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Mr. Greg Kerr

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•(1535)

[English]

The Chair (Mr. Greg Kerr (West Nova, CPC)): Ladies and gentlemen, we'll convene the meeting and get started.

I want to welcome everybody to the continuing review of the delivery of front-line health and well-being services for Canadian veterans.

I especially want to thank our guests. Some have travelled quite a distance. We certainly appreciate the fact that you've taken the time to come to act as witnesses before our committee as we pursue this important topic.

We have a number of presenters. Once the presentations are finished, it's important to keep in mind that we'll get questions from the members of the committee, and we'll try to get this all wrapped up in the time we have allotted.

I want to especially welcome Donald Leonardo, founder and chief executive officer of Veterans Canada. He's on the conference call with us from afar.

We welcome you, sir. It's good to have you with us.

I'll introduce the rest as we go through the order of speaking. We have two who are going to divide their time. We'll mention that when we get to it. Generally speaking, we like to get the presentations done in under 10 minutes if we can. Then we'll go around the table.

That being said—and please help me if I make mistakes in the various names—from the Canadian Aboriginal Veterans and Serving Members Association, we have Richard Blackwolf, president, and Sylvain Chartrand.

Thank you, gentlemen. Please make your opening comments.

Mr. Richard Blackwolf (President, Canadian Aboriginal Veterans and Serving Members Association): My name is Richard Blackwolf. I'm the national president of the Canadian Aboriginal Veterans and Serving Members Association. We thank you for the invitation to appear today to provide a summary of our history and current endeavours.

Aboriginals cite the War of 1812 as our commencement of military service to Canada. As is known in history, there was quite a disparity between the population of the United States, at approximately 7.2 million, and Canada, where there were just over 400,000 people. The participation by first nations to support the British troops and forces was critical to preventing the invasion of U.S. forces.

First nations warriors played a part in a number of major battles that were critical to the defence of Canada. In some cases, just their presence on the battlefield was sufficient to cause the U.S. commanders to surrender. A major example would be Lieutenant-Colonel Hull surrendering Fort Detroit to prevent what he thought was going to be an all-out slaughter by Tecumseh's force of 400 aboriginals.

Moving on through the years to World War I, after it was clarified that young men of the first nations could serve without being classified as “civilized” and therefore not being able to return to their respective reserves, they volunteered on a per capita basis at a rate greater than any community in the country. Many of them served with distinction.

In our presentation you'll see that Corporal Francis Pegahmagabow was one of the more outstanding members of the Canadian army. He signed up at the beginning of the war. He was in the 1st Infantry Battalion of the 1st Canadian Division, fought in all the major battles, and took duties in the most dangerous of actions, such as forward scout, messenger, and sniper. He was actually Canada's premier sniper of World War I. He was wounded, but because of his actions on the battlefield, he was awarded three military medals. Of the hundreds of thousands who served in World War I, he was one of 38 who received three military medals for his actions on the battlefield.

Moving on to World War II, again, aboriginal soldiers volunteered in large numbers. The numbers reported both in World War I and World War II only come from reserves where the Indian agent reported the people who left, so this doesn't account for non-status people, people who lived in urban areas, any of the Métis, or the Inuit.

One soldier who typifies the many who served in World War II is Sergeant Thomas George Prince. Tommy Prince signed up in 1939 as a volunteer. He first served as a sapper with the Royal Canadian Engineers, and in June 1940 he volunteered for parachute training. He was a candidate in a class of 100, and he was one of nine who graduated.

•(1540)

He was selected for the 1st Special Service Force. That was a force comprised of 1,600 of the toughest men in Canada and the United States. They were gathered at Helena, Montana, and given their basic training there.

He served with the 1st Special Service Force in Italy. He was cited for a military medal for his actions in Italy. When the unit moved to southern France, he was cited again, this time by the U.S. commanders, and received a nomination for the United States Silver Star for his actions and also for his support of the French resistance.

Moving on to our historical groups of associations, the first associations were formed in 1981. They received letters patent for the National Indian Veterans Association. That association functioned for about 10 years.

In the early 1990s, when the government defined aboriginals as being first nations, Métis, and Inuit, they applied for letters patent supplementary, which were issued in January of 1992, and they formed a new group, the National Aboriginal Veterans Association. That association functioned for just over 10 years, but there was a growing desire to move away from the traditional association of just friends and groups. They wanted to be more service-oriented, and this required a reconstruction in the sense of the way future operations would occur.

On October 28, 2010, letters patent were issued for the Canadian Aboriginal Veterans and Serving Members Association. There, we achieved getting “Canadian” in our name, which was one of the goals. The other thing was to include the serving members. We're the first veterans group that I'm aware of that actually includes serving members.

So that's our national group. We refer to this total group as the National Alliance. The National Alliance consists of the national group, the Canadian Aboriginal Veterans Association with the federal registry, and, recently, the Métis Nation of Canada, and the territories and provinces where our members are registered. We have MOUs, memorandums of understanding, for those accords between all the provincial groups. This is now what we refer to as the National Alliance.

We are traditional people in the sense that there's the connection between elders—in this case, veterans—and youth in the aboriginal communities. Aboriginal youth have problems and are also a growing population. Half of the aboriginal population in Canada is under 25. Compared to the general Canadian population, where the average age is 35, it's a very young group.

As you're all probably familiar with, aboriginal youth experience many difficulties because of reserve life and urban life. One of the main things they suffer from, of course, is alcohol and drug addiction. Also, in some of the reserves, they have problems with gangs and drive-by shootings.

● (1545)

So our initiative here is to use our position in the aboriginal community. In the aboriginal community, our veteran elders are the most revered. Consequently, the Canadian Aboriginal Veterans support a military career. We think it's an excellent choice for young aboriginals to make, and we also support the summer programs that have been put in place by the Department of National Defence for aboriginal youth. We refer to them as summer programs because they occur in the summer months, and their names are Raven, Bold Eagle, and Black Bear. There is also the Royal Military College program, called the aboriginal leadership opportunity year, and there

is another program that DND runs in the fall as a follow-up to the summer programs, called the aboriginal youth pre-employment program. Aboriginal youth can spend a week or so in the army, navy, and air force, and then they can make a choice of where they'd like to stay.

For our service to veterans in the new era, of course, we use all the modern communications. In this case, we have a national website. We have service and support for veterans there. We have an aboriginal page and support for aboriginal youth. We have a new member registration system. The current membership is in the hundreds, and it has the potential to grow to thousands of members because of the easy access, where they can register through the Internet.

We supply service to veterans through a system of national service officers support, and we provide provincial support, because our object is to have provincial groups incorporated. We've started in the west. There are British Columbian aboriginal veterans and serving members—that's an incorporated aboriginal veterans group—and the second is Alberta, and it will go across the country.

Regarding service to the Canadian Forces, we are often called on by the Canadian Forces to send out messages, usually recruitment for one of the summer programs or other messages. We have an extensive e-mail and fax transmission capability.

We have a number of aboriginal veterans of World War II and Korea. The common thing we find there, of course, is health problems. They have heart problems and things that are associated with heart problems, such as high blood pressure. We counsel them and make sure that they are up-to-date with their services from VAC—Veterans Affairs Canada.

The other type of health problem that's very common is type two diabetes. The problem there is that the elders generally receive prescriptions when they're diagnosed with type two diabetes, and some of them believe that if they just take their medicine, they can eat anything they like after that, and that's not true. So we have quite a time educating them, and preventing them from harming themselves further by taking the wrong foods. We've also started a program of sending letters to various groups, to make sure they have a table where there is food that is safe for type two diabetics to eat. The latest one was to B.C. Ferries, which has a very nice buffet, but it would be deadly to someone with type two problems.

Another problem with veterans from that era—World War II, Korea—is that they've never been familiar with PTSD. I personally phone every one of them practically on a monthly basis, and sometimes they talk about the war, their experiences, or problems they have. If I notice that they're coming up with nightmares or any of the symptoms of PTSD, we contact VAC to go out and have an assessment, and have them receive compensation for that type of thing.

• (1550)

We've talked to a number of new era veterans, what's referred to here as pre-discharge. There didn't appear to be a lot of problems with the army medical system, because it's a very good one, but several things showed up. One of them was that for those who initially have severe injuries, it was quite arduous for them to travel long distances, in some cases, to go to the major centres for their appointments with the army doctors. We're hoping and suggesting the army will adopt a house-call system for them. There would probably be some funding requirements for that, but for those who are in the initial stages of being injured.... The example I would give is of a young soldier who was in a suicide attack. She had both hands broken, her back was broken, and there were head injuries. So in the early days, having to travel two hours to Calgary was quite arduous for her.

Another thing that has come up is that the army has a number of single parents, and when they're disabled, if they don't have any resources, the army isn't set up to handle this. It doesn't appear to have any type of resources for single parents to be able to get an allowance to bring people in, particularly in the first days when they're recovering from severe injuries. I'll use the case of the young soldier again. She wasn't able to pick up her child. She had two broken hands and a broken back, so she was stranded there in quite a bit of distress, monetarily and mentally, having a child she couldn't look after. So that was our recommendation there.

We've talked to a number of soldiers who have been diagnosed with PTSD, and one of the common complaints is that once they are diagnosed, there is a tendency to put off their appointments. If they are given a series of appointments with a psychologist, say once a week, quite often the operations or the sergeant or whoever would say they couldn't go that day, that maybe once a month was enough.

The problem with that is that treatment of this malaise requires steady progress. It's a matter of a culture there.

Also, soldiers may face career termination, and they quite often appear in chain of command disapproval once they're diagnosed, so it creates a problem.

The Chair: Mr. Blackwolf, you are quite a bit over time. Do you have the recommendations listed?

Mr. Richard Blackwolf: Yes.

The Chair: Could I leave it to the committee to ask questions, and if there's something specific you'd like to highlight beyond what you've done, I'd certainly welcome your comments. Otherwise, we'll wait for the questions, if that's okay.

Mr. Richard Blackwolf: All right.

The Chair: Thank you very much for that. I appreciate it.

We will now turn to Wolfgang Zimmermann, executive director of the National Institute of Disability Management and Research.

Welcome.

Mr. Wolfgang Zimmermann (Executive Director, National Institute of Disability Management and Research): Thank you very much for the opportunity, Mr. Chairman.

Honourable members of the committee, ladies and gentlemen, I would like to express my sincerest appreciation for the opportunity to be here before you and to offer some thoughts on expected rehabilitation outcomes and services for disabled veterans.

Having lived with a serious spinal cord injury as a result of an industrial accident for the past 35 years, I will try to shape your review in a slightly different direction. Doing this in 10 minutes will be a challenge, but I will try my best.

My comments today are structured into four basic elements: personal experience, consideration of the disability context, what we want to achieve as the optimum outcome for disabled veterans, and the potential opportunities I think you may wish to consider.

My experience with a permanent disabling injury dates back to June 1977, when, as a 20-year-old graduate from a polytechnic institute, I joined the workforce of MacMillan Bloedel, which was then Canada's largest forest products company and British Columbia's largest employer. I was given a power saw, a pamphlet showing how to fell trees, and was told, "Good luck." The fifth day on the job, a 50-foot alder tree barber-chaired and came down on me. It broke my back and left me with a significant spinal cord injury.

Whether such injuries are a result of military service or some other industrial accident, or not related to an occupation, the impact on the individual and the individual's family and the required rehabilitation measures are identical. This brings me to the overriding outcome we are trying to achieve for the individual, namely, maximizing participation of the disabled individual in all aspects of our society: economically, socially, and recreationally. I was most fortunate to have been given that opportunity, and I am privileged to be here with you today.

Through the National Institute of Disability Management and Research, established 18 years ago as a joint business-labour-government partnership, and supported through an endowment, we've created educational and professional certification and program standards designed to facilitate more effective return-to-work outcomes for individuals who have acquired a disabling condition and are at risk of losing their employment.

Structurally, the standards are administered similarly to what you find in the ISO model. So far, they have been adopted in 16 countries, and through an agreement we signed last fall with the International Social Security Association, a UN-based agency in Geneva bringing together 333 national social security carriers in 153 countries, NIDMAR's standards will be a core element for the global return-to-work best practice guidelines planned for rollout by the United Nations later this fall.

By way of improving outcomes for disabled veterans—and an effective service delivery model is part of that—I will draw on my experience as chair of the Premier's Council for Persons with Disabilities in British Columbia. I also spent over six years on the panel of administrators responsible for the B.C. Workers' Compensation Act, which is not dissimilar to Veterans Affairs, as the occupational injury carrier for disabled veterans. In addition, I spent a number of years on the Veteran Affairs advisory committee.

Key to my rehabilitation was my almost immediate ability to continue productive participation in the workforce, a result of the company accepting full responsibility for the accident and collaborating with the union to develop a creative opportunity for my ongoing employment, even though I was in a wheelchair and there was no precedent for doing this in a logging camp of 450 workers on the west coast of Vancouver Island.

Having strategies aimed at maintaining the economic and social productive capacity of the disabled individual is critical for both the employer—in this case, we believe, the Government of Canada—and the disabled veteran. There is an overabundance of national and international evidence to support the strategy, especially if the conundrum of successfully maintaining an employment relationship is to be solved. Many of the associated psychosocial issues, whether they be long-term mental health concerns, dependencies, or other social challenges, will be largely mitigated through this employment relationship. Hence, there needs to be a clear understanding that the Government of Canada is the employer of disabled veterans and that it has an unequivocal responsibility for their continued employment.

● (1555)

In our opinion, there is absolutely no valid reason, given the scope and scale of government operations, for not accommodating the overwhelming majority of disabled veterans within the diverse range of government departments.

We all identify with our role in society, and a key part of that role is gainful employment. It gives us economic and social status; it gives us the flexibility to make our own decisions; and it clearly reduces our dependence on others, such as VAC and everything associated with it. I haven't had to deal with the WCB as much because I have an employer that also covers those benefits.

That being said, here is a quick context. We can only influence the employment outcome for an individual with a disability in one of two ways: by maintaining attachment to the pre-disability employer and avoid entering the social security system, or by optimizing return-to-work outcomes once workforce attachment is lost.

I understand that you have heard from vocational rehabilitation providers, but here are some considerations for you. In British Columbia we have approximately 80,000 disabled individuals on social assistance. The annual outflow rate from the system is 0.75%. They leave through either death or retirement. A similar number applies to the approximately 330,000 individuals on Canada Pension Plan disability. This percentage is consistent with the experiences of social security agencies around the world.

If someone has been out of the workforce for six months or longer on account of a disabling condition, the odds of ever going back to work are greatly reduced, if non-existent.

Additionally, the U.K. Department for Work and Pensions estimates that the suicide rate for unemployed individuals with disabilities is approximately 40 times that of the average population.

On specific issues to address, I would urge the committee to immediately address the question of the DND/VAC interface, since it is always a drawn-out process. It can sometimes take up to three years or longer before an intervention commences, hence radically stacking the odds against the veteran. A triage process, such as the

ones used by many successful WCBs around the world, could be most helpful in this.

Experience from across Canada and around the world suggests that vocational rehabilitation providers should be compensated through a staggered process based on concrete employment outcomes for disabled veterans, not merely employability measures, such as improving their resumé writing skills, and so on.

You may wish to benchmark VAC's current compensation and service delivery model against some of our workers' compensation boards for comparison. You may also wish to consider adopting the government employees compensation model. It is a federal-provincial partnership and would likely give you much greater system efficiencies. I can certainly explain a lot of these things in greater detail.

Effective return-to-work and disability management interventions for disabled veterans require strict adherence to substantive adoption of three core principles: creativity, because no two situations are ever quite alike; collaboration, because successful reintegration of disabled veterans requires absolute participation by all stakeholders; and commitment, which is leadership at all levels, and full acceptance of responsibility is the key. Without this being spelled out quite clearly, nothing will happen.

Honourable members, I suggest that the above core principles—and for that matter, all of the presentations you receive—be measured against the overriding objective: how do current policies, procedures, and actions contribute toward maximizing the human and productive capacity of disabled veterans? How do they optimize their continued successful participation in all aspects of our society? And what evidence is being presented to you to support achievements toward this objective?

● (1600)

Failure to support and ultimately achieve these objectives forces many disabled veterans, not unlike disabled individuals in general, to the margins of society economically and socially, with all the inherent tragedies, which are well documented around the world.

Incidentally, these issues are not limited to disabled veterans but apply broadly to people with disabilities, in Canada and around the world, which is why I am personally very pleased that Canada ratified the United Nations Convention on the Rights of Persons with Disabilities.

In conclusion, a couple of elements are key if we are to produce long-term positive economic and social outcomes for disabled veterans: recognition by the Government of Canada of its employer responsibilities for disabled veterans, no different from large leading-edge private sector organizations; commitment towards implementation of best practice return-to-work and disability management programs, using internationally recognized and adopted optimum practice standards.

Consider a new model for service delivery through partnerships with provincial workers' compensation boards, specifically using their rehabilitation departments whose staff have intimate jurisdictional knowledge of all relevant issues relating to optimizing successful rehabilitation potential for disabled workers.

In summary, honourable members, I would like to thank you for the opportunity to speak. I encourage you to take all necessary steps in ensuring that, for those individuals who have suffered a disabling condition while serving our country, this unfortunate stroke of fate does not relegate them to the margins of our society in perpetuity.

Thank you very much.

•(1605)

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

Now if Mr. Leonardo is ready in Calgary, I'll once again introduce him. He is the founder and chief executive officer of Veterans of Canada.

We're pleased to have you join us today. If you'd like, make your presentation now, sir.

Mr. Donald Leonardo (Founder and Chief Executive Officer, Veterans of Canada): Thank you, Mr. Chairman.

Thank you, members of the committee.

Thank you, guests.

Hello from the heart of Reform country in Calgary, Alberta. As a severely injured veteran, I thank you for this opportunity to speak today. I'm sorry that I'm not there in person, but it would seem that there is a culture in today's society, in both government and with large corporations, that personal freedom and privacy of individuals are not important. But I digress.

Before I start, I would like to state that VeteransofCanada.ca fully supports the letter the Minister of Veterans Affairs received, dated February 13, 2012, that the member organizations of the Veterans Affairs Canada stakeholder committee sent to the minister.

I'm disappointed with the minister, with his posturing of late and his threats to disband this committee because of a 10-minute incident of a severely disabled veteran. This is 10 minutes in which the deputy minister and the associate deputy ministers had to see what a veteran goes through for his complete life after service and after being injured.

With that, I will go on to talk about my organization, Veterans of Canada. It's an organization that was founded in 2006, and it is an online social networking community, two weeks away from passing the 6,000-member mark. The community is a place where those who have served can reconnect. It's a place where members can make new friends through a common bond and keep informed. It's a place where members can post pictures to rekindle their old memories with other members. This is all done online, on the Internet. It's a veterans community only.

The world has witnessed rapidly changing ways in which communities of individuals can come together, especially since the introduction of the Internet. Although there will likely be a continued place for formal paid membership-based organizations, the reality is

that communities are coming together in a more flexible and cause-oriented social network.

Veterans of Canada has capitalized on this new form of organizing individuals and creating real-time communities, which are just as or even more effective at reflecting the interests of the community as traditional paid membership.

VOC does not charge for memberships and does not impose dress codes or other behavioural restrictions on its community. So VOC is a more truly democratic community model, as everyone can express their own point of view and have it heard.

My job as founder and president is to compile these inputs and pass them on to the Canadian public, the media, Parliament, and the veterans community as a whole.

Mr. Chairman, I thank you today for allowing me this opportunity. I wish I were there in person.

If the committee has any questions for me, I would be glad to answer them for you.

•(1610)

The Chair: Thank you very much, Mr. Leonardo. I'm sure there will be questions once we finish the rest of the presentations.

On that point, as I said earlier, we have a split presentation coming up.

First, from the Canadian Association of Veterans in United Nations Peacekeeping, we have Mr. Robert O'Brien, chairman of the board of directors.

Welcome, sir.

Mr. Robert O'Brien (Chairman, Board of Directors, Canadian Association of Veterans in United Nations Peacekeeping): Thank you, Mr. Chairman.

The length of our title can be considerably reduced. We just call it CAVUNP.

CAVUNP certainly appreciates the opportunity to address this committee, because we believe this committee can be very influential in how Canada treats her veterans.

Our association was formed a little over 20 years ago, when we felt that there were some needs in existence that were not being met by the organizations of the day. Most of our membership, which is spread through 22 chapters across the country, spent their military service involved in the Cold War, in peacekeeping, or in both. The Cold War did not produce a lot of casualties. Peacekeeping did produce some casualties. Thankfully they were small in number.

But today's efforts are concentrated on considering one veteran: if a person served, they're a veteran. As such, they are part of the social contract that exists between the people of this country and the people who we sent to suffer and serve on behalf of us all.

Regardless of the type of service you're talking about, the military is a very structured, very institutionalized, way of life. It is a way of life where the rights of the individual place second to the rights of the organization.

The adrenalin produced by war serves but to reinforce the tremendous differences that exist between civilian and military ways of life. That understanding—the understanding of what is required of those who serve—must be in place if the needs of transition to civilian life are ever to be met. The transition that is required is made more difficult by what has been experienced. Those differences also tend to indicate the amount of understanding that has to exist on the part of the front-line people.

I notice that your definition here of front-line work says that it's work carried out by individuals who are in daily contact with veterans. That is extremely important to all of us. If those people are not there, then the service to veterans is either denied or delayed.

It's for that reason that last October, veterans organizations approached the Government of Canada and asked the government to follow the lead of our British and American counterparts in declaring that government spending, being faced by all countries, would not affect veterans.

The minister has assured us that the money legislated is there and will not disappear. But we are concerned, desperately concerned, about the front-line staff. If those front-line staff are not there, then veterans will be very poorly served.

We ask of you, members of this committee—a committee that can be of tremendous value to veterans, a committee that has the power, should it choose to use it—to ensure that harm does not come to veterans from partisan political approaches. We ask you to be united in standing and doing the right thing by those who have done so much for us when their country called and they answered.

Thank you, Mr. Chairman.

The Chair: Thank you very much, Mr. O'Brien. I appreciate the comments.

Now we go to the NATO Veterans Organization of Canada, of which Mr. Gord Jenkins is president.

Welcome, sir.

Mr. Gord Jenkins (President, NATO Veterans Organization of Canada): Thank you very much, Mr. Chairman, ladies and gentlemen. It's an honour to be here. The gentleman to my right just stole my speech, so I will be brief.

A voice: We can hear it again.

Mr. Gord Jenkins: You can hear it again.

One question that was asked is, who is this group, NATO Veterans Organization? These gentlemen here in the group to my right...I belong to it. I also have done a number of tours of peacekeeping, but I did NATO. It's surprising, we've been in NATO for a third of Confederation, over 70 years. Over 250,000 Canadian servicemen have gone through NATO and are in places of harm in NATO right now.

We call NATO the forgotten generation. There's the Korean War, World War II, and the hospitals and the services that were provided for them. Then there's this quiet period.

I've heard the expression, the "new era veterans". The term is the "modern-day veterans", and these are the veterans who are post-

Korea, up to and including today. They do not get the same attention, and we are afraid, as Colonel O'Brien has mentioned, that after this upcoming budget, the front-line service will not be there. The government spending...of course, it affects the veterans if you cut out the services, particularly the front-line staff. These are the ones who we deal with. Everybody at this table deals with them on a day-to-day basis. We get excellent service. We have no complaints. We're not here to complain about the front-line service of Veterans Affairs. If anything, we compliment it.

Who are NATO veterans? We are one of the modern-day veterans' organizations, just one. With the other modern-day organizations, we focus on this forgotten generation of veterans. Our patron, for information, is General Paul Manson. I was asked specifically in the e-mail to say who we were because we are a new organization, only two years old. Our two senior advisors are Duane Daly—you might have heard his name, as he's the former secretary of the Canadian Legion—and Sean Maloney, professor of history at RMC, and he asked me to read this out at the committee.

There was an editorial in the Ottawa paper on March 9, titled "All Veterans Need Long-Term Care". NATO Veterans, Chairman:

I note with satisfaction that there is finally an organization in Canada that recognizes the fact that thousands of Canadians served overseas and in Canada during the Cold War: The NATO Veterans of Canada. These men and women placed themselves at the ultimate risk by volunteering to serve during a historical period of maximum danger to the human race [particularly in Europe] and agreed to serve in the face of a unique form of obliteration: possible thermonuclear weapons use. This fact is receding in the current cultural milieu....

It is in no Canadian textbook about this period of Canada's history. Professor Maloney checked and he could not find one reference.

In conclusion, I'd like to focus on one area that has been mentioned by a couple of gentlemen here, and that's health care. Health care is tied in with the budget cuts. Hospitals are being transferred. All the military hospitals are being transferred to the provinces.

● (1615)

Veterans are not a provincial responsibility. They are a federal responsibility. By transferring these hospitals—I just got the ombudsman's report, and I noted that he picked it up. He said the highest number of complaints received by the ombudsman, and that's true of NATO veterans, relate to health care. These complaints cover a wide range of issues, including reimbursement of travel, limitations on treatment protocols, a cumbersome approval process, and one clear gap is the long-term care program. It does not include a strategy to incorporate the Canadian Forces veterans, the modern-day veterans who may require long-term care—and we're speaking about the people coming back pretty soon—as well as someone like the gentleman who's put in 35 years and will require long-term care in priority placement down the road.

What happens now? Perley Rideau in Ottawa is being transferred to the provincial government. The place is alive with construction. It's going to become a dementia centre. When the last Korean veteran is out of there, that's it, no veterans.

To quote the ombudsman:

There seems to be an apparent gap between programs to keep veterans and spouses at home as long as possible and the provisions of a bridging nature, such as subsidized access to assisted living...

The ombudsman is speaking of a second program; the long-term care program is disappearing. There is a program called VIP, and that means a veteran can be looked after at home. He can have a nurse, medicine, and food, but the problem is, if his roof is falling off, if his furnace is broken, or he needs to have a single-pane window cleaned—they won't do a second window. In other words, he can live in a hovel, but he certainly gets meals on wheels.

In conclusion, it's our first time here as NATO veterans. I want to thank you for taking the time to listen.

● (1620)

The Chair: Thank you very much.

If you're visiting the museum, make sure you drop by and see Mr. Jenkins. I don't think he's as shy there as he is here today.

We appreciate all your comments. They're going to generate a number of questions.

I want to move along quickly. I'm cautioning committee members that I want you to keep within your time limit because we've a lot of ground to cover.

Ms. Mathysen, please, you have five minutes.

Ms. Irene Mathysen (London—Fanshawe, NDP): Thank you, Mr. Chair.

Thank you very much for being here today. I certainly appreciated all you had to say.

Mr. Jenkins, thank you for your letter. I've sent a response, and you should receive it soon.

I want to pursue this issue of long-term care. Parkwood Hospital is in my riding, and without fail, veterans contact me—and these are modern-day veterans—because they are very concerned that the quality of care, the availability of care, won't be there for them when they need it. They're very pleased that Korean vets and World War II vets have that quality of care, but because of the reality of what they've experienced, they feel very strongly that they must have it too.

You mentioned Perley, and we know that Ste. Anne's has been transferred to the Province of Quebec. And 1,300 people who were specialists in veterans' care have been transferred out of that facility, with no guarantee that they will retain their jobs and that this hospital will function as it did in the past.

I want you to comment with regard to the challenges that modern-day vets face in finding a doctor—there's a doctor shortage—being compelled to rely on provincial care, and in the case of long-term care, a nursing home, where they're not particularly tuned in to the culture of veterans, nor the needs of veterans and their families.

Certainly, Colonel O'Brien, if you wanted to jump in on that too, I'd appreciate it.

Mr. Jenkins, please go ahead.

● (1625)

Mr. Gord Jenkins: Thank you very much for your comments.

You're right about Sainte-Anne-de-Bellevue; it is the last one. I met with the minister last night. He gave me an hour. One of the things I said to him was, for crying out loud, don't turn over Sainte-Anne-de-Bellevue. Keep one hospital and make it our Walter Reed, the famous U.S. hospital for veterans. Turn it into a centre of excellence for looking after veterans. You have one left out of ten.

Thank you, ma'am.

Ms. Irene Mathysen: Colonel O'Brien, did you have anything to add?

Mr. Robert O'Brien: No, ma'am.

Ms. Irene Mathysen: Thank you very much. I will keep advocating for Parkwood Hospital. I think it's very important.

Mr. Blackwolf, you made reference to the reverence that communities have for first nations veterans. I've seen it. I have had the privilege many times of going to the Munsee-Delaware, Chippewas of the Thames, and Oneida communities, just outside of my riding. I've seen what happens there.

In your brief, though, you expressed concerns about the new Veterans Charter and the option of the lump sum payment. Could you tell us precisely what your concern is regarding that lump sum payment?

Mr. Richard Blackwolf: Well, we would have to refer back to our actual recommendations on the VAC and post-release side of the equation. In one recommendation, we're focused on the pre-release. What we're saying is that currently there is for-profit insurance provided through Manulife. The acronym is SISIP. It provides long-term disability payments.

The problem that all the members who have been involved with this have mentioned is that in the case of any other payments—say, when they get on the post-release side, if there are any benefits that come from VAC—the money is clawed back. The net result to the veteran is net zero gain. Also, that insurance only goes until they're 65. They're quite concerned about what happens at 65. Is that when we're to die? You can see that anyone in the room looking ahead to age 65, if they knew whatever income they had was going to quit at 65, would be left with a destitute feeling.

What we're suggesting here on the pre-release side.... We could also say that people who join the military or a company or anything usually join for the long term; they're going to go there for employment and then retire. It's the same thing in the military. But if they end up with a disability somewhere through their years of service and are medically released, we're suggesting that the money that's being paid now into this for-profit insurance company be curtailed and that 85% of the premiums and the 15% that the personnel apply go into a military pension.

So there would be three types of military pension.

One would be the standard one, for which you provide service for 30 years and then you retire.

The second is if you become disabled somewhere in your career path, you would be released, but you would receive an accelerated pension; in other words, it would be as though you did 30 years in the current rank. That pension would be for life and would also be indexed. This would give the veteran stability and at least a basic income, and it's not going to quit at 65.

The other type of pension would be for someone who is severely disabled. What we're suggesting here is that they be promoted one rank and then released, and that they receive a 30-year accelerated pension for the rank they were released at. This would give them the basis.

Then when they go to post-care, VAC has a wide variety of programs for them. If their condition worsens, VAC has pensions that they can apply for. If those are approved, they are building on a steady thing; nothing is being clawed back. This would de-radicalize the current people. This is why our veterans are becoming radicalized and turning against the government. They're all upset. We see this as a way out.

We feel that there's a legal bond here. Others have expressed it in other ways, but we believe that in actual fact there's a fiduciary relationship formed between the Governor in Council and a person taking the oath. This comes to the forefront when that person receives a disability. This is where the accelerated military pension steps in and provides that person with a basic income.

• (1630)

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

We'll now go to Mr. Lobb for five minutes.

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

My first question is to Mr. Jenkins.

You brought up VIP and talked about a roof and a furnace and so forth. One question I wanted to ask you more specifically, though, is this. If a World War II veteran today has never had to access Veterans Affairs because they have been pretty fortunate in their life and have not had any effects from their service, but now at an older age have experienced some frailty and require VIP, they're ineligible, more or less, because they haven't had a relationship with Veterans Affairs.

Do you think that's something that should be looked at when we're talking about service delivery to veterans?

Mr. Gord Jenkins: No, sir.

Mr. Ben Lobb: Pardon?

Mr. Gord Jenkins: No, sir. I think I know what you're getting at about access to the VIP.

I've had personal experience. My wife goes to the Y, and she had a friend there who went every day to visit her 90-year-old World War II veteran father, and she didn't know about the VIP program.

I put her on to a good friend who is a service officer. The CAVUNP provides it, the Legion provides it. Within two days he was on the program and it had started. So it is available and there is a fast track, and I couldn't believe how quickly it happened.

The point I was getting at though, sir, is that the VIP program is an excellent program, but it only provides for the feeding, the health. There is no such thing as a handyman allowance if the door knob falls off, or if the furnace is going all the time because he's not in an insulated home.

What I'm getting at is that the VIP program needs looking at to extend it to cover that 90-year-old veteran so that he's not sitting in an overcoat with meals being delivered, medicine being delivered, and his personal well-being being looked after.

Does that answer your question at all, sir?

Mr. Ben Lobb: If I can sum it up, you're satisfied with the accessibility that VIP has.

Mr. Gord Jenkins: Yes, sir.

Mr. Ben Lobb: Okay, that's good.

Mr. Blackwolf, my question for you is this. With your association, how many of your veterans are you able to track, or does your association try to track the veterans you have?

Mr. Richard Blackwolf: We actually track all of our World War II veterans. We track many Korean veterans, because the national association is here, and then there are the provincial associations—they're all members there—and between the two layers we keep track of all our members.

We're looking particularly for elders who, like this, need VIP. But we realize there are shortcomings in these things, like in the door knob example, and I'll draw the honourable member's attention to the last page of our presentation.

We formed the Canadian Aboriginal Veterans Benevolent Association, which we're working into a registered charity, to raise money for those things. So we'll be able to provide services where there are shortfalls in funding.

We understand the need for financial stability in the country, and we support the government in those facts. To date, we've built our organization without any public money, not that we won't at some time.... There will be occasions. But anyway, we've federally incorporated a benevolent association to raise moneys through industry and other avenues, and this is what this will be for, because there are people living on the streets. They fall through the cracks at VAC, and sometimes when they come to our attention we can have funding there to act.

We act now. It's been mentioned here. We have very good relationships with all the service officers in the various other national associations, and the Royal Canadian Legion and our own service officers. If we identify somebody, and in our case it doesn't matter if they're aboriginal or not.... We've come across a World War II veteran in his nineties who needed VIP. We immediately took steps to inform the Royal Canadian Legion command in Vancouver and they had somebody out there to assess him.

•(1635)

Mr. Ben Lobb: One other question I have for you—

The Chair: Keep it very brief. You're running out of time now.

Mr. Ben Lobb: Right. Thank you.

With the single parent child care allowance, which you mentioned in your brief, could you just explain a little more about what that would look like?

Mr. Richard Blackwolf: That would probably be based on the area and the requirement for money. When you have a single parent and they've received a disability, depending on its severity, they may not be able to look after that child. Depending on where they're based, they may not have family support. They could be in a situation where they're sort of on their own.

In the case that I was pointing out, it was quite a time before this particular soldier got some help. It came through the Legion in Calgary, their battalion. In our case, if we had known about it, we would have sent members there to assess to see if we could get the help that was required.

The Chair: Thank you very much.

Now we'll go to Mr. Casey for five minutes.

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

Mr. O'Brien and Mr. Jenkins, first of all, I want to thank you, gentlemen, for raising the concerns of your respective organizations with respect to the upcoming budget cuts and the examples set in the United States and the U.K.

You may or may not be aware, but this committee actually started a study on the impact of the budget cuts. But it was terminated after we heard from only a couple of senior officials at Veterans Affairs.

I'm sure you're also aware that this past Monday we spent a full day in the House of Commons debating the very issue you have brought forward. When it finally came to a vote, your wish for bipartisanship, unfortunately, didn't bear out. The votes broke down along party lines and not as you would have wished.

Thank you. I think it's important that this message be raised loud and often as the budget approaches.

[*Translation*]

My first question is for Mr. Chartrand, since he is the only witness who has not spoken yet.

Mr. Chartrand, I know that you are a spokesperson for veterans. Do you represent only aboriginals or do you also speak on the behalf of other veterans groups?

•(1640)

[*English*]

Sir, I wonder if you would be so kind as to set forth your experience with the aboriginal veterans groups, or more generally in terms of your advocacy work on behalf of veterans.

Mr. Sylvain Chartrand (As an Individual): It's more general advocacy. What we do is help our soldiers and veterans gain access to various services and provide a second voice to what they may have said, which may or may not correspond to the actual regulations that are in place.

We help any organization or any member of any organization access services. We provide help to ensure that they actually get the services they deserve.

Mr. Sean Casey: How has your work been received at the senior levels of the department?

Mr. Sylvain Chartrand: It's a bit of doing what Veterans Affairs Canada or the Government of Canada should be doing, which is to be much more proactive in helping veterans. We are helping to ensure that the soldiers and the veterans get access to what they're entitled to.

Mr. Sean Casey: You went public recently with respect to breaches of your privacy. Is that related to your advocacy work, in your mind?

Mr. Sylvain Chartrand: Absolutely.

Mr. Sean Casey: Do you want to expand on that?

Mr. Sylvain Chartrand: It's very simple. I started being an advocate in 2005, and between 2005 and 2010, my files were accessed 4,380 times. That includes not only Veterans Affairs Canada. There were breaches with the complicity of the Department of National Defence and Veterans Affairs Canada.

There's a direct relationship between being an advocate and outspoken and critical of the government in place, whichever one it is, and their relationship in getting my privacy breached.

[*Translation*]

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

[*English*]

Mr. Leonardo, deep in the heart of Reform country, can you hear me, sir?

Mr. Donald Leonardo: Yes.

Mr. Sean Casey: In your remarks, you referenced a February 13 letter. That was a letter from you to the minister. Is that right?

Mr. Donald Leonardo: It was a letter from the stakeholders on the Veterans Affairs Canada stakeholder committee. They are from all the veterans groups, including the Royal Canadian Legion, the ANAVETS, the National Council of Veteran Associations, CA-VUNP, CPVA, and Veterans of Canada. We all signed a demand letter asking the minister to consider the special needs advisory group recommendations, the new Veterans Charter advisory group recommendations, and the geriatric advisory group recommendations. We are demanding that these recommendations that have been talked about for six years, since they brought in the new Veterans Charter, be implemented.

Right now, in this meeting, we've talked about geriatric treatment and benefits. This has been going around and around in circles for six years. There have already been hundreds and thousands of dollars paid out to veterans groups to talk about these issues and to come up with recommendations through these committees. It's time to stop talking about them and start putting some into action.

The stakeholders committee has demanded that the minister implement these recommendations.

Mr. Sean Casey: I just want to get a copy of it.

The Chair: We can make sure that's passed along.

Mr. Strahl.

Mr. Mark Strahl (Chilliwack—Fraser Canyon, CPC): Thank you very much, Mr. Chair.

Mr. Zimmermann, as a British Columbian with a fine logging heritage, I can well imagine the tragedy of your case. I'm glad to hear that the company worked with you to trailblaze in integrating you back into the workforce.

You mentioned that you believe that the DND and Veterans Affairs interface needs to be improved. Could you expand on what you meant by that and what steps you think both organizations need to take to better serve veterans as they're leaving the Canadian Forces?

•(1645)

Mr. Wolfgang Zimmermann: That question is key. What happens is that individuals who acquire a disability while in the service tend to stay within the Department of National Defence for an extended time. In many ways, that's similar to what the private sector would call "light duty", as opposed to taking concrete steps at intervention early on. What we know is that if you've been out of work, if you've lost your concrete attachment to an employer, by three months there's already a 25% likelihood that you will never be going back to work again. After two years, it's much worse. These individuals are kept within DND for a long time without any significant employment relationship. They're simply kept and paid within the department. Then, all of a sudden, after two to five years, they get discharged and they have to deal with VAC in rebuilding their lives.

Once you've lost that attachment, once you go beyond six months, it is extremely difficult. In many cases, what started out as a physical injury is compounded by a psychosocial condition. It can also be a straightforward mental health challenge. That's why you need to look at triaging the individuals. This is what workers' compensation boards do. You look at it right up front and ask if there is a

significant potential that an impaired individual may not go back. If that is the case, you need to look at intervening rather than dragging the process out for years. Past a point, as we know from global best practices, there's little hope of this individual ever going back to work.

Mr. Mark Strahl: You also mentioned that efficiencies could be found by adopting proven models.

Are you talking about the WCB process, or are there other models that you were referring to?

Mr. Wolfgang Zimmermann: What I was referring to is a real easy rehabilitation system model that individual WCBs have in place. Coming out of Afghanistan, you have some 3,200 individuals with significant disabilities. Our WCB in B.C. deals with around 3,500 permanent disabilities every year. You have a tremendous resource to draw on. You have service providers such as OTs and PTs that you could not have if you were a national organization with relatively few resources. There may be great potential there for pooling some of the resources to get these individuals back to work. I'm not suggesting that there be a change in the control process. But on a pilot basis there may be some great efficiencies, because they know their backyard inside out.

Mr. Mark Strahl: I have a question for Mr. Blackwolf. Like Ms. Mathysen, I've certainly seen the homage that is paid to aboriginal veterans in my community, with its 31 bands, and certainly every band office that I've been in has a memorial there to their aboriginal veterans.

Briefly, how do most aboriginal veterans receive their care from Veterans Affairs? Is it on reserve or is it off reserve, through, perhaps, the provincial health care systems?

•(1650)

Mr. Richard Blackwolf: Well, most of those we're familiar with deal directly with Veterans Affairs Canada. They can be on reserves.

We've just arranged a stairlift for a Vernon first nation World War II veteran. The way the house was built, he had to get himself upstairs in order to get access, so we had our regional officer there contact VAC. They came out and we made arrangements to have a stairlift system put in for him.

There's usually no problem in obtaining services for World War II and Korean vets. Basically, if you find a problem and it goes through the system, it usually happens pretty quickly.

Mr. Mark Strahl: Thank you.

The Chair: Thank you very much.

Now we'll go to Ms. Papillon for five minutes.

[Translation]

Ms. Annick Papillon (Québec, NDP): Thank you.

I want to thank all the witnesses for coming here today. I really appreciated their remarks. I also agree with their recommendations.

Mr. Jenkins, you piqued my curiosity when you talked about your meeting with the Minister of Veterans Affairs regarding Ste. Anne's Hospital.

We are actually very concerned about long-term health care. The new veterans charter does not really mention that issue, although it is very important.

The beds at Ste. Anne's Hospital are becoming available every year because people are getting older. In addition, fewer modern veterans go to the hospital because they need long-term care and a bit of time off. Ste. Anne's Hospital could be used to provide them with that, especially as we have noticed that it has a waiting list.

Did you discuss that with Minister Blaney?

Mr. Gord Jenkins: Yesterday evening, the minister and I had a brainstorming session. He suggested—and this is only an idea—launching a pilot project to provide modern veterans with access to two hospitals, the Perley and Rideau Veterans' Health Centre, in Ottawa, and the Edmonton hospital whose name I cannot recall.

[English]

What's the name of the veterans hospital in Edmonton?

A voice: Glenwood.

Mr. Gord Jenkins: Glenwood...?

[Translation]

Yes, that's it. My apologies.

Modern veterans' needs in terms of long-term care have to be established. This is just an idea, there is no...

Ms. Annick Papillon: There are currently no such services available. I have talked to modern veterans who told me that they sometimes need time off. When they come back from a mission, they spend a few months with their family. They need that time off so that their family, their children and their spouse don't suffer. They do not want their condition to affect their family. For instance, we could be talking about people suffering from post-traumatic stress disorder.

Mr. Gord Jenkins: There is the Helmets to Hard Hats program, the inspiration for which came from a U.S. program and which helps provide jobs for veterans.

The Walter Reed hospital is the only one of its kind in the United States.

[English]

It's a centre like the Heart Institute here. The one we have in Ottawa is probably the best in Canada. They didn't spread the Walter Reed centre for veterans out into 50 states. They had one place where they could focus on this.

So the idea is to focus on veterans, for the...not new; the term has just come up, the people coming back from Afghanistan who have all sorts of problems. These are being researched now by Veterans Affairs, but we're going to have to start practising it pretty soon. As I mentioned, they're coming back. They're arriving.

[Translation]

Did I answer your question?

• (1655)

Ms. Annick Papillon: Yes, you did.

I have one last quick question. Have any of our guests heard about the Scientific Advisory Committee on Veterans' Health, implemented by the Minister of Veterans Affairs? That committee was planning to look into this matter, to ask veterans for their advice and examine certain related documents. Does that ring a bell? Do you have any information?

Mr. Sylvain Chartrand: The advisory committee was created largely because of the Pascal Lacoste case. Unfortunately, the party currently in power has already concluded that there is no link between depleted uranium and that individual's health condition. A committee was created, but the current government has already concluded, through Minister Blaney, that there is no link.

Just recently, Mr. Lacoste said on his Facebook page that the Department of Veterans Affairs would provide him with psychological and physical care. But that's not what he fought for; he fought to establish a link between depleted uranium and his medical condition.

It seems that the minister has gone back on his word. The advisory committee appears to be quite discrete and inaccessible. What is going on? We don't know. Who is going to testify, who can provide information? Everything is kept secret.

[English]

The Chair: Thank you very much.

We now move to Mr. Lizon, if he's feeling up to it, for five minutes.

Mr. Wladyslaw Lizon (Mississauga East—Cooksville, CPC): Thank you, Mr. Chair.

Thank you to all the witnesses for appearing here this afternoon.

The first question I have is for Mr. O'Brien.

Mr. O'Brien, in your speech or your presentation, which we later found you took from Mr. Jenkins—I don't know how true that is—you mentioned the importance of people being connected to the veterans community. I guess you mean people who look into casework. As you mentioned, if those people are not there, the service is either delayed or denied. Can you maybe shed some light on it? My understanding is that if the people in the department who look after individual cases do not have full knowledge—perhaps because they are not trained properly—that would on some basis deny or delay the service that is actually needed.

Mr. Robert O'Brien: I'm sorry, I'm not going to answer your question very well, but I'm going to give you a personal opinion. The Veterans Affairs people at the front line are dedicated to helping veterans. That is my view. That's not a view shared by all veterans. Our worry is that some of those people are going to disappear if there are budget cuts. According to this morning's paper, those cuts are not going to appear for some months. So perhaps there is some hope that in the coming months, ladies and gentlemen such as you will be able to wield sufficient influence behind the drapes or on the airplane to ensure that the cuts to these people who deal on a daily basis with the veterans do not occur. If they're not there, the veterans aren't going to get served.

Am I confusing you or causing you more of a problem?

Mr. Wladyslaw Lizon: I asked the question simply to find out whether an improvement is needed on the front line in those people at the department who look after case work. Are they there to help veterans or is there some kind of deliberate action on their part to delay or deny service?

● (1700)

Mr. Robert O'Brien: I did not mean to imply that at all. If they're there, they will work. If they're not there, they can't.

Mr. Wladyslaw Lizon: I understand, Mr. O'Brien, and all of the witnesses. We had the minister appear before the committee twice, and we had the department officials. The minister, the deputy minister, and the department officials were very clear that there would be no cuts to services to Canadian veterans. That doesn't mean the budget will not cut some services that will not be needed. As you very well know, we are losing quite a large number of veterans every day—especially Second World War veterans. Therefore, this will reflect on the budget as well. But the minister and the department officials were very clear that there would be no cuts to services to our veterans.

Mr. Gord Jenkins: I have read all of your backgrounds and I know a bit about yours.

I'll be quite specific. The Polish in World War II—I have 17 books—were made a lot of promises too. We will wait until we see that there are no cuts in the budget.

Mr. Robert O'Brien: The minister has assured us several times that the money destined for programs will not be cut. But he was in no position, when he gave those assurances, to assure us there would not be cuts to the department. If the cuts to the department remove front-line workers, veterans will suffer. If you're right and there are not going to be any cuts to the department, that's lovely. We will cheer.

Mr. Wladyslaw Lizon: I just needed clarification on some things. I hope I'm understood. I did get my answers on what was unclear to me in your presentation.

Thank you, sir.

The Chair: We now go to the visiting member.

Welcome, Mr. Lunney, for five minutes.

Mr. James Lunney (Nanaimo—Alberni, CPC): Thank you very much, Mr. Chair.

I apologize to the witnesses here today that I wasn't here to hear your testimony. I have just taken over for the member who was here earlier. I'm not a regular member of this committee.

As a member for Nanaimo—Alberni, way out in the far west on Vancouver Island, we very much appreciate your service to our country. I have lots of veterans out our way. On Vancouver Island, Mr. Zimmermann is one of my constituents. On the east side of the island the average age is 55 to 57, so you can image when the school kids there.... We have a lot of retirees amongst the many veterans from across the country who have served our country.

To Mr. Leonardo, who is with us by video conference, we appreciate you representing your people by being here today.

We have an interesting opportunity with Mr. Zimmermann's expertise here. He is a member...and I know how they operate. I would like to direct a simple question to him, and then I'll go back to my colleagues, who are much better prepared and with better backgrounds to engage the rest of you in serious questions about veteran services.

Mr. Zimmermann is from the Pacific Coast University, which received a knowledge infrastructure grant during the economic action plan. He has an organization that has been recognized around the world.

Wolfgang, the international disability management credentialing organization has board members around the world now. How many nations have taken on the workers' injury credentials that your organization developed?

Mr. Wolfgang Zimmermann: At the moment there are about 3,000 individuals with the designation in 16 different countries. As part of the work we are doing on the agreement we signed with the International Social Security Association, the standards we developed will essentially become part of the United Nations global guidelines for best practices on return to work.

● (1705)

Mr. James Lunney: Mr. Zimmermann's participation there would be more germane to the new veterans coming home—I had some discussion about how to say that *en français*—and his expertise is making sure that people get reintegrated with adequate rehabilitation, and, where that's not possible, that accommodation is made for them in the workplace, so they can have a maximum quality of life. Of course, with my background in rehabilitation as well in my former health career, I know how important it is to get people re-engaged in the workplace.

I think, Mr. Zimmermann, you're onto something that we might want to hear here. I appreciate that Mr. Strahl brought some attention to the suggestions you mentioned in your presentation, that maybe we have something to learn from workers' compensation appeal boards, with which you've been working across the nation and around the world in helping to drive those principles, and you've been actually helping the government. There are a lot of employees off on long-term health issues.

I wonder if there's anything else you can add about how you see those services might be integrated, or we might find ways of making sure our workers get rehabilitated and back into the workplace optimally. I'm concerned, first, about the rehabilitation services that actually don't happen for physical injuries, and of course post-traumatic stress disorder is a whole other issue. Do you have something further to contribute on that file before I turn it back to my colleagues here?

Mr. Wolfgang Zimmermann: I think the only part that I would add is that I think you're absolutely right, James. The issue is for all of those more recent veterans, because ultimately you want to stay a participating member in society. You want to carry on. You want to be able to earn a decent living and support your family.

I guess what I have found really frustrating in all the years that I've dealt with Veterans Affairs is really, as I mentioned earlier, the interface between DND and Veterans Affairs, which is well known. It is also an extremely well-known fact that the longer you wait before there is an early intervention, the lower the opportunities, and the less chance of the individual ever coming back to work.

I would really strongly encourage somebody to take the leadership and ask, "What is it that we have to do?", recognizing that we have a very clear and prescribed problem that is giving us all of these challenges and is radically contributing to our problem for all of the new veterans. Somebody needs to ask, "What do we have to do to actually solve this problem?" In my view, it would not be all that difficult.

So that would be one part that I would really strongly suggest, and say, "Look, all of the new and emerging evidence and the radically different groups of veterans require us today to take radically different steps than what we took in the past to address this challenge." Somebody simply has to say, "Look, this is the problem. We know what the problem is, we know what the consequences are, we know the impact that we could have by taking an approach that's outside the box. Let's get on with making that happen, so that people don't pay an unnecessary price."

The Chair: Thank you, Mr. Lunney.

I'm sorry, Mr. Lobb. Mr. Lunney didn't leave you any time.

I'm going to move right on. That concludes that round. We're going to have a very abbreviated second round, because we're probably going to be running short on time.

Welcome, Mr. Gravelle. I understand you have a question.

Mr. Claude Gravelle (Nickel Belt, NDP): Thank you, Mr. Chair.

Thank you for being here.

I have too many questions for five minutes. I'm going to keep them short, and I'd like you to keep your answers short, if possible. My first question is for Mr. Blackwolf.

Mr. Blackwolf, do native veterans need different services because they might be living on a reserve?

Mr. Richard Blackwolf: No.

Mr. Claude Gravelle: I know this is Veterans Affairs, but would they get special help or extra help through INAC?

Mr. Richard Blackwolf: No, that was the problem. At the end of the war, when they returned back to their reserves, they came under Indian Affairs in those days, of course. Well, Indian Affairs had no programs for veterans. The mainstream of veterans came under Veterans Affairs when they came out. That was the difference, but today where they live is not that important.

Mr. Claude Gravelle: Mr. Leonardo, you seem like a very young man, or maybe it's our television here that has a good picture, but can you tell me in what war or mission you served in?

• (1710)

Mr. Donald Leonardo: Yes. I served in Yugoslavia, under UNPROFOR, back in 1993-94.

Mr. Claude Gravelle: Would you be classified as a modern-day veteran?

Mr. Donald Leonardo: I don't really like to classify veterans in different groups. Veterans are veterans, whether they served in the Second World War or whether they served in Yugoslavia.

Mr. Claude Gravelle: Okay.

My real question is this. In your vast experience dealing with veterans, can you tell us if things have changed for veterans from the Second World War to today? Have things improved, stayed the same, or gotten worse?

Mr. Donald Leonardo: Thank you for that question. That's an excellent question.

Things have progressively gotten worse since the original new Veterans Charter from the Second World War, in that after the Second World War there were 69 veterans who became members of Parliament. Therefore, the programs for the Second World War and Korean veterans, later on, became great programs, such as education, help with starting their own businesses. These are programs we don't have at this present moment for our returning veterans.

Mr. Claude Gravelle: Thank you.

Mr. Zimmermann, if you had a wish list, what could Veterans Affairs do to help disabled veterans? If you had one thing you could pick out of the sky, what would it be?

Mr. Wolfgang Zimmermann: The one part I would do is make sure I got to them early, before they have the compounding of the psychosocial issues. I would make sure I would try to intervene before six months.

Mr. Claude Gravelle: Thank you.

Mr. Blackwolf, if you also had a wish list and you could pick something right out of the sky to help your veterans, your native veterans, what would that be?

Mr. Richard Blackwolf: As we indicated before, we believe there should be accelerated retirement programs for people leaving the forces through disability, to give them the basic financial background, and that the services they receive from VAC, if there are any further monetary items or allowances, don't affect their basic background. That's what needs to happen.

Right now, as I said, they come under for-profit insurance, and any for-profit insurance is set up to reduce loss. So if there are any payments or any other future allowances, they affect the basic pay they get, and that ends when they're 65.

So we strongly mention to the honourable members to consider discontinuing for-profit insurance for our 90,000 soldiers and sailors and airmen.

Mr. Claude Gravelle: Do you know how many native Canadians are veterans?

Mr. Richard Blackwolf: Well, there are quite a few. The Department of National Defence has a high turnover, and it has found that aboriginal people tend to stay in the forces. They tend to be loyal. As a result of that, it has brought on these programs for youth, as I mentioned before, the summer programs, Raven, Bold Eagle, Black Bear, introduced just the other year, in the east, the ALOY program, and the pre-employment program. This is producing a large intake of aboriginal youth. Of course, we actively support the Department of National Defence. We don't recruit, but we're advocates of a military career, in a sense. But this is coming under some kind of review now. We're wondering if we should curtail our youth program because of these problems if they get disabled.

The Chair: Thank you very much. That is beyond the time.

Now we go to Mr. Storseth, please.

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

First of all, I'd like to thank everybody for coming today and for the advocacy they do on behalf of veterans.

Mr. O'Brien, I do know you have some supporters here with you. For the record, would you like to tell us who is here with you?

• (1715)

Mr. Robert O'Brien: I would.

They are members of the local chapter, the John Gardam chapter: the president of the local chapter, Major MacCulloch; the Colour Sergeant, Boots Boutilier; and fighting in the corner is Dan Drapeau.

Mr. Gord Jenkins: I'm a member, too.

Mr. Robert O'Brien: And this poor chap is a member, too.

Mr. Brian Storseth: I figured you were in concert here. I want to thank you for that. It's important that everybody gets recognized for their service.

I'd like to talk to you briefly about something that's a little off topic. It's about Cold War veterans, as Mr. Jenkins, I'm sure, has researched.

I have 4 Wing Cold Lake in my riding, as well as Edmonton Garrison. The issue of proper recognition of Cold War veterans is something that constantly comes up. Do you feel that this is something that should be done better by the Government of Canada in some way?

Mr. Gord Jenkins: To use Mr. Gravelle's approach, yes.

Mr. Brian Storseth: Perfect. Thank you very much.

Mr. O'Brien.

Mr. Robert O'Brien: No. We don't always agree.

Mr. Brian Storseth: Well, you are off talking points on that one. I do appreciate your input on that.

On the question of efficiencies.... First of all, I want to say to everybody here who is advocating for veterans, the louder the better. I understand that you've had meetings with ministers; you've had meetings with members of Parliament. As it is our job to do, it is also your job to make sure that you keep the government to task, to not

just make promises and use fancy words, but to actually get end results. And I congratulate you for that. It's an important role that we all must play from time to time.

I have to say, in my own area, for certain, the responsiveness that this government has had when it comes to Veterans Affairs has been overwhelmingly positive. There are more front-line workers in Cold Lake than what we had before. It's made accessibility easier. We do have inter-personnel units now. We actually have the resources to move Veterans Affairs right onto 4 Wing, so it's even easier for us to access. We have more personnel to do it. But there are still definitely improvements that have to be made at Veterans Affairs.

One of the things I often get is that the front-line workers are tremendous and the department as a whole does a fairly good job. Most veterans aren't complaining about the level of service they get. But there is that sense in my area that it is still overloaded with bureaucracy and middle managers. If you've ever looked at an organization chart of Veterans Affairs, I think you would get lost in a heartbeat.

If we can find some efficiencies within the department that would enable us to free up funding so that we can have more front-line workers, would that not be a positive?

Mr. Robert O'Brien: Absolutely.

Mr. Brian Storseth: Mr. Jenkins.

Mr. Gord Jenkins: I actually agree with him this time.

Mr. Brian Storseth: Okay, good.

I just wanted it clarified, because sometimes people will try to spin that we don't want cuts to front-line workers as meaning you shouldn't touch the entire department, period, and we shouldn't be having them.

Mr. Gord Jenkins: I see what you're getting at. Yes, it's a really good point.

Mr. Brian Storseth: As long as we can find those efficiencies and it's getting better service for our veterans at the end of the day, I think that's the level at which we need to hold the government to account. Would you agree with that?

Mr. Gord Jenkins: Yes, you put your finger right on it.

Mr. Robert O'Brien: May I respond?

One can't argue against what you're saying. I agree with what you're saying, but as Mr. Leonardo has referred to in the letter that went to the minister from the stakeholders—and this is not new—there are hundreds of recommendations that have been made based on extensive study and work by people like Mr. Zimmermann and many others. What we really want is to implement the recommendations already made, because the living document, the living new Veterans Charter, has been amended once in six years. It's not enough.

Mr. Brian Storseth: Thank you.

Mr. Jenkins.

Mr. Gord Jenkins: What we're saying—Don and Bob and me—is this...and we've referred to this letter. The letter says, and Don summed it up, there's not just one report out there; there are three reports, up to 500 recommendations. Why have another report?

We've probably talked on each one of these recommendations around the table. They have already been made, sir.

• (1720)

Mr. Brian Storseth: Thank you.

I do want to get one quick question—

The Chair: Sorry, but we have two slots left.

What I'd like to do is go to a quick question there and then back for a quick question. So if the NDP have another question at this point...?

Mr. Jean Rousseau (Compton—Stanstead, NDP): Thanks, Mr. Chair.

[Translation]

I would like to address Mr. Zimmermann first, and then Mr. Chartrand.

I am especially worried about alcoholism and drug addiction among veterans. That is a widespread problem, even among the general population.

What is the quality of the services provided to veterans in terms of that? At times, a difficult return to work can lead to alcoholism, drug dependency, gambling addiction, and so on. What kind of support are veterans being provided with to deal with those issues?

The question is primarily for Mr. Zimmermann.

[English]

Mr. Wolfgang Zimmermann: I would actually argue that having individuals go back to work is a huge factor in mitigating the negative consequences. I know from personal experience, if you are sitting at home and you are not fully and gainfully employed, that is when you run into serious challenges, because you say to yourself, "I am challenged financially, I quite often have to deal with chronic pain, and I'm not employed. What's left?" We know from the evidence that if you are gainfully employed, that is, in fact, your best form of rehabilitation moving forward.

Mr. Jean Rousseau: Thank you.

[Translation]

Mr. Chartrand, do you have anything to add?

Mr. Sylvain Chartrand: I will actually yield the floor to Mr. Blackwolf.

[English]

Mr. Richard Blackwolf: In our discussions with soldiers who have been disabled, we found that in many cases it's taken two or three years for them to be discharged from the army. The basic problem was that the army itself doesn't really have anything for disabled soldiers. They don't really know what to do with them. They may find themselves on the base sorting paper clips.

What they need to be able to do is some type of immediate assessment, as indicated here, and have jobs they can do within the army, if it's going to take that long to have them released. Or accelerate the release, which is our suggestion here, and provide them with an accelerated pension.

The Chair: Thank you very much.

We're going to one question from the Conservatives and that will wrap it up.

Mr. Brian Storseth: Thank you very much.

Actually, I just wanted to ask Mr. Blackwolf a question, but first of all, thank you for the brief history you gave us. Thomas George Prince was indeed one of the original members of the Devil's Brigade. One of the other prairie boys—being a prairie boy myself, I heard about him growing up—was David Greyeyes, who, as you are aware, received not only the Greek Military Cross, but eventually the Order of Canada as well. So we do have a proud tradition, not only across Canada with first nations, but particularly in the Prairies. That's something we should all be very proud of and make sure that we talk about.

I wanted to give you the opportunity to present the recommendations that you came here to present to the committee, and talk a bit about them.

The Chair: If I could, Mr. Blackwolf, we are geared by the clock, so at 5:30 the committee does shut down. I'd appreciate it...

Mr. Richard Blackwolf: As stated before, we provided some recommendations.

One was the one I've mentioned several times, getting away from for-profit insurance and replacing it with a military pension. If you're disabled, you receive an accelerated pension because of the shortening of your career. Your normal career would span 30 years. Everybody expects that, and nobody expects to be disabled.

If you become severely disabled, then extra costs are involved. So we're supporting an advancement of one rank and release at that point.

Also, the army culture is such that, as I say, there's nothing for these people to do. So accelerated release is important, and Mr. Zimmermann has a very good case here as to why things need to be speeded up for people who have disabilities.

I realize that people with disabilities go to the front of the line for federal employment, but the problem is they still have to go through the resumé items and all that. When you went into the military as a career, you were working in areas that probably had no relevance to civilian life, so as a Cold War veteran and also as a 39-year veteran of the Department of National Defence, I feel these people need to go past the resumé and go directly into an apprenticeship, some type of on-the-job training. They need to be given that opportunity so they can be employed immediately. They'll have their accelerated military pension. I hope the honourable members will see the value of that, moving away from for-profit insurance, because if they do get a job, they will lose that insurance. It will be clawed back. That's our suggestion.

Also, the military could form what's known as a Canada command, people who may have disabilities but can still do services in the military. We recommend that they form a cyber command, because there are some very skilled people who could learn programming and the next wars are going to be fought as cyber wars. China has a huge force of 20,000 young people that they employ as hackers. They have hacked in and stolen all the diagrams for the F-35 and everything else. So we could have a Canada command of people who aren't going to be deployed overseas.

•(1725)

The Chair: Thank you very much for that.

I want to thank all of you for coming here today. Your information and your input is very helpful to our study. We realize there are challenges; I think that has been pointed out. We think progress is

being made and a lot more has to be made, and getting direct advice and comments from you is extremely valuable.

We're at the end of our time. On behalf of the committee, I want to thank you very much for being with us today.

The meeting is adjourned.

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