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Chair

Mr. David Sweet

Standing Committee on Veterans Affairs

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● (0905)

[*English*]

The Vice-Chair (Mr. Robert Oliphant (Don Valley West, Lib.)): Good morning, and welcome.

My name is Rob Oliphant, and I am the vice-chair sitting in for David Sweet, who is the chair, until he arrives, which should be shortly.

I am now calling to order the Standing Committee on Veterans Affairs, meeting number 35.

We welcome our witnesses this morning. Thank you for coming to this committee.

We are undertaking a study on the new Veterans Charter. The study has been going on for a few weeks and we've been hearing witnesses. This is a continuation of that process.

We have three sets of witnesses today. I don't know whether you've spoken among yourselves about going in a particular order. If you haven't, I would suggest that we hear from the ANAF vet group first, then from the Canadian Association of Veterans in United Nations Peacekeeping, and then from the occupational therapists group. It will sometimes be a little bit awkward, in that you all won't be coming at the review of the Veterans Charter in the same way, but we have a standard practice here of hearing from all the witnesses first, about ten minutes from each group, and then we turn it over to the members of the committee to do questioning. We'll take that questioning for the next hour or so after that.

I'll call upon Mr. McCartney first.

Mr. Lorne McCartney (Dominion Secretary-Treasurer, Army, Navy and Airforce Veterans in Canada): Thank you, Mr. Chair and members of the Standing Committee on Veterans Affairs. It is an honour to be here today to discuss veterans issues as they relate to the new Veterans Charter.

I am here today representing our president, Mr. Gordon Marsh, and I am speaking on behalf of the executive and members of Canada's oldest veterans organization, the Army, Navy and Air Force Veterans in Canada, abbreviated as ANAVETS. We were founded in Montreal in 1840 and Queen Victoria signed the charter for our first unit. At the present time, we have approximately 16,000 members across Canada, formed into 68 units under seven provincial commands. Our association has been involved in all aspects of creating the new Veterans Charter and continues to work at improving the many aspects of this very complex document.

As a veterans organization, one of our foremost concerns lies with military personnel who have been injured, either physically or psychologically, while engaged in their duty. We believe that when the Canadian government dispatches a military force overseas to further its international aims and objectives, our nation has an inherent obligation to provide the best possible care and support to those injured in the line of duty.

When we look at a soldier—I use that term in the general sense, referring to all members of the Canadian Forces—responding to the call to duty, we must go beyond the individual and consider the whole family unit. It is so often the spouse who must give up a career to follow his or her spouse through various postings and all too frequently is forced to raise a family alone while the member is absent from the home on military duties. Furthermore, when that soldier is wounded, the family also suffers. The immense burden of providing care to the injured person and the possibility of having to return to the workforce to sustain the family places stresses on everyone, the children included. These are complex issues. Each case has its own sad tale, and the Canadian government and all our citizens have an obligation to repay the debt that is owed to these families.

We believe that the wounded soldier and his or her family is entitled to such support that their quality of life should be, as near as possible, no worse off than had the injury never happened. In the new Veterans Charter and in the recommendations of the advisory group's recent findings, there is a wide spectrum of services and payments designed to provide support and financial compensation to those injured while doing their duty. We feel that the charter contains inadequacies that must be corrected. Some of these items were discussed prior to the approval of the new Veterans Charter, and some were discovered later. In any event, promises were made that these items, which we called gaps, would be addressed once the act was approved. That was almost three years ago.

There are many areas I would like to touch on here, as we feel they may be misunderstood, and I will therefore help to clarify our position. The disability award is a lump-sum payment given to the injured person for pain and suffering only. This payment should not be considered as any sort of pension plan or wage or payment for the individual to fix up his or her home to accommodate his or her handicap. We generally support this award but feel its intent must be better explained.

As the charter now stands, the wounded soldier receives a pension based on a percentage of the pay for the rank he or she held at the time of injury. The majority of those wounded in military operations are at the lower range of their military potential. For example, had he or she been wounded as a private, he or she would have reasonably expected to have reached the rank of sergeant or warrant officer, and a lieutenant could have reasonably expected to become a major or higher. The injured service person should not be forced to raise a family through the trials and tribulations of life subsisting on a percentage of the pay entitlement at the lower end of any wage scale.

Had the soldier not been wounded in the service of Canada, he or she would have progressed to the full potential of his or her ability. Lost are the promotions that would have been forthcoming, and wage incentives will not be applied, nor will career satisfactions be garnered. As the family grows older, costs increase, thereby placing additional burdens on the family. Is it any wonder, then, that our military has not allowed many of our injured veterans to be released from the armed forces?

● (0910)

You will no doubt have seen what problems SISIP, an insurance-based remuneration system, is causing to providing appropriate compensations for our veterans. This should be addressed by either getting rid of SISIP or adjusting it to fit the requirement. Furthermore, our veterans lose the ability after release to have a pension plan similar to members that are in the military. This should be fixed as well.

We believe that the claims and benefits process is too complex and must be simplified. Better assistance must be made available to claimants to guide them through the maze of detail and to obtain their benefits.

In spite of these comments, ANAVETS is most appreciative of the sincerity and dedication of the staff of Veterans Affairs Canada. We thank them for their service to Canadian veterans. I also thank the members of this committee for allowing me to make this presentation on behalf of our association. We in ANAVETS are confident that you have the best interests of the men and women serving in the Canadian Forces in mind. We hope you will make every effort to ensure that those who have given so much will be treated with the respect and dignity that they have purchased with their blood.

Thank you.

The Vice-Chair (Mr. Robert Oliphant): Thank you. *Merci beaucoup*.

I love being on this committee, because I learn something after every witness.

Mr. Griffis.

Mr. Ronald Griffis (National President, Canadian Association of Veterans in United Nations Peacekeeping): Thank you, sir.

Mr. Chairman, honourable members of the Standing Committee on Veterans Affairs, veterans, and guests, it is indeed a privilege and honour to appear before this committee today. Thank you for inviting our association to this meeting.

May I take this opportunity to thank the Standing Committee on Veterans Affairs for all the work they have done on behalf of veterans and their families.

My name is Ron Griffis, the national president of the Canadian Association of Veterans in United Nations Peacekeeping. Our association was formed in 1989 and consists of 28 chapters located from coast to coast. All of our members are veterans of the Canadian Forces.

I am a member of the New Veterans Charter Advisory Group, the Gerontological Advisory Council, and the Veterans Affairs Canada client advisory committee located in Halifax, Nova Scotia. Our association has been associated with the construction of the new Veterans Charter since its beginning. The most recent report involving the new Veterans Charter was created under the guidance and direction of Chairwoman Muriel Westmorland of Hamilton, Ontario, and was received by Veterans Affairs Canada on October 1, 2009.

Three subcommittees had input into this document. They were, generally speaking, family, financial, and rehabilitation. I was involved in the family subcommittee, under subcommittee chairperson Colonel (Retired) Don Ethell. Our heading was “Strengthen Family Support Services". My copy of the report indicates there are a total of 16 recommendations in this new report. I would request that the recommendations not be prioritized but treated as a family of recommendations, with each carrying its own weight.

The new Veterans Charter has always carried the title of a living charter and should be updated on an ongoing basis. The gaps that have been identified in this report should be addressed as soon as possible. We appreciate that we are experiencing financial difficulties, but this should not be the reason we do not correct the identified problems now.

Military personnel and their families give of themselves freely on a continuing and regular basis. They subsequently become veterans. A very specific definition of a veteran is one who has completed basic military and trades training and has been honourably released. To ignore them now just creates problems that will surely surface in the future and cost more to treat and correct.

To do nothing is not acceptable. You have an excellent report at your fingertips, and I respectfully request that all recommendations be implemented as soon as possible. As military members, veterans, and their families enter the Veterans Affairs Canada system, they generally speaking encounter significant bureaucratic difficulties. I understand the office of the veterans ombudsman may be looking into this issue, and hopefully his report suggesting changes to the application for benefits will address this significant issue. It is imperative that Veterans Affairs Canada be afforded all and any assistance you may be able to provide them for a swift implementation of these recommendations.

I point out that since I arrived in this building at a quarter to eight this morning, we have lost six veterans. We lose veterans at the rate of one every 15 minutes on average. Last year, 15 newer veterans—not the traditional veterans from World War II and Korea—committed suicide. We keep losing veterans, and we cannot afford the cost in human lives that has taken place.

Thank you ever so much.

● (0915)

The Vice-Chair (Mr. Robert Oliphant): Thank you as well.

Mrs. Taylor.

Dr. Elizabeth Taylor (President, Canadian Association of Occupational Therapists): Good morning, Mr. Chair and members of the committee.

I'm Dr. Elizabeth Taylor, president of the Canadian Association of Occupational Therapists. I am an occupational therapist, academic, and psychologist. I work primarily in the mental health field in developing programs in the community for those who live with mental illness and their families. My experiences have given me a first-hand understanding of the issues facing the Canadian military.

Today with me is Dr. Claudia von Zweck, occupational therapist and executive director of CAOT.

I recently met a veteran on the streets of Edmonton. He was young, homeless, and addicted. But once trust was built he shared with me a story of life before war. As an occupational therapist, I recognized the symptoms of PSTD and realized he had fallen between the cracks of service—cracks that I'm sure this committee will address as part of your study of the Veterans Charter.

Veterans Affairs Canada, despite such issues mentioned above, are delivering quality services to our valued veterans under the existing terms of the new Veterans Charter. This charter, identified as a living document, is built on the same principles on which occupational therapy is based. These are the principles of wellness, personalized case management, rehabilitation, and finally job placements—best known to occupational therapists as return to work. All of these are critical elements in defining the professional skill sets of occupational therapy. We believe that as you study the strengths and weaknesses of the charter, the recommendations we put before you will enhance the work of VAC and support excellence in rehabilitation in a more cost-effective manner.

Occupational therapists are highly trained health professionals who work in hospitals, clinics, workplaces, homes, schools and communities. Occupation in our context relates not just to the job that someone would write on their annual tax form, but rather all aspects of daily living from personal care to work requirements. Occupational therapists find creative solutions to enable people to perform to their best abilities in their everyday tasks. In simple terms, when an injury, illness, disability, or other problem limits the ability of one to function within the environment that defines them, an occupational therapist can provide solutions to support the individual in ways that will enable them to re-engage in their daily activities—for example, to fully function in the career of their choice and maintain self-reliance.

Occupational therapists have been involved with the military community since the inception of the profession. Occupational therapists do more than provide direct service. Their holistic training gives them expertise in developing and supporting sustainable practices, managing caseloads, allocating resources, and demonstrating accountability to both the public and funders, all of which makes them an asset to Veterans Affairs Canada.

We continue to play a role in the care of veterans. However, we believe that our profession is being underutilized in the care of veterans, and the care of injured soldiers who, without proper management of their illnesses or injuries, will eventually join the ever-growing ranks of VAC. Occupational therapists promote the wellness of veterans by enhancing occupational performance, treating post-traumatic stress disorders, and reducing the number of Canadian soldiers discharged for medical reasons. They identify solutions for occupational performance that ensure resilience and full recovery. All of these are components listed in the charter.

One area that has provided concrete results is the return-to-work project developed by occupational therapist and reservist Major Chantal Bérubé at CFB Val Cartier. It has had a positive impact on the well-being of military members returning from deployments. Prior to her work there was a 10% return to active duty, whereas with the implementation of her program nearly 70% of injured soldiers returned to active duty within a short period. This significantly reduced the number of soldiers on disability and the numbers who would have transitioned to civilian life and then hopefully accessed the many services offered by VAC. We have other examples of how we can enhance the care of veterans, and we would be pleased to address these during our discussion.

● (0920)

In closing, we are concerned that the full potential of occupational therapy is underutilized. Therefore we suggest the following recommendations to you in your review of the charter. Occupational therapists could contribute more through (1) being included on all inter-professional assessment teams at VAC to ensure that the best and most cost-effective decisions and services are provided from the very beginning of treatment; and (2) more comprehensive return-to-work plans using occupational therapists in order to reduce the number of military transferred to civilian life and to the care of Veterans Affairs Canada.

Thank you for providing this opportunity to speak. We welcome your comments, questions, and concerns and we will provide any support we can in addressing them.

Thank you.

The Vice-Chair (Mr. Robert Oliphant): Thank you very much, Dr. Taylor.

Our round of questioning will begin with Ms. Sgro from the Liberal Party. You have seven minutes.

Hon. Judy Sgro (York West, Lib.): Thank you all very much for being here today and for helping us with this important work on this review.

I don't know where to start. I have about five questions that I've written down here. I think I'm going to go to Mr. Griffis first.

Tell me a little bit more. You mentioned about the number of suicides. Aside from the number of veterans we are losing every 15 minutes, you mentioned specifically the issue of the number of veterans who are finding suicide as their avenue. Can you elaborate more on that? It's an area that I find very disturbing. Actually one of our colleagues has a motion to deal with that specific issue and to study it more thoroughly. Could you elaborate a bit on that issue, please?

Mr. Ronald Griffis: What happens is these people fall through the cracks. What happens is people recognize the difficulties, but until the veteran seeks help on his or her own, there is very little that his or her relatives and loved ones can do. It's one of those situations that develops. We try to intervene, but by the same token it's extremely difficult. Of course, the final criticism is that we are not able to help and the person commits suicide. It's a criticism of the system. We recognize the difficulties. We see the person indulging in substance abuse in his or her habits and things of that nature. We try to help and we can't help.

● (0925)

Hon. Judy Sgro: I think you hear that a lot when it comes to individuals who commit suicide. It's a terrible thing that anybody would feel so desperate in their life that there's no out for them other than to commit suicide. But somehow it feels even worse when it's a veteran who feels that after what they've given, their only avenue is to take their own life.

Mr. Ronald Griffis: Take into consideration, also, that they're very young veterans—22, 23, or 24 years old. They have their whole lives ahead of them, their whole professional lives ahead of them. They're intelligent, they're well-meaning, but it ends in tragedy.

Hon. Judy Sgro: Many of the young men who are coming back who you're referring to are clearly suffering from PTSD. Sometimes I think that maybe we should just automatically assume that for everybody returning from the experience, let's say, of Afghanistan today, I don't know how they'd not be suffering from PTSD. It would just seem automatic to me. Would we not be better off trying to just say we know our young soldiers are going to come home and they're going to be suffering from that, so we're immediately going to put them into some sort of program for a following year after coming back in order for them to receive the help, even if they don't think they need it, and package it in a way that's it's not help they're receiving, it's just part of the re-establishment of their life here?

Mr. Ronald Griffis: I think it would be extremely difficult on the Department of National Defence and Veterans Affairs Canada to establish a program with that in mind. To force somebody to take action is just not the Canadian way.

Hon. Judy Sgro: Well, it's not the Canadian way to see our young soldiers who are suffering from all of this turn around and take their lives either.

Mr. Ronald Griffis: Yes.

Hon. Judy Sgro: Mr. McCartney, you talked about the gaps currently in the system and the lump-sum payment. Could you elaborate a bit further on that whole issue of how we might do a better job of that?

Mr. Lorne McCartney: With respect to the lump-sum payment, the only reason I bring this up is that I hear people from time to time sort of saying, "Well, in the old days we used to have a pension and now we get a certain amount of money and we're supposed to live off of that". It's given once at the beginning, and some people abuse the fact that they have that money and they may gamble it away or do silly things with it, that sort of thing.

I only mention that because everybody assumes this is the pension plan, but it is not the pension plan. This is just for pain and suffering, and not everybody gets the $265,000 or whatever it is. If it's a small item, they get a lot less money, and if it's major, they get more and more, and I believe if you die then your estate would get the $260,000, that sort of thing. I only mention that because this whole program has a number of ways of providing money to people who have to leave the service because of injury and that sort of thing.

And the other point that was mentioned just before is getting people back to work as soon as possible so that hopefully taxpayers' money won't be spent and the people who are back at work feel good about themselves and become fully functioning members of society again, as much as possible. But that wasn't the aspect I was mentioning.

What I'm really trying to say in this paper here is that it's not just that gap. The major gap, as I see it, is really how I put it: we have to treat those people as if they continued in their military career. What I mean there is that if you do go, you get pay raises and incentives as you go along, and at a certain point in time, of course, you can retire. Most people put in 35 years and the pension is a 70% average of the best seven years. But as well you have money coming in afterwards, a pension. Right now when the people get out they don't have a pension; so yes, they might get 75% of the salary when they get out, but that pension only goes for a certain length of time. At age 65, I believe, it stops, and people say, "Well, you should have put money into a pension plan". The military pension plan, for those who stayed in it, has contributions from the government, so you go a lot further on a military pension plan than you would after you get out.

All I'm saying, and what my briefing is based on, is that we should be treating these people—these people should not be paying for this war themselves—as if they remained in the military and giving them what you would get, not be limited by things like SISIP, for example, and the way we approach these people.

● (0930)

The Vice-Chair (Mr. Robert Oliphant): Thank you, Ms. Sgro. That completes your seven minutes.

Monsieur André.

[*Translation*]

Mr. Guy André (Berthier—Maskinongé, BQ): Good morning.

Congratulations on your excellent presentations.

You discussed the problem of suicide among veterans and the military. In fact, I may introduce a motion today.

My questions will be different from Ms. Sgro's. From what I have read, it is difficult to assess the suicide rate among former military personnel, among veterans, because suicides are not always recorded as such in the Canadian Forces. I would like to hear your comments on that, Mr. McCartney.

Ms. Taylor, your first name is Elizabeth; you are not an actress by any chance, are you? If you are, I will ask for your autograph. I know that the actress is still alive, which is why I thought maybe...

I was very surprised to learn that occupational therapists are not part of the multidisciplinary teams. In the CLSCs in Quebec, there are always multidisciplinary and interdisciplinary teams, depending on the circumstances, for any home support and long-term care matters. They have occupational therapists, physiotherapists, social workers. I feel that occupational therapists play a very important role in home care and in other areas.

I thought I heard that, in the rest of Canada, you are not part of the multidisciplinary teams. Is that correct? Things are different in Quebec.

[*English*]

Dr. Elizabeth Taylor: Just to be very clear, we are part of the teams in providing, in many places, direct service.

One of our recommendations is that if we were to be part of the early planning stage and used more regularly at that point, some of the decisions might be different and some of the results might be different over time.

Very often, occupational therapists have been used just to provide the at-home direct support, but it's that planning stage and that global decision-making that happens right from the beginning when somebody becomes a veteran that very often we're not part of. I think our services could be better utilized at that point.

Let me give you an example. If somebody is significantly disabled, very often the decision might well be to support them or have them live in an institution. If an occupational therapist were involved in that initial planning period, the home might well be very effectively adapted, there would be fewer resources required, and that would be a significant cost saving.

Another quick example, one that was used—

[*Translation*]

Mr. Guy André: As I understand it, you are not part of the intervention plan. As far as the plan is concerned, you just follow orders. You are not an integral part of the plan.

[*English*]

Dr. Elizabeth Taylor: At this point, we're not technically part of the leadership team that does that overall planning. That's where I think the gap exists for our profession and for the veteran himself or herself.

[*Translation*]

Mr. Guy André: Why? Is it because the profession is not recognized in the rest of Canada? In the CLSCs in Quebec, it is my impression that occupational therapists are part of the intervention plan. I worked in that area. Are you telling me that the profession is less recognized in the rest of Canada? Is that the case?

Mr. Gérard Asselin (Manicouagan, BQ): Perhaps it is the case in the military.

[*English*]

Dr. Elizabeth Taylor: It's certainly recognized. I think it's the fact that there have been pockets of service across the country. Strategically, it's not as well identified.

Perhaps I'll have Dr. von Zweck talk about it from the national perspective.

● (0935)

Dr. Claudia von Zweck (Executive Director, Canadian Association of Occupational Therapists): I think one of the reasons for that is the approach that's taken. Occupational therapists are often brought in as service providers to look at specific issues, but they're not looking at the overall issues. There may be a greater contribution that could be made either at an earlier stage or in a more comprehensive fashion. Because occupational therapists are not involved in that case management role, it's very fragmented. They may provide a service for part of what is required.

[*Translation*]

Mr. Guy André: Right. We need a more holistic approach.

Mr. McCartney, Mr. Griffis, I would like to go back to my question about the problem of suicide. Earlier, I mentioned the recording of suicides in the Canadian Forces. For example, if a veteran retired from the army two or three years after a mission and then takes his own life, are you able to determine if the suicide is linked to the mission? Can you determine the suicide rate? Is there any follow-up?

[*English*]

Mr. Lorne McCartney: Yes. I'd like to speak on that topic.

One of the problems—and it's a veterans affairs thing—is that, quite frankly, many of the new veterans do not join organizations such as ours, which creates a problem. We have a lot of World War II vets and a lot of Korean vets, but most of them, especially the young people, shy away from veterans clubs and that sort of thing. So our information is only second-hand or third-hand.

We get a lot of information from the Department of Veterans Affairs. One of their problems, looking at the family unit as an example, is finding it. Frequently, the spouse is not aware of the many services that are provided, and there's a real challenge there to let the family know when there are problems. Whenever somebody goes to a person's house, everyone is on his or her best behaviour. The family, however, can see these things happening with the spouse and can therefore take action. The important thing is for them to know what action to take, who to call. I believe these services are very good and they're available.

As far as tracking is concerned, I would think that once something like this has been reported, they would continue monitoring it. However, I really can't speak for the Department of Veterans Affairs on that.

The Vice-Chair (Mr. Robert Oliphant): I hate to cut you off, but we're going to have to go to Mr. Stoffer now, for five minutes.

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

Thank you all very much for coming. I have a few questions.

Mr. McCartney, we heard the other day from the group that presented the 16 recommendations that there is a benefit they receive on top of disability pay. It's taxable. I think it is an additional sum that they receive until they're 65.

Sir, do you believe that any pain and suffering benefits that individuals receive, either as a lump sum or in terms of a long-term disability payment, should be taxable? It's included as income and they have to claim it as a taxable item. I think the argument from the folks we saw the other week was that they require those additional funds to handle X-rays or medications or trips to the doctor, etc. Should those funds be taxable, in your view?

Mr. Lorne McCartney: First of all, you have to look at two things. One is the amount of what is being given.

Mr. Peter Stoffer: Yes, sir.

Mr. Lorne McCartney: Quite frankly, while people are in the military and they continue to serve their country, they get 100% of their salary and it is taxable. I don't really want to stray too far from that. I think taxation has its place in this country. We need it. But I think you can't take something like 75% of a salary...because why should this person be shortchanged from the get-go? If he were still in, he would be making 100%.

I think the threshold we should be aiming for is 100%. The cost of war shouldn't be on the shoulders of those who fight the war. The wounds are, of course, but they shouldn't be paying for it out of their salary. I believe that. So you receive 100%, but you pay as if it's a tax.

Mr. Peter Stoffer: Thank you.

Ladies, I'd like to ask you a question. I know that for folks who have PTSD you're going to book a half-hour or an hour session with them, but the reality is they need four or five hours to explain their situation. I'd like you to explain how you deal with that when someone is in the middle of explaining something and you have to go. How do you deal with that in your occupation?

Before you respond, I'd like to ask Mr. Griffis a question. Sir, I have a book here that was written by Sandra Baker. She did a thesis on the experience of female partners of Canadian military veterans who are diagnosed with PTSD, and she did the Halifax example. This is the thesis she's writing for becoming a professor. She said:

> In the Halifax trauma treatments, in order for the women or the spouses of veterans to get treatment, they have to be referred by a veterans psychologist in order to get the treatment.

They have to be referred. Although there is access to peer groups, there is not that direct access. I wonder if you have run into this. She gives example after example of women she spoke to. Here's a situation. Her husband came back from the service. He got a new psychologist. He is diagnosed with PTSD. He comes home and says, “I don't love you any more and I'm gone”. She said that was it. There were no other support programs for her. She was left on her own. In fact she said she was unable to access support from any agency.

Did you run into that in the studies you have done? What should we recommend to government with respect to not just focusing on the military individual going through problems? It's immense. We've always argued—and both sides have argued this—that the family is an integral part of that individual. What would you recommend to ensure that she and others don't fall through the cracks? It doesn't mention that she has kids, but if she had kids, I assume they would fall into the cracks as well.

● (0940)

The Vice-Chair (Mr. Robert Oliphant): Unfortunately, due to the length of the question you each have one minute to answer.

Mr. Ronald Griffis: The recommendations in the new report are absolutely excellent with respect to family. They are part and parcel of the solution. And, I'm sorry to say, they are part and parcel of the problem.

We recommend that all of the recommendations with respect to family be implemented. One of the members of our committee was a young lady who lost her husband and she provided excellent information about her contact with Veterans Affairs Canada. That was troubling to us. I won't mention her name. You know her.

If all of those recommendations regarding family are implemented, it will certainly be a plus in that direction.

Mr. Peter Stoffer: Thank you.

Dr. von Zweck.

Dr. Claudia von Zweck: In terms of being able to address the specific issues, I think we end up having to limit the types of services we provide to the most compelling issues. We're not able to take as holistic an approach as we would like to. Occupational therapists look at someone in a very holistic way and how an illness can impact their ability to carry out what they need to do in life.

Again, it ends up creating fragmentation in terms of the types of services we're able to provide. We're very limited in terms of the amount of time we can take. We address the most vital and important issue, but we cannot give the comprehensive service that the individual deserves.

Dr. Elizabeth Taylor: The veteran is not getting some of the things, such as the stress management techniques and the return-to-work programs, so that they're reintegrated into the units or into new jobs. Those are the kinds of things we're suggesting need to be added to the services they can already have.

Mr. Peter Stoffer: Thank you.

The Vice-Chair (Mr. Robert Oliphant): I go to Mr. Kerr for seven minutes.

Mr. Greg Kerr (West Nova, CPC): Thank you, Mr. Chair.

Welcome. I really appreciate your appearing this morning. I have had a chance to talk to some of the committee members, and I know the good work you have done as part of the review and how important it is.

Ron, if we have time, I'm going to get to the fact I pushed before about the 16 priorities and how you're going to help us make sure that we get them done. I didn't get a lot of help the other day, and I don't expect to again, because they want them all done, and so on.

What I want to start with, though, is that I had a great experience during Veterans' Week at Windsor Park at the family centre. It was part of an ongoing vignette presentation. One of the things that really struck me, which ties in with exactly what you're talking about, is how very difficult and frustrating it is. The longer I'm with this, the longer I find out how frustrating many of the issues are. I think we're all trying to get to the same result. Maybe we're not 100% in agreement, but we're all trying to get there.

One of the things that struck me in going on the tour and talking to a number of people who are part of that family centre at Windsor Park in Halifax is that they really are in many ways the first-line people. These family centres across the country are the families of the military people. They're the ones who hear the daily stories from the families, from the wives, and from the kids as they come through there. They often say much of what you're saying: It's very difficult to get the military people to open up. They don't want us intruding in their lives. That's basically what they say. They are very proud. They're very much part of the family themselves. And getting through there, we have to support what they want to do. But we cannot say “This is the answer,” and put it on top of them. They made that abundantly clear over and over again.

Last week, when that young lady was killed in Halifax—she was a military wife, and ironically, she was killed in a head-on collision with a military bus—the first thing I thought of was that there would be that military family at these centres who would be dealing with those issues before the department, before the government, got involved.

Whatever we're doing, I think we have to really connect with them, those people who are the family members, because they will talk about the very thing. They know that there are services. I've heard the comment that they may or may not find out about them, but that's probably as good a place as any to find them, particularly for the younger military and younger veterans, who aren't traditionally connected.

I just want to make the point that the further we all get into this, the more we realize how difficult the job is to get there. So we have to work harder. I think we all want to get to the same place. I'm not sure we'll get there on all 16 recommendations at the same time, but that's our problem, not yours.

A comment I have, though, and it's sort of a general comment, is that as we move into the next stage, as we finish our work, hopefully it will support the work you're doing and will go back to departments. I start from the premise that I believe the department, particularly professional people, are trying the very best they can to provide the services they can. We're not talking in a critical way about them. But often they find it very difficult to get to the level we're talking about. In other words, there are those people we miss, whether they're homeless or have mental challenges and so on.

I think everybody is looking for direction. Everybody would like some direction as to how we make those next steps, whether it's suicide prevention or intervention or whatever it may be. How do we help get there without simply saying that we have the answer? Because we don't. We know we don't.

Without getting into the 16 recommendations, what do you think the very next step would be? This is an open question. What's the very next step for all of us to take that you think is appropriate? We don't say that this is the answer and this is the end of it. This is a moving and living charter. We know that. What is the next step you think we should take? It's an open question.

● (0945)

Mr. Ronald Griffis: If I may, sir, I feel that communication is lacking. We need to communicate more with the persons responsible. Another aspect is that we need to identify the gaps that are going to be identified as we continue. In that vein, the charter should continue. The New Veterans Charter Advisory Group should continue on and identify these gaps. We're going to be able to correct them as we go, but by the same token, as we correct them, it's only reasonable that new gaps are going to surface. I think communication is extremely important.

Mr. Greg Kerr: Could you expand on that, Ron? When you say “communication”, what are you really getting at?

Mr. Ronald Griffis: When I deal with veterans, most of them are senior veterans. They're not aware of what is available for them. They're not aware that hearing aids are available. They're not aware that other things are available. For instance, the active military member has the military family resource centres to deal with, but once you leave the Canadian Forces, that is no longer a party the veteran can go to. There's a dividing line for the military family resource centres.

So once again, we need to communicate. I know the Department of Veterans Affairs has a newspaper called *Salute!*, and its distribution is 250,000 across Canada, but at the same time, that's not enough. We need to do more person-to-person communication.

Mr. Greg Kerr: Okay.

Dr. Elizabeth Taylor: From the perspective of where I work in the community, I think you have to get the information out there that it's okay to seek help, and I think there's a disconnect happening because of the image that many of these young folks who I meet on the street have about what their role should have been or what their role is as part of the military culture. I think right from the beginning there has to be a recognition that these OSI injuries occur and that it's okay to seek help and that you will be supported as you move either into the Department of Veterans Affairs or back into your role in the military. It's okay to ask for help. That's not the message they're getting at this point. They're getting the message that they will be moved out from the military into Veterans Affairs without the opportunity to go back in. That's the dialogue I'm hearing.

So the communication has to come much earlier and it has to be consistent across the board.

● (0950)

Mr. Greg Kerr: Does anybody want to add to that? I can come back with more questions, but I'm going to run out of time, so if anybody wants to comment....

Mr. Lorne McCartney: I just want to agree with you that there are many things that have to be done. One of the problems is that although the Department of Veterans Affairs is working on a lot of individual items, we don't hear about it enough. We know, for example, that we're looking at SISIP and trying to replace SISIP so that what we believe the veterans should be receiving can happen, but we don't know how far they are along in that. It's things like this. That's one of the problems that's hurting us in trying to achieve what we believe veterans should receive.

So that's one of the problems, communications from the Department of Veterans Affairs to the veterans organizations, and everyone for that matter. Then, of course, with these guys we're saying that we have to let the people who are out there, the spouses, the family, everybody, know what they can do.

We've discussed this recently, whether they should put envelopes out to everybody who was released from the Canadian Forces, explaining things, how often should it be done, that sort of thing. So Veterans Affairs is looking at it. It's just taking a while to see the fruits of that labour.

The Vice-Chair (Mr. Robert Oliphant): Thank you.

[*Translation*]

Now we move to Mr. Andrews, from the Liberal Party.

[*English*]

Mr. Scott Andrews (Avalon, Lib.): Thank you for coming today. Sorry, my apologies for being a little late.

I've got three questions. One of them was put together by one of our analysts. But first on PTSD, post-traumatic stress disorder, and doing more for people who come back with PTSD, how can we get that into the new Veterans Charter? How can we get these people rehabilitated and possibly back into our forces?

Dr. Elizabeth Taylor: From my perspective, it's that return-to-work connection. The project at Valcartier clearly demonstrated that if you can reintegrate people during the time they're experiencing the OSI injury or the PTSD, if you can start and work with them right on the bases where they reintegrate at a return-to-work program, they do very well, and very often then they don't need to move into the Department of Veterans Affairs side.

So I think we need more return-to-work programs.

Let me give you another example. We have a project at the university where I work. It's called an occupational performance analysis unit. We're seeing more and more military there as well, and they're working with the base to try to reintegrate them, because when you're a soldier, you're a soldier for life. That's the image you have of yourself. So when you're rehabilitating, rather than being put in the canteen, it's really important that you begin to establish yourself in the job that you would have had before.

A good example is what we've been using in Nova Scotia where an occupational therapist worked—this is a direct service example—with a soldier who had had an injury to his shoulder, had lost most of his shoulder, and also has an OSI injury. The occupational therapist, using a wooden gun and a Wii mechanism, rebuilt the weights in the shoulder, but also there was a psychological re-engagement in what he was meant to be. The soldier did not move to the VA side. He stayed in the military. So we firmly believe that we've got to be both places, but the return to work is a very strong and very crucial part of what we need to do for our veterans, whether they're integrating into the military or whether they're moving into the return to work on the Veterans Affairs side. It's very important that those programs exist.

Mr. Ronald Griffis: In partial response to your question, may I suggest you're never going to be able to completely erase what's in the memory of the soldier who experiences trauma, occupational stress injury. I'm not a professional, but by the same token, the more they talk about it perhaps the better it is, perhaps in our particular case, with people who have experienced that particular trauma of picking up body pieces or experiencing trauma that was absolutely out of this world. They have to be able to accept it and deal with it, but deal with it after a professional intervention.

● (0955)

Mr. Lorne McCartney: One of the problems you're dealing with, and we've talked about it, and certainly returning to work is good, because when you return to work you're dealing with outsiders who can see a problem developing.... In the home, it's another story. You don't know you have PTSD, and sometimes months, years later, you wake up short of breath, a whole pile of experiences, and then you realize you have a problem. But being military in nature, a lot of people will refuse to acknowledge that problem or think they can deal with it themselves.

That's the next question: is the spouse authorized to make a phone call on the person's behalf? Do they even know it's happening? Sometimes they've split up, and it's too late, the people are on their own.

So it's getting that person out there when the PTSD symptoms raise their head, and then finding the right people to help them get better.

Mr. Scott Andrews: Thank you.

This is a question our analyst identified for us, and it relates to getting back to work. The Canadian Forces have changed policies, so that seriously disabled military personnel can stay in the military longer compared to those on early release in the past. As a result, do you believe the real test of rehabilitation and other services of the new Veterans Charter will only take place a few years from now?

Mr. Lorne McCartney: Yes, that's one of the problems they're faced with: it's all based on getting out; a whole series of things happen when the person gets out. By delaying it two or three years, some of those things are missed. That's one of the issues that was raised here, that somehow we have to get together.

Why are they keeping them in longer when perhaps they should be discharged? Don't get me wrong, there are many places within the military where a person without legs or arms, for instance, can work, and work very effectively. I like that idea. But is that the only reason these people are staying in? Or are there other things having to do with what you get when you get out isn't giving you the amount of money you need to live properly?

Mr. Scott Andrews: Thank you.

The Vice-Chair (Mr. Robert Oliphant): Thank you.

We now go to Mr. Mayes of the Conservative Party.

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

Thank you very much to the witnesses for being here today.

I'd like to direct my first question to Mrs. Taylor, please.

The occupational therapist is dealing after the fact. Do you think work should be done with the active soldiers in the Canadian Forces, an education on how to deal with not only the stress and the symptoms of PTSD, but also the transition that might have to be made? Could you comment on that, please?

Dr. Elizabeth Taylor: Evidence in the civilian literature would suggest that would be very effective in the military, so you have to look from both sides. It hasn't occurred in the military yet, but certainly the education that goes along with the kinds of stress management, the kinds of dealing, the communication of what OSI injuries look like, and how you can effectively deal if you begin to get one should occur much earlier.

And certainly the work with transitional programs is well documented and should occur within the military so they understand where they start, where they're going, and where they may go within the course of their careers.

Mr. Colin Mayes: Do you think there also needs to be a little education around the structure of the military, which maybe doesn't traditionally allow for that conversation to happen?

Dr. Elizabeth Taylor: Absolutely.

Mr. Colin Mayes: I have a question for Mr. Griffis and Mr. McCartney. It has to do with the 75% earnings-loss benefit and the one-time cash settlement. I am a former claims chair of an insurance company. But I found it difficult to assess a person's earnings potential in light of his career advancement possibilities. I was also unsure about the method of compensation to apply.

First, was the cash settlement intended to compensate for that possible loss? Secondly, have you come up with a way of rating the loss, so that the settlement would be more reflective of it?

● (1000)

Mr. Lorne McCartney: We've gone through this in our meetings. With respect to the pain and suffering—and it is only pain and suffering—it's clear that the way it was brought out is the only reason it's there.

You were talking about the rate?

Mr. Colin Mayes: What I was saying was that the cash settlement for pain and suffering is not compensation for the loss of potential earnings.

Mr. Lorne McCartney: If you go to the people who run insurance programs, especially people who look after injuries, there's well- established information. They can look at the information and know how particular ranks progress—on average—during the course of a career. Some people might be getting out when they're 30, or whatever, but they have ways of handling these things. There is a mythology behind it that is agreed to by insurance companies.

Mr. Colin Mayes: Mr. Griffis, do you have any comments?

Mr. Ronald Griffis: I would like to make a comment on the 75% salary you get when you leave injured. That is taxable. I don't understand why it's not 100% and then taxable. If you were employed in a routine job and you were injured, when you went on worker's comp, or some other plan, you would still get 100% of your salary, though it's taxable in some cases. So the 75% taxable, I don't understand how that ever came to pass.

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

On to Monsieur Asselin.

[*Translation*]

Mr. Gérard Asselin: Thank you, Mr. Chair.

I feel that the government and National Defence put a lot of money into seduction and promotion in order to entice young people to join the Canadian Forces.

However, because they are often young, as you said so well, they lack experience and training because they are often reservists. We call on them to serve, and, unfortunately, military personnel can be injured in accidents.

Instead of putting so much money into seducing young people into the Canadian Forces, why does the government not put the same amount of money into prevention? The goal would be to alert soldiers, the men or women who join the Canadian Forces, as to their rights and privileges, what they will be entitled to if an accident should happen, what they will be entitled to when they are no longer in the military and are considered veterans. These people deserve follow-up, just as if they were still National Defence's responsibility; they should not be left to their own devices.

The people left to their own devices are real people. They have served us to the best of their ability. When they are wounded, physically or psychologically, it is over for them, and we move on. They are considered merely numbers.

The government should work on prevention first and foremost. In order to understand it all—you have taught us a lot this morning—there should be a real investigation. Perhaps we would find out things that we already knew, but we cannot just go in circles like this. You are going to come back in a year or two and tell us all the same things because nothing will have changed. We must consult veterans first, and their families, the children and the wives, or the husbands, because there are also women in the Canadian Forces.

You also said that the SISIP is not working. What are we waiting for to get rid of it or make it work differently? I feel that we need to move quickly. I also see that veterans are being left on their own. They are wounded. They may not be in wheelchairs, but they are psychologically and physically wounded, and they are being left to their own devices. They have to fight, in the face of their financial problems, their family problems, their disabilities, their despair. They then reach the only solution they see as possible: suicide. They see no light at the end of the tunnel. The only way out of the disaster that they are living is suicide.

The government has a moral responsibility. The government, the Conservatives mostly, should begin an investigation in order to help us find solutions. The people who could help us do that are those who have the experience of it all, personal experience.

Let us please not have a Standing Committee on Veterans Affairs to which we invite people to testify—it costs a lot of money to operate, Mr. Chair—and then, after the meeting, we put everything into file 13, start wondering who next week's witness will be, and keep going like that without anything changing.

My colleague is soon going to be introducing a motion asking for a real investigation into cases of suicide in the Canadian Forces, and I hope that the Conservatives are going to have enough compassion to bring themselves to vote in favour of the motion.

Ladies and gentlemen, I would like to know what is not working with SISIP. I would like you to explain it more. It looks like the organization does not want to support our veterans.

I have to say that you are quite right. You do not see many veterans at the Royal Canadian Legion, especially the younger ones.

● (1005)

[*English*]

Mr. Lorne McCartney: One of the problems with SISIP, which is an insurance-based thing, is that they are the ones that are preventing higher levels of remuneration. Money was paid in such that people would get, for instance, 75% of their wages, and half their taxes. Because the money was put in, that's the only money they have available. They can't exceed it. Not only that, any other money that's given to the individual is written off against the cap of 75% and SISIP puts it in its pocket, because you were allowed to make only up to 75%.

[*Translation*]

Mr. Gérard Asselin: You are quite right. If a person has lost a leg or both arms—

The Chair: Mr. Asselin—

Mr. Gérard Asselin: —he is considered disabled, but if the wound is psychological, it is hard to prove.

[*English*]

The Chair: Monsieur Asselin, you're already over your time. I was simply letting the witness answer. You consumed four and a half minutes in your introduction, Monsieur.

Go ahead.

Mr. Ronald Griffis: If I may, you've mentioned several times that you had a number of witnesses attend and then, if I understood you correctly, things never happened—reports go on the shelf and they're forgotten about. You now have an opportunity to start to correct the difficulties, the gaps that have been perceived.

The members of the New Veterans Charter Advisory Group included veterans, academics, professionals, and they've made suggestions. Maybe not all of the suggestions are going to work, but by the same token, these suggestions are there. You now have an opportunity to say to Veterans Affairs Canada, "Here is the money. Please do it, and please do it yesterday—not today, not tomorrow, please do it yesterday." They're capable. Veterans Affairs is capable of doing that, so you have the opportunity.

The Chair: Thank you, Mr. Griffis and Monsieur Asselin.

We now move on to the Conservative Party for five minutes. Mr. Kerr.

Mr. Greg Kerr: Thank you very much, Mr. Chair.

I'm going to start by taking incredible exception to that terrible misrepresentation provided by the Bloc member. What you heard was disgraceful, and I'm glad Mr. Griffis responded a little bit by saying it's an opportunity.

If you're going to talk about the fact that there are investigations and nothing's done, it's an absolute criticism of all the professionals, all the veterans, and all the volunteer groups like yours. I think Mr. Asselin was way out of line by making the comments he made. I'm hoping it's only because he's a visitor to this committee and he hasn't gone through the types of things we've all gone through.

To suggest that nothing happens, that nobody responds to the issues and works hard, is an absolute disgrace. It's an absolute disgrace to make those comments. I want to make sure that's very clear in the record. I'm saying it very gently, of course; I don't want to get into anything personal.

The point, as I understand it, is we are dealing today with an ongoing problem or series of problems we have to work together on. It's not a time to provide dramatics and all kinds of off-the-wall weird comments about what may or may not or should be done in investigations and so on. It's time for us, as a group of people who care about these veterans, to get together and ask, "What can we do as a group?"

I want to tell you something on the point just made by the Bloc member. This side takes great exception. We want to work with you and move forward. We don't want to create a dramatic situation where we want to condemn people out there who are trying to get the job done. I don't expect you to respond to this; I simply want to go on record as saying I'm very disappointed and very surprised. I want to point out that this is not the general feeling of the members of this committee.

Mr. Gérard Asselin: [*Inaudible—Editor*]

Mr. Greg Kerr: You've had your say.

● (1010)

The Chair: Is that it, Mr. Kerr?

Mr. Lobb has three minutes left.

Mr. Greg Kerr: Good luck with that next time.

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

I'm not sure if the member from the Bloc just fell off the turnip truck or what he did, but I've been on this committee for close to a year, and we've had numerous witnesses come before us and we've studied the veterans' benefits compared to other G-7 and G-8 countries, and I think what we found is Canada is among the leaders.

Mr. Asselin is new to the committee today, and maybe is unaware of all the things that are going on. We travelled to Prince Edward Island in the spring. We heard testimony from veterans. We heard testimony from within the department. At our last meeting we heard testimony from the advisory group and asked them specifically what their relationship is like with the department. It's excellent. Okay? Excellent.

You had your little session, now I'm going to have mine.

This is exactly what the department does. It works well with its people.

It's unfortunate you brought your partisan comments to the committee today, because this is not typical of the way this committee works. I would suggest the next time you come to the committee, you talk to Mr. André or Mr. Gaudet.

Mr. Guy André: On a point of order, Mr. Chair.

The Chair: You have a point of order, Mr. André.

Mr. Guy André: Just a point of order.

[*Translation*]

I believe Mr. Asselin was interacting with the witnesses. Mr. Lobb should keep working with the witnesses and not get involved in keeping score, in my opinion. Mr. Chair, I hope that you will be able to impose a little more discipline so that we can turn our attention to the people who have travelled here, out of respect for the witnesses.

[*English*]

The Chair: I understand that, Mr. André, and as in the past—in fact, just in our last meeting—once I allow one member to do what they like, I must allow another member, and I don't see anything that's different from the discourse that we heard earlier.

So Mr. Lobb, continue.

Hon. Judy Sgro: Mr. Chair, I have a point.

The Chair: Madam Sgro.

Hon. Judy Sgro: I think Mr. Kerr attempted to set the record straight on the feelings of your side. We do have witnesses. Mr. Lobb has made his point. So why don't we just try to move on and try to get some answers from the great panel that we have. Maybe we'll deal with some additional frustrations, if you want, at the end of our committee, rather than wasting our people's time.

The Chair: Thank you, Madam Sgro.

Mr. Lobb, continue. You have a minute and a half.

Mr. Ben Lobb: Thanks very much.

[*Translation*]

Mr. Guy André: Is his time not up, Mr. Chair?

[*English*]

Hon. Judy Sgro: He said he has a minute and a half.

The Chair: It's a minute and a half.

Mr. Ben Lobb: Perhaps next time Mr. André would like to suggest to his colleague that when he's talking to the committee or talking to the witnesses, he not refer to political parties and look directly at me, which he did a number of times, direct eye contact. Thank you very much.

My question is for the actual witnesses here today. Could you tell me who pays the premium? We talked about how it's taxable. In my business experience, we recommended to all of our staff members that they pay the premium so that it wouldn't be taxable. That's the idea. Is this something you're familiar with? Do you know the details of it?

● (1015)

Mr. Lorne McCartney: I don't believe that the military people pay into SISIP for this coverage, for operational problems that accrue from being out of theatre and doing their job, for that matter. But I could be wrong there. I don't remember getting into who pays it. The problem with SISIP is it's capping a lot of things and restricting the ability to do what the Department of Veterans Affairs wants to do.

Mr. Ronald Griffis: The forces used to pay 85% and the person paid 15%. That was changed recently, and the forces pay 100%, I believe, to the best of my knowledge at this time.

The Chair: Mr. Lobb, just so you know, that expired the first five minutes. This is the unique time, because of the numbers—the Conservative Party has two. So you have another five minutes. I just wanted to make sure that you're aware that you're in the second spot, whether you want to continue...or Mr. Kerr.

Mr. Ben Lobb: Okay.

Mr. Griffis, you mentioned communication, and I know Mr. Kerr touched on this as well. I just wondered if we could go back to this. I know we had the advisory group in last time, and you mentioned that you're a member of the advisory group. The communication, I understand, is pretty good between the advisory group and the department. I'm just wondering...and this is a thought I had with members from the legion in my area as well as some veterans. It is difficult to get to every veteran. If there's one thing I've experienced it's that a lot of our veterans are like some of the farmers in my area. I don't know if I would say they're stubborn, but they're very proud. They have a really tough time wanting to accept these benefits. I'm just wondering if you have a suggestion on how to break down some of those walls.

Mr. Ronald Griffis: A lot of the work is done on a volunteer basis. But on the same token, a volunteer can give only so many hours before it becomes cumbersome. I'm not suggesting a salary, but I am suggesting that arrangements be made where a veteran could be available to speak with other veterans at particular functions—perhaps on a Wednesday afternoon between two and four or between one and five, something of that nature—where a veteran could come in and ask a question, bearing in mind that there are no silly questions. We'd be able to assist them one way or another, give them information and share information with them. But on the same token, as I've indicated, you can volunteer only so much.

Mr. Ben Lobb: Okay.

We did hear testimony in our last study on a lot of different aspects. The one thing that came out of it was that Canada is in a sense on the leading edge in some of our mental health detection and prevention. We can always do more, no doubt.

One announcement that came out yesterday was Dr. Kirby's study on mental health, and the housing aspect of it. I wondered if Ms Taylor or Ms von Zweck could make a comment on some of the observations they made in the field regarding post-traumatic syndrome, regarding mental health, and any of the other.... You said going back to work is often one of the solutions. I wonder if you've observed if housing or any of the other things that Dr. Kirby is going to be looking at tie in there.

Dr. Elizabeth Taylor: There are a couple of things I'd certainly like to address. One of them is proactivity. Particularly as military personnel are moving from active duty to VAC, there is a need at the beginning to look proactively at the roles they play in their lives to make sure those roles are changing and shifting and to be sure that people are working with them so that if they're not going to be soldiers any more, they can actively take a role to become productive. What are they actively able to do and call themselves? We all identify with the occupations we have and the things we do, and we need to help our soldiers do that.

With regard to Michael Kirby's report, housing certainly is a key. If you're dealing with people who have post-traumatic stress and are not using the services that they should be using, to re-engage them you often have to begin in the community with a safe housing project. It just happens to be something I do on the side. I hate to say this, but I run a little project called House Next Door in Edmonton. We have five houses where we re-engage people in the community and hopefully move them back into the resources and services they need.

If people have a mental health issue and they're not accessing services, they need safe housing that has health professionals who help them re-engage into the community. There's no question of that. You help people transition back into getting services. That's the key.

What we see and what I see on the street when I'm working out there are people who are disengaged from the services they so rightfully should be using, and they are good services. We want to make that really clear. We offer our veterans excellent services, but sometimes when you're dealing with depression, dealing with post-traumatic stress, dealing with OSI injuries, you don't understand what's happening to you and you use addictive behaviour, for example. You believe what is familiar.

What I do in the Edmonton community is chair a board that has housing that re-engages people so that we can move them back into the resources and services they should be utilizing. That's part of the role we play.

● (1020)

The Chair: With great thanks for his service earlier, I go to Mr. Oliphant. You have five minutes.

Mr. Robert Oliphant: Thank you again to the witnesses. It's nice to be on this side so that I can ask you questions.

First of all, I will say that someone once said there were no silly questions; today you may have seen that's not always the case in a parliamentary committee.

Having said that, I'm trying to sort out some of the roles that OTs could play in this system and the role of the OT in the Canadian Forces health services. Then there's a role with veterans, and it seems to me that the transition or transfer from medical care in the Canadian Forces—which has its issues—to medical care as a veteran may be a particular place that OTs and their individual case management style could be helpful. I wanted to check that out and see if you have any thoughts on it.

Dr. Elizabeth Taylor: Do you want to go on that one, or should I?

Dr. Claudia von Zweck: I would tend to agree with you. When people are making the transition from being active soldiers, they've created an identity for themselves as soldiers. It's what they've been trained to do, so to think about what happens next and to look at what's going to happen in their work lives and family lives, they need to have a number of supports in place.

The military offers them an entire lifestyle. It offers housing for their spouses and it offers income security, so there needs to be a very holistic approach taken in terms of helping someone make that transition. I think an occupational therapist can work with the individual. Our role is really to help individuals look at the activities and occupations they engage in and to help them to continue to do those in the most effective way. It may be what they are doing within paid employment—how they are going to make that transition from being an active soldier and how they can re-use their skills, their strengths, and their abilities in a civilian lifestyle—but it can also be how they can make that transition into family life. We've heard very strong stories today about how important it is that we consider an individual within the family context as well. We need to look at all aspects.

I think one of the frustrations we were expressing earlier was that we tend to look at things in a very fragmented way. We may be looking at one particular aspect of an individual's function, but we need to see that the person functions within an entire context. They need that support and they need to look at it very proactively so that they understand that they are making this transition, that there are issues they are going to face, and that these services are available to them. They need to understand that it's okay to access those services, that this is a normal process of transition, and that this is how we can support them in that transition.

Mr. Robert Oliphant: Could I just ask this? In the Canadian Forces medical teams—and I understand there are problems there about getting OTs on the primary care teams—there are sort of three return-to-work programs. One would be to return to combat, one would be to return to non-combatant work within the military, and the third would be to turn to civilian life. So there would be some preparation in the Canadian Forces to get people, for our sakes, into Veterans Affairs in a way of increased health and wellness. That would be one concern, which is a literal gap; it's like a leap. I'm just wondering, in your understanding, if the Canadian Forces are doing the best they can do, with your help, to get into that next phase.

● (1025)

Dr. Elizabeth Taylor: I think there has been a real expanded role for occupational therapy within the forces and they are working very hard to expand the numbers. We were very privileged to meet with the Surgeon General, Commodore Jung, and he was talking about putting an occupational therapist in his policy group now to make sure the services within the military are very smooth. In fact, there will be occupational therapy representation right across the country. They are actually expanding the role for the profession because they've seen the results and they see the fact that it helps not only with return to active duty but with the transition, where it occurs.

Mr. Robert Oliphant: Has that conversation gone on with the Department of Veterans Affairs too, a similar conversation?

Dr. Elizabeth Taylor: We're just beginning that conversation.

Mr. Robert Oliphant: That's why you're here today.

Dr. Elizabeth Taylor: Yes.

Mr. Robert Oliphant: All right, thanks.

The Chair: Thank you, Mr. Oliphant.

That concludes two full rounds.

We're on to the third round now, to the Conservative Party, with Mr. Kerr.

Mr. Greg Kerr: I know, Mr. Chair, we've got some business to do, so I've got just one quick question and our side will be finished.

I do want to assure Mr. Stoffer that I am nice and calm now. He was concerned about me a while ago. He hasn't seen me get worked up here, so it's unusual, I guess.

The whole business of the disability as against the pension itself, or against the income, is one of the few areas that I think Mr. Stoffer and I have found some reasonable agreement on, getting away from all the other issues of what goes on with pension and income. Do you see that as something that really deserves specific attention? In other words, it comes up over and over again that we're treating a disability as though it's an income. I can't put it any clearer than that. Do you think that in itself is the wrong interpretation? That again is a general question.

Mr. Lorne McCartney: I don't understand the question, to be honest with you.

Mr. Greg Kerr: That's why we always have a problem with it.

When we get into our discussions, and it comes up several times, oftentimes we hear—and you've alluded to it today—the fact that when somebody receives a disability, or core payout or whatever, for the pain and suffering part of it, that it should not be considered as an income. Forget the taxing part of it, it should not be considered as an income. I'm just looking for your thoughts. I can't really hear my question now, and that's part of what my problem is today. I would say to you that is a repeated point that's raised in several quarters. I'm just wondering what your thought is on the treatment of disability as an income.

Mr. Lorne McCartney: First of all, I don't believe it is taxable. Having said that, it's not supposed to be income, it's supposed to be —I don't know—something for the people who have gone through pain and suffering because of the injury they have, and this is some money for that pain and suffering, which ultimately they can do with whatever they want.

Our only question really from that, and we've been thinking about it more recently, is that although it was geared to be paid out right at the beginning, there's some question as to whether it should be a protracted payout so that perhaps it won't be wasted by a young soldier, sailor, or airman at the beginning.

Mr. Greg Kerr: Fair enough.

Mr. Ronald Griffis: Some time back, they changed that to be designated an award as opposed to anything else. I think that could be the interpretation. We have no idea why it was changed to an award. Bearing in mind the maximum $260,000, we don't know why it was changed from pension to an award, but they chose to do that and that's....

Mr. Greg Kerr: That's your problem with it then. Okay.

Dr. Elizabeth Taylor: I think one of the things we've been debating a lot is the very young age of many of the veterans and the costs associated with them and that the cost of the lump sum should not be mistaken for rehabilitation. They need to have rehabilitation programs above and beyond. There are many costs associated with putting somebody on a disability pension for life that could be averted, given that they have rehabilitation that gives them back a productive role. I think we have to separate out those issues and be very clear that everyone should be entitled to rehabilitation, so they are able to do the roles they need to do to have a productive, well life despite the circumstances they may have been left with.

● (1030)

Mr. Greg Kerr: Thank you very much.

The Chair: Thank you.

Now we go to the New Democratic Party. Mr. Stoffer apparently has a brief question.

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

I want to also put on the record—and I say this with great respect to my Bloc colleague—that I have been on this committee and SCONDVA, the defence committee, since 1997. I'm probably the one who criticizes governments, Liberal or Conservative, more than anybody else when it comes to veterans affairs. But I can assure this committee and these witnesses that there has been tremendous movement from 1997 to today. There is no question about that.

Is it everything I like? No. Is it fast enough? No. Is there enough money and people? No. It's our job to keep that pushing.

I've never once discounted, Mr. Chairman, the sincerity and the thoughtfulness of all members of this committee and all those who come in here. I just want to let these folks know that.

I don't think it comes from politicians; I think it comes from these groups. It comes from the bravery of people like Romeo Dallaire, who come forward, sit at this committee, and tell us what he told us: these two pills help me prevent suicide. It takes a lot of bravery for an individual to do that. Those stories, and that analysis of the problems, are why see some movement now. That is why I think the report we got last time was very good.

My question has to do with occupational therapists, who deal with a lot of issues. If I worked on a construction site and broke my back, you'd come in and help me. I don't necessarily have PTSD, I just have a physical injury. Is there some specific training that you take to...?

Mr. Griffis, this is for you as well. I noted in your report that an RCMP officer is part of the panel. Do you analyze what police forces, for example, are doing in the States or in Canada regarding the issues they have on PTSD? Are you working with them to get analysis from them on how they do things?

Again, what training do OTs go through to deal with these very sensitive and sometimes very volatile issues in the home?

Dr. Elizabeth Taylor: Thank you for the question.

Occupational therapists are trained in both mental health and physical medicine. I think what's important is the model of practice they come from. I'll give you the simplified version of the model: the person, the environment, and the occupation, or the task they must do. The lens through which they look at the person looks at that person in total. We look at what the mental health is of the person, what the physical health is, as they engage in the occupations in the variety of environments that they must be in. That would be the work environment, the play environment, the family environment. They combine, and that becomes the lens.

In terms of training for PTSD and OSI injuries, absolutely; that's included in our curriculum. I happen to teach that curriculum, so I know what's included in the curriculum. We're seeing this as an increased practice, more and more.

We have to recognize that one in five Canadians has a mental health issue anyway. That means four in five Canadians are supporting somebody with a mental health issue.

I often do the exercise of asking how many people are in the room, because if we do that countdown, that's how many people—

Mr. Peter Stoffer: One, two, three, four.... I'm all right.

Dr. Elizabeth Taylor: In reality, are our occupational therapists well prepared? Absolutely. More important is the lens through which they look at the person—all the environments they interact with, all the roles they must play, and all the things they must do to have a wellness within that role.

Mr. Peter Stoffer: Thank you.

Mr. Griffis.

Mr. Ronald Griffis: The short answer to your question is yes, we appreciate that the RCMP are involved with Veterans Affairs Canada. We have members from the RCMP on the various committees we have, including the client advisory committee in Halifax, Nova Scotia.

So the answer is yes, we do—

Mr. Peter Stoffer: How about the OPP and Sûreté du Québec? Do you work with them?

Mr. Ronald Griffis: I was a member of the Ontario Provincial Police for quite a few years. At that particular time, way back then, it was not part and parcel of the program.

I cannot speak on behalf of the OPP today, nor can I speak on behalf of the Quebec provincial police.

Mr. Peter Stoffer: Thank you.

Thank you for coming.

[*Translation*]

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

Mr. André, Mr. Asselin, do you have any other questions?

Mr. Guy André: How much time do I have? Five minutes? Three minutes?

The Chair: You have five minutes at the most, sir.

Mr. Guy André: This will be my last question. Last week, a witness told us—and it is something that I have asked Mr. Rossignol to study—that someone who, for example, loses a leg in combat in Afghanistan would get 50% less compensation than someone who loses a leg in manufacturing, in a plant. In Quebec, compensation is paid by the Commission de la santé et de la sécurité au travail, the CSST, and Canada has similar programs.

Is that really right? What do you think of that situation?

● (1035)

[*English*]

Mr. Ronald Griffis: There's a recommendation in the report that the awards should be brought up to civil standards from civil courts. Apparently they're below civil standards to some degree right now.

[*Translation*]

Mr. Guy André: When I found that out, it seemed very peculiar to me. I think that shows a lack of respect for our veterans. It seems to me that the loss of a leg while defending the country should be worth just as much as the loss of a leg in a workplace.

The other question I would like to ask is about suicide. Last week, witnesses told us about one case. There was a recent case in Granby, a Mr. Couture, who tried to take his own life in Afghanistan after a shell exploded. He had lost a foot in the accident. Later, he tried to take his own life with his friends. Back at home a year later, he shut himself up in his home—this must have been a case of post-traumatic stress—and killed himself. His mother had not been informed about what had happened in Afghanistan. From what I understand, it was because of privacy concerns. For someone 14 and older, in fact, it is a matter where privacy must be maintained. In this case, the soldier had not asked the commanding officer that the information not be revealed. But the army assumed that it should not. So the family was not informed about the events that had happened in combat.

I would like to hear your comments on that. It seems to me that there is a lack of information about what happens in a combat zone and before the person comes back home. The army could reveal some information without infringing confidentiality, in order to help the family support the person who has been in combat.

[*English*]

Mr. Lorne McCartney: I agree. It's whatever is going to help the veteran in the long term. I'm sure it can be worked out. Perhaps the military person has to give a waiver, but if it's for their own health and welfare, I would think, based on what you've told us, it's a good thing. We wouldn't want to waste that opportunity to help somebody.

[*Translation*]

Mr. Guy André: I worked as a responder in a CLSC for a long time. Eighty per cent of the requests for psychological consultations came from women and 20% from men. Most men who have been in combat do not often ask for psychological assistance. You are going to find them in prison or in detox centres. Men ask for fewer preventative consultations. I am sure that it is the same in the military, because, even though there are women, most are men.

With men, the successful interventions were the ones with support groups, peer groups, follow-ups, sharing between men. You could reach them, but it was difficult.

If you are a veteran in Sept-Îles, for example, support services are often centralized in Montreal or Quebec City. There is no access for the treatment of post-traumatic stress syndrome. That does not help the situation that veterans find themselves in. I think we have to focus our efforts more on peer intervention or on responders on the ground to make the services accessible.

Where are you with respect to training helpers and support groups and ways to make services more accessible to people in need?

● (1040)

[*English*]

Mr. Ronald Griffis: In this report it indicates that there are several veterans organizations. With PTSD, we learned that when we have PTSD, the best thing for us to do is to ask for help. So I would suggest that perhaps this committee, perhaps Veterans Affairs, somebody, ask the veterans organizations for help in identifying the difficulties, for help in identifying the persons who are going to experience severe trauma with respect to PTSD. Ask for help, and I'm quite certain all of the organizations will give that help, bearing in mind, too, that most of the organizations are on a volunteer basis.

The Chair: You're way over your time, Monsieur André. *Merci beaucoup.*

Mr. Oliphant, do you have a question?

Mr. Robert Oliphant: I want to get three questions out so you know where I'm going on all of them.

For Mr. Griffis, this is an opportunity for you, I think, to talk about the access to the full range of services and benefits for peacekeepers under the charter, as compared to traditional veterans. I'm wondering whether you had anything you wanted to say to the committee on that. I've just recently met with a peacekeeper and a group seeking access to a veterans' pavilion in St. John's, with the mention they were not able to get in. So I wonder about that one.

Mr. McCartney, my question for you would be this. We consider ANAVETS, the Legion, and all the groups as partners in the work with veterans, and we wonder whether there is particular support that this committee could offer as a suggestion to the government on how we can help you retool to attract newer and younger veterans into your organization.

For the occupational therapist, with the dismantling of dedicated hospitals and a few specialized care facilities—and the veterans' goal is to have local care provided by civilians on a contract basis—how do you do training in an effective way for people who may only see two OSI patients in their community and who are not in a network where others are?

Mr. Ronald Griffis: I'm aware of the problem that took place in Newfoundland and Labrador just recently. We appreciate the difficulties for peacekeepers, bearing in mind they started in Korea just after the cessation of hostilities. It's one of the things we're working on. It's one of the things the report has addressed. The benefits should be available to all veterans. By the same token, we appreciate that in a great many cases the benefits have to be related to the injury that has taken place. So it's in the report. As I said, we appreciate that was a difficult situation in Newfoundland and Labrador.

Mr. Robert Oliphant: Mr. McCartney.

Mr. Lorne McCartney: This relates to your question. One of the problems with people who are released from the military is they frequently don't live just outside of the gate; they have their own location where their family is, so they move away. One of the problems is that the group of people who understand PTSD and the number of people who would be available to support people who end up in Lethbridge, Alberta, or wherever, aren't there. Basically, to get the full range of treatment, you have to really hang around where you—

Mr. Robert Oliphant: On a point of order, Mr. Chairman.

[*Translation*]

It is difficult to hear the answers with all the conversations going on between members of the committee.

[*English*]

The Chair: Thank you, Mr. Oliphant.

I mentioned this before at the previous meeting. We need to be mindful that the side conversations need to be kept to a minimum and at a low volume, because it's difficult to hear the witnesses. Frankly, it's a point of respect, too, for the witnesses who have come here and invested their time.

Please continue, Mr. McCartney.

● (1045)

Mr. Lorne McCartney: Thank you.

The ANAVETS units, the Legion, and others are in these areas that are away from the military bases, for example. Our honorary president, Gerry Wharton, in fact put a challenge to ANAVETS units to go to local armouries and find out who's been tasked to go overseas and give support to the family while they're away and even when they come back. Perhaps there are some opportunities there, because we're not in the military location, but depending on where our units or branches are, we may end up being in a position to help out a little bit further.

Mr. Robert Oliphant: Is there any help we can give you on that, or requests? I know you value your independence from government and being at arm's length and all that, but I've been to ANAVETS clubs and Legions lately, and there's an aging population. It's a big issue. I'm just wondering....

Mr. Lorne McCartney: At the moment I can't think of anything.

Mr. Robert Oliphant: Think about it and get back to us. We want to help.

Mr. Lorne McCartney: I'll send you an e-mail. Send me your e-mail address.

Mr. Robert Oliphant: I'll be in touch with the OTs.

The Chair: Your time has expired, but I know there's a question for the occupational therapist.

Dr. Claudia von Zweck: Elizabeth already responded to say that occupational therapists, even with entry-level education, have good knowledge of how to approach issues related to mental health. I respect that people coming back from war are dealing with pretty specific issues, but I think there are opportunities through our national association. If there is a need we can certainly create training programs for occupational therapists and networks. For example, through our association we have a network of occupational therapists who specialize in the whole area of mental health. We can use those resources to inform our members and better serve the veterans.

Dr. Elizabeth Taylor: I was listening to an address by Martha Piper, who was talking about the change in communication styles. I think one of the things that occupational therapists are doing very differently is distance treatment through telehealth—using a lot of different forms of communication to move between resources and teach resources to people who access it.

I think the younger veterans you're beginning to see are also using those communication resources, and it's really important that we incorporate them into how we view the world, utilize the services, and provide services. The students I work with are tweeting on Twitter and doing all sorts of wonderful things, but more importantly they're learning to treat through those resources. There's a lot of distance treatment in this world when you're in a smaller profession.

Mr. Robert Oliphant: My mother's 86, and she's on Facebook.

The Chair: Thank you very much. That concludes our questioning and our time.

We need to go in camera for some business, but first I'd like to say thank you very much to the witnesses for their time and answers. We appreciate it.

● (1045)

(Pause)

● (1050)

The Chair: Mr. Stoffer, thanks for joining us.

We have a motion from Monsieur André.

[*Translation*]

Mr. Guy André: You have received the motion in both official languages. It reads as follows:

> That, pursuant to Standing Order 108(2), the Standing Committee on Veterans' Affairs study the problem of suicide among former members of the Canadian Forces and report its observations and recommendations to the House.

I would like the committee to study suicide specifically. Last week, and again today, we have seen the matter come up often. The matter is dealt with only briefly in the study on the Veterans Charter. It is a matter that we should look more deeply into with this study.

There are a number of cases, like Frédéric Couture in Quebec. He was the former soldier that I told the committee about. He took his own life. This was a disastrous situation; none of his family was aware of what happened when he was on his combat mission. I would like to study and understand the phenomenon, especially what can be done to prevent it.

We have to examine the resources that the department presently provides in order to present suicide. We have to study it in great depth to find out what happens in those cases.

We should also study the question of awareness, the information that our veterans get about the effects of stress on others, on families and on themselves. We should study the matter in depth and call the witnesses that I have already identified. Universities have experts in post-traumatic stress syndrome and suicide. I saw a report about the subject by a veteran who did a PhD in psychology at the Université Laval, in Quebec City, and who had lived through it himself. We could meet a number of witnesses, including parents who have lived through their children coming back and then killing themselves.

You can see that this is not a partisan perspective. Every member here could look deeply into the problem of suicide that we are hearing more and more about, including the follow-up done with people coming back from combat missions and the services. We must do an in-depth study of the matter.

Mr. Gérard Asselin: It is a good motion.

[*English*]

The Chair: Thank you, Mr. André.

Are there any comments?

Madam Sgro.

Hon. Judy Sgro: Mr. Chair, you mentioned going in camera.

The Chair: No, we are public.

Hon. Judy Sgro: We are public. Okay, that's fine.

As a comment, I am very supportive of Mr. André's motion. I know we were talking about the other charter anyway, but given the things we are hearing, a specific study with some specific recommendations would help to build the strength of how important we see these issues to be.

The Chair: Mr. Kerr.

Mr. Greg Kerr: Thank you, Mr. Chair.

I'm glad it's not, as his colleague was talking about, an investigation, but rather you're back to the fact it is part of the review.

I would strongly urge that it be done, even if it's a widened appendage, as part of the charter review. We heard again from witnesses this morning who are very interested in this matter. They are part of the review process of the charter and they have a number of recommendations. I think we'd be very happy they did it. I'd really like to see it done as part of our charter review, even if it has a separate section in it, not as a separate one that we start months down the road, independent, because then we'd have to get DND involved and start all over again. We have a process in place now. We can expand it as much as we want.

I also want to point out, Mr. Chair, that the minister has already ordered a review within his department looking at the suicide rates and all that is behind it. That will be ongoing as part of the process. That started before this came forward, I should point out, so there will be work under way. Maybe we could even bring the department, if they want, as part of the process as well, but I'd strongly urge that we encapsulate it in part of the charter review, because we're hearing from all kinds of witnesses out there who take this charter review as the number one responsibility, and include this as one of the serious issues. I'd rather see it as part of that, within the charter review, and not set up as separate and independent.

I made that comment to Mr. André earlier, and I still feel strongly from this side that it would work better that way.

● (1055)

The Chair: Is there any other debate?

Mr. Stoffer.

Mr. Peter Stoffer: I would tend to agree with Mr. Kerr on that. Mark that down, Greg, that's number two today.

But the thing is, the charter would benefit some programs for those who are still with us. As for suicide, we're dealing with people who are either attempting suicide, have attempted it, or have already accomplished it. Then we're dealing with their families and their concerns afterwards.

There was a story we all read about a lady, the mother or the spouse of a person who wasn't advised that he had attempted suicide. I looked at that and thought maybe there was a privacy or legal issue that I wasn't getting.

As you said earlier, Greg, many of these people are so private about their lives that any unauthorized interference could cause them to do things that are unforeseen. So whatever we do in these cases, we should agree in advance that in certain circumstances we may have to be in camera, because of the sensitivity of the notion.

I agree, Mr. André. I think this would go quite well.

The Chair: Monsieur André, would you accept this as a friendly amendment, that it would be significantly identified but part of the review of the new Veterans Charter?

[*Translation*]

Mr. Guy André: With the motion, I want to insist that attention is paid to the issue specifically, so that it does not get buried under various recommendations in the charter. It needs to be a specific issue.

Are we making it a specific addition to the charter? Is the committee making time to study the issue of suicide among veterans? This is an important and pressing problem. I do not want it to be buried. We are talking about it today, witnesses have testified about the problem again, but I do not want it to be buried and be mixed in with the review of the charter. I want it to be a separate study.

[*English*]

The Chair: I don't want to enter into debate, but I want to put forward a point of information. In the 39th Parliament we did a comprehensive study, and we had the same concern about PTSD. We made it a substantial part of our work and promoted it separately in our study.

Mr. Stoffer.

Mr. Peter Stoffer: Mr. André, I can't speak for Greg or Judy and their parties, but I honestly think that nothing would be a side issue to the conversation. It would be an encompassing part of the veterans discussion. I don't think there's a member of this committee who would treat it lightly.

The Chair: Mr. Oliphant.

Mr. Robert Oliphant: When you call the question, I would like a recorded vote.

The Chair: Okay.

Mr. Robert Oliphant: The time is eleven o'clock and I have another meeting.

The Chair: Very good.

Do you accept the inclusion of it as a friendly amendment, Monsieur André?

[*Translation*]

Mr. Guy André: Excuse me. Can you repeat that? What is your amendment?

[*English*]

The Chair: That pursuant to Standing Order 108(2), within its study on the new Veterans Charter review, the Standing Committee on Veterans Affairs study the problem of suicide among former members of the Canadian Forces and report its observations and recommendations to the House.

● (1100)

[*Translation*]

Mr. Gérard Asselin: It takes all the value out of your motion; your motion does not work anymore.

Mr. Guy André: I was insisting that the problem of suicide be dealt with as a specific issue and not as part of the review of the charter. The intent of the motion is to make it an issue to be specifically dealt with by the committee, to really conduct an in-depth study into the problem of suicide. So I am opposed to the amendment.

[*English*]

The Chair: I made sure that I double-checked with the clerk. In order for an amendment to be accepted at this point, it would have to be by unanimous consent, and the mover has already objected to it.

Mr. Brian Storseth (Westlock—St. Paul, CPC): Why would it have to be unanimous consent?

The Clerk of the Committee (Mr. Jacques Lahaie): We can make an amendment on the motion.

Mr. Brian Storseth: I'll move it.

The Chair: Mr. Kerr moves the amendment.

Mr. Robert Oliphant: I have another meeting at eleven. Can we continue this on Thursday?

The Chair: No.

Hon. Judy Sgro: Mr. Oliphant called the question. Isn't it once the question is called, it has to be dealt with?

The Chair: No. We had a discussion of a friendly amendment on the table.

Hon. Judy Sgro: But it is eleven o'clock.

The Chair: You are correct, it is eleven o'clock. Thank you for pointing that out.

[*Translation*]

Mr. Guy André: Mr. Chair, I will not be here on Thursday. We will have left.

[*English*]

The Chair: It will be dealt with at the next meeting.

The meeting is adjourned.

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