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Chair

Mr. Greg Kerr

Standing Committee on Veterans Affairs

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● (1535)

[*English*]

The Chair (Mr. Greg Kerr (West Nova, CPC)): Okay, folks, we're at the appointed hour.

I'd like to welcome our witnesses today: from the Canadian Institute for Military and Veteran Health Research, Dr. Alice Aiken is here with us today, and Susan Marlin, chair of the interim board of directors. From the Department of Veterans Affairs we have Charlotte Bastien—good to see you—and Dr. David Pedlar, director, policy and research. Good to have you here.

You know the study we're on, of course, and we're continuing along with the study of front-line health and well-being of veterans. We've had quite a few witnesses and some visits, and we're moving along quite well, so we look forward to today.

What happens is that we allow ten minutes for each. So we will start, and then the witnesses will answer questions from the members of committee.

So having said welcome, I guess we're starting then with you, Dr. Aiken. Welcome.

Dr. Alice Aiken (Director, Canadian Institute for Military and Veteran Health Research): Thank you very much.

Good afternoon, ladies and gentlemen of the Standing Committee on Veterans Affairs, and thank you very much for the opportunity to present to you today.

I am Dr. Alice Aiken, the scientific director of the Canadian Institute for Military and Veteran Health Research. I'm a university professor in rehabilitation therapy, and I am a proud veteran, having served in the Royal Canadian Navy for 14 years.

With me today is Susan Marlin, the chair of our interim board of directors and the associate vice-principal of research at Queen's University.

This institute and what it represents is near and dear to my heart, and I'm very excited to be able to inform you about CIMVHR and the role it plays in advancing research that will benefit veterans, military personnel, and their families.

In November 2010, Queen's University and the Royal Military College of Canada established the Canadian Institute for Military and Veteran Health Research, with the full support of Veterans Affairs Canada and the Department of National Defence. Until then, Canada was alone among our major military allies in not having such an institute. This academic institute, which extends from east to west across Canada, comprises 21 universities and over 150 researchers, and is still growing. We've joined together to respond to government priorities for research on the unique health and social consequences that impact military personnel, veterans, and their families—those who have sacrificed so much for our country.

[*Translation*]

With over 700,000 veterans in Canada and more than 100,000 serving personnel, we have a significant population with unique risks, exposures and experiences that demands new standards of protection, prevention and care for ill and injured military personnel, veterans, and their families.

[*English*]

As of now, more people have served in Afghanistan than served in Korea. We have the largest number of injuries since the Korean War, and these injuries are more complex. Parliament has been advised that one in five of those who served in Afghanistan and our other recent missions will suffer from mental health issues, and we have no idea if the scope of the problem is in fact this limited.

The Canadian Institute for Military and Veteran Health Research is an innovative organization that engages existing academic research resources and facilitates the development of new research, research capacity, and effective knowledge exchange. This institute serves as a base for all Canadian stakeholders interested in military and veteran health research, and provides a channel between the academic community, government organizations, and similar international organizations.

CIMVHR's mission is to optimize the health and well-being of Canadian military personnel, veterans, and their families by harnessing and mobilizing the national capacity for high-impact research, knowledge creation, and knowledge exchange. The institute's research focuses on outcomes that translate into programs, policies, and practices that can rapidly impact the lives of the beneficiaries. CIMVHR is focused on ensuring that Canada's best researchers are engaged in research that is fully coordinated with national and international agencies to ensure that they complement, not duplicate, existing research activities.

The Canadian government has provided our military going into battle with the best training and equipment in the world. We must ensure, when these soldiers return to their new battlefield—a personal battlefield that's marked by physical and mental injuries, and social challenges in reintegrating into family and civilian life—that we provide them with the same level of support. This support must be based on the best evidence possible resulting from research by the best and brightest Canada has to offer.

CIMVHR's vision is that the health and well-being of Canadian military personnel, veterans, and their families will be maximized through world-class research, resulting in evidence-informed practices and policies.

In order to see this vision through, CIMVHR has focused on building support and partnerships with individuals and organizations: professional associations like the Canadian Medical Association; foundations like the True Patriot Love Foundation and the Rick Hansen Institute, research institutes such as the Centre for Addiction and Mental Health, the Royal Canadian Legion, and the Congress of Social Sciences and Humanities, to name a few.

In fact, your own minister, the Honourable Steven Blaney, has said:

> With the return of troops from Afghanistan,...it'is more important than ever to have a network of academics and researchers who can provide insight and intelligence into the long-term effects of military service, especially in the areas of mental health, complex health needs and families. With the extensive network of American research institutes, the Australian Centre for Military and Veterans' Health, and the recently created Canadian Institute for Military and Veteran Health Research, our nations will share findings and look for further opportunities to collaborate.

CIMVHR is creating ways to collaborate through our annual military and veteran health research forum. Last year's forum was hosted in Kingston, Ontario, from November 14 to 16. This major event had an audience of over 450 stakeholders, researchers, military and civilian personnel, members of industry, eminent keynote speakers, and national and international representatives. The highly interactive forum featured 12 keynote speakers, including two from the United States, one from the United Kingdom, and your minister. It had 31 scientific posters and 110 quality research presentations focusing on significant aspects of mental health, operational and environmental health protection, physical and mental rehabilitation, combat casualty care, health policies and programs, and transition from military to civilian life.

Our soldiers are returning from a difficult ten-year combat mission and they are already preparing for future deployments. Our country has a social covenant with these Canadian sons and daughters, husbands and wives, mothers and fathers, who we send into harm's way in defence of the freedom and quality of life we all enjoy.

The academic community is mobilized, our partners are committed, and Canadian pride in our veterans is strong. Just as our soldiers have served side by side in troubled spots around the globe, let us work together in a new coalition to help them as they come home to their own personal battlefield.

Merci.

● (1540)

The Chair: Thank you, Dr. Aiken.

We'll now go to Dr. Pedlar.

Dr. David Pedlar (Director, Policy and Research, Department of Veterans Affairs): Thank you, ladies and gentlemen of Parliament. Thank you for the invitation today.

My name is Dr. David Pedlar. I'm the research director at Veterans Affairs Canada. I work in Charlottetown. My colleague Charlotte Bastien joins me today.

The work of your committee on the health and well-being of veterans is very important, and various colleagues at Veterans Affairs have been here to talk to you about it. In fact, last December my colleague Janice Burke introduced you to the life-after-service studies. These are studies that are providing critical information to the department as we continue to integrate our research findings into our programs and services.

I welcome this opportunity to give you more detail about these studies. As you might recall, the life-after-service studies research program was a partnership of Veterans Affairs Canada, the Canadian Forces, the Department of National Defence, and Statistics Canada. It was for understanding the transition from military service to civilian life and the short-term and long-term health effects of military service on the later life courses of veterans.

We're excited about what we're learning from these studies, partly because in the past our evidence on this subject was related only to VAC clients—that's about 11% of the post-Korean War CF veteran population in Canada. Up until now, we've had very little empirical data on the veterans who weren't receiving benefits from Veterans Affairs. That's the majority of veterans in Canada. These studies have changed that. The studies include both veterans receiving benefits from the department and those who are not, and we can make comparisons with the Canadian population.

We use a population health approach. This allows us to understand what may cause disease and what keeps a population healthy. It also allows us to answer critical questions about life after military service and about whether transition needs are being met.

I'm proud to say that this work puts VAC at the forefront of research on transition. It's a unique piece of work, which is generating real interest in the academic community but also among our international veterans affairs partners.

We're seeing more interest in this area, and we are taking all work, nationally and internationally, into consideration, including the work of people such as my colleague Dr. Alice Aitken. As you know, the department has already put in place improvements, through the Enhanced New Veterans Charter Act, to enhance the financial supports in place for our most seriously disabled veterans. Within VAC we make sure that the work has a practical application in the benefits and services we provide veterans and their families.

Now let's talk about what we've learned. There were three studies released in 2011. The first one looked at income before and after service, because we know that income is critically important to health and to security. The second was a population health survey of living Canadian Forces regular personnel who were released over a ten-year period, from 1998 to 2007. We looked at health, disability, and a range of determinants of health, such as income, employment, and social support, among others. The third was a mortality study; it looked at causes of death among current CF members and former personnel.

Let me share with you some of the findings from the study. First, let me tell you about some of the positive findings. First of all, 65% of that group who transitioned felt that they had an easy adjustment to civilian life. Second, as a whole, released Canadian Forces members were less likely to experience low income compared to other Canadians. In fact, they were about 50% less likely than other Canadians to have fallen below the Statistics Canada low-income measure. Less than 2% experienced persistent low income, which is low income that has continued.

Almost 90% worked after release, and the majority were satisfied with their work. Veterans were no more likely to experience unemployment. The unemployment rate was about 8% at the time of the survey, which was comparable to the general population.

On the question of death, male veterans had a 23% lower overall risk of death from all causes combined compared to the general Canadian population.

Finally, veterans were more likely than other Canadians to have a regular medical doctor and health care coverage.

I'll now go on to some of the findings that point to a challenges in this population and to some of the actions we're taking. While the findings I just mentioned report an overall lower risk of premature death, there was an important exception to this finding. That pattern was for suicide. Male veterans had a 46% higher rate of death from suicide. That is in the release population. With respect to these findings, we have been taking concrete research actions but also program actions in the area of suicide prevention.

● (1545)

Of course, there are issues of disability that do not result in death. For example, the rates of musculoskeletal disorders, which would be things like arthritis and back problems, pain, chronic pain, anxiety disorders, and disability are higher in the survey population than the Canadian population. Arthritis is reported at almost twice the rate of the general population, as are back problems.

Many of these conditions were concentrated in an important group of veterans who had what I would describe as very complex states of health. I have come to call this pattern the triple threat. That is veterans who suffer from musculoskeletal disorders—arthritis and back problems—mental health conditions, and chronic pain. That accounted for 16% of veterans in the survey. So we are focusing on these health issues in the analyses that we're doing so we can support the development of health care programs to support this group even better.

We also learned there are veterans out there who may need our help but may not be coming to us. For example, 17% of veterans who are not VAC clients reported they had a difficult or very difficult adjustment to civilian life, and 13% who are not our clients reported they have a mental health condition. This speaks to issues with program reach and communications to veterans. To address this we are working closely with our colleagues in communications outreach and engagement and national defence to try to reach these at-risk groups and to improve our communication with veterans.

As we spend more time looking at the data and focusing on smaller groups we're finding some groups have a disproportionate share of challenges. For example, low income was more prevalent among those released at young ages, those who were released involuntarily, and those who were released at lower ranks.

Another dimension of income is how much the income declines after they leave. We found that female veterans at release experienced one of the greatest declines in income.

While the majority did report a good transition experience, a sizeable minority, about one in four, had a difficult or a very difficult transition experience. Those who were more likely to have had a difficult experience included those who were medically released; those who were separated, widowed, or divorced; and those who had 10 to 19 years of military experience. They were in the middle.

There are subsets of veterans with very complex health needs, and we need to ensure our programs provide the support they need. Our case management function will play a critical role in addressing these concerns.

So there is a spectrum of health in this population of released members. Many are doing well. However, there are also some who have challenges, and a significant minority have complex states of health. According to our estimate, about 16% have this triple risk, if you will.

We are very active on the research side. In addition to some of the actions I mentioned earlier, such as the work on suicide prevention, we are continuing to be very engaged with knowledge exchange and making sure that these findings get out to end-users in the Department of Veterans Affairs, the Department of National Defence, and the Canadian Forces.

We are conducting further analyses on many fronts, including mental health, physical health, the income data, and a better understanding of those veterans who are not receiving services from Veterans Affairs. In addition, we are using the findings to improve aspects of VAC's policies, programs, and services, including disability benefits, programs, health care, case management, and informing health professionals.

A note: in these studies we were not able to look at those veterans who are members of the primary reserves. This is an area of interest to Veterans Affairs, the Canadian Forces, and the Department of National Defence. There are suggestions that reservists may have a more difficult time transitioning, but I do not have enough information to share on that today. This is a challenge that we and our international partners are facing as well, as reserve members become more and more active in armed forces operations and activities.

Thank you very much for the opportunity to share some information on the life-after-service studies with you this afternoon.

● (1550)

The Chair: Thank you, Dr. Pedlar.

We'll now move to the committee members for questions. We'll start with Mr. Stoffer for five minutes.

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

Ladies and gentleman, thank you all very much for coming today; I greatly appreciate it.

Dr. Aiken, you talk about the military and their families. Do you deal with this research with RCMP members and their families as well?

Dr. Alice Aiken: We have endeavoured to engage the RCMP as well. We have engaged other police forces as we see the research spinning off to other first responders. Any of the research that would be combined with Veterans Affairs that has an RCMP component to it would also come under that if the researchers are working with Veterans Affairs and they have RCMP, but despite several attempts we have not been able to approach the RCMP directly. They haven't engaged yet, but we're still working on it.

Mr. Peter Stoffer: Thank you.

Dr. Pedlar, you indicated that 65% thought they had an easy adjustment to civilian life. Have you mined that down even further to determine their rank? What I'm finding is that if you're a general or a colonel and you have 30 to 35 years of service with a decent pension, you can adjust to civilian life a lot easier than a private or lieutenant in that regard. Someone who has been medically released has more challenges. Did your research actually mine it down by rank of the individual, to see how they did in civilian life?

Dr. David Pedlar: In fact we have done some of that already. That's one of the major areas we're working in right now. You are basically right, not everyone experiences transition the same way. In fact, some people had a very difficult transition. Members who had involuntary release had a lot of difficulty with transition. This is an administrative category that covers a number of release types you might be aware of.

Another area is recruits and members who served for a shorter period of time. In the recruit group, it looks like some people leave and do well because they may have opportunities outside the armed forces. Some leave for other reasons and may run into difficulties after they leave.

Another group is those who serve from 10 to 19 years. People who leave earlier in their career may have opportunities. Those who leave later in their career may have superannuation in place. One group that can have trouble is those who are in the middle, at 10 to 19 years. Rank also plays a role in almost all of the dimensions we've looked at. A lower rank has lower income and other kinds of problems, whereas someone who is at a higher rank might find the transition experience easier.

Mr. Peter Stoffer: On the document we have from Ms. Charlotte Bastien, she indicates halfway down that for 2010–11 more than 3,700 releasing members participated in a transition interview. We roughly have about 5,000 leave the service every year due to medical or normal retirement or through attrition. That means approximately 1,300 people are not going through a transition interview. May I ask why?

I assumed that when everyone was ready to depart—either a 3(b) release or an honourable discharge—there would be a transition interview. Not only are some folks with post-traumatic stress disorder having challenges, but I've known guys with 35 years of military service who have got out and a year later they were kind of lost. They didn't know what to do with their lives any more, because of that comfort level they had within the structure of the military lifestyle. Can I ask why the rest are not going through this transition interview?

● (1555)

Ms. Charlotte Bastien (Regional Director General, Quebec Region, Department of Veterans Affairs): First of all, it's voluntary. For the medical releases, we see everybody. For the voluntary releases, if people do not want to do an interview, we cannot force them. In that group there are the reservists, who are very hard to reach. It's also hard to get them to sit down to do a transition interview. So part of that group would be the reservists.

Mr. Peter Stoffer: My last question before the good chair cuts me off is that you had indicated that the funding for this comes from the Department of National Defence, the Department of Veterans Affairs, and I assume some academic circles. You had also indicated the Royal Canadian Legion and the Military Families Fund. Is that correct?

Dr. Alice Aiken: We have liaised with several professional associations, as well as the Department of National Defence and Veterans Affairs. We haven't received direct funding from the government yet, but we have from some of the professional associations and the Royal Canadian Legion, etc.

Mr. Peter Stoffer: So you do get some funding from charitable organizations.

Dr. Alice Aiken: Yes, we do.

Mr. Peter Stoffer: Thank you.

The Chair: Thank you.

Ms. Adams, for five minutes.

Ms. Eve Adams (Mississauga—Brampton South, CPC): Thanks very much for being here today. You certainly do outstanding work.

You said that the unemployment rate for veterans was no different from that for the general public. Are there some groups who are experiencing higher unemployment? If so, what is the department doing to help those veterans?

Dr. David Pedlar: You are correct that the overall rate was 8%. Within the way we did our analysis, we could identify some other groups. For example, the unemployment rate in 2010 for clients in the new Veterans Charter programs was about double that of the regular rate. It was about 15%. However, these are clients who are in new Veterans Charter programs, so they have virtually all of our support in terms of their participation and availability of rehabilitation programs, as well as the other transition support programs. So while the rate is higher, it is a group we are in close contact with and can provide support to.

Ms. Eve Adams: You mentioned that not all of the veterans are applying for assistance, even though they're reporting health problems. What are you doing to reach out to those veterans?

Dr. David Pedlar: Maybe I can start with that and Charlotte can comment as well.

I know that Veterans Affairs has been across the country, and I think we've visited 20 sites, military bases, over the fall, sharing information about our programs and the new Veterans Charter. I understand that our communications groups are also very active trying to share information about our programs and increase participation.

At a local level, I know that our district offices and operations also have close connections with health care organizations, where they can help to identify veterans in partner organizations we work with.

This is a very important issue.

Ms. Eve Adams: Yes, it's very important.

The studies are also generating international attention. Could you explain that?

Dr. David Pedlar: Right now in Canada this is the year when the number of World War II veterans and the number of new veterans, after the Korean War, have intersected. With this new group of veterans there are new challenges. World War II veterans were primarily an older group, whereas this younger population is a spectrum of all ages.

All countries are facing the same challenges around dealing with a new generation of veterans. We are trying to share information and work closely to support each other in terms of how we move forward, because we're in new territory again. We were in new territory at times in the past—after World War II and as the World War II generation got older. We're in new territory again and we're working hard to make sure that we can address the problems of our population.

The Chair: You have a minute and a half left.

Ms. Eve Adams: In particular, can you tell me what we're learning about the impact of the Afghanistan deployment for Veterans Affairs?

Dr. David Pedlar: In the studies we have information on deployments—in other words, that they were in Afghanistan—so we can analyze those as a subgroup. We have not done detailed analysis of that group yet because the ten-year group we're looking at actually participated in a number of difficult deployments, which would be Rwanda, Somalia, and a number of others. So far we've been looking at the population as a whole, but we haven't focused on deployment-specific analysis. We will be able to focus on some deployment-specific analysis as we move forward.

● (1600)

Ms. Eve Adams: What further analysis are you looking to conduct?

Dr. David Pedlar: I think a member earlier talked about the transition interviews. A really great example of how you can use this in a really practical way is that because of the way we're able to link data we're able to look at who participates in transition interviews, who doesn't, and we also know who are more at risk of negative outcomes after they transition. So it gives us an opportunity to take a look at whether the people who are using SCAN seminars and transition interviews, for example, are the people who are at most risk of outcomes later.

That's just a very practical example; however, there are a number of other ones. For example, we know suicide is a problem, so we're doing more work in the area of suicide and thoughts about suicide. The goal there is to be able to intervene in pathways that people follow that can result in suicide, in terms of how to build suicide prevention plans in the department.

These are two examples, but I could give you three or four more if you wished.

The Chair: That would be fine.

Thank you, Dr. Pedlar and Ms. Adams.

Mr. Casey, for five minutes.

[*Translation*]

Mr. Sean Casey (Charlottetown, Lib.): Thank you, Mr. Chair.

I'd like to put forward a motion. You received a copy of the motion on November 18, 2011. It reads as follows:

> That, in light of the alleged recent breaches of privacy in which political staff from the office of the Minister of Veterans Affairs may have repeatedly accessed the personal records of at least one veteran, the Standing Committee on Veterans Affairs conduct extensive open and public hearings in order to better understand what safeguards currently exist to protect the privacy of veterans; That the committee provide recommendations to the government to better protect the privacy of our veterans and ensure access to personal or medical records is properly restricted to prevent their use for political purposes or accessed by political officials to intimidate veterans; That the committee be tasked with finding what "best practices" exists in other jurisdictions to protect the privacy of veteran and that the Committee report its findings back to the House within two sitting weeks after completion of its study.

[*English*]

Ms. Eve Adams: Mr. Chair, a point of order.

The Chair: Thank you, Mr. Casey. And yes, your motion would be in order. But I would point out that once again you're interrupting witnesses who have moved here directly to make presentations as part of the study under way.

I would suggest, with the indulgence of the committee, that perhaps if we shorten this session today and take the last 15 minutes to address this, that might find some favour with the committee, as opposed to interrupting the witnesses who have been called forward today. I would suggest that we put this off until the latter part of the meeting and then discuss where it may go from there.

Mr. Sean Casey: I'm comfortable with your suggestion, Mr. Chairman, as long as the discussion on this motion is held in public. If the discussion is not held in public, then I insist we deal with it now.

The Chair: I have to take guidance from the committee on the intent there. Certainly we can start a meeting in public and.... It's up to the committee.

Is there any comment?

Ms. Eve Adams: I don't want to inconvenience these witnesses. They've come all this way. They're discussing suicide implications for our veterans, they're talking about unemployment rates, and so on.

I move that we go in camera right now, then, if you insist on dealing with it now. We can have that discussion now. It's very regrettable to be pulling this type of stunt again and inconveniencing witnesses yet again when we're here to talk about the services we provide to our veterans and how we might go about improving them.

The Chair: Did you make a motion to go in camera?

Ms. Eve Adams: Yes.

The Chair: The motion is non-debatable if it's a motion to go in camera.

● (1605)

Mr. Sean Casey: You have my motion. You have to deal with my motion before you can entertain a new one, sir.

The Chair: No. A motion to go in camera is always in order, I think.

Mr. Sean Casey: Are we going to have a debate on the motion to go in camera?

The Chair: No. It's non-debatable.

Mr. Richard Harris (Cariboo—Prince George, CPC): It's already set in the precedents.

The Chair: We don't have consensus.

Mr. Sean Casey: I would ask for a recorded division if we're proceeding to a vote on this.

The Chair: We had a motion, and now we have a motion to go in camera to discuss the motion. It's non-debatable, so we're going to vote. We've been asked for a recorded vote.

(Motion agreed to: yeas 6; nays 5)

The Chair: The motion is accepted. But I'm going to take the unusual step of taking a brief recess before we go in camera, and apologize on behalf of the committee for this interruption. I appreciate you coming. Perhaps you would wish to stay around for a while. These in-camera meetings are open only to members of the committee and staff assigned to them. So we'll take a couple of minutes. As I say, this wasn't expected, but sometimes these side trips come up.

[*Proceedings continue in camera*]

● (1605)

(Pause)

● (1615)

[*Public proceedings resume*]

The Chair: I appreciate your coming back. Thank you for that.

We're going to shorten down the question time a bit because we had committee business to deal with.

I think we go to Mr. Lobb.

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

My first question is for Mr. Pedlar. In the information you provided us here, we're talking about veterans. Veterans were no more likely to experience unemployment; it was about 8% at the time of the survey, which is comparable to the general population. Can you just go over for the committee again the sample that you studied to get that rate? Who were these veterans? Was it every veteran? How did you establish this?

Dr. David Pedlar: It was a very comprehensive study, in the sense that Statistics Canada was able to get a list of everyone who released over the ten-year period from 1996 to 2007. There would be some that were dropped, but for the most part it would be an inclusive list of everyone who was released during that time period, except that we did not include reserves, not because we didn't want to, but because there were problems with the data and information.

Mr. Ben Lobb: Certainly the number would be over 100,000 that was sampled.

Dr. David Pedlar: No, the sample of the survey was a sub-sample of the group that released. So there were 4,000 in the survey that we did, which was a sample of the broader release population.

Mr. Ben Lobb: So the sample size was 4,000, and they were able to be contacted?

Dr. David Pedlar: Yes, they were contacted by Statistics Canada in a telephone survey that took about 30 to 40 minutes. The group is broadly representative of that release population.

Mr. Ben Lobb: Ms. Bastien, I'd like to ask you a question.

I've been on this committee now for over three years, and one of the things I find puzzling from that answer—and I think it's a fair answer—is that I've heard from the department that it's impossible to contact all the veterans. Yet we just heard from Mr. Pedlar that Statistics Canada was able to contact 4,000 veterans to see if they're employed, or fully employed. Yet from the department we've heard that it's just not possible to contact them to see if they're receiving services.

I'm just wondering how that process would take place through Statistics Canada but not through Veterans Affairs, and why we can't contact them to see if they're eligible for services.

● (1620)

Ms. Charlotte Bastien: We know of a group that we can contact. We don't know all of them, but I would have to come back with more specifics regarding how Statistics Canada went about identifying those individuals.

Mr. Ben Lobb: It might be a worthwhile project down the road.

Mr. Pedlar, one thing I'm interested in as well is you said that one quarter experienced a difficult transition into civilian life, or at least to being gainfully employed. I think you mentioned in there that they're disabled to some extent, whether it's a mental disability or a physical disability that they now have because of their service.

What were your findings with them? Was there a specific range in disability in which there was a higher percentage of unemployed? What did you find there?

Dr. David Pedlar: The way we have divided it up so far is that we know that new Veterans Charter clients had higher rates of disability. They had higher rates of disability and higher rates of unemployment. We haven't gone beyond that into great detail to look at other factors that might have been associated with unemployment. That's as far as we've gotten with the analysis right now.

Mr. Ben Lobb: So when you're finished with your study, will there be a report delivered to the department, to the minister? Who will this final report be delivered to?

Dr. David Pedlar: We're generating many reports right now. We have the first three reports, which are publicly available, and then we're generating many reports, most of which will be in the public domain.

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

We go to Mr. Hyer now, for four minutes.

Mr. Bruce Hyer (Thunder Bay—Superior North, NDP): Thank you very much.

I have four questions, so I've got about 60 seconds per question. Let's all try to be efficient.

The first question is to Dr. Pedlar. I'm a former scientist, and I'm interested in your research. In your document you said you don't have research or data on vets who are primary reserve members. I come from a riding where we have a lot of military people. They're all reservists, both army and navy. My big question is, why not?

Dr. David Pedlar: The Department of National Defence would be the best to speak to the details of this, but it has to do with the way information is collected on reserve members. There are different groups of reserve members, and they come in and out of full-time service and reserve service, so there has been difficulty tracking them and keeping records on them that would be good enough to use for a research study. You can appreciate that records for a research study might have to be better than records for a personnel system.

Mr. Bruce Hyer: Just to comment before going to my next question, I urge you to pursue this, because many of these reservists are involved in combat zones. Many are injured. We've had two deaths of reservists who were members from Thunder Bay. I deal with them as my constituents. There are serious problems on a regular basis, so we need that data as well.

Dr. David Pedlar: As a quick follow-up, we have been working on a feasibility study with Statistics Canada to look at how we could collect information on this group and study them effectively. Everyone agrees that it's a priority and an important topic.

Mr. Bruce Hyer: My second question is to Dr. Pedlar also. You indicated that for many parameters, most military are doing fairly well. You showed some exceptions. One of them was suicide, which is a pretty significant effect. I realize you can't go into detail here, but could you give us a rough idea—quickly, with some follow-up maybe later to me or the committee—as to why?

Dr. David Pedlar: We don't know why, but we do know who is at higher risk of suicide. Males were at a three times higher risk. Non-commissioned members—that is, the more junior members—have a risk about two and a half times higher. Those who had shorter service, less than ten years, were about two and a half times higher, and those who were medically released were also about two and a half times higher.

So we know that much.

Mr. Bruce Hyer: I also noticed that most of them were single, one way or another.

● (1625)

Dr. David Pedlar: Actually, I don't have that information.

Mr. Bruce Hyer: That's what your written comments said.

That leads to my next question. You mentioned that income is a huge determinant, and that's reinforced by what you just said.

Dr. Pedlar, are you familiar with the book *The Spirit Level*, by medical epidemiologists Richard Wilkinson and Kate Pickett? If you're not, I urge you to read it, because it shows that it's not only true in the military but it's true in the general populations of the 33 richest countries in the world that gaps in income are the single biggest determinants of health. Are you familiar with that book?

Dr. David Pedlar: I'm not, but we are very interested in income, probably for similar reasons. We look at income in two ways. We look at total income, but also at changes in income as dimensions in the work we've undertaken.

Mr. Bruce Hyer: My last question is to both you and Dr. Aiken.

First, just to double-check with Dr. Aiken, is there no government money, no federal money at all, directly to your program?

Dr. Alice Aiken: No, there is not for funding purposes. We have had some contracts for work specifically, but we have presented to the Standing Committee on Finance to request funding.

Mr. Bruce Hyer: So you have contracts sometimes, but not core funding.

Dr. Alice Aiken: That's correct.

Mr. Bruce Hyer: Dr. Pedlar, have you been informed...? We're told that budget cuts are coming soon. Has your department been informed of budget cuts, and if so, do you know what the implications will be for your program?

Dr. David Pedlar: No, I haven't been informed directly, and I don't know what implications there would be, if any.

Mr. Bruce Hyer: Thank you very much.

The Chair: Our last questioner will be Mr. Harris from the Conservatives.

Mr. Richard Harris: Thank you, Mr. Chair.

Ladies and gentleman, thank you for your presentation.

I wanted to touch on one part of transition from military to civilian life, and that is how it affects family relationships. There are different levels. If someone has been off on duty for a long time and is then coming back, they have to get the family together. But I see in the deck we have that there are some particular difficulties when someone transitioning back into civilian life has a serious disability.

Are there any overall findings about the challenges of getting back into the civilian family way of life after being in the military for a length of time? Has anyone done any study on this?

Dr. David Pedlar: It doesn't speak directly to the transition experience, but in 2008 a research team at the University of Alberta did a study on the challenges facing families of high-pension disability recipients. They found a number of challenges around the care-giving experience and around the emotional experience as well of providing care for somebody over a long period of time.

So that study was conducted. It doesn't speak to transition as well, but I imagine that transition might even add to those burdens.

Dr. Alice Aiken: I'll speak from a personal perspective.

There are groups that are starting to research this and its impact on families. It's really just come to the forefront of thought for researchers as we bring the issues forward.

For my transition out of the military, I wasn't medically released. I am in one of the risk groups, according to Dr. Pedlar's study, because I served between 10 years and 19 years, and I'm female. But I obviously had a very good job to go to when I got out.

My biggest challenge was in the transition to provincial health care, where I got the same treatment as a prisoner, and I was informed of that. When my husband transitioned out later, he was medically released and had served in both Bosnia and Afghanistan. The impact on our family was mitigated by the fact that we had both been military and knew what to do.

But I think his biggest struggle was in transitioning to a civilian health care system that didn't understand his needs. Part of the reason our institute exists is to help mitigate that. Also his front-line service provided by Veterans Affairs—and not the great work that Dr. Pedlar and his team do—is sometimes a very difficult bureaucracy for the veteran to deal with.

● (1630)

Mr. Richard Harris: Thank you very much.

Thanks, Mr. Chair.

The Chair: Does anyone on the other side want to take that? No. Okay.

Then I want to thank you very much. It was shortened a little bit, as I said, because we had that intervention, but we very much appreciate that. I hope that if the committee comes up with written questions, perhaps you won't mind responding if something further comes out of the meeting.

We'll suspend for a few minutes while we say goodbye to our witnesses and set up the next presentation.

● (1630)

(Pause)

● (1635)

The Chair: The meeting will reconvene.

You may notice some who are familiar at the table. Ms. Bastien is still here with us.

We have Stéphane Lemieux, who will make a presentation. Welcome to you, as well.

We're going to have a presentation of about half an hour from Mr. Lemieux. Then once that's over we'll go to our round of questions, which will be shortened a bit because of the time parameters.

I will turn it over to you folks.

Thank you.

[*Translation*]

Ms. Charlotte Bastien: Mr. Chair, good afternoon and thank you for the opportunity today to be a part of the panel discussion on veterans' transition and rehabilitation services.

With the introduction of the New Veterans Charter in 2006, Veterans Affairs Canada has enhanced our support to Canadian Forces members, veterans and their families and continues to work closely with our colleagues at the Department of National Defence to provide an integrated approach to transition.

VAC's presence in the 24 integrated personnel support centres across Canada provides opportunities for early intervention, thereby strengthening the care and support to ill and injured military personnel and their families.

VAC is currently participating with DND in site visits and reviews of the IPSCs. Action steps are being developed to support recommendations resulting from these visits.

VAC services at each IPSC focus on recovery, rehabilitation and reintegration, including transition interviews and case management; information about and assistance with applying for benefits and services from Veterans Affairs Canada; and coordination of services and benefits from Veterans Affairs and others available within the community.

Transition interviews are available to every releasing Canadian Forces member and their family. Last year alone, more than 3,700 releasing members participated in a transition interview. This interview is an essential starting point, as the transition needs of the entire family are discussed and information is provided on the programs and services available to meet these needs.

As the committee heard from Right Management last Thursday, VAC offers career transition services to eligible members that release without a disability which will help them find suitable civilian employment.

Similarly, CanVet described the vocational services and assistance they provide under VAC's rehabilitation program which assists CF veterans and their families to successfully transition to civilian life through comprehensive services that restore ability to function at home, in the community and at work. It offers medical, psychosocial and vocational services for veterans with a career-ending illness or injury or health problem that resulted primarily from service.

Participants who completed the rehabilitation program and responded to our re-establishment survey have a better mental and physical health status and are less at risk for depression; have a stronger sense of belonging to their local community; are more involved in the day-to-day activities of their families; are more likely to feel recognized for their military service; feel better prepared to find and keep civilian employment; are more knowledgeable about job finding activities; and were successful in securing employment—79% are employed within the civilian workforce.

As Dr. Pedlar noted earlier, income is an important, if not the most important determinant of health. The positive employment indicators noted above support this key determinant of health.

While these results are positive, VAC continues to work closely with DND and their other partners to improve our services and support to CF members, veterans and their families.

Stéphane, who is the client services team manager at the integrated personnel support centre at Valcartier, will explain the services and benefits that we provide.

● (1640)

[*English*]

Mr. Stéphane Lemieux (Team Manager, Client Services, Department of Veterans Affairs): Mr. Chair and committee members, I am a client services team manager. I am from the Quebec district office, and I'm deployed to the Valcartier Garrison. I'm fairly new to Veterans Affairs Canada. I joined up on September 21, 2010, but before that I had the pleasure and the honour to command troops for about 23 years with the Royal 22nd Regiment.

One of the first things that struck me when I came into my new responsibilities was the amount of information I should have known. I should have known that information from VAC because I was commanding troops and I would have been in a better position to advise my soldiers. I also should have known that information when I was told that my career was going to be over, because I would have been in a better position to understand the programs and the benefits that were lying in front of me to help me make an efficient transition between military life and civilian life.

This is the scope of my presentation: I'm going to talk about why things changed in 2006. I will go through the programs that are available and the changes that have been made, mainly last fall, to illustrate how these things work. I will go through two case scenarios that will show you how the tools work to help our veterans make the transition between military and civilian life. Then, at the end, we will obviously take questions.

[*Translation*]

When I meet former colleagues, I'm often asked why we replaced a system that seemed to work well with the new charter. The reality and our perception of it are often very different.

A number of studies in the early 2000s showed that injured military members had significant difficulty reintegrating effectively into civilian life. The inability to have their knowledge and skills recognized on the labour market was often a problem for these military members when they had to start a second career as civilians. A failure often led to problems with depression, poverty and problems within the family, such as crises within the family unit. Disability pensions were often insufficient to enable veterans to continue to support their family.

Experts contend that starting a new career, occupying a new job, which carries with it a number of challenges, is key to an effective transition to civilian life. The only gateway to Veterans Affairs programs was eligibility for a disability pension. To gain access to more services, members had to show that they were much more ill.

[*English*]

If we look at the services that were available before 2006, first, we had the disability pension. The amount was based on the percentage of how much the illness or disease related to the service had an impact on your life. The monthly amount was tax-free and could be paid throughout your life.

Second, we had health care, which was broken down into three main categories. First was the veterans independence program, the VIP. It helped our veterans stay the longest time possible in their houses with dignity. Then you had long-term care for problems related to a service disability, plus the treatments—benefits for any health issues that were recognized as being related to the service. If you hurt your knee, it was recognized. And when you got out of the military anything that needed to be done to your knee was covered by Veterans Affairs Canada.

Finally, we had case management.

In order to better serve our military people leaving the forces to make the transition into the civilian world, the new charter came out in 2006. Let's look at the programs there.

● (1645)

[*Translation*]

We have the career transition service. Regardless of the reasons for the release, the soldier has access to transition services within two years of release. The program helps military members reorganize and find a job. The program provides workshops on how to write a résumé, on interview techniques and on searching for a job effectively. For soldiers who are released and who are leaving the Canadian Forces, one of the biggest challenges is finding a new job and, particularly, new interests. In fact, throughout their time serving in the Canadian Forces, they didn't need to ask themselves those kinds of questions.

Then, there's the rehabilitation program, which is without a shadow of a doubt the spearhead of the new charter. The rehabilitation program has three pillars: a medical component that touches on physical and psychological aspects; a psychosocial component to help military personnel find ways to interact in their environment; and a career transition component aimed at helping military personnel find a job that is suited to their physical or mental limitations. The objective of the last component is to enable military personnel to find gainful employment with new challenges, enabling them to become productive Canadian citizens.

Military personnel released for medical reasons are automatically eligible for the rehabilitation program within 120 days of their release. This is also the case for personnel who, regardless of the reason for release from the Canadian Forces, have physical problems or are having difficulty reintegrating into civilian life for reasons related to their military service. We will look at some examples to illustrate this at the end of the presentation.

We also have the disability award, which works in the same way as the disability pension I spoke about earlier. But it's a lump sum given in one payment.

In addition, the new charter provides access to the public service health care plan. Previously, military personnel who had less then 10 years of service did not have access to this plan. Now, a member eligible for the rehabilitation program can have access to the public service health care plan. This is a substantial benefit, especially for members who have a family and children.

The new charter also allows for a vast number of financial benefits.

First, there is the earnings loss benefit, which consists of payment of 75% of the military member's pay upon release for members eligible for the rehabilitation program. For military personnel unable to return to work, this benefit would continue to be paid until age 65.

Second, to compensate for the drop in a member's level of employability due to service-related injuries, a member could be eligible for the permanent impairment allowance, which is a monthly taxable benefit, that operates at three levels and may vary between $500 and $1,600.

Third, when the earnings loss benefit ends, meaning, once the individual has completed the rehabilitation program, the Canadian Forces income support benefit takes over. It helps the member financially until he or she can find a job and enter the job market.

Lastly, there's the supplementary retirement benefit, which is designed to compensate for the lower pension contributions made because the individual was unable to work. The earnings loss benefit, which ends at age 65, is replaced by the supplementary retirement benefit which, with the other plans that provide benefits at age 65, acts as financial leverage.

In addition, the new charter provides services to families. The Department of National Defence recognizes the importance of the families that support our military personnel. The Department of Veterans Affairs feels the same way. The career transition component of the rehabilitation program can be used by the spouse if our client is unable to begin a career transition. Also, our case managers can provide services to families to help children and spouses cope better with the new reality of the released military member.

Lastly, we've maintained case management services, the death benefit, which is a disability award, and, obviously, all the health care that was available under the former system before the new charter came into force.

● (1650)

[*English*]

Five years ago, when the new charter came out, it was well understood that along the line we probably had to go back to the books and review some of the programs to make sure we would better serve our veterans. Bill C-55 was approved and some major changes to some of the programs came into effect last fall in order to have the charter better serve our veterans.

First of all, we discovered that payment of a lump sum of the disability award in one cheque was not appropriate to everybody. So now veterans can elect to have payment of their disability award broken down into different payments. We also discovered that the earning loss benefit of 75% was not suitable for everybody. Let's take an example of a young soldier being injured in Afghanistan. When we took 75% of his salary, it was too low. So we came up with a $40,000 a year minimum earning loss benefit for some people with the lower rank. For somebody who had been released in the 1990s, the salaries were a lot different from what they are now.

We also improved access to the permanent impaired allowance to make sure more veterans would be eligible for this program. For somebody who gets to the higher level—the $1,600 a month, as I said earlier—there's a $1,000 a month increase on top of the last level of the permanent impaired allowance to make sure the veterans can properly look after their families.

Also not related to Bill C-55, there were a lot of changes in the service delivery to improve, to be streamlined, to be faster, to be quicker, and to be closer to the clientele. The delegation authority has been lowered to district office to make sure people who look after the veterans have the authority to put services in place. We lowered down the time for a disability award from 24 weeks to 16 weeks. New personnel came on to places where they were needed. So we're looking at other initiatives to better serve our clientele.

[*Translation*]

Now, let's take a look at how the new charter works as compared with the old one.

The case scenario you have there is that of a married corporal who has been released for medical reasons after four years of service. So he is not entitled to a Canadian Forces pension. The corporal in this scenario has a disability assessment of 80%. He was receiving a monthly salary of $4,410, which comes to $3,300 after taxes.

Under the old system, prior to 2006, the member would receive a pension of about $2,400 a month, tax-free for life. His SISIP benefit corresponds to 75% of his salary, but it would be significantly reduced because he collects a pension. Therefore, he would receive an additional $910 per month. In total, this injured member with a medical release would receive $3,300 per month, after taxes, until the age of 65.

Now, let's look at how the new charter helps injured veterans. I will cover the biggest differences. Using the same scenario and the same figures, we will see how the services available under the new charter are there to help our corporal.

First off, even though he had not completed 10 years of service, he would be eligible for the Public Service Health Care Plan if he accessed the rehabilitation program, which, in all probability, he would.

The disability award would be a lump sum of $220,000. For our purposes, his permanent impairment allowance was assessed at the second level, giving him $1,070 per month before taxes. The fact that he receives a disability award has no bearing on his permanent impairment allowance—which is equivalent to 75% of his salary and would be about $3,300 before taxes.

If we add up all the amounts that our corporal receives, we are talking $3,600 per month, after taxes, in addition to a lump sum of $220,000, as well as rehabilitation and family support services.

[*English*]

If we look at the second example, it's probably where you see a bigger difference in how the new charter is helping our veterans. We're looking at a corporal who left the forces voluntarily in 2008, after eight years of service. He was not entitled to any pension because he didn't complete his ten years of service, plus he's looking for a voluntary release. However, during his service he was injured in an automobile accident and it was service-related. Now he works as an electrician, after getting out of the forces, and he has a salary of close to $4,600 a month, which is $3,600 clear after taxes.

In the old system, if we assessed his disability at 20% he would receive close to $700 a month clear of taxes for the rest of his life. That would be it for services under VAC.

If we take the same example and look at how the new charter is helping our veterans, we'll see how the tools work. It's the same planning figures. However, his 20% disability brings him a $52,000 disability award, clear of income taxes.

He enrolled because he has a disability that is service-related. Even though he had a voluntary release from the forces, because of his injuries he has a problem transitioning to civilian life and keeping his employment. If he enrolls in the rehabilitation program, he would receive 75% of the salary he was receiving when he left the forces.

On top of this, he will be able to go through vocational rehabilitation to make sure he finds new employment that respects his physical limitation. At the end of his training he can go back to a good job, earning a good salary, and having new challenges.

That concludes the presentation showing how the changes to the new Veterans Charter are helping our veterans every day.

Thank you very much.

● (1655)

The Chair: Thank you very much, Mr. Lemieux. You were faster than I thought you were going to be. It gives us a little more time for questions.

I'd still like to go to four-minute questions.

Mr. Stoffer, if you have people who didn't ask a question before and you want to get them in....

Mr. Peter Stoffer: I have just a quick statement, Mr. Chair.

Sir, could you flip back to the previous slide? This is the problem that a lot of the veterans are facing now.

That $668 a month, tax-free for life, is indexed to the rate of inflation. So if you're 30 years old, you would get that every month for the rest of your life. That's not a bad deal.

If you switch to the next page, that $52,000 is tax-free. That's the problem the guys are having: you get $700 a month for the rest of your natural life indexed to the rate of inflation, or you get this. You do the math over 40 years, and the previous disability system was a lot more generous in that regard. That's one of the problems the boys are talking about.

I want to leave that as a comment and then turn it over to my friend Annick.

The Chair: Ms. Papillon.

[*Translation*]

Ms. Annick Papillon (Québec, NDP): I want to begin by thanking Mr. Lemieux for being with us today.

Are you familiar with the study conducted by Dr. Aiken of the Canadian Institute for Military and Veteran Health Research? Her study compared the financial benefits offered under the Pension Act with those available under the new charter. Are you familiar with the study?

Mr. Stéphane Lemieux: No.

Ms. Annick Papillon: Today, we heard there was a shortage of public funding for research. We also heard that the reasons are unclear as to why veteran suicide is such a problem.

Do you plan to invest more in research, and if so, how?

Ms. Charlotte Bastien: I work on programs and service delivery. So I am not in a position to answer the question on research funding. However, Dr. Pedlar mentioned that the research was continuing.

Ms. Annick Papillon: Do you know if any research on chemical weapons is being done, specifically with regard to applications....

Ms. Charlotte Bastien: I am sorry, but that is not my area of expertise.

Ms. Annick Papillon: Very well.

I think I'll stop there.

● (1700)

[*English*]

The Chair: You still have a minute and a half, so if someone would like to fill it, anybody from your....

Mr. Genest.

[*Translation*]

Mr. Réjean Genest (Shefford, NDP): I quite liked your presentation. I would say it rounded out the one that came before.

That presentation drew attention to the fact that veterans subject to the new charter have more problems when it comes to integration and unemployment than those subject to the old charter. What about the new charter, which seems quite positive at first glance, gives rise to more problems? For instance, veterans under the new charter struggle more with unemployment and, it would appear, the issues associated with that.

Do you have any immediate plans to examine the results, so as to determine whether the new charter makes life for veterans better, healthier and more balanced vis-à-vis society as compared with the old charter? We are following a new piece of legislation, but that legislation lowers, rather than improves, veterans' quality of life, does it not?

Ms. Charlotte Bastien: I am not sure which data you are referring to. It is true that a risk group was mentioned, but overall, the group's unemployment rate is comparable to that of Canadian society. In the group identified by Dr. Pedlar, which was part of the research, some people were subject to the new system and others came under the old system. The individuals in question were released between 1997 and 2007.

In fact, 79% of those subject to the new charter and who took part in the rehabilitation program have civilian employment. They are not unemployed. The other group is made up individuals with a disability that prevents them from working. There are a slew of financial programs available to assist these individuals given that they cannot work or earn a decent living, and to help them support themselves.

I do not think unemployment is higher under the new system.

[*English*]

The Chair: Sorry, we're quite a bit over time with that.

Mr. Lizon.

Mr. Wladyslaw Lizon (Mississauga East—Cooksville, CPC): Thank you, Mr. Chair, and my thanks to the witnesses for coming here this afternoon.

I think you mentioned, Mr. Lemieux, that the information about the programs is insufficient. Why is it like this? We heard presentations before and we understand that whoever is being released from Canadian Forces, for whatever reason, gets the briefing, gets the proper information. So where is the gap? Why are some people not aware of some programs, or are not reaching out to apply for the programs?

Ms. Charlotte Bastien: We started doing SCAN seminars with the Canadian Forces in the late nineties, so before that time there was not much outreach for military releasing from the forces. We started doing transition interviews in the early 2000s.

So there is a group that's harder to reach—namely, individuals who were releasing before 2000. Last year we had an awareness campaign, an advertisement on defining who is a veteran, so that these individuals would know that there were services available, even though they might have released 20 years ago.

Mr. Wladyslaw Lizon: What is being done to increase the awareness of the programs for the group that's affected?

● (1705)

Mr. Stéphane Lemieux: As mentioned, last year there were about 20 sites that were visited. I did three in the Quebec area; I did the presentation in Bagotville, Valcartier, and St-Jean. I've also given that presentation to reserve units in the Quebec district office area of operation. So we're getting out there and we're providing more information.

On the other hand, I remember while I was in uniform nobody was pressing on my chain of command the importance to go to some information briefing that was there. I received one prior to leaving for Bosnia, but my mind was set on the deployment, not really on Veterans Affairs Canada.

I think we're getting better in outreach to the Canadian Forces and making sure that the chain of command in the Canadian Forces is supporting us when it's time to go and give presentations. For the one I gave in Bagotville, everybody from the chain of command was present in the room. That shows that the importance of assisting these briefings and getting that information goes from the top down.

A lot of effort is put forward to make sure that we reach out to the reserve units as well. It was mentioned in the other presentation that it's hard to get to them and to get the information to them, but we're pushing forward on that one because that's one of the weakest aspects that we have.

Mr. Wladyslaw Lizon: Thank you.

Can you maybe explain or provide more details on how the earnings loss benefit works?

Mr. Stéphane Lemieux: It's based on the salary of the member when he releases from the forces. It goes on to 75% of the monthly salary he was earning. The problem we had was for soldiers at the rank of private being injured; this is where the 75% was not enough. That's why we came out with the minimum earning loss of $40,000 a year. Basically, the math is done at around 75% of the monthly base salary of the soldier.

The Chair: A very brief one, Mr. Lizon.

Mr. Wladyslaw Lizon: I think I'm a little confused.

Going back to the question that Mr. Stoffer asked you.... From the presentation, I understand that with the new Veterans Charter it's more beneficial to the veterans. I'm a little confused. Why would the situation where someone receives a lump sum be worse than the previous charter?

Mr. Stéphane Lemieux: It was based on the monthly pension being paid, $700 a month, being indexed every year. That was the comment that was made about the old system being more financially acceptable. However, that pension gets deducted from the 75% earning loss benefit when it's calculated. This is where it....

The Chair: Okay, your time is up. You're going to have to continue this one after the meeting. I know it might go on.

Mr. Casey, please.

Mr. Sean Casey: Thank you, Mr. Chairman.

On your very last slide you have a hypothetical of someone who releases and he's unable to work for four years but then finds a job as an electrician. Do I understand that? Four years after his release....

Mr. Stéphane Lemieux: Four years after leaving the forces, his injuries that he sustained while he was in the service are affecting his work in civilian life.

Mr. Sean Casey: Oh, so he worked for four years.

Mr. Stéphane Lemieux: He worked for four years, but his back problem prevented him from working. So he can come back to us, and since he has some health issues that are service-related, he can enrol in the rehab program and get some professional rehab where he's going to be able to find a new job that respects his physical limitation.

Mr. Sean Casey: Okay.

He's only entitled to that earnings loss benefit as long as he's in a rehabilitation program, correct?

Mr. Stéphane Lemieux: Yes, sir.

Mr. Sean Casey: All right. At some point, when the department decides that this person is incapable of being rehabilitated, that we've done as much as we can and he is what he is, then what happens to his ELB?

Mr. Stéphane Lemieux: He's going to maintain it until he is 65 years old if it's assessed that he will not be able to go back to work. That goes to the first example of somebody who's at 80% disability and might not be able to go back to a civilian job.

● (1710)

Mr. Sean Casey: If he's unemployable, it continues.

Mr. Stéphane Lemieux: Yes.

Mr. Sean Casey: All right. I just have a couple of other things. You had a slide there entitled “What is available under the New Veterans Charter”. The second-last bullet on the right referenced the death benefit. Is that the $3,600 in burial expenses, or is it something else?

Mr. Stéphane Lemieux: That's the 100% disability award paid to the survivors if somebody gets killed in the line of duty.

Mr. Sean Casey: This is for a serving member, not a veteran.

Mr. Stéphane Lemieux: It is for a serving member.

Mr. Sean Casey: That isn't a benefit available to veterans, the death benefit.

Mr. Stéphane Lemieux: No. If you get killed in the line of the duty, you have the death benefit.

Mr. Sean Casey: I suspect this may be a question for you, Madame Bastien. If a veteran is dissatisfied with a decision with respect to provision of benefits under the rehabilitation program.... If his own doctor says he should have some psycho-social counselling but the department disagrees, and if his own doctor says he should have some other medical services and the department disagrees, if he has a dispute as to part of his program, is there a place where he can appeal the decision of the department?

It's my understanding that the Veterans Review and Appeal Board will look at the degree of impairment. It will look at the amount of the lump sum. But it doesn't have the authority to look at decisions of this nature. Am I right?

Ms. Charlotte Bastien: Yes, you are right. It's the same idea. The tribunal doesn't look at some of the health benefits. There is an appeal process, and there is a process whereby, when veterans are not satisfied with the decision by the department, they can appeal. But that is not under the tribunal mandate or authority.

Mr. Sean Casey: It's an internal appeal to another civil servant within the department.

Ms. Charlotte Bastien: Yes.

Mr. Sean Casey: There is no ultimate appeal to an independent body; it's all departmental officials. Okay.

The Chair: You have time for a quick one.

Mr. Sean Casey: I think I've taken enough of the committee's time today. Thank you, Mr. Chairman.

The Chair: Thank you, Mr. Casey. I appreciate that.

Ms. Adams, go ahead, please.

Ms. Eve Adams: I appreciate the self-deprecating humour, Mr. Casey.

I think we can all agree that it's ideal to attract more veterans to serve at the department, whether they're providing front-line service or whether they're interpreting policy. It certainly is the goal of the department to hire more and more veterans. Obviously, folks who have gone through can perhaps extend an added element of empathy to other veterans.

I'd like to commend you for your work. You come from CF; you're now serving at Veterans Affairs. You're sort of the ideal example of what we'd like to do. Thank you very much for your service to our veterans and for your service to our country.

Can you tell me a little bit about how an injured CF member who is released for medical reasons transitions to VAC?

Mr. Stéphane Lemieux: With the JPSUs that have been put in place, the joint personnel support units, this system is a lot easier now with the transition of the file between DND and VAC. What is going to happen, especially with our most severely injured soldiers, is that before the file is transferred, we will have a meeting with all the stakeholders around the table, making sure all the information is passed on from one organization to the other, to make sure the transition is as streamlined and transparent as possible, so that there is a continuum of service between the two organizations.

This will take place at different timelines, depending on how complex the case is and how many services need to be put in place before there is a transition, a release date. This is basically how the system is going to work.

If the file is less complex, there will be less need for a meeting like that, and you're going to go through the transition interview. This is where you're going to be introduced to the services that could be available for you, depending on your needs.

Those are basically the two ways it could happen.

● (1715)

Ms. Eve Adams: In very plain, simple terms, for an uncomplicated case, how long does that process take?

Mr. Stéphane Lemieux: It will start around six months before the release date. But I have some cases in my team that will take a lot longer than that, because it's going to be more complex to make sure that DND has put all the services in place.

Ms. Charlotte Bastien: To be specific, if there were a severe injury in Afghanistan, we would be notified right away and would start working with DND on the care of that severely injured member.

In certain cases we were involved from the get-go in order to ensure the continuum of care. But on average, usually six months before the release date we start doing the case conferencing for the transfer of care from DND and the Canadian Forces to Veterans Affairs Canada.

Ms. Eve Adams: How are families involved?

Mr. Stéphane Lemieux: The family is more than welcome to take part in the transition interview. I don't see that happen often at the office, but sometimes it does on a voluntary basis. They decide whether to have their family present or not. It gives better support to the family, understanding where it's coming from.

Ms. Eve Adams: Which services are veterans making most use of and are most important to them?

Mr. Stéphane Lemieux: The rehabilitation program is the key one that I see in my team. Pretty much all of the serving members coming through the transition interview apply for the rehab program.

The Chair: Thank you very much.

Mr. Genest.

[*Translation*]

Mr. Réjean Genest: The focus often seems to shift back to me. Am I not talking enough?

Ms. Bastien, we are talking about financial benefits. How many people receive the earning loss benefit, and how many receive the permanent impairment allowance?

Ms. Charlotte Bastien: If you give me a few minutes....

[*English*]

The Chair: Do you want to go to another question and come back to it?

[*Translation*]

Ms. Charlotte Bastien: In 2010-2011, a total of 4,356 clients received income support through the rehabilitation program. As for the permanent impairment allowance, I don't have the data here. I will send it to you in writing.

[*English*]

The Chair: Thank you.

Mr. Storseth.

Mr. Brian Storseth (Westlock—St. Paul, CPC): Thank you very much, Mr. Chair.

As much as I'd like to ask some questions, I'd first like to give Mr. Lobb an opportunity to finish his questions.

Mr. Ben Lobb: Thanks, Mr. Storseth. Your generosity is noted.

This is to either Mr. Lemieux or Ms. Bastien.

In your last example you were talking about the electrician. He comes back after four years with a back injury. I'm just curious if you keep statistics on this. What percentage of veterans who come back with back injuries would be approved? Is it 50%? It would be a difficult issue to determine, but very severe. It probably occurs quite frequently. What would that percentage be?

● (1720)

Ms. Charlotte Bastien: Of the top disability conditions under rehabilitation with current clients or veterans participating, number two is lumbar disc. There are 798 veterans who are admissible or participating in the rehabilitation program for that disability condition.

Mr. Ben Lobb: This is my last question, and then I'll pass it over to Mr. Storseth.

Of those nearly 800 people who have been approved, how many would have applied? Would it be 2,500, 3,000? What would it be?

Mr. Stéphane Lemieux: I don't have that figure of how many. I know what you're looking for, but I don't think there's—

Mr. Ben Lobb: Is that figure available so that you'd be able to get back to the committee with it?

Ms. Charlotte Bastien: Yes, but I want to make sure I understand the question.

The number I just gave you, that's the people who have applied under the rehabilitation for that condition. But as to how many have a back problem and have applied and were refused, we'll have to look into it if to see if we have that figure and get back to you.

Mr. Brian Storseth: Perfect. Thanks for answering that question.

I would appreciate, though, following up on that, if you could let us know. Surely the department must have the number of people who are rejected on a yearly basis, and maybe even over the last five years would be interesting.

My question is following on the back of that, and I've asked this several times. We talk about the paperwork, and we just talked about how many members are rejected, and you don't have those numbers. The problem I have with it is when you're a serving member of the Canadian armed forces and you jump off the back of a one-tonne truck or you jump off the back of a tank or you're loading an F-18 and you hurt yourself, you don't stop, fill out your paperwork, and then proceed back with your job. You just continue on, you fight through it, and you get through the day.

At the end of the day, there seems to be a real lapse here when you start comparing guys who are then two or three years later or five or ten years later applying for disability or applying because they have these problems. And I've seen on my own dozens of cases where Veterans Affairs turns around and says they don't have the proper paperwork, so they're denied, and then they've got to go through the whole appeals process, which takes six to eight months.

What are we doing to better prepare guys for this and let them know that they have to make sure that they fill out the paperwork, at least at the end of the day? What's the awareness of this? Is Veterans Affairs looking at this? My personal opinion on it is that we should just be approving the guys, and the 3% or 4% who are maybe trying to abuse it, catch them after. At the end of the day, the way these guys are trained—as you would know, Mr. Lemieux—is not to just stop, turn around, and fill out the proper paperwork.

Mr. Stéphane Lemieux: First of all, DND is putting a lot of effort into making sure that personal administration is done properly. The army that I left a year and a half ago was doing the paperwork when people were getting injured, making sure that later on, if you do need that paperwork, it is done and it's there in your file. Plus, this is one of the points I passed on in the briefing that I give on the base and to the reserve unit to make sure that the paperwork is done. That's a personal responsibility, and it's a chain of command responsibility too, and I keep telling them to do it, to make sure that this doesn't happen. But in the past, you're right, the paperwork was not being filled out. We're working through these issues, but—

Mr. Brian Storseth: I don't mean to cut you off, but we're short on time.

We're working through the issues, I agree, but part of the issue is the bureaucracy that surrounds it. I've got to tell you, I've got a young man who was in a firefight in Afghanistan, and quite frankly he just didn't have time to turn around and do his paperwork when he got injured in the middle of the firefight. Now, because of that, he's being rejected for one of his injuries, but the other injury that happened in the same firefight he's getting compensation for. At the end of the day, it just doesn't make sense. At the bureaucratic level, we have to find a way to say yes to these guys, rather than trying to find a way to put them through more hoops. The answer for the vast majority of these guys should be yes right off the bat.

Sorry, that was more of a statement than it was a question, I guess.

The Chair: But you do want a response?

Do you care to respond?

Ms. Charlotte Bastien: First, I'd like to point out that on the disability award a favourable decision is a little more than 74% the first time around. Regarding the rehabilitation program, when it is a medical release it's automatically accepted or eligible for the rehabilitation program. Our experience also finds that for service-related—some of the examples here, and we'll get you the statistics—it's a very good statistic.

● (1725)

Mr. Brian Storseth: Just to get something written back, 74%. But how many then appeal and are getting approved after that? Because that's the problem.

The Chair: Mr. Storseth, let them answer.

Mr. Stéphane Lemieux: For people who go on appeal, 75% get a favourable decision.

Mr. Brian Storseth: Seventy-five percent of appeals?

Mr. Stéphane Lemieux: Yes.

Mr. Brian Storseth: So why wouldn't they have said yes in the first place? That's a huge number, isn't it?

The Chair: Could I interject? Do you want to try to correct that?

Ms. Charlotte Bastien: Unfortunately, there is information that was not necessarily always made available on the first application. When it's heard on the appeal, it's a little more, 25%. When they go in front of VRAB they usually have additional information, and 65% get a favourable decision. Usually it's because they had additional information that was not provided the first time around.

Mr. Brian Storseth: Fine.

The Chair: Thank you very much.

I'd like to say, as generous as Mr. Stoffer was in letting him go on a little longer with their time, I think we've pretty well run out of time.

I would like to say to the witnesses that we certainly appreciate your being here, and the presentation was good. I would point out, though, that you did offer to provide further information. I think there are a couple of those items that probably need a little more clarification, because there seemed to be some uncertainty on those couple of items. I just want to say thank you very much.

To the committee, I just want to point out that if you do not hear tomorrow about any confirmation of witnesses on Thursday, there will be no meeting on Thursday. We'll know in the morning.

Thank you very much.

The meeting is adjourned.

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