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Chair

Mr. David Sweet

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•(1105)

[English]

The Chair (Mr. David Sweet (Ancaster—Dundas—Flamborough—Westdale, CPC)): Good morning, ladies and gentlemen, and welcome to the second meeting of this session's veterans affairs committee.

Today we have with us Bernard Butler, who's the director general of program management, as well as Brenda MacCormack, the director of rehabilitation.

I have to say that some case scenarios were submitted to the committee. They were not translated, so we can't distribute them, because they need to be in....

Mr. Bernard Butler (Director General, Program Management, Department of Veterans Affairs): No, there was a French version.

Thank you very much, Mr. Chair.

Mr. Chair and committee members, it's a pleasure to appear before you today with my colleague, Brenda MacCormack, who is the national director of Veterans Affairs Canada's rehabilitation program.

[Translation]

Mr. Chair, members of the Standing Committee on Veterans Affairs, it is a very great pleasure to appear before you today.

[English]

We are committed to keeping you informed on how well the new Veterans Charter is meeting the unique needs of our modern-day veterans and their families. More than 20,000 clients have received support from one or more of the programs since the coming into force of the new act. We have provided you with a document that contains some client case scenarios, which, although not intended to be a complete representation of all of our client case types, do help to illustrate how the programs of the new Veterans Charter can and do make positive changes in the lives of modern-day veterans and their families.

The new Veterans Charter programs give younger veterans the tools and opportunities they need to build better lives for themselves and their families after their career in the military has ended. Prior to the introduction of the new Veterans Charter on April 1, 2006, the existing disability pension program was not responding to Canadian Forces veterans' needs for recovery and rehabilitation. The new Veterans Charter offers monthly financial payments for disabled veterans and a cash disability award to compensate for pain and suffering. The disability award offers upfront financial and

investment opportunities to assist the veteran in his or her family transition to civilian life. This package of benefits is much better suited to meeting the reintegration needs of younger veterans and their families. Indeed, they were designed to support the successful transition of the whole family.

The new benefits are an integrated set of programs and services based on a wellness model. Essentially, they accrue a monthly payment that provides up to 75% of the previous salary to compensate for the loss of earnings while an individual is participating in rehabilitation, or until age 65 in cases where an individual is disabled permanently and unable to return to work. Rehabilitation services include medical, psycho-social and vocational rehabilitation, a lump sum disability award to compensate for pain and suffering, a permanent impairment allowance that provides an additional monthly amount to those who are severely and permanently impaired, health care benefits, financial counselling, help to find a job when the member is ready and a supplementary retirement benefit to compensate for the lost opportunity to contribute to a retirement plan for those who are unable to return to work. Clients and their families in need also have access to strengthen mental health services, peer support, and comprehensive case management.

The new Veterans Charter is an excellent foundation for meeting the needs of our modern-day veterans and in fact was recently recognized, as most of you would know, by an Australian study as the best in class of all such programs in Australia, New Zealand, the United Kingdom and the United States.

Over the past three years, VAC has made changes to maximize efficiency within its existing authority and has been exploring and analyzing the potential gaps that were identified through various sources. In addition to internal assessments of the suite of programs, we have collaborated with the Department of National Defence and the Canadian Forces through various fora, consulted with stakeholders, including veterans organizations, and worked with advisory groups including the new Veterans Charter advisory group, which I understand that you heard from during the last sitting, and a special needs advisory group.

Additionally, the department has examined other sources, including information on best practices of other countries. As of October 1, 2009, the new Veterans Charter advisory group report has been received by Veterans Affairs Canada and has as a major theme early intervention to rehabilitation services as a key to successful transition. The National Institute of Disability Management and Research reports that without early intervention, an injured worker has only a 50% likelihood of returning to work after being laid off for six months, with this percentage dropping dramatically to 20% after one year and to 10% after two. VAC is working closely with National Defence to ensure the Canadian Forces members who may become Veterans Affairs clients receive necessary interventions as early as possible, and this will ensure that they are able to achieve positive outcomes and successfully transition to civilian life. In other words, intervention must occur as soon as possible prior to an individual's release from the military after an injury or illness.

•(1110)

The design of the new Veterans Charter ensures that more money and resources are available for all modern-day veterans whose services to Canada has left them with real challenges in civilian life. It allocates more resources to those with more severe disabilities and challenges and provides a less but fair compensation for those who have no transition challenges. But even for those with minor or no disabilities, the new Veterans Charter provides a permanent statutory safety net, guaranteeing that if they ever have a need related to service, the charter is there whenever and for as long as it is needed.

[*Translation*]

We believe the New Veterans Charter will have some positive benefits. Veterans Affairs Canada is working to ensure that the new charter continues to meet the ever-changing needs of our clients and to develop approaches that promote positive results for every one of our clients and their families.

[*English*]

Thank you for the opportunity to provide you with this update.

I will be pleased to take any questions now with my colleague, Brenda MacCormack.

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

I understand from our discussion that if people have questions on the scenarios, Madam MacCormack will be able to answer them as well.

It took us until almost five after to get a quorum. Again, I'm always at the behest of the committee, but we have enough time to go for two rounds, and then you can negotiate splitting your time among the individual parties. That will take us to about a quarter after. Then we'll have the second half for business. Is that pleasurable for everybody? Okay, that's great.

The first round goes to Mr. Oliphant of the Liberal Party for seven minutes.

Mr. Robert Oliphant (Don Valley West, Lib.): Thank you.

Thank you for joining us today.

I'll begin by saying that the spirit of the new charter for veterans is absolutely admirable. We're going to start with that. There is a sense

of independence instead of dependence, a less paternalistic approach, more decision-making, and a larger suite of programs. All of that is given.

No doubt you have been tracking the town halls being given by the ombudsman. Hopefully you've been tracking my town halls and meetings across the country and the stories of veterans, particularly modern veterans, who are saying it is not working for them.

About 95% of your presentation was about what is working, and about 5% was on the gaps—or maybe 1%. I think you mentioned that you're looking at the gaps. I want us to focus on the gaps, because we know what's working. What I'm hearing in the community is what's not working. Perhaps it's simply that people don't understand the availability of programs and there's a communication problem—I'm open to that possibility.

But I am hearing real stories of people who are finding that the lump sum payments are not adequate or do not relate to their real needs. I am hearing that pensioners have lost their relationships with the people of Canada when they get lump sum payments and don't have ongoing monthly cheques. That covenant has been broken.

I have heard that the suite of programs is not accessible to everybody if you don't live near a centre. It is hard if you live in northern Alberta, because the kinds of programs that may be necessary for pain management are not there. The transportation costs are often eaten by the veteran and not paid for under the suite of programs. There are significant problems. I have lots of documentation.

The advisory committee has come up with a couple of dozen severe problems that they are acknowledging. I want you to explain to me where you think the gaps are and where we should be focusing our attention.

Mr. Bernard Butler: That's a lot of ground to cover, but I'll make an effort in the process.

I think it's important to emphasize that it's a relatively new program. As you know, we've been at it now almost four years, but we have begun through various means, including the types of activities that you have indicated, Mr. Oliphant, to identify where these gaps are.

I think firstly we've had challenges in terms of communicating around the program. Oftentimes we feel that some veterans remain focused, as you've suggested, on the lump sum award and the comparison to the previous framework where there was a recurring monthly benefit or monthly pension. Part of that communication challenge is addressed in a sense through the introductory remarks this morning.

This is a dual award approach, and oftentimes folks don't look at the other side of this in terms of what these payments are really all about. The disability award itself is for compensation for pain and suffering, and it is recognition of the service that these members have made to their country. But it is intended to enable that individual to begin a transitional process to address costs they may have in terms of establishing a new home, and so on.

The other side of the dual award approach, though, is the issue around the financial benefits payable. The important consideration here is that what the program has done is to try to move away from a concept of a recurring monthly benefit that under the Pension Act was not really geared or established to be an income replacement, and with financial benefits of the new Veterans Charter, to focus on the rehabilitation and the wellness of the veteran and to enable the member to re-establish in civilian life.

So it's a very important distinction and focus that we feel sometimes may be lost. I think there's certainly much more that we should be doing and can be doing in terms of communicating the message, and certainly the opportunity to appear before you today is an example of that in terms of ensuring that the community understands the distinction.

In terms of other issues, other gaps, there's no doubt that issues such as early intervention are very critical. We've done a lot of work with our colleagues at national defence and the Canadian Forces to try to ensure a seamless and integrated approach to disability management with members, and so on. We've established, as you know, 19 integrated personnel support centres across the country. We've deployed staff to bases across the country. We've done a number of things to ensure that we are out there engaged with members as early in the process as possible, and there's probably more that we can do along those lines.

In terms of other gaps, as you pointed out, the new Veterans Charter advisory group has identified a number of issues in terms of enhancing support to families. They too have raised issues around the economic benefits, whether they're adequate for all members, and so on. These are issues we are looking at.

As you know, we have an internal evaluation going on of the new Veterans Charter, as we speak. It's scheduled to be completed by the end of this year. Those types of studies will inform us a good deal more in terms of where we ought properly to be focusing our activities in terms of addressing need.

I would like to make just one final comment, because you spoke to the service delivery issue. We are well aware of the fact that, with our changing client demographic, where our new members are situated may not necessarily be where they were with the traditional veteran. So we're doing quite a bit currently in terms of looking at how we can outreach to those clients and at whether the traditional structure we have for a framework in Veterans Affairs for serving veterans is appropriate. We've done a whole lot of activities in terms of mental health, the telemental health, outreaching to veterans that way.

So these are areas we're sensitive to, and we are directing our minds in terms of addressing them.

• (1115)

The Chair: Very briefly.

Mr. Robert Oliphant: I could go on content quite a lot, but I want to go on process just to close. In terms of the content issue, the advisory committee didn't question, I think, whether there was inadequacy. I think they said there was inadequacy. So I just want to get that on the record, that it's not whether there is possibly an

inadequacy; they've said there is inadequate financial reimbursement.

On the process, the Senate is looking at the new Veterans Charter through their committee on defence, and we are looking at the new Veterans Charter. You're doing a review of the charter, and the ombudsman is looking at the charter. What is the department's plan for taking all of that and doing it? You seem to have a stand-alone review, but the Senate, the House of Commons, and the ombudsman are also doing reviews. Where do we have a way in to you if our study is not going to be listened to?

• (1120)

Mr. Bernard Butler: I would say that we will certainly be listening to the report of this committee, and certainly be taking guidance from it, as we will be taking guidance from the Senate committee looking at it. Equally, we are very attentive to the work the ombudsman is doing. We monitor the reports of his findings. We are looking at it as a whole, because I think the important consideration for all of us is to ensure that whatever changes we might propose to the new Veterans Charter are the right changes and maximize the benefits and services that are available to veterans. So we are certainly sensitive to that, and we'll be looking at that as part of our ongoing evaluation.

The Chair: Thank you, Mr. Butler.

Monsieur André, vous disposez de sept minutes.

[Translation]

Mr. Guy André (Berthier—Maskinongé, BQ): Thank you for being here.

I have a few questions along the same lines as the ones asked by Mr. Oliphant.

You talked about the lump-sum award and compared it to the monthly allowance paid prior to the introduction of the New Veterans Charter.

For some time now, we have noticed certain problems. For various reasons, young soldiers returning from a mission experienced post-traumatic stress syndrome or other types of trauma associated with their tour of duty. They were awarded a lump-sum amount under the terms of the New Veterans Charter.

At times, after two or three years, they are at a point where they want to reintegrate civilian life, but that transition is hard for them because of the trauma they experienced during their military missions. Some have spent all of their lump-sum award. Of course, ideally they should purchase a home or invest their money "wisely" or strategically for the long term. However, that is not what really happens sometimes.

In cases like this, do you provide some kind of support, some kind of financial support to help them along? It is not easy, because a person can claim that it's their money to do with as they please.

So then, these young people have spent the money and are often dependent on others. They are dependent on their families, because they have spent everything within the space of two or three years. That is a problem.

Quickly, since the introduction of the New Veterans Charter, compared to the situation that existed in the past, overall, have the amounts of the allowances provided increased, or decreased? Has providing a lump-sum award instead of a monthly allowance resulted in savings, or has it proven to be a more costly initiative?

[English]

Mr. Bernard Butler: The intent of the new Veterans Charter was not to find savings in programming at all.

[Translation]

Mr. Guy André: Have any studies been done on this subject? Have any savings being realized, even though this was not the objective? Do you have any figures on this?

[English]

Mr. Bernard Butler: I do not have any figures on that I could provide you with. All I can tell you is that in terms of the monetary amounts paid, these amounts are paid based on assessment tables and so on, according to the degree and extent of disability. I don't think there's any indication right at the moment that those amounts would be lower than the assessments that would have been made in the earlier era.

In terms of whether or not, in the longer term, savings might be realized through the advent of the charter, there's been no study done on that as of yet. Obviously, over time there may be more information available to us on that.

Ms. Brenda MacCormack (Director, Rehabilitation, Department of Veterans Affairs): Bernard, if I could just add, in terms of government investment at the outset, there was an initial upfront cash investment of \$740 million to finance these new programs over the first five years, so there absolutely was an investment on the part of government.

In terms of whether we will save money over the longer term, if we do, it will be because we're more successful in terms of having people transition, and then more successful with re-establishing into civilian life. I guess that would be a positive result.

• (1125)

[Translation]

Mr. Guy André: Is this an additional \$740 million for allowances or for new veterans services, for services close to home, for caregivers and other services? How has this \$740 million been allocated? I don't think this has anything to do with allowances.

[English]

Ms. Brenda MacCormack: That \$740 million was the investment the government made to implement the programs under the new Veterans Charter.

[Translation]

Mr. Guy André: So then, it was allocated to all veterans programs.

[English]

Ms. Brenda MacCormack: Yes.

[Translation]

Mr. Robert Vincent (Shefford, BQ): I'd like to continue.

Earlier, you said that no savings would be realized. However, consider the award provided to someone who is 80% disabled because of post-traumatic stress disorder or some other trauma. Compare that amount to a \$220,863 lump disability award. Let's say that a veteran who is 80% disabled receives 80% of his salary upon release from military service. If that CF member earned \$40,000 or \$50,000 a year, had 30 years of service when his career ended and was still alive at the age of 65, clearly he would receive more than the \$280,000 or the \$220,000 that you are giving him. So then, it's more cost-effective for you to provide an award of \$220,000 instead of 80% of his salary. Would you agree with that assessment?

[English]

Mr. Bernard Butler: If you look at those case scenarios we presented, and you may be looking at those currently, I think it's fair to say that depending on the degree of disability the member might have and how much he might receive from the previous pension versus an award, there is no doubt that at lower levels of disability the overall financial benefit to that individual might be less over the life course of the member. At the other end of the continuum, the more severely disabled the member is and the more access to other program benefits through rehabilitation and earnings loss benefits and so on, the overall financial return might indeed be greater. It very much depends on where on the continuum the member is, the degree of disability, and the services they might need to access over time.

Ms. Brenda MacCormack: It may be helpful to look at the scenario outlined on the chart. If we look at the seriously disabled scenario, there is a lump sum that's payable—as you pointed out, \$220,000. In addition, there are a number of financial benefits: the earnings loss, as you mentioned; a permanent impairment allowance, which is to compensate for loss of career progression during one's lifetime; and a supplementary retirement benefit, which represents two percent of the gross earnings loss, payable at age 65. There is the opportunity for purchasing the public service health care plan, if that's not otherwise accessible. If the veteran is ill enough that he can't participate in rehabilitation, particularly vocational rehabilitation, we can provide that vocational assistance to the spouse. The suite of programs is about enabling people to achieve independence; it's about helping families, and in this case the spouse would be able to access that kind of assistance.

The Chair: Thank you, Ms. MacCormack.

Now on to Mr. Stoffer, for five minutes.

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

I first of all want to thank Mr. Kerr.

These two fine folks are from the Maritimes. One is from Nova Scotia and one is from P.E.I., and that's why we're getting things done around here.

To put it on the record, who actually gets to qualify under the new Veterans Charter?

•(1130)

Ms. Brenda MacCormack: In terms of looking at some of the programs, anyone with a service-related disability can certainly access the programs. They can access a disability award at any time. With respect to rehabilitation, anyone who is medically releasing from the forces can access the rehabilitation program, whether they are releasing for a service-related disability or not. As well, they can access at any point in their future and as many times as they want for a service-related disability.

Mr. Peter Stoffer: If the person served in Bosnia and left in 1992, would they qualify under the new Veterans Charter if they were filing for a claim now?

Ms. Brenda MacCormack: They would, yes. They would be considered a Canadian Forces veteran.

Mr. Peter Stoffer: You said here in the third paragraph that the corporal—the serious one—gets SISIP long-term earnings until 65. What happens after 65?

Ms. Brenda MacCormack: At age 65, they would have the access to the supplementary retirement benefit, which is 2%. They would continue to receive the permanent impairment allowance for life. That doesn't end at age 65. At that point, they would have access to other government programs, and if they were in a low-income situation, there is a Canadian Forces income support program that guarantees a basic standard of living.

Mr. Peter Stoffer: Is it fair to say, though, that in most cases they would end up losing money when they turn 65?

Ms. Brenda MacCormack: At age 65, they would have a continued stream into the future.

Mr. Peter Stoffer: The money that they're getting at age 64 would not be the same as at age 65?

Ms. Brenda MacCormack: You were correct. They would not continue to receive the earnings loss benefit.

Mr. Peter Stoffer: Is it fair to say that in most cases that money would be less?

Ms. Brenda MacCormack: They would have access to other government programs.

Mr. Peter Stoffer: I realize that, but we're talking right now. We're dealing with these people all the time. Age 65 is when they need the money the most. They shouldn't be receiving less than what they got at age 64. Our records and our evidence consistently shows that when they turn 65, they lose money. That's wrong. That's one of the flaws that we have in the new Veterans Charter. I just wanted to let you know that.

The other one that we have is... The Veterans Charter is unquestionably a vast improvement from what was there before. There is no question that there are holes and gaps, and between this committee and other groups, we are looking at the holes. I'm glad to see that the department is doing it as well.

One of the biggest problems, though, is if you're a reservist and you've served six years and you're out, and then ten years later you decide that your back is really sore and you should make a claim. But if you cannot prove that there's medical evidence on your file showing that your back was injured while you were in service, it's very difficult to access this because the benefit of the doubt is

extremely difficult to prove. This is one of the biggest challenges that we're having.

A lot of them don't like to be called sick-bay rangers, and they'll "suck it up buttercup" and move on. Yet, a year or two or three later... Maybe their post-traumatic stress will kick in later. As you know, it can happen years later. But if they can't prove beyond a shadow of a doubt that indeed this happened because of their service.... And this is where they get frustrated, because all of a sudden their word is being questioned, the benefit of the doubt is not being applied.

So I'd like your suggestion of what I should tell them when reservists or people of that nature leave the military—not on medical grounds, but just leave—and then a few years later they try to make an application for it and are turned down repeatedly because they can't prove beyond a shadow of a doubt that their current concern had something to do with their military service. What advice can you give me to tell them?

Mr. Bernard Butler: On two fronts, I think what you're referring to, Mr. Stoffer, is certainly the issue around eligibility for a disability award. In that context, the benefit of the doubt is in fact enshrined in the legislation. Favourable rates for these awards at the moment I believe are in the 70% range. More are certainly acknowledged than not.

In terms of advice to give to the member, it's the very same advice we give them all the time. We say that it helps a great deal if you can ensure that an injury is documented. If it's not documented, it's not the end of the story by any means. But it's a matter of simply trying to put together some evidence to show that in fact there was a service-related injury and that injury has caused a disability.

I appreciate the frustration you're referring to from some clients and members because for whatever reason that evidence may simply not be there. But the benefit of the doubt is real and applied, and there is certainly always recourse, either through departmental reviews or on to the Veterans Review and Appeal Board. That would be my advice, that it's never a situation where an individual should give up or not pursue a claim.

•(1135)

Mr. Peter Stoffer: Well, Mr. Butler, I just wanted to let you know, in conclusion, that I have sent I don't know how many files on to DVA over the years, and I have yet to see the benefit of the doubt applied on any case that I have sent in. I have asked for it, and I have yet to see it done on things I have sent forward.

Ms. Brenda MacCormack: If I could, I'll just put one other comment on the record in terms of the scenario you raised, Mr. Stoffer. The beauty of these new programs, or particularly the programs under the new Veterans Charter and the rehabilitation program in particular, is that the eligibility test to access rehabilitation is a very—I don't want to say light test—generous test. We have a very high favourable rate, so these people can access rehabilitation services. They can access medical, psycho-social, vocational rehabilitation, and the associated monthly earnings loss stream that comes with that, to assist them to get back on their feet.

So we're not just in a scenario where we only have the disability pension to help people. Under the new Veterans Charter, we have a significant number of new tools.

Mr. Peter Stoffer: Thank you very much.

The Chair: We'll now move on to Mr. Kerr for seven minutes.

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

Welcome to Ms. MacCormack and Mr. Butler.

I want to get into part of the transition DND and Veterans Affairs activities. That's where it seems to need a lot of additional work.

I want to start with the point Mr. André mentioned about the lump sum. I think it's fair to say we're all picking up more information on that as being problematic. Family members will say that due to their condition, age, or whatever, perhaps they didn't fully understand the implications of receiving a large cheque at one time.

I guess my comment and question would be fairly similar. Are you noticing any additional impact or inquiry in that way? If so, what kind of additional advice or caution will be looked at in that regard? That's my first question.

Mr. Bernard Butler: We are certainly sensitive to it as an issue. We've had preliminary contact with a number of veterans who received significant amounts of \$125,000 or more. The initial feedback we're getting from those contacts is that the majority of these clients or members do seek out financial advice. They have managed the amounts quite appropriately in their particular circumstances, although we are very sensitive to the fact that the issue is recurring in the public forums out there.

A number of considerations are possible. From our perspective it's important to keep in mind that a few of the underlying principles of the award are self-determination and self-choice. They are basically fundamental democratic values that we as Canadians respect.

From a practical point of view, our strategy at the moment is to try to better understand where these cases may be where the funds are not being used as appropriately, from a community perspective, as they might be, and then try to ensure that we can work with those individuals to more effectively manage their resources.

So we're sensitive to it, and there are a number of strategies, but the basic philosophy to date has been to respect the autonomy of the individual and then try to work with the individual to support them in seeking ways to appropriately manage the funds they receive.

Mr. Greg Kerr: I appreciate that, because I know if it were reversed and done differently you'd get more complaints than you

get now. I think advice, reaching out, and so on are probably what they're looking for.

The transition is something I hear about quite a bit. I think we have to remind ourselves that this is a department that deals with all kinds of people with challenges, problems, and physical- and stress-related issues, so it's an ongoing process of trying to serve people. Are you ever going to totally reach the perfect mark? I doubt it, but the effort has to continue, and I think we are all trying to share that.

On the transition, a lot is going on, but I'd like you to take a moment or two. In my mind the new pressure will be from the new vets. There's no question there are all kinds of new things coming forward. A lot of it seems to be when they're picked up at the earliest stage, which is when they're still in DND.

There's more to be done between the two departments. How do you see that progressing? I know a lot has been done in clinics and other things, but how do you see that progressing so that the early intervention continues to grow as an important service?

• (1140)

Mr. Bernard Butler: You're quite right in pointing out that we have done a lot of work in that regard. The integrated personnel support centres are a good example of that. There are 19 locations where we take back case managers and locate them with the Canadian Forces case managers. The idea is to ensure that as issues arise there's an exchange of information and both teams are engaged.

There is the question of how early in that process Veterans Affairs Canada can engage because of fundamental jurisdictional issues. We have the authority right at the moment to deal with veterans, but our authority is less rigorous in terms of intervention early in the process. We have certainly had ongoing consultations with the Canadian Forces looking at how we can go about getting into that process earlier and working directly with the veterans to make things happen.

So early intervention in the process, from an authority point of view, is something we certainly feel we need to look at.

Brenda.

Ms. Brenda MacCormack: Just to reiterate the value of the integrated personal support centres, everyone—all different representatives from different organizations—is working on behalf of the member at that time, where it's a seamless kind of integrated care.

There are lots of communications that enable that kind of early planning to facilitate us to have a plan in place at the time the member releases. We do transition interviews for every member and in fact did close to 5,000 over the last year. There are a lot more opportunities through these integrated personal support centres to work with our team members and to convey the information to the members so that they understand the programs that are available to them.

Mr. Greg Kerr: Just to follow on what Mr. Stoffer raised, one of the reasons I think it's so important is that you'll talk to a lot of vets, and it's a matter of what records are available. I realize that's more of a DND issue, but I think it's an intervention that this department could continue making. If the person leaves, they should have a complete set of their records. They should be advised strongly that those may be necessary in 10, 15, 20 years—not at the moment, but later on. Certainly before they actually leave the military, that is important. It's a strong role that this department can play in advising, through DND, that they get that advice early.

Thank you.

The Chair: Thank you, Mr. Kerr.

Now on to Madam Crombie for five minutes.

Mrs. Bonnie Crombie (Mississauga—Streetsville, Lib.): Thank you to our guests for appearing today.

I'm new to this committee, so I wonder if you could help me understand a couple of things. First, what are the advantages, as I've noted in the report, of moving towards a needs-based approach to economic benefits, rather than an insurance industry model?

Ms. Brenda MacCormack: There's lots of evidence in multiple jurisdictions about modern disability management and how we can achieve optimal outcomes in terms of when people have disabilities, and achieving optimal outcomes and functioning at various levels. Being actively engaged with the injured member at the outset is pretty important. The early intervention that Mr. Kerr spoke about is important, and so is the fact that we need to tailor interventions to the individual. Everyone's different, everyone operates in a different family unit, in a different social construct, so what might be a challenge for one may not be a challenge for another. That's very heavily based in evidence in terms of that needs-based approach and not a one-size-fits-all kind of model.

Then there's the continued kind of intervention, knowing that the supports are there into the future if people need to come back.

Mrs. Bonnie Crombie: Terrific. I just noticed that the new Veterans Charter is quite generous in the programs that are available and the awards that are given. I think committee members had asked about the costs of the program, but I'd like to follow up. You mentioned \$740 million. Was that an implementation cost? What do we see as the cost of the new Veterans Charter on an annual basis?

Ms. Brenda MacCormack: I don't have the actual projections with me, but that was the initial upfront program investment.

•(1145)

Mrs. Bonnie Crombie: A one-time investment.

Ms. Brenda MacCormack: Yes, for the first five years.

Mrs. Bonnie Crombie: I understand. So how much more do we anticipate it will cost, then, than it was before the new Veterans Charter, on an annual basis? We don't know? Certainly it's more generous, so it would be much more costly.

Ms. Brenda MacCormack: This was an absolute investment of new money at the outset, too.

Mrs. Bonnie Crombie: It's a good thing. I was just trying to understand what the costs will be.

Would we find it in the estimates?

Ms. Brenda MacCormack: I think maybe the—

Mrs. Bonnie Crombie: Are there projections in the estimates?

Ms. Brenda MacCormack: I think there would be some, and I understand our minister is here later in the week with tabling the estimates, so you can follow up on that.

Mrs. Bonnie Crombie: Yes, please do. I'm sure that every member of the committee is acutely interested about what the cost of the program will be.

The benefits to young veterans who are at a lower salary and have a whole life career ahead of them but may not be eligible to participate because of injuries.... What do we do for the young veterans whose earning potential has been diminished as a result of their injury?

Ms. Brenda MacCormack: The programs, as they're designed, are intended to compensate to a certain extent for that. All of the earnings-loss stream.... I mentioned the permanent impairment allowance, which is an allowance that takes into account someone's lack of capacity to participate in a career, or if they are able to work, that they recognize that those with higher levels of disabilities do experience a lack in career progression, so that is a benefit that is payable over the lifetime of the member.

Mrs. Bonnie Crombie: Right. I'm specifically interested in whether or not it recognizes that individuals had promising careers ahead of them, they were bright and young, and that capacity has now been diminished. Would they be compensated for that reduced capacity?

Ms. Brenda MacCormack: Yes, it's one component of the financial benefit package, with the earnings loss being the other piece. It would be payable until age 65. There's a supplementary retirement benefit as well, which is payable at age 65.

Mrs. Bonnie Crombie: Let's talk about life after age 65. What happens to the benefit package?

Ms. Brenda MacCormack: As I mentioned earlier, in the case of someone who's seriously disabled, the permanent impairment allowance would continue to be paid. The supplementary retirement benefit would be paid out at age 65 as a lump sum. At that point, they would be eligible for other government programs. If they're in low-income situations, the Canadian Forces income support program guarantees at least a basic standard of living from age 65.

Mrs. Bonnie Crombie: Our veterans certainly feel there's a clawback after age 65.

Ms. Brenda MacCormack: Mr. Stoffer alluded to that, as well.

Mrs. Bonnie Crombie: Okay. What non-economic benefits are available in the new charter?

Ms. Brenda MacCormack: The non-economic component of the dual-award approach is represented by the disability award benefit, in the case of disability, or by the death benefit, in the case of death, which would be payable to the surviving family.

Mrs. Bonnie Crombie: Is there spousal support in terms of a non-economic benefit for job placement or vocational assistance for the spouse or the family?

Ms. Brenda MacCormack: There is significantly more family support under the new Veterans Charter.

In the case of someone who's more seriously disabled and where the veteran can't partake in vocational rehabilitation, the spouse can access that. We'll pay for the training. We'll pay for all of the associated expenses of tuition, child care, etc.

There's also a very generous package outlined in scenario four, in the case of death, where the surviving spouse would be paid the death benefit, which is currently \$276,000.

The survivor would also be entitled to the earnings loss benefit until the veteran would have turned age 65. The supplementary retirement benefit would be payable. Educational assistance is offered to children for post-secondary studies. As well, the survivor in that case can access vocational assistance.

The Chair: Thank you, Madam MacCormack.

Madam Crombie, did you ask for some supplementary information?

Mrs. Bonnie Crombie: On the costing of the program, yes, I did. Thank you.

The Chair: Okay. That's great.

We move now to Mr. Lobb for five minutes.

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

I want to pick up on the topic that Mr. Stoffer brought up, which is the scenario wherein a reservist had served for six years and then had come back, some time later, with an issue. With Veterans Affairs and DND having a good relationship, can you tell the committee what work has been done to improve communication or to improve the documentation of injuries while in service so that it makes your job easier in later years? Could you talk a little more about the process as you see it?

• (1150)

Mr. Bernard Butler: A lot of work has actually been done over time in this respect. One of the major challenges we found in that program, previously pensions and now awards, was that injuries were often not adequately documented. Veterans Affairs has worked closely over time with the Canadian Forces to try to ensure that the so-called form CF 98 report on injuries is in fact completed when it should be and that it forms part of the member's record. A lot of work has been done with the Canadian Forces in terms of trying to improve the exchange of information and ensuring timely access to service records in order to expedite the disability claim process and to help those things move forward.

We're currently working with the Canadian Forces on how to leverage the work they have done on electronic health records, for example. They've moved more into the realm of electronically managing the medical information of members, which enables Veterans Affairs to access that type of data. Work is currently ongoing in that respect.

Those are some of the initiatives we've had with the forces in terms of managing that very type of information.

Mr. Ben Lobb: It's good to hear.

Another topic was on early intervention. Of course, whether it's a veteran or someone who's lost a job, early intervention is always a key factor in getting back into the workforce. You've seen the suggestions from the advisory group. As you read the reports from this committee, or from the Senate, or from wherever you internally seek input, where do you see it changing or evolving from where it is today? Obviously, it's fairly rigorous today, but where do you see it moving forward?

Ms. Brenda MacCormack: That's a difficult one, I guess, in terms of predicting the future. The one thing I would say is that I think we will continue to see it improve. I think we see more and more focus, not only within the Canadian Forces or within VAC but within multiple jurisdictions, in terms of recognizing the impact of disability and recognizing the importance of early and active engagement with an injured or ill individual. I think you will see improvements across many organizations in that regard.

In particular, the Canadian Forces have made significant improvements already by recognizing, for them, that they are responsible for that first early intervention. They do a stellar job of that by investing more and more in return-to-work programs and trying to get injured soldiers back to some kind of job within the military, even while they're still recovering. Then, when it becomes clear that they will not be able to stay in the military, at that point it becomes a transition to VAC in terms of them starting to focus on vocational pursuits in the civilian arena.

Mr. Ben Lobb: Okay. Just building on that last point you made, for the committee's purposes, can you again explain where that decision is made in VAC when the veteran is evolving to the point where they can return to work? How does that work and where do the veterans have input on it themselves?

Ms. Brenda MacCormack: In terms of the interface with VAC, we do have transition services that are available to members while they are still in the military. VAC is notified six months prior to a member being medically released.

At that point, we can make a connection with the member if we don't already have a relationship. We can begin to explain the benefits and services that are available through Veterans Affairs, and we can begin the planning process, along with the Canadian Forces colleagues who are already involved in their planning, so they can think about where they would like to move to as they look at what kinds of skills and credentials they have from the military and how they might translate that to the civilian world.

That whole planning process and that whole engagement with the member begins prior to release. The goal is to have that smooth transition occur as they release out of the military, and then the plan continues, the plan that was put in place prior to release.

The Chair: Thank you, Madam MacCormack and Mr. Lobb.

We'll now go on to Monsieur André, *pour cinq minutes*.

[*Translation*]

Mr. Guy André: I will be sharing my time once again with Mr. Vincent.

I'd like to come back to the matter of the lump-sum awards and the allowances. Your explanations brought to light the fact that there were some problems with the lump-sum awards.

However, you stated that the awards had not necessarily resulted either in savings or in additional expenses. Are you saying that, in his current budget, the Minister of Veterans Affairs could review his policy respecting allowances to better meet the needs of veterans, to take into account certain shortcomings in the lump-sum awards paid to 22- or 23-year-olds—or in the monthly payments made to others—and come up with a more coherent one?

In your opinion, what type of coherent policy should be put in place to better meet the various needs identified here today?

• (1155)

[English]

Mr. Bernard Butler: Again, I think the lump sum award has to be viewed in the context of the entire package, the entire suite of programs. The lump sum award is not designed to provide an income support. It's designed basically as a form of compensation and a recognition of the contribution and the disability suffered by a member. It has to be viewed simply as one piece of the overall package, which includes, as we've discussed, the broad range of financial benefits that are payable.

We are hearing of these concerns, but again, they have to be viewed in the bigger picture, and we have to look at fundamental questions in terms of, I suppose, how the lump sum was set originally. Again, if you recall, that was based on previous discussions on this point and based on the comparators with civil awards in the court system and workers' compensation awards in provincial sectors, and it was considered very much in line with the types of payments being made in those contexts.

So again, from our point of view, the focus must always be in the context of the award as one component of the bigger picture of benefits available under the charter to individual members.

[Translation]

Mr. Robert Vincent: I will put my questions to you in succession and I'd like you to answer each one as quickly as possible.

If a person has a leg injury, which doctor will be assigned to his case? Will it be a Canadian Forces doctor?

[English]

Mr. Bernard Butler: Acute medical care is the responsibility of the Canadian Forces for still-serving members, yes.

[Translation]

Mr. Robert Vincent: Which doctor determines the soldier's release date? Is it the Canadian Forces doctor?

[English]

Mr. Bernard Butler: It would be in that context. Again, the Canadian Forces are responsible for their members until the time the member is actually released from the Canadian Forces.

[Translation]

Mr. Robert Vincent: Correct me if I'm wrong, but the Canadian Forces are both judge and jury. The Canadian Forces doctor manages the injured CF member's file, but I don't believe any other doctor

could say that the CF member should not be released because he still has treatment to undergo. The Canadian Forces doctor alone decides when that CF member will be released and what his level of disability, if any, will be. Can the CF member request an outside expert opinion?

[English]

Ms. Brenda MacCormack: I think it is probably not fair for us to comment on the responsibilities of the Canadian Forces Health Services. Probably that would be inappropriate.

[Translation]

Mr. Robert Vincent: I understand, Ms. MacCormack. You are responsible for allowances. Rehabilitation and disability awards go hand in hand. If we look at one of your files, we see that mention is made of rehabilitation.

How is it decided that a person is entitled to a particular kind of rehabilitation? How long does this person continue to receive such services and what kind of lump-sum award is that person subsequently entitled to receive? How long does that person have to look for a job?

You didn't answer my question about seeking a medical opinion from someone not connected with the Canadian Forces.

[English]

Mr. Bernard Butler: Perhaps I can respond to that. Again, as it relates to programming provided by Veterans Affairs Canada, and whether that has to do with determinations on lump sum awards or whether it has to do with access to our rehabilitation programs, those are decisions that are made by Veterans Affairs Canada based on all of the medical evidence that is available to them. But again, that is applicable to members who are entering the release phase and are released. All other activities and services that are provided through the Canadian Forces rest with the responsibility of the Canadian Forces medical establishment.

• (1200)

[Translation]

Mr. Robert Vincent: Thank you, but that doesn't answer my questions. I'm talking about awards and about the decision-making authority of the Canadian Forces. I think you know how this process works. I'm curious to find out how it works. You are a clear expert in rehabilitation services. I'm sure we'll have the chance to meet again and to hear from you.

[English]

The Chair: We're way over, Mr. Vincent.

Now we will go to the Conservative Party, for five minutes, Mr. Mayes.

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

Thank you to the witnesses for being here today.

I must say that in my constituency, as I talk to veterans, they are very appreciative of the Veterans Charter and are appreciative of the benefits they receive. But there are a few problems with it, some holes in the program, and we're seeking to better the charter.

Concerning the front-line people delivering those services to the veterans, do you have something in place where you track those problems with the benefit delivery and bringing forward recommendations? There is some strategy in here, as you called it. I just want to know a little bit about how you track some of the information you are getting directly from the veterans on some of those holes.

Mr. Bernard Butler: In our service delivery framework, as you probably are aware, we have front-line staff, case managers, and client service agents who deal directly with the veteran on a day-to-day basis. They are the ones who develop case plans. They're the ones who work hand in hand with the veteran in terms of progressing through the programs. We have other folks who work directly with the veteran, in terms of pension officers who help them prepare applications for disability benefits and so on.

All of those interactions certainly form part of discussions with their client service teams. All of these backstops work together in that respect. Those are subject to the general types of monitoring of activities within district offices, and form part of the overall strategy in terms of looking at service delivery improvements.

Veterans Affairs is in a process right now of a major rethinking of how benefits are delivered and looking at major strategies to improve service delivery. Much of that is coming to us directly from the clients.

We have a national client call centre network where veterans call in for information. They too track concerns and they track information. That all forms part of our overall assessment of how things are working and what is not working.

Mr. Colin Mayes: I think you missed the question just a little bit, because I wanted to know how the department was moving those concerns through, not the veteran himself.

They are dealing with a number of veterans, so if a specific issue comes up and it is repeated and repeated, do they have a way to send that information along and say they've got a bit of a problem and this is just a heads up? There should be recommendations on how things should be changed. Do you get that sort of feedback from your front-line people?

Ms. Brenda MacCormack: Obviously, yes. There are multiple forms that we can use on the service delivery side in terms of understanding what's happening at the front line.

As Bernard mentioned, there are performance reporting pieces that we look at in terms of are we meeting turnaround times, are we doing assessments, are we meeting in a timely manner and delivering benefits and services in a timely manner? So yes, we do that.

As well, there are multiple forms between head office, regional offices, and districts that talk about different disciplines in the different programs being delivered, that look at what the challenges and issues are, and what some of the solutions might be. At a working level that absolutely would be happening, from the employee level and not just the veterans level.

Then from an overall system perspective, we do look at outcomes. We look at outputs. We look at what kind of performance we are seeing from the programs, in particular, new Veterans Charter programs, and what we are achieving.

•(1205)

Mr. Colin Mayes: Thank you for that.

As an elected representative, grassroots is important to me, and that's why that question was asked.

Ms. Brenda MacCormack: Absolutely.

Mr. Colin Mayes: The other issue is this. Our government has put forward an increase in investment to implement these programs. You mentioned \$740 million over five years. That started in 2006, as I understand it.

How did you arrive at that figure to say we've got that much extra money, let's throw it at veterans? Was there some work done previously to look at the big picture and say that we need a greater investment? I mean, you cannot perfect the cost because it is an unknown, but the fact is somebody must have put something together to come up with that figure.

Ms. Brenda MacCormack: Just as a bit of background around the new Veterans Charter, back in the late nineties, early in the 2000 period, there was a recognition that the system that we had currently in place—the disability pension and associated treatment benefits—was sorely lacking in terms of what it was achieving. We knew that people were not transitioning. They continued to have health issues. Their families were not transitioning. The system that we had was outdated.

So yes, there was a lot of analysis, a lot of input from academics, practitioners in the field, and disability management experts to come up with a new kind of framework for programming in services that would better enable veterans and their families to make a transition to civilian life.

That has now become known as the new Veterans Charter and is part of that analysis and policy advice that was put forward to government for a decision. The costing would have been done in terms of what this is going to cost overall to put into place.

The initial investment was made, and essentially the new Veterans Charter represents a totally different focus in terms of what we're providing and represents a reprofiling to a certain extent to invest more in those who are more seriously disabled.

Mr. Colin Mayes: Just really quickly, because I know we have to go—

The Chair: You're way over, Mr. Mayes. Sorry, I have to call you on that.

Now we move on to Madam Fry for five minutes.

Hon. Hedy Fry (Vancouver Centre, Lib.): Thank you.

I'm just going to ask you two questions and then let you answer them. They're kind of related.

How do you do case management for veterans who live in small rural areas and who have a family physician who may have no idea how to deal with some of these issues? How does your case management occur? How do they get access to occupational therapies, to psychological care, etc.? As a physician, I want to know that.

The second thing I want to find out about is families. As we well know, many families of veterans, especially of those who have post-traumatic stress disorder, are very strongly impacted by this. We know also that there is a chance that some of the young people in the families may themselves grow up to have post-traumatic stress disorder and have the inability to cope with any stresses that come their way later on.

Is there anything you're going to do to help families? I know the families are really in need of some kind of assistance when they have a veteran who is disabled, either mentally, physically, or in other ways.

Mr. Bernard Butler: With respect to the first question, on case management, certainly we do outreach to communities where we may not necessarily have a district office. Our case managers are folks who have training in this respect and who have the qualifications. They're the ones who broker services where needs are identified. If we can't deliver them through our own programming, we make sure that arrangements are made to provide them. There is certainly an outreach feature there in terms of our service delivery, which enables us to work with those veterans who live in more remote communities.

The mental health and families issue that you raised is a very important issue, and I'm certainly glad you raised it. The department is pursuing a very involved or detailed mental health strategy. A key portion or part of that is the establishment of our occupational stress injury clinics across the country, of which we now have ten. They are a complement to the trauma clinics that the Canadian Forces have established. Family members have access to these clinics to help them work through problems arising out of the challenges the members may be experiencing. Counselling is available to families and to spouses and to children as well. So we do have a defined strategy to try to meet that evolving need, which, as you identified, is a very important one for our veterans and their family members.

•(1210)

Hon. Hedy Fry: Will this go on as long as it's needed by the families, or is there a finite time limit so that you only get assistance for up to say two years or three years? Is it continued throughout the family's need cycle, whatever that is? It may be 10 or 15 years or it may be less. Is there a finite timeline on this?

Ms. Brenda MacCormack: This gives me an opportunity to speak a little bit about the rehabilitation program. As Bernard mentioned, counselling and so forth are available, and there is no finite timeframe in terms of the rehabilitation program. The services are available for as long as they need them in terms of achieving certain goals. As I mentioned, a veteran is functioning within a family unit, within a community, and hopefully within some kind of vocational environment. If families need help to improve effective functioning to adapt to disabilities, then those kinds of services, such as counselling or group sessions, are provided, and there is no finite timeline.

Hon. Hedy Fry: This goes for mental illnesses as well?

Ms. Brenda MacCormack: Absolutely, and certainly we have seen an increased prevalence of that. We see a lot of addiction issues associated with mental health issues. There are a lot of musculoskeletal types of injuries involving a lot of chronic pain, and there are family issues associated with those. The new Veterans Charter certainly takes us a little further forward in terms of recognizing that a veteran doesn't exist in isolation, that he is part of a family.

Hon. Hedy Fry: Do you have any training programs set up for small family practitioners in rural areas who can actually be helpful to the veteran as the veteran continues to need care, to be able to bridge those two things, the veteran's ordinary illnesses and the ones that are related to post-traumatic stress disorder or to other disabilities?

Ms. Brenda MacCormack: I certainly can't speak in detail, as that is not an area of expertise for me, but we do have a centralized centre of expertise in Ste. Anne's. It is centred around mental health and really sets best practices and then communicates those out. So there certainly has been, as part of the mental health strategy that Bernard referenced, a real conscious effort to build capacity in the various communities across this country, because we recognize that veterans and their families live first in their communities.

The Chair: Thank you, Madam MacCormack and Madam Fry.

Now I'll go back to the Conservative Party, and I suspect it will be Mr. Mayes, because he didn't finish the last time.

Mr. Mayes, you have five minutes.

Mr. Colin Mayes: As a quick follow-up question to the determination of that \$740 million, was that a large enough allocation? Are there problems where you say we just don't have the money to provide more services, or would you say that it has been reasonable and has met the need?

Ms. Brenda MacCormack: I don't have the detailed expenditures. I think we've taken that away as an item, but generally speaking I would say yes.

Mr. Colin Mayes: Okay. That's just a question.

Thank you, Mr. Chair.

The Chair: It appears that most of the questions have been exhausted, but Mr. Vincent and Mr. Stoffer may have other questions, if it's the pleasure of the committee.

Okay, Monsieur Vincent.

[Translation]

Mr. Robert Vincent: Earlier, you stated that physical and mental rehabilitation services would be available as long as needed. However, you also said that your CF doctor assessed the person's state of health. At some point, the person's condition stabilizes and he is released. That does not mean that the person receives services as long as he needs them, but only for as long as the doctor deems it necessary. Is that correct?

• (1215)

[English]

Mr. Bernard Butler: Again, sir, just for clarification, the context you're referring to is while the member is still serving in the military. Is that correct?

[Translation]

Mr. Robert Vincent: A veteran must have been wounded while serving in the Canadian Forces. He then undergoes rehabilitation. It doesn't necessarily mean that he will be rehabilitated or able to rejoin the regular Canadian Forces. That veteran may have to find a job outside the military.

I have a question about the level of disability. How is that level of disability assessed? I read in your statement that when a veteran is assessed as having a full disability, an award is provided for pain and suffering. How is it possible to compensate someone for pain and suffering? How is the level of disability assessed?

For example, how would someone determine that I am 10% disabled? How is one compensated for pain and suffering? Pain varies from person to person. How do you determine an individual's pain threshold, or level of disability?

[English]

Ms. Brenda MacCormack: I'll start with the disability award. That is a payment that can be made to compensate someone for illness or injury, and I guess it would be types of injury that we see in the military. It's any amount. It's hard to say whether it's enough.

But what happens is that they make an application for a disability award and the determination of level of disability is made by Veterans Affairs Canada based on objective medical evidence that's provided by medical practitioners who do examinations and record information such as range of motion, functional limitations, and x-ray reports. We have a table of disabilities, which is a regulatory instrument that defines various assessment levels and how that relates to functional incapacity.

That is how the percentage level is determined, and it is done by Veterans Affairs Canada adjudicators. Subsequent to that, while the member is still serving, he might well have received a disability award. He continues to be under the care of the Canadian Forces health services unit, and at some point it will be up to the medical folks and others within the Canadian Forces environment to decide if the member is going to be medically released.

Up until that point, the Canadian Forces have responsibility for the healthcare of that injured member. Once the member is going to be medically released and a decision has been made on that, VAC will start working with them. We begin to make plans in terms of the rehabilitation using a variety of experts, medical doctors, vocational

experts—where that's appropriate—occupational therapists, and mental health specialists. It's an interdisciplinary kind of approach to identify problems and barriers to them achieving independence. They could be medical, they could be psycho-social. A plan is developed and that's carried into the post-release period.

The plan continues to change based on the goals and how the veteran progresses and how the family progresses. Input is received on an ongoing basis from a variety of health professionals in the field, and best practice evidence tells us that an approach that is multi-disciplinary, that involves multiple health professionals accompanied by intensive case management, produces the best results.

[Translation]

Mr. Robert Vincent: Is a CF member entitled to seek another expert medical opinion from a doctor who is not with the Canadian Forces?

[English]

Ms. Brenda MacCormack: I don't know. I don't know what capacity the Canadian Forces has.

[Translation]

Mr. Robert Vincent: If we look at your area of expertise, namely rehabilitation—

[English]

The Chair: Monsieur Vincent, you're way over again.

The analyst tells me, Mr. Vincent, that in fact a member of the CF could seek a second opinion in that regard. I think it's also one of the things that—you've answered a lot of questions—I just know from experience in the constituency that even though a CF member may be severely wounded, they won't necessarily go into the care of Veterans Affairs. In fact, they stay with the CF, and I have a constituent who was quite severely wounded and continues to work at the Canadian Forces and happily so.

I think they're making quite a few advances on how to employ those who are disabled.

Mr. Stoffer.

• (1220)

Mr. Peter Stoffer: Mr. Chair, that's actually a very good point.

I have a couple of things. If this question is out of your realm of responsibility or advice, you can just tell me to forget about it.

Right now, as you know, we have the various contract beds for World War II and Korean War veterans across the country, including at Ste. Anne's, our last federal hospital. By the time we go to bed tonight, we're going to lose approximately another 90 World War II and Korean War veterans. When they're all gone, what happens to the two corporals that you have here on your form? They're both 31. Will they have access to a bed like a World War II or a Korean War veteran when they become, say, 70 or 80 years old?

Right now the answer is no, I believe, because those beds won't be available. Right now they're only available for World War II and Korean overseas veterans under certain circumstances. But what happens to the modern-day veterans 30 or 40 years from now when they seek permanent long-term facilities like Camp Hill, the Belcher, Ste. Anne's, etc.? What will happen to them?

Are you able to answer that, or should I move on? I just saw program direct management here, and I thought maybe that would be you.

Mr. Bernard Butler: It's certainly not my area of expertise, but I can make an effort at responding to that.

Again, I think the context one needs to look at is the context of the evolution of the long-term-care bed programming. It was introduced after the war, when we did not have provincial health care systems in place. So to that extent, the current arrangement of course has evolved over many years. So you're absolutely right that veterans coming out of those periods of those world wars, the traditional veterans, do have access.

For the younger veteran, they do have access if they have service-related disabilities requiring that kind of care. But the move clearly, which is what our veterans are telling us, is in the direction of support in community-based facilities where veterans can be nearer to home, nearer to their communities, and not be forced to relocate and so on.

Mr. Peter Stoffer: I appreciate that. But right now I'm getting the drift that all these veterans, once the last Korean guy dies, will fall under provincial jurisdiction in terms of location for a bed, not federal. So the federal government under DVA would not actually pay for that bed; they would just fall under this provincial system.

Am I correct in that? Because you're right, they do like to stay in their communities if there are beds available. But right now, for Camp Hill and the Belcher, DVA pays the province for those beds.

Will DVA be paying for the beds of these two corporals when they become in their eighties?

Mr. Bernard Butler: If they have service-related...if they're pensioned or they have disability awards for which they're being institutionalized, if you will—

Mr. Peter Stoffer: Not now, but sixty years from now.

Mr. Bernard Butler: I'm assuming that under the current program arrangement they would be eligible for care in a community facility, in which case, as I'm sure you understand, the department essentially provides a top-up to what the provincial, depending on the provincial jurisdiction, would pay for treatment, between that and what the actual cost of care was. So it's a contribution arrangement in a sense.

Mr. Peter Stoffer: The reason I asked that is because Siobhan Coady, one of the Liberal members, has a person in Newfoundland and I have one in Musquodoboit Harbour, and they're both similar cases. They're both in their sixties, have severe dementia, and DVA will not assist them in getting a bed. They fall under provincial jurisdiction, yet they have service-related injuries from other concerns, not necessarily the dementia. So that's my problem.

They served their country, they have an injury, although with the current one, with the stress they're going through, they do not qualify for Camp Hill. If they go to the province, the province may try to find them something, but DVA doesn't participate in that, and that's my frustration. My fear is that these two 31-year-olds down the road are not going to have access to those beds, or at least priority access, without federal government assistance. Am I correct in that assumption?

Mr. Bernard Butler: I think you're correct in that assumption right at the moment, yes.

Mr. Peter Stoffer: Thank you.

The Chair: Just to check back with the Conservative Party and the Liberal Party, it's all exhausted.

Thank you very much, Mr. Butler and Madam MacCormack, and we'll wait on that one submission Madam Crombie requested.

We'll suspend for a couple of minutes and go in camera for business.

Thank you.

[Proceedings continue in camera]

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