicide in Afghanistan, while with his colleagues. He had just lost his leg after stepping on an explosive. He then ends up here in Quebec, in the Granby area. He is depressed, suffers from post-traumatic stress syndrome and has trouble accepting what has happened to him. One year later, Mr. Couture takes his life.

During a television program on Radio-Canada, his mother, who was his natural caregiver for a year, criticized the fact that she had never been told about what happened in Afghanistan. You probably heard about the case. *Enquête*, a television show, did a story on it two weeks ago.

It is a lack of respect for natural caregivers, the parents, those taking care of their children. I would like to hear your thoughts on that. Is it a serious problem? When an accident like that happens in combat, do you think that the individual's family should be told what is going on?

● (0920)

[*English*]

Prof. Muriel Westmorland: Thank you for that question. I know that both Colonel Ethell and Brigadier-General Sharpe want to respond, so I'm going to ask Colonel Ethell to respond first.

Colonel (Retired) Donald S. Ethell (Chairman, Committee No. 3 - Family Support, New Veterans Charter Advisory Group): Sir, it's a very good question.

You may be aware that there are a number of other committees that are run by Veterans Affairs Canada. To go back to Madame's question, there's the advisory group on special needs, which is 80% physically and psychologically damaged, to make sure that people don't drop through the cracks. That's chaired by Major Bruce Henwood, a double amputee. He had his legs blown off in Croatia. They in fact are going to meet next week, and Professor Westmorland and myself will be there as chairs of other committees.

In my own case, I chair the joint DND-Veterans Affairs-RCMP mental health advisory committee, and we will be meeting here for the third time on December 1 and 2. That advisory committee is divided into the family, the clinical, and innovative methods, and we are leaning on and seeking advice from what we call external experts —psychologists and academics, psychiatrists and so forth—from across the country. General Sharpe in fact is the vice-chairman of that committee. I can't go anywhere without him. He contributes, and they all contribute.

We will not be concentrating on suicide, but there's a great deal of concern, not only in Veterans Affairs Canada, but in DND. As you may have heard, there was an initiative put forward by the CDS in regard to mental health a number of months ago, and recently an enhanced suicide prevention program.

And it's not just Afghanistan. I've talked to many psychiatrists, and I'm a sufferer from PTSD myself, so I understand the process you go through, where an incident or incidents in Afghanistan.... I'm not a clinician. However, having personal experience, it's not necessarily that event that is causing their problem. It's triggered something that may have happened in Croatia. It may have been something in Bosnia. It may have been something in Central America, and so forth. It's accumulative.

So when you say the family should be told what happened in Afghanistan, first of all, there's a privacy issue. And secondly, with the individual, when he is going through the process, particularly with the OSISS group, the group that's going to refer them to the professionals, be it at an OSI clinic or a DND OTSSC clinic, as it's called, they're very careful that they don't ask the individual what happened. That's really what you don't want. That's for the psychiatrist and the clinical people to determine.

We have had a number. We're all well connected in the veterans community, and it's very tragic when we hear of J.T. Stirling in Calgary, who, a week after we talked to him, overdosed. Master Corporal Macdonald, back from Afghanistan, a year and a half with the Strathconas up in Edmonton, still got in uniform and killed himself. These are very tragic. And rest assured that there are many people, not only in the military but in Veterans Affairs and in the RCMP.... The RCMP is playing catch-up in regard to this. With all due respect, they need to play catch-up and they are participating in this committee.

So that's a rather rambling answer to what you have asked, sir, and hopefully it does clarify it.

● (0925)

BGen Gordon Sharpe: If I could just talk on two issues, then you can follow up with Don.

You really raise two issues here: one is that dealing with mental health issues in general is not a medical issue, it's a leadership issue. It's a chain of command issue. That's a drum we've been beating from the mental health advisory committee for a bit of time with the Canadian Forces. There is a tendency to transfer responsibility for people when they're injured psychologically to the medical community and say, “Okay, that's their job, let them take care of it”. That's a serious mistake for the average soldier. He or she doesn't respond to the medical community the same way they do to their leadership chain. So we need to increase the involvement of the chain of command, the leadership, with these young men and women, whether they're in the service or they're not.

That's the second point. There's a transitional period when the soldier transfers from the military to civilian life or whatever follows. That is not being well handled, in my personal opinion— and this is a personal opinion. We lose them when they transition. It happens with great frequency with our reservists. Ten years ago, this was an issue that came up during the focus on the Croatian veterans who had come back. I chaired a board of inquiry looking into some of the issues, particularly suicides and serious physical and mental problems from that. At that point, ten years ago, we said, “You have to do a better job of tracking reservists as they transition back to civilian life”. The answer was, it's hard. It's hard to do that. I understand it's hard to do that, but we're ten years later, and a lot of these young men and women who are having the problems are having the problems because we've lost track of them. We have to do better there.

I think that leads to the other point that you've raised about the interaction with the caregivers, who are almost always the families—as long as families are able to stay with these people. If we were tracking them better, I think the interaction with caregivers would be better. If the interaction was with the chain of command, it would be better than if it was with just the medical community, because the medical community—and I have tremendous respect for that community—is a bit hung up, if I can use the term, on privacy and all these rules and regulations. The chain of command has a tendency actually to work around that, when they need to.

So that's the other point I would stress, that we have to focus on transition and we have to focus on the continuation of the responsibility of the leadership. That means Andy Leslie, the commander of the army, and all the guys down below him continuing to be responsible for these people as they transition.

Col Donald S. Ethell: If I may, I'd just add a comment there, sir.

The Chair: Go ahead, Mr. Ethell.

Col Donald S. Ethell: I apologize for taking your time. I just had one more comment.

To go back to the note that Professor Westmorland made regarding the Veterans Affairs Canada and Canadian Forces Advisory Council, which we set up, the term PTSD was foreign to a number of us—quite a few of us. It was the old expression of the army to "suck it up"—you haven't got a problem, go and have a beer with the boys and we'll get over it—until Lieutenant Colonel Stéphane Grenier came aboard and gave a very emotional speech. General Roméo Dallaire was a member of our committee, and of course he's the one who came out of the closet, to use that term, to emphasize that problem. That penny dropped on many of us, and we started looking at PTSD, operational stress injuries. If you look at the Neary report, you'll see that it evolved into a major issue, and it carries on, of course, into the New Veterans Charter Advisory Group and the mental health advisory committee.

I'm sorry I took your time.

The Chair: No, that's fine. We have to keep the time on the members, but we've always allowed flexibility for the witnesses to answer, so thank you.

Monsieur André, you'll have another round to follow up on those issues.

Now we go to the NDP and Mr. Stoffer for five minutes.

Mr. Peter Stoffer (Sackville—Eastern Shore, NDP): Thank you, Mr. Chairman, and I thank everyone for coming today.

I would advise our committee to turn to pages 16 and 17 of the report you gave us, and the examples of Alain, Maria, and Terry. I just want to say how disappointed I am to see these three examples—and there are probably thousands out there—of people who have to suffer the way they do because they've been medically released. In Terry's case, he believes he was kicked out of the military. I find it unconscionable that in 2009 we still have these examples, and many, many more.

Have you brought these up to the veterans ombudsman or the DND ombudsman? Does your advisory group work closely with those two ombudsmen in order to assist DVA and DND in mitigating what I heard referred to the other day as "cracks"? These aren't cracks; these are crevasses and major holes.

I want to give you an example from Roddie Ohandley's testimony. He was here the other day. He is a disabled RCMP officer who gets 64% of his salary from his annuity, but because he was entitled to 75%, Great-West Life, that fantastic insurance company, topped it up by 11%. That 11% top-up only goes for two years. After that he's told he should apply for Canada Pension Plan disability, which he does. He's entitled to it and gets a $16,000 lump sum.

The first thing the RCMP's annuity does is take $11,000 of that back, and Great-West Life wants $8,000 back. The total of $11,000 and $8,000 is $19,000. He only got $16,000, so he owes money because of his disability. Then, when he turns 65, bang, he gets hit again—not once, not twice, but three times.

I ask you folks this: in the spirit of fairness to a person who wore the uniform of Canada, is that fair? What can your advisory group advise the government and all of us as to how we can fix this, not two years from now, but right now?

Thank you.

● (0930)

Prof. Muriel Westmorland: I'll make a brief comment on your first point about the ombudsman. We worked on our report separately. We're aware of what Colonel Pat Stogran has been doing as an ombudsman, and in fact he attended our recent meeting, but we have not actually actively, as a committee, sent him information. He has a copy of the report now, so in that instance that's how I want to respond.

Mr. Peter Stoffer: Did DND as well?

Prof. Muriel Westmorland: DND has a representative at the table. They are aware of the details—

Mr. Peter Stoffer: Oh, I'm sorry; I meant the DND ombudsman.

Prof. Muriel Westmorland: The ombudsman was actually at the table for the first time at our last meeting.... Oh, you mean the DND ombudsman; no, we haven't had a representative at the table.

Mr. Peter Stoffer: Okay.

Prof. Muriel Westmorland: I have a quick comment and then I'd like to ask Joe Sharpe to respond, because he's been chairing the economic needs committee.

As a rehabilitation professional, I can tell you that the issue you raised is critical in terms of getting an individual back to wellness. Money, as we all know, can be a very stressful experience, and this, as you quite rightly say, is just a tremendous, terrible indignity that's being handed to a lot of these individuals.

This case actually came from our psychologist, who dealt with this individual. The psychologist was fit to be tied in terms of what was presented to her. All of us, without question, were really indignant that this was still going on. There's a huge concern and there's a real disconnect. You read the information, and it looks great, but when you start digging, you can see that in reality there are individuals who are really suffering, and they're being caught between a number of different points in the system.

I'd like to ask Joe to get into this in more detail.

BGen Gordon Sharpe: I won't go into too great a detail because I recognize the time constraints.

The one we've called “Tom” is a personal involvement. I've been involved with this chap for a number of years. Quite frankly, it's one that really, really bothers me, and that's why it's in here.

We don't tell the whole story. You can't, obviously, in a very short period of time. This one indeed has been worked through the CF ombudsman. In fact, I spent three months doing the background and investigation for them on this one to try to get it moving forward.

The challenge we have.... I'll just step back for a second. Again, from the soldier's perspective, and particularly from the veteran's perspective, the challenge is dealing with bureaucracy. Any bureaucracy is a challenge to start with, and in a personal opinion not necessarily reflected by my cohorts here, the bureaucracy has become stifling in the ombudsman's offices. That's not a.... Pat Stogran is a personal friend and I have tremendous respect for him, etc., and it's the same with the CF-DND ombudsman, although that tends to be a little more bureaucratic, but any time one of these guys has to approach that bureaucracy, it's intimidating.

For Tom, in this case, it took every ounce of determination this fellow had, plus the psychologist, Vivienne Rowan, pushing him to actually talk to me the first time. It was all he could do. It virtually almost destroyed him to do that. And I'm not the bureaucracy. I'm just some old guy drifting around talking to old soldiers. His case continues to deteriorate because he doesn't follow the rules. He doesn't sort of fit the pattern. That's the background on this particular case, but the others are similar.

Most of the people who “fall between the very large gaps” we have are people who have trouble interacting with the bureaucracy. That's why one of my concerns is that in this transition process from the uniformed life to the civilian life—or for the reservists, every time they do it—there has to be a focus of attention on that particular phase. How do we do that better? How do we actually reach out there and push some of these services on these guys who are either too proud or too intimidated by the system to use it?

As soon as we start challenging their dignity, we lose them, and that's a major concern. I would just reflect the dignity and respect part of it. We have to beat that into people, quite frankly.

● (0935)

Mr. Peter Stoffer: Thank you.

Could I have just a quick one, a snapper, Mr. Chair?

I'll get back to you.

The Chair: Thank you, Mr. Stoffer and Mr. Sharpe.

We'll now go on to the Conservative Party for seven minutes. Mr. Mayes.

Mr. Colin Mayes (Okanagan—Shuswap, CPC): Thank you, Mr. Chair.

I thank the advisory group for being here. I really appreciate that and I appreciate all the work that you've done to make these recommendations to make the charter better. I often speak with Betty Hinton, who used to be the parliamentary secretary for this committee. She's still interested and still asks questions about how the charter is coming along. Thank you for your work.

I note one of the challenges in looking at recommendation 2.1, “End the legacy of the insurance-based approach to economic benefits”. I can understand that. Mr. Sharpe explained the disadvantages. But also, I sat as a chair on a claims committee for an insurance company. The challenge is to determine what compensation or award would give a reasonable quality of life. How is that determined? How do you analyze that?

If I may, I'll ask Mr. Sharpe this question. Did you do any research into what they're doing in other countries like Australia, the U.K., or the United States with regard to that issue?

Prof. Muriel Westmorland: I can certainly respond in terms of the fact that the Department of Veterans Affairs has done a fairly extensive review of what is happening in other countries. As I understand it, they were very much influenced by Australia. That was a major player in informing the process of looking at claims. My understanding was that this largely led to the position of where the claims grid certainly ended up.

Joe, did you want to add to that?

BGen Gordon Sharpe: One of the members of our subcommittee who is very well versed in this area and has done a lot of personal research into it is Brian Forbes. Quite frankly, some of our suggested solutions are based on best practices, if I can use that term. It's not necessarily just in the military but in the broad spectrum. As you'll notice in one of our comparisons, we take that lump sum payment, for example, which we give our soldiers if they lose a leg or an arm, or whatever, and compare it to what would happen in the civil sector if you lost your arm or leg in a car accident, or whatever. It's about a half. It's significantly less in the military case. Without beating that particular horse, one of the things we're trying to get to here is to treat our people fairly and equitably, like we would treat anybody else. If a soldier loses a leg, that should be at least the same as if you lose a leg in a car accident. That's really what we're trying to say here. We're not saying they have these gold-plated awards, but we should be actually looking for comparability. I would suggest other militaries are certainly worth looking at. The Australian model is certainly one that VAC has looked at. We should probably look across Canadian society too, because we are a different society from many others.

● (0940)

Prof. Muriel Westmorland: Can I ask for Dr. Loisel's experience? He has some thoughts on this too.

[*Translation*]

Dr. Patrick Loisel: I think we need to understand that there are two very distinct problems. One is compensation for a loss, such as the loss of a leg. There is a dollar figure attached to that, and that is normal. There is the civilian versus military debate. A price can be put on it, albeit very artificial.

The second thing is to make it possible for this individual to reintegrate into society. No amount of money, short of being astronomical, would allow someone to truly reintegrate, without the means to do so. Those means are especially difficult for a veteran, who has to leave military life and enter civilian life, which is vastly different in day-to-day living. The person then has to find a job, which can already be tough for a civilian. You can see there is another layer involved.

And that is what insurance is not good at providing. In fact, it is the insurance model. I am not saying that insurance cannot provide it, but, based on the economic insurance model, the second point is harder to achieve, generally speaking, and not just for veterans.

[*English*]

Mr. Colin Mayes: You actually answered my second question partially, and I thank you for that.

I want to get back to caution that mindset of looking at what happens in the courts with regard to claims. You have to remember that the lawyers who defend those claims are getting 30% or 40% of the claims, so the claimant doesn't actually get the full settlement. So you have to take that into consideration.

That was my next question. There was a statement made about some of the challenges of disconnecting these veterans so that they understand that people care and want to help and deal with their problems. Do you think it would be valuable to start earlier on connecting with those people in the Canadian Forces? For instance, sit down with those who are active today and build up a relationship with the Department of Veterans Affairs and let them know that this is not just you serve, you go, and we'll take care of you if something happens, or you have your pension or whatever it might be. We were told, I think it was last week, that the average veteran is now 43 years old. That's not a very old person as far as I'm concerned. There's a long-term relationship that needs to be built up as they go forward.

Could you comment on that, please?

Prof. Muriel Westmorland: I'll just comment quickly.

I would say absolutely—one word—in terms of your statement. We feel very strongly that early intervention is essential. In fact, there have been some strides forward, with Major-General Walter Semianiw leading the charge, along with working with his VAC cohorts in setting up the joint personnel support units. These are set up to deliberately coordinate together but to physically have VAC staff and forces staff there in the same building. The idea is that this not only physically sets the fact that there's communication between the two departments but that individuals also then have access to a joint event and an opportunity to discuss these kinds of issues. It's far from perfect yet because it's in its infancy, but it's a big start in the right direction.

Don would like to add something to that.

Col Donald S. Ethell: We go back to CFAC, sir, early deliberations, better part of ten years ago. DND was over there, VAC was over here. You got out of the military—I use my own case as an example—and five years later I thought I had a hearing problem. I do have a hearing problem.

I went to the VAC. It took months to get these microfiche out of here, and thank God in my release medical—although I'm healthy as a horse, jumping out of airplanes, all the rest of it—the doctor had listed six different things. The VAC individual, the pension officer, asked me why I hadn't applied for all of them. That's kind of irrelevant. That's just a personal story.

But there was a long process, and part of the process that we went through in CFAC was to bring these two organizations together. Our thinking was that there would be a seamless approach from the time Bloggins or Susie joined the military until they moved into the veterans arena and then expired.

Now, a lot of people have worked very, very hard to do that. As the professor has indicated, the JPSUs are a quantum leap forward in regard to having VAC and DND working together. They work together in the OSISS committee and so forth.

So there has been a great closing of the ranks. It's even to the extent, as General Sharpe has indicated, that maybe there should be VAC individuals over in Kandahar, as an example—it's pretty secure inside the camp—because, as the chair has indicated, one of the things that Chief of Military Personnel General Semianiw and Brian Ferguson and others support is early intervention. If there's a problem with an individual who has been identified in the military, be it psychological or physical, then VAC needs to be involved right at the beginning. We don't want this big gap in which literally years and years go by.

So there has been a quantum leap forward. Is it perfect? Of course not. This is something that has to be worked on all the time.

● (0945)

BGen Gordon Sharpe: The only comment I would add to that is we have Tim Hortons in Kandahar, and it's a neat thing to be able to go down and get your coffee and bagel in the morning. I think we could probably benefit from having a VAC presence in Kandahar. Kudos to what has happened. It has come a long way, but I don't think we should ever stop pushing for what we think we need.

The Chair: Your time has expired. Thank you very much for your answers.

Now on to the Liberal Party for five minutes. Mr. Andrews.

Mr. Scott Andrews (Avalon, Lib.): Thank you very much, folks, for coming in today.

First, let me congratulate you on this document that you've put together. It's quite comprehensive. It outlines everything quite cleanly, succinctly, and it's a very good read in understanding where we go in changing the charter.

Let me ask two questions, and if there's any time left, Madam Sgro has a couple of questions as well.

With regard to the recommendations—in particular, strengthening the family support services and 1.4 and 1.5, where we say provide more support to family members and support to survivors and families—you've got some strategies outlined here in this document. About the strategies, the VIP program, and how this program is helping veterans now, could you highlight some of the things that you would really like to focus on improving in the VIP program? It is a good program, but I'm sure we could make it better. The second part of that is providing respite care services. Could you elaborate a little more on that? You also talk about decommissioning some beds recently. It is an issue in my province, where there is a Department of Veterans Affairs thing there, and some modern-day veterans can't get access to the beds. So maybe you could elaborate on those two things.

Secondly, General Sharpe, when you mention losing track of veterans, I am astonished that Veterans Affairs Canada is not allowed to track our veterans and maintain a database of our veterans. I really think that is something we need to do, because unless a veteran comes to Veterans Affairs, there's no way to do outreach. It's so important to have outreach and maintain a list of veterans from DND over to Veterans Affairs so you can do the outreach.

It's just something we've talked about around this committee four or five times, and it amazes me that we don't have that ability. We can track everything else, but government is not allowed to track our veterans.

Prof. Muriel Westmorland: You've asked a couple of questions. I'll just make a brief comment about the importance of the caregiving role and the issues there, and then I'll ask Don to talk about that in more detail.

I myself have been a caregiver twice, having lost two of my family members to cancer. I know what the stress is like. In this instance, we're talking about a very, very stressful situation for most of the caregivers. One can say that if you love the person, you'll do everything for them. That isn't enough. The fact is that a number of people who are caregivers have lost their jobs in order to provide the care that is needed. As they age, there is the issue of not being able to provide supports, whether they be physical or psychological, because of the stress.

The caregiving world cannot be underestimated. We were very concerned about what needs to happen in order to strengthen that role and the fact that if an individual hasn't, for example, used VIP, then the opportunity to obtain that is not there. That's really a major concern, and I think Donald would probably like to elaborate on that a bit more.

● (0950)

Col Donald S. Ethell: One of the members of our families committee is Gwen Manderville. Gwen is the widow of Chris Saunders, the lieutenant who was killed in a submarine incident. She's a delightful lady. When her husband was killed she had a babe in arms and a two-year-old child. She was covered by the old Veterans Charter, such as it was.

I will digress for a moment. When we went through CFAC, we made a point of emphasizing to the traditional veterans—World War I, World War II, and Korea—that we were not going to make any recommendations that infringed on their rights and privileges. That's an aside, because we're concentrating on CF members.

Until March 1993, Joe Sharpe and I weren't considered veterans, regardless of our service. It was just traditional veterans—World War I and World War II. I'm getting off the subject here.

But in the case of Gwen Manderville, she's remarried, to a police officer, to which we said, “Geez, Gwen, can't you find a bank clerk or somebody to marry?” Anyhow, that's beside the point. She is a delightful lady. She was covered under the old charter. She sat with us in committee and she brought a lot to the table, particularly regarding VIP. She said she would have loved to have somebody take care of her kids for a couple of hours every afternoon; however, it “wasn't in the regulations”.

The VIP has been inserted into the new Veterans Charter now, not only with regard to individuals, but the family members if required. They've come a long, long way from having nothing to where they are now.

Sir, you made a point about the decommissioning of beds, which is a separate issue. I'll put on one of my other hats, from the veterans quarterly consultative group that we have with the Department of Veterans Affairs. We're aware of the decommissioning of beds across Canada. The good news is that they're decommissioned but they have not been given up. From my understanding from Veterans Affairs, there's still a string attached to them where they could activate these beds. It is a longstanding discussion or argument between the veterans organizations and VAC.

When we signed on to support the new Veterans Charter when it was going through Parliament and the process, we kept our powder dry. But there are two issues that were and still are on the table. One is the lump sum payment, whether it be giving the individual the option of a lump sum or annuity, and the other is long-term care.

The numbers of veterans are going down. When the last Korean veteran goes, there won't be any veterans beds left. We find that disturbing. As I said, the good news is that they're decommissioned, so the negotiations aren't over yet.

Having said that, to the credit of the Department of Veterans Affairs—and we've talked this through—rather than the individual going into a long-term-care centre, like the Perley Rideau, or the Colonel Belcher, in Calgary, and so forth, they take the service to the individual. In other words, they try to keep him or her in their home environment, which is where most of them prefer to be. You can take that with a grain of salt, but that's the theory, and in fact that's the practice right now.

Does that answer your question, sir?

Mr. Scott Andrews: It's good background information for someone who's new to the committee.

Thank you.

BGen Gordon Sharpe: Tracking veterans when they go presents a serious problem. There are challenges, and the bureaucracy will tell you about a lot of them.

I circulated an e-mail this week. We've been beating up on the system a bit, particularly on the mental health side. Young Frédéric was one of the reasons we've been doing that. The answer that came back written by a very senior medical officer in the Canadian Forces was that if they don't self-identify, the system can't help them. I have a difficult time accepting that as an answer, because it's a medical community. I understand that this is a restraint the medical community lives under. They have to; they can't fix that. The chain of command would not accept it.

I know from personal experience that if you have an individual in your command who you're having difficulty contacting, you will do anything and everything necessary to maintain that contact. That's why I say we keep beating this drum. This is a leadership issue, not a medical one. Tracking of our veterans is a leadership issue, not a medical one. We lose our reservists constantly, particularly our reservists. It's a serious concern.

● (0955)

The Chair: Thank you.

Mr. Lobb.

Mr. Ben Lobb (Huron—Bruce, CPC): Thank you, Mr. Chair, and thank you guys.

A lot of the questions we've heard so far this morning have been very detailed and to the point. For context purposes, I'd like to take a step back and lay some groundwork, using the thoughts or opinions you guys have. One is the relationship between your advisory group and the department. Do you think it's a positive relationship? Second, what other interactions do you have with the department, other than delivering your reports?

Prof. Muriel Westmorland: Actually, I was asked a similar question by General Dallaire at the Senate when I appeared a couple of weeks ago. We were set up as an advisory committee to advise the department. Having sat on VAC-CFAC, I had an understanding of what that meant. We had as our framework some very brief goals. We were left to develop these, and so we did, with much discussion. At every meeting, we had a senior bureaucrat, Darragh Mogan or Ken Miller, who would bring issues of policy to our notice.

I want to stress that our committee quickly established that, for information purposes, we wanted to have staff members from VAC present during our discussions. We requested people who were working in the programs related to economic issues, rehabilitation, and families. We invited them to provide us with information, and we challenged them along the way. That was the kind of process relationship we had.

In the beginning, the only directive we had was that this was an advisory group, charged with considering our stated goals, developing them, and reporting the results to the department. There were no constraints imposed on us in the performance of our task. I want to make that clear.

As to the report and its submission, we have improved some of the steps in our process. There have been some changes along the way, but we realize that there is still a lot to be done. That is the process in outline form.

I know that Colonel Ethell will want to add a few words.

Col Donald S. Ethell: To go back, the only time—and I'm sure our chair will indicate the same thing—something has been decided by the Department of Veterans Affairs was very early on in CFAC. In our deliberations we were given the challenge to rewrite the old charter or write a new one. We deliberated and discussed it and the decision was made by VAC to write a new one. Quite frankly, that made a lot of us quite happy, because we wouldn't be infringing on the traditional veterans.

Another point I would like to make is on the crossover of the various committees that we've discussed. We have a policy—in some portions of VAC they don't particularly like it, but that's just the way it is—where we have a crossover of the chairs of the various committees attending each other's committees. For example, although I was on her committee, I was also there as the chair of the mental health advisory committee, as was Professor Victor Marshall, who chairs the GAC, as was Bruce Henwood from the SNAG committee. The SNAG committee is meeting next week in Charlottetown on one of the routine meetings, and we will be there, as flies on the wall, and will make a short presentation.

We have found that this crossover of the chairs going to each other's meetings prevents a lot of duplication and is an exchange of information, to the extent that we have established an almost quasi-chair committee, if you want to use that term, with great rapport and so forth.

Is that—I hesitate to use the term—too powerful for VAC? I don't think so, because they know where we're coming from. It's all for the veterans and their families.

● (1000)

Mr. Ben Lobb: Thanks.

I appreciate the comment about the crossover. In my brief time of being a member of Parliament, I've often thought that different committees within the House, and Senate committees as well, could maybe learn a thing or two about duplication and crossovers, so I can appreciate your comments on that.

I have one other question. In light of the fact that you mentioned you do have a member from time to time at your meetings advising you or briefing you on policy or casework, do you feel within your advisory committee or group that you have autonomy, that your group is autonomous? Other than the one suggestion about rewriting it or doing a new one, have you ever felt pressure to appeal or appease the Department of Veterans Affairs in anything you have tracked down?

Prof. Muriel Westmorland: No. Basically, no. That would be my very short answer, because we really haven't. There was a very open and honest discussion at the very beginning, with Darragh Mogan present. We have it, I'm sure, in our record of proceedings somewhere, but he said very clearly "Make this report as honest as you want to make it, because we need to hear from an independent group". That is exactly what was stated.

Col Donald S. Ethell: If I may, that was to the extent, sir—and our chair will support this—that we were extended. We were supposed to be finished last year, and Mogan and company said "Get it right. Take a little more time." And as you can see, this report, in my opinion, is an excellent report and it has been well received.

The Chair: Thank you very much.

Now we will go on to the Bloc Québécois for five minutes. Monsieur André.

[*Translation*]

Mr. Guy André: I want to thank all of you for your excellent testimony.

I have two or three questions I want to ask. I will try to be brief, since I have only five minutes.

Ms. Westmorland, you have been a natural caregiver twice. It is very hard work. I looked into the issue of natural caregivers in my other career as a social worker. I worked with natural caregivers all the time.

We often hear about natural caregivers burning out and the sense of guilt they may feel. A lot of support has to be given to these natural caregivers. Today, various networks provide that support, such as the CLSC in Quebec, as more and more people are living with seniors who are losing their independence. It is the same situation. But I think your case is different because the stress level is even higher.

In the current charter, as compared with the old one, were adequate improvements made in terms of support for natural caregivers as far as respite care and budget go?

Does the new charter significantly improve upon the natural caregiver services available to veterans? What improvements would be needed in order to provide more support to natural caregivers?

I have another question, but I think my five minutes will go by quickly, so....

[*English*]

Prof. Muriel Westmorland: I'll make a comment first, and probably my colleagues will want to add something too.

Certainly in terms of caregiving, when the new Veterans Charter was written it was intended to cover some of those gaps that were present in the old system. Again, Don makes the quip many times, and I'm going to share it because I think it does illustrate the culture, which is if we wanted you to have a wife we would have issued you one. So often the wife is the caregiver. That was a very poignant description for me when I first heard it.

I've visited bases with Colonel Ethell and others and talked to family members. I visited seven bases while I was on VAC-CFAC. It was patently obvious at that time before the new Veterans Charter—because I visited MFRCs, I met with spousal groups—that the spouses were feeling very disenfranchised and not in the loop. They were given as much support as possible in the MFRCs—and don't get me wrong, those are wonderful organizations—but they were still saying the same thing: that they are secondary citizens and do not feel they have a place at the table.

You are right on the money: it's a very stressful role, and when they were stressed out they felt they had to struggle to find the help. The MFRCs do a fairly good job serving members, but once the person becomes a veteran they're out of that system and then it becomes extremely difficult to get the kind of support that's needed.

VIP, as Don already mentioned, has improved things, because there are built-in opportunities there to support the caregiver, but it still has a way to go. Again, I think it is that bureaucracy and getting it organized quickly enough so the caregiving individual knows they really are cared about and they are equally important because they are supporting the individual who has been through such a traumatic experience.

Would you like to add something here, Don?

● (1005)

Col Donald S. Ethell: I don't know if the committee is aware of the Military Family Resource Centres at DND. It's not a VAC thing. Where a family is taking advantage of an MFRC, and I think there are 34 of them across the country and overseas, once the individual is released then his or her family—I almost used the word “dependants”, which is not a term you are allowed to use any more—would have to leave the MFRC.

So it may involve VAC, in that one of the recommendations we put forward was there could be a mechanism in place to have them continue, if required, to facilitate or have access to the MFRCs.

The MFRCs are in some ways autonomous from the chain of command locally, but General Semianiw's initiative a couple of years ago brought them together, meaning—and I don't speak for DND, but I've listened to him explain—you shall implement these programs in each one of your MFRCs and here is the funding to do it. Each MFRC of course does its own fundraising to take care of other issues, but in this case he dictated that certain elements of this matrix—if you want to use that term—were imposed from NDHQ. It's not a question of Big Brother watching; there was a disparity between the poor MFRC and the rich ones primarily in some of the more affluent provinces. I won't mention Alberta because I live in Calgary but they've got a very rich MFRC because they've got a lot of corporate backing. But compared to some of the others they don't have the money; Semianiw's choice sorted that out.

The Chair: There are so many acronyms around that I want to make sure that everybody knows that Military Family Resource Centre is MFRC. I'm sure everybody knew, but I thought as chair I should give everybody the benefit of making sure we are all on track with that one.

We are moving back to the Conservative Party for five minutes. Mr. Lobb.

Mr. Ben Lobb: Thank you again.

In our previous study we studied the programs compared to other G-7 and G-8 countries, the complete realm basically of everything from A to Z. I think it did provide a lot of input for the Department of Veterans Affairs to take a good look at where we're heading to. Obviously, there is always a lot of discussion and a lot of head scratching as to how you actually compare payouts, compensation, because of the different medical system jurisdictions throughout the world. It is quite a thing to try to wrap your head around it.

The one thing that consistently popped up in my head or raised a red flag, from what I could see—and probably my colleagues would tell you I mention this quite a bit—is financial literacy. There has been some discussion today about the relationship between DND and Veterans Affairs and the ongoing commitment to make that a very tight and fruitful relationship. In your observations, we've had some comment from Veterans Affairs that they do provide some financial literacy or some financial tools, and I understand DND is also beginning to do that as well. In your opinion, is there some more room for improvement?

We know in your recommendations there are pieces in there. In your opening deliberations today you mentioned several components about financial pieces. But what about the literacy piece of it? People who obviously are disabled from service have limited abilities to earn—I'm just being honest—and need to be able to manage it as effectively as they can. Do you have any thoughts or opinions on this piece?

● (1010)

Prof. Muriel Westmorland: Definitely. I would make a comment and then the general will follow up.

The issue of financial literacy—I really like the term—is critical. I think quite frankly in the past, and still it's currently happening, there was a tendancy to think, “Well, here are the benefits for you; you should embrace them, and that's great”, without really spending enough time helping individuals to understand what this means. In the report we talk about the fact that if the lump sum payment is actually being handed out, we would like to see more in the way of help around the financial literacy issue, and I have suggested structured payments would be an option.

It's overwhelming to people to understand how they're going to manage. They're dealing with enough trauma getting back on terra firma and back into civilian life, if that's the issue, or even adjusting to a different role within the military, than to have to struggle to find out what it is these payments mean. There's impact if they have families, and most do: how are we going to manage? We know from the research on determinants of health that one of the major determinants is the economic and financial aspect of life.

We felt very strongly that enough wasn't being done, to be quite frank, and I think your point about financial literacy certainly embraces that. We'd like to have more done in the area of assistance and help to individuals to understand what these payments mean and how they can actually use them to benefit their own family situation or their own individual situation.

General.

BGen Gordon Sharpe: Just very briefly, one of the issues that we did identify was there is a $500 figure that is granted to provide financial advice, which I think is probably too little too late in terms of the process.

This is coming back to the earlier issue when we were talking about transition between military life and civilian life. I don't think this can happen just at that point; it has to start inside the service career. I think Walter Semianiw is actually working on that, if I'm not mistaken, and making a lot of those progressive approaches to dealing with it. So it's starting to work on financial literacy early on so that as you transition out then it's not a new thing.

The point that Muriel makes is a very good one. This is the worst possible time for people to get a large cheque, particularly if the psychological or physical transition is really difficult for them, or that sort of thing. We have to do a little bit better there.

Again, this is one of those ones where you balance the individual's rights to certain things with the system of caring for the individual. To have a little bit more of a transition under the guidance of the chain of command is my sense, my feeling. The leadership has to continue to take an interest in these folks as they transition and to work more closely with the Department of Veterans Affairs than they have in the past. I know personally I've had a couple of opportunities to present very large cheques to individuals who have fought the system for very long periods of time. It wasn't always with a really positive feeling that you handed this cheque over to someone who was in the throes of still dealing with alcohol or drug dependencies, anger management issues, policing issues, or family violence issues. It's all those things, and you're handing them a cheque for a couple of hundred thousand dollars. It's not a good feeling from a command leadership perspective. So I think there's some work on that side.

The Chair: That's the round. There is a second round for the Conservative Party, so if you had more questions, as long as your colleagues are okay with it, you could.

Are there no other questions? Okay.

We'll go over to the Liberal Party for five minutes. Madam Sgro.

Hon. Judy Sgro: Mr. Chair, we normally don't have this much time to go around. What time does the NDP get another opportunity, or do they?

The Chair: Yes, they do, in the third round.

Hon. Judy Sgro: And we're in the second round now.

The Chair: That's correct. If you want me to be specific, we are three spots from the NDP spot, if that's what you'd like to know.

Hon. Judy Sgro: I don't usually worry about those things. I only want to continue to fight for fairness. I think I've indicated that's an important issue for me, and it means fairness whether I always like it or not. I'll always fight for fairness, and Mr. Stoffer's questions are always quite enlightening.

Mr. Peter Stoffer: Is that comment on the public record? We're not in camera, right?

Hon. Judy Sgro: It's okay, I'll take it away in about half an hour.

I have a couple of questions. Going on to your report, where you talk about the earnings loss benefit, it's not considered earned income. I'm seeking your advice, because I think there are issues this committee would like to see changed, especially in and around that economic issue. Why is it that there aren't contributions done on an annual basis for those individuals who are no longer able to work to their CPP, so that when they get to 65 they have a CPP that at least gives them more than the very small amount they would currently get under the examples you put in here?

● (1015)

Ms. Muriel Westmorland: I'm going to ask Joe to respond to that.

BGen Gordon Sharpe: The earnings loss benefit is not considered earned income, but it is taxed, which is interesting. That's another one of our concerns, that we tax these benefits. It's not considered earned income for the purposes of the CPP, or for your registered retirement savings plan. Quite frankly, our sense is that this is wrong. It takes away the ability of the individual to increase their retirement benefits, and of course when they hit age 65 it ceases, it stops. It's a double whammy, if I can use that term. I think we've expressed that in the report, that you're not allowed to build up your own retirement benefits, either through the Canada Pension Plan nor through an RRSP based on this as earned income, but you lose it at tax, and at 65 you lose the whole damned thing. It's simply not a good situation.

Hon. Judy Sgro: In your work you have so many different committees, but do you have a group within the work that you're doing specifically dealing with the economic side, which would be pushing for these kinds of changes to happen?

Prof. Muriel Westmorland: Our particular committee obviously has the three working committees under it. That has functioned independently, to some degree, although obviously with the discussions having Veterans Affairs staff present, there's a lot of informal communication as we discuss it, but there has been no separate group struck.

BGen Gordon Sharpe: In fact one of the advantages of the way the Department of Veterans Affairs works with this committee is that some of the ideas, as they came up around the table, were taken back into the organization and have subsequently been introduced, and are being introduced, as changes.

In fact, from the economic needs side of it, I found Veterans Affairs to be extremely open and receptive to these ideas. In fact, I would go as far as to say it's a fairly courageous thing to put this kind of a group together, because you're going to get criticized. Even if you accomplish a lot, there are always going to be other things left to accomplish. In the economic needs side, there are several of these major issues that would be a challenge, and they will be a challenge to implement.

For example, if we were to decide not to tax, as Dr. Neary's research indicated in the past, the 75% figure was used because it was a non-taxable benefit. We've kept it at 75% but made it a taxable benefit, so we've actually reduced it further. We don't escalate or have any kind of increase in the base. If you're a young private or young corporal when something happens, that's it. For the rest of your career, your entire pension time is based on that original salary.

We're suggesting strongly that this be pro-rated over the years, assuming that the average corporal would eventually become a sergeant, would eventually become a warrant officer, etc., and in some phenomenal cases, like the officer to my left, eventually a colonel. There is a significant increase that would come if we were to allow that baseline to keep moving forward as a normal career would. There's a variety of those that we have identified and fed back into the Department of Veterans Affairs, and they're in various stages of staffing.

Prof. Muriel Westmorland: Don wanted to add something quickly, if he may.

Col Donald S. Ethell: Yes, and I forgot. Another senior's moment.

Voices: Oh, oh!

Col Donald S. Ethell: He puts me to sleep all the time.

Voices: Oh, oh!

● (1020)

Hon. Judy Sgro: Has it come back yet, Don?

Col Donald S. Ethell: I'll think about it. I'll give you a call tomorrow morning.

Hon. Judy Sgro: I guess part of us trying to make sure that we're moving these things forward is if you had a group, if you pushed to establish a group just to deal with the economic issues, the more pressure you put on—you have so many issues here in this excellent report to look at—I guess I always go back to those economic ones being so very important. If you had a group formed and you spend the next year just hammering away at those issues and coming back to visit us periodically so we could assist you in whatever way we could, if we could improve some of these economic pieces, it would improve the quality of life for so many people.

Prof. Muriel Westmorland: We hear you, and Don is actually—

Hon. Judy Sgro: Don's got it back.

Col Donald S. Ethell: Thank you, and I appreciate your patience, Mr. Chairman.

It's the term “Think outside the box”, because when they started CFAC, the then deputy minister, Admiral Larry Murray, cracked the whip over in the Department of Veterans Affairs and got them thinking on behalf of the veterans instead of the bureaucracy. And that permeates all the way through CFAC and his successor, Jack Stagg, may he rest in peace, and of course Suzanne Tining.

But the point has been made by Brian Ferguson and Darragh Mogan. They have to do it. They prefer to do it. Yes, it may be necessary to go to a legislative change, and that's when you folks get involved, even more so. But to do it within the existing regulations —and if possible if there's an issue or a problem to be solved, think outside the box. How can we make it work within the current authority? I don't work for VAC, but I hear them and I believe them, having seen that they're trying to make it work within the regulatory licence. As you know better than we, there are obviously financial concerns in all government departments, including Veterans Affairs. They're doing what they can within the regulations.

Prof. Muriel Westmorland: Is it possible to have Dr. Loisel just make a quick comment? He wanted to respond to Madam Sgro.

[*Translation*]

Dr. Patrick Loisel: Another way to improve the economic situation of veterans is to help them return to a normal civilian life that includes employment. Not only would it help them financially, but it would also improve their self-esteem, their confidence in life and so forth. That would be rehabilitation done the right way. Up to now, it has not always been done well, based on what we have seen. That is definitely the best way to help someone achieve independence.

Obviously, there are extreme cases, but for many, giving them the possibility of employment is also giving them financial independence, and personal pride.

[*English*]

The Chair: Merci.

Now over to the Conservative Party, and then the much-wanted New Democratic spot will be available. Five minutes.

Mr. Colin Mayes: Thank you, Mr. Chair.

I really appreciate the comment that was just made, and that was kind of a follow-in to the question that I had. Really, mental health has a lot to do with or is improved by the feeling of accomplishment, a contribution to society, and that can come through employment. I think if you're working and contributing, it's good for your mental health. On the private and the public employment opportunities that might be available to those who are leaving the forces, as I mentioned earlier, the average age is 43. There are lots of good years there.

So I was wondering, did the committee look at how they could communicate with those who might employ these veterans, and work with them and find out what they see as support that could help that transition to employment, not only with the skills training but also just being in a different work environment?

Prof. Muriel Westmorland: That's an important question, and it's one that Patrick and I are particularly concerned about. Having considered “return to work“, we became interested in communication with the employer. This came up in the meeting, and I think Patrick will add to what I'm going to say. But we didn't actually spend the amount of time that it would take to discuss how this could happen. We didn't include a number of steps in the report. But you're right on the money—you really do need to be in touch.

I have since talked to the manager of rehabilitation, Brenda MacCormack, about the importance of linking with employers. It's a different culture. I worked with CEOs of companies for many years, and they used to say to me that they were one culture, and I was the other. I was health and rehab, and they were business, and they didn't really understand what I was trying to get them to do. So in my community, I formed an employer rehabilitation and health care specialist group to break down these barriers.

Then we have the culture of veterans in the military, which is a whole different culture. It is different from one made up of individuals who have never served. So you have a number of things that need to be interpreted. The research will tell you that the middle manager is usually the key person who can make or break a person's employment. It's not the CEO of the company. If they're on board, great, but it's the middle manager that counts, and if you don't have that person buying in to having individuals return to work, it's going to be a huge battle. So that's a big piece.

We didn't get into the specific details breaking it down. Patrick, do you want to add to that from the discussions in the committee?

● (1025)

[*Translation*]

Dr. Patrick Loisel: That is a very interesting issue. Scientific studies done in the past 20 years, and I had a hand in many of them, show that return to work is very dependent, during the rehabilitation phase, on an early connection with the workplace. I am not just talking about veterans but in general. For a veteran who has done little or no work as a civilian, return to work is even tougher, but there needs to be a link with the employer. I think that veterans, as an organization, certainly have the potential to establish ties with employers and to facilitate that transition.

But, to be quite blunt, we need to show them the workplace, what it is. How can someone who has never held civilian employment or who is injured and feels like a lesser person or who has psychological issues return to a workplace? We have to show them that workplace. We have to facilitate their return to work. We have developed methods to help do that.

I believe the report really recommends using this new knowledge so that reintegration into civilian life and employment is very much tied to the workplace.

[*English*]

The Chair: Thank you, Monsieur Loisel.

Now it's on to the New Democratic Party, and it's I guess somewhat tragic that Madam Sgro isn't here.

You have five minutes, sir.

Mr. Peter Stoffer: I thank my nominee for the opportunity to speak.

Some hon. members: Oh, oh.

Mr. Peter Stoffer: And I thank you, Mr. Chairman, and everyone here today.

Page 28, I can't thank you enough for the words, “provide VIP benefits to all veterans and families”. I have one question there. You have an RCMP member on your panel. The RCMP have been asking for VIP services for quite some time. On page 28, when you say “veterans”, do you include RCMP members, or is it just an oversight that this is not specified?

Prof. Muriel Westmorland: We recognized early on that RCMP veterans are veterans. They are looked after to a large degree by the Department of Veterans Affairs, although there are some significant differences. So while we didn't articulate that, we were including them in that grouping.

Col Donald S. Ethell: The RCMP didn't sign on to the new Veterans Charter. Some of us think that this is a shame, as do a lot of the RCMP members. That's internal politics, and it's been pointed out to them. For example, we have the mental health advisory committee meeting coming up on December 1 or December 2. We usually have one or two, but this time we have five coming, because of their concern about mental health. We hope this will assist in the process of trying to convince the RCMP to come on board with the new Veterans Charter. When you're wearing a uniform, whether it's in Haiti, Sudan, or Afghanistan, it doesn't make much difference what your shoulder pad says.

● (1030)

Mr. Peter Stoffer: Right.

I can't thank you enough for that. And I want to thank you very much for something else. We did a press conference a few months ago on the future of these hospital beds for modern-day veterans.

Right now, Donald, there won't be a bed for you when you need it. There'll be a bed provincially, but not federally.

Whether you served in World War II or Korea or World War I or modern-day, as we say, I honestly believe there should be beds available for our modern-day veterans when they require them. If it's handled by the federal government, working in conjunction with the provincial, that's fine too.

That said, thank you for raising the taxable earnings loss. I think it's a shame we tax that. It's something to work at.

Michel has to write a report for our committee on the new veterans charter. We should just take yours and put our name on it. I think that would be great.

My last thing for you is from page 46; I want to read from it and put those words on the record. I think it's absolutely poignant what you said here.

I was here in the House of Commons when the House passed.... We had our regular payments, our paycheques, and we had our taxable benefits. In three hours, we in this House gave ourselves a 20% raise. We moved a complicated bill through the House and through the Senate. The following day, the Usher of the Black Rod made it into law. So if we can move that quickly, I think we can move, after four years, much faster.

Again, thank you so much for putting this down:

> We urge Veterans Affairs Canada to act now: to respond quickly to our recommendations. And we commit to continuing to work with Veterans Affairs to put the Living Charter into action.

I know that from the minister on down, every single person at DVA, including the government and opposition, knows that you have unlimited liability. But at the end of the day, we have the ultimate responsibility for your needs, all the way to and including the headstone.

I'm frustrated, like everyone else, by the slowness of this. I don't have PTSD. I don't have a service career. I don't have a disability where I'm 43 and at home, and my wife, who I love so much, is under stress and thinking of leaving me because I'm no longer the man I used to be. This is what happens.

I can't thank you enough for the work you've done. Try to encourage DVA to move much faster than they are now. Whether it's legislative changes or whatever it is, as they say at the Olympics, “get 'er done”.

Thank you very much.

Prof. Muriel Westmorland: Thank you.

Col Donald S. Ethell: I appreciate your remarks regarding the long-term-care beds. General Sharpe has his room picked out at the Perley-Rideau, and I have mine picked out at the Colonel Belcher. Hopefully things will move forward before we need them.

BGen Gordon Sharpe: Except he uses his every afternoon from two to four.

Mr. Peter Stoffer: The other issue is the ability for members of the service, when they get out, to continue using the staff hospital. That service gets cut off. It's something we need to look at.

But that's outside the Veterans Charter.

Col Donald S. Ethell: If I may, Mr. Chairman, on a serious note, when we were bouncing around the bases, a couple of us went to 18 different bases. It was heartbreaking for a couple of us old vets to listen to the stories from the soldiers. That's when we asked the professor and a couple of other female members of our staff, and Deborah Harrison from UNB, to visit the bases in Ontario to bring the families on board and so forth.

It really was heartbreaking. I can think of one case in Comox—Joe knows this better than I—where a lady had a full-time professional job and her husband had OSI, really heavy-duty OSI. He was out looking at trees all the time. They had a couple of kids.

The base really didn't want to have anything to do with it. It was “Go and see the doctor. It's a chain of command responsibility.” She lost her livelihood. They lost their house. They were in debt and so forth. When she asked the military and VAC, “What can you do for me?”, the answer was, “Not very much.”

That's the kind of thing that sticks in the backs of our minds when we're going through these deliberations. There will always be other horror stories out there, suicides and so forth. You can only do so much.

I talked to this kid in Calgary who was as happy as a bug in a rug. He was married, had a couple of young kids. He came to our ceremonies, and six days later he blew himself away. Can you counter that? No, not at all.

Mr. Peter Stoffer: Thank you so much.

Thank you, Mr. Chairman.

The Chair: We'll move now to the Bloc Québécois.

Monsieur Roy, five minutes.

[*Translation*]

Mr. Jean-Yves Roy (Haute-Gaspésie—La Mitis—Matane—Matapédia, BQ): Thank you, Mr. Sweet. It is a pleasure to see you again, especially since I have been on the Standing Committee on Veterans Affairs before.

I have a question for Mr. Sharpe. In your presentation, you mentioned that the compensation paid out to veterans is equivalent to approximately 50% of what is usually paid out to members of civil society.

I want to know whether you did a study or whether you have comparison tables you could give us on that.

For example, in terms of the Quebec worker's compensation board, the Commission de la santé et de la sécurité du travail du Québec, what is the difference between what is paid out to veterans and civilians? What is the difference in relation to other government agencies that provide benefits?

Is there a study that compares the amount paid to veterans versus civilians?

● (1035)

[*English*]

BGen Gordon Sharpe: To be quite honest with you, I'm not entirely sure if there is a published study. Patrick may have a better sense of that.

The statistics we used actually came through Brian Forbes, who is a lawyer working with War Amps. What he was doing was comparing the average settlement to the average payment out for similar injuries in the Canadian Forces. That's where the 50% figure came from. It was an amalgam of court settlements and out-of-court settlements and so on for very similar injuries. So that's where that figure came from.

The other figure that concerns us though is when you take the pension that is paid at 75% of your base income at the time the injury was sustained and then tax that, you drive it down another 20% or 25%. So you're getting down again to about the 50% figure of the income that you have been used to as a family and it's then frozen for the time that you're on that.

[*Translation*]

Mr. Jean-Yves Roy: For example, the benefits paid out by the Commission de santé et de sécurité du travail are not taxable. But you are saying that the compensation paid out is taxed. That is a pretty important thing to mention.

Mr. Loisel, I have another question for you. I worked in rehabilitation for a while, seven years, in health services. What you are saying is extremely important. Unfortunately, I had to leave to go to the House.

What is lacking in rehabilitation is supportive care and attention. You cannot leave an individual alone. They need someone there helping them. We need an individualized service plan for every veteran. When you say that there is no link between the military and Veterans Affairs, you are right. I have seen many cases like that. The problem is that there is a complete and total severing of ties when the person leaves the armed forces for civilian life and becomes a veteran. That is the problem: there is no more supportive care. At the same time, I think I saw that access to services is essential. When someone does not get any supportive care and has to deal with bureaucratic red tape, which I know well, they have a serious problem.

Every veteran who is struggling needs an individualized service plan, as well as someone to provide supportive care, be it a person from the department or someone else. They need a representative. Right now, that is not happening. A veteran may have to deal with 10 or 12 different people. It is never the same person, so there is always a problem in terms of knowing their case.

I think that is where the problem lies, but I don't see that in your recommendations.

Dr. Patrick Loisel: You are absolutely right. I think that supportive care and attention and individualized services to aid with reintegration are essential. We identified the problem of transitioning from active duty to life as a veteran. I think improvements are underway in that regard, and they are being well received.

What is currently missing—and I should say that this is not just a problem for veterans, but also, unfortunately, everyone, because these are new concepts that are not well provided for in the legislation or in society—is supportive care that targets work rehabilitation, up to the stage of returning to the workplace. Even health professionals have a lot of trouble providing that kind of care, meaning, getting away from the health setting and going into the workplace.

In the case of veterans administration, in particular, one thing is simple: the strength of the veterans administration versus contact with employers. Veterans have options that may not be available in other systems or fields. The need to improve rehabilitation is very real. Numerous studies are piling up that show just that. Work rehabilitation cannot happen without ties to the workplace. The workplace aspect of rehabilitation is the most important part. I showed that, as have a number of my colleagues. A study is coming out soon in the *British Medical Journal*, one of the most prestigious publications of its kind in the world, and it confirms that ties with the workplace are crucial.

We need to use this transition to the new charter as an opportunity to really introduce this new knowledge into the system of veteran reintegration.

● (1040)

[*English*]

The Chair: It appears that the Conservative Party and Liberal Party are resting, so if you have another question, you can pursue it.

[*Translation*]

Mr. Jean-Yves Roy: One last thing. I am not sure whether you know the Office des personnes handicapées du Québec. It was created to provide individual supportive care. We are talking about workplace reintegration. I think they are doing it successfully and that such a model should be used for veterans who are struggling. That was just a comment.

Dr. Patrick Loisel: Absolutely, but I think the CSST could also benefit from that comment.

Mr. Jean-Yves Roy: Thank you.

[*English*]

Prof. Muriel Westmorland: Can I add a quick point to this issue of accompaniment?

There's also a major problem with the kinds of rehabilitation services across Canada. Unlike Australia, we don't have a federal rehabilitation system that has a quality control mechanism. It's all provincial. As somebody who's worked and returned to work in rehabilitation for years—for all my clinical practice I've worked in the U.K., Australia, and here—I can tell you that there is a huge variability.

We've had a lot of companies that have come up with glossy brochures and glossy information that says they are the best vocational rehabilitation companies since sliced bread. It's very dangerous. They use statistics, but they don't really know what correlations and standard deviations mean, and the statistics are used to try to give the impression that this is the best program. Lawyers love that kind of stuff, so they take it and they figure it must be good. That's not true, because as Patrick's evidence will definitely demonstrate, it's complex. It's a complex area. It is not as simple as saying, “Okay, you have a fractured leg; we'll get that better, and I'm sure we can accommodate you in the workplace.” It's much more complex.

The other problem is resources across Canada. We don't have continuity, we don't have consistency, and we have huge differences among provinces in terms of what rehabilitation is. As an academic rehabilitation professor—retired, admittedly—I've been very involved with what's happening across Canada. There's been a huge shift in coming to terms with rehabilitation that is actually rehabilitation research. We haven't had enough of that. Things have improved, as Dr. Loisel has already mentioned, and that's a great improvement, but it is a huge issue when we come to rehabilitation. It's that variability right across the board. Am I right?

[*Translation*]

Dr. Patrick Loisel: Absolutely. That consistency is missing. Right now, there is a lack of understanding around what needs to happen with workplace reintegration.

This may be the time for the Department of Veterans Affairs to show leadership and create pilot programs, which could be assessed, designed to help veterans transition to and learn about civilian life, and return to work.

[*English*]

The Chair: Thank you very much.

I have a couple of questions myself before we go to some business.

You mentioned that programs are based on the insurance principle. Give me an idea about how many Veterans Affairs Canada programs are based on the insurance principle.

Prof. Muriel Westmorland: In terms of the programs, I think we're talking more about the economic issues than anything else. We're not talking about other programs per se.

The Chair: So it's strictly the economic benefits. Is that the full scope of them?

BGen Gordon Sharpe: That's pretty much correct. The insurance principle underlies them, but there's also the alignment with SISIP, the service income security insurance plan, which is an insurance-backed and insurance-based system. I think it's Manulife. Veterans Affairs aligns their programs with the constraint and restraints that are inherent in the SISIP program, which is an insurance program. I would hesitate to say it's all of the economic benefits, because I'm not 100% positive of that, but virtually all of the income-type programs are insurance-based, although they are moving intentionally to a needs-based approach on these things. However, the constraints that are based on an insurance principle remain: 2% a year, taxable, and that sort of thing.

● (1045)

Prof. Muriel Westmorland: I should add something, though, to clarify. Because SISIP runs the vocational rehabilitation programs within the forces, that is seen as a constraint, because they have one approach, and then VAC needs to have the continuity. That's been a big issue in terms of the lack of integration and consistency between the two. That actually is another point about the constraint.

The Chair: Thank you.

Could I just have somebody verify whether these are 15-minute or 30-minute bells?

Mr. Mike Wallace (Burlington, CPC): They're 30-minute bells.

The Chair: They're 30-minute bells. Thank you.

Mr. Ethell most of the testimony that we've heard before the committee has been that most veterans would want to stay in their home, but you looked like there might be something suspect around that. I just wondered if you had some specific evidence or had some specific input around the fact that may not universally be the case.

Col Donald S. Ethell: No, and I don't want to create the impression that there's a large number of people out there who would prefer to go into a facility. It depends on which facility you're talking about, to be quite frank. There are some facilities that are top-notch, and they provide all sorts of services. It's very beneficial for them to be in there. Conversely, there are others that, because of the differences from province to province, if not from city to city, it's less than desirable to go into that facility.

I go back to the point that the Department of Veterans Affairs is making a conscious effort to try to treat the individual in his or her home, and that's the bottom line. If I created the impression that there was a whole whack of people out there that don't want that service, I didn't mean to mislead you, sir.

The Chair: No, that's why I asked the question. That's great.

Finally, you alluded to the fact that you did have a positive relationship with Veterans Affairs Canada. And I appreciate the fact that you had mentioned on several occasions that the government had very clearly said it wanted to hear the good, the bad, the ugly, whatever your findings are. So that's good. But you did mention again, Mr. Ethell, a concern about the crossover of chairs. Is there a concern, or were you concerned that there might be?

Col Donald S. Ethell: No. I think it's natural for our bureaucracy to be suspicious when they haven't thought of it. We thought of it, okay? And it's been very well received. Senior management sits in on three of the four committees. They don't sit on the mental health advisory committee yet, but we're working on that, and the other chairs will be there.

I think there was some hesitation on the part of VAC. When you've been a bureaucrat for 25, 30 years, and somebody comes up with an idea that's different, and he or she hasn't thought of it, then it could be suspect. And I won't name the individual.

The Chair: I know that in the corporate world there's a syndrome that they often call the “not made here” syndrome, so I think there's some similarity between those.

I would like to say, and I think it's very safe to say on behalf of all the committee members, that this was an extraordinary session with high-quality evidence. I just wanted to thank you for your testimony and thank you for your time coming here. Great information.

Some hon. members: Hear, hear!

The Chair: And now Mr. Andrews has some business and he wishes that I allow the witnesses to be excused. I would ask you to do that expeditiously, because we have a vote. That's not so much for the witnesses, but let's not have a lot of members running up and shaking hands.

We need to get back to order. We have to finish our meeting on time, because we have a vote in the House.

Scott, you might want to go ahead or the time will vaporize.

● (1050)

Mr. Scott Andrews: Thank you, Mr. Chair.

I have a point arising out of our last meeting. I know this committee usually works fairly well and fairly collegially, but I'm very disappointed and I've got to put it on the record.

After the meeting earlier this week, Mr. Stoffer went out there and accused that members of the Liberal Party voted against his motion or abstained from his motion. The record will show that this member of the Liberal Party supported Mr. Stoffer's motion.

I found it very disheartening getting e-mails and contacts that I, as a member, abstained from the motion. As the record will show, I did support Mr. Stoffer's motion.

I'm very, very disappointed about the politics that have been played here with this particular motion, and I would like an apology.

The Chair: Thank you, Mr. Andrews.

Mr. Stoffer and then Madam Sgro.

Mr. Peter Stoffer: Yes, and actually when I was sitting right here, I didn't see Mr. Andrews' hand go up. So when I mentioned the fact that Bill C-201 effectively died, I had indicated to the three people who originated the bill that the Liberals had abstained. But Mr. Andrews then pointed out to me, the other day actually, that he indeed did support it, although we didn't have a recorded vote of whose names were there.

So effective this morning, Mr. Andrews, I've already sent out a notice saying that you indeed did vote for it. That has gone out to all the people who've had this already.

I do apologize for that.

Mr. Scott Andrews: Thank you.

The Chair: Thank you, Mr. Stoffer.

On the same point, Madam Sgro.

Hon. Judy Sgro: Yes, just to put it on the record, I supported Mr. Stoffer's bill coming to committee so that it could be fully aired and everyone would fully understand those difficulties on that issue, which continue to be used in a variety of circumstances. I abstained specifically because I view the work that we're going to do on this charter as our legitimate avenue to have something we can make some serious recommendations on, to make changes for the future that may be required, and Bill C-201 wasn't the vehicle to do that.

The Chair: Okay. I seldom put in any input, but I feel compelled to. I think one of the things that I have enjoyed about these almost four years of service on this committee is that we have all had an understanding that we—and I've said this publicly, by the way, at events—may disagree on policy, but everybody in this committee is dedicated to the fact that there will never be enough money and there will never be enough that we could do for veterans.

I would like to hope that this spirit will abide in this room and outside the room, and that although we may not agree on specific policy, everybody's intention is to do the best we can. We know, as Mr. Stoffer said earlier about unlimited liability, that these women and men go into the battlefield ready to give the greatest love, because no one has any greater love than to lay down their life for their friends and for us. I think we should go on in that spirit and make sure that we restrain ourselves in that way in our behaviour during and after committee.

I have one brief thing before we go. I don't think there will be any objection, so I'm not going to go in camera. I had a brief discussion yesterday with the Canadian occupational therapists group. I think they have a substantially good addition to bring to the committee as far as our report is concerned. I hope you don't mind if we just add them to the witness list. They have some great expertise as far as some things go, things that they feel need to be changed at Veterans Affairs Canada.

Madam Sgro and then Monsieur André.

● (1055)

Hon. Judy Sgro: As we're going through this process and hearing ideas and thoughts, I don't know who would be appropriate, but on how they handle the CPP issue that we discussed briefly today, who would it be who could come here and give us more information? If that's an area where we see a need for change, who would come before the committee? Maybe we can just leave that with the clerk.

The Chair: I was going to say, Madam Sgro, that probably there will be a number of other issues that we want to point out, and that maybe in our last meeting on a review, regardless, it will be the officials again. We'll probably have a list of these things we want to clarify, things that we've heard testimony on but for which we want to make sure that we know what the department is doing about them or what it has done.

Monsieur André.

[*Translation*]

Mr. Guy André: As for the Ste. Anne's Hospital study, which is set to come out on December 10, I gave the clerk a list of suggested witnesses. They are union officials. We talked about meeting with executives from Ste. Anne's Hospital. I am not sure whether we could meet with the union officials during the same meeting. The witnesses could all appear at the same meeting. It would give us a chance to hear different points of view and thus get a better overall sense of what is happening at Ste. Anne's Hospital.

The Chair: Thank you, Mr. André.

[*English*]

The meeting is adjourned.

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