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Chair

Mr. Greg Kerr

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● (1535)

[*English*]

The Chair (Mr. Greg Kerr (West Nova, CPC)): The members of the official opposition are still involved in a ceremony for the outgoing acting leader of the NDP and they'll be here at some point shortly.

Given that we have four witnesses to hear from....

Oh, here they come. That's good.

I was just trying to stall here while you guys were coming.

We're ready to go.

I'd like to also point out that next Tuesday, after the RCMP do their presentation and we have the questions, we're going to take some time in the day to deal with some committee business. Please make note of that. It will come out in the notice as well.

There will be no meeting on the 5th because Thursday becomes Friday and there's no committee time available on Thursday. Those are in the House orders.

I'm delighted to continue with our study on the front-line health and well-being services for Canadian veterans.

I'm very pleased to have witnesses with us all the way from Washington.

You don't look that far away, folks. It's good to see you. Thank you very much for joining us from the United States Department of Veterans Affairs.

If you don't mind, I'm just going to read the names and titles.

First I have Margarita Cocker, deputy director, Vocational Rehabilitation and Employment Service, Veterans Benefits Administration.

We have Michael Fisher, program analyst, Readjustment Counseling Service, at the Vet Center.

We have Cheryl Flohr, acting deputy director, pre-discharge and retired pay programs, Veterans Benefits Administration.

And we have Joel Scholten, associate chief of staff, rehabilitation services, Washington D.C. Veterans Affairs Medical Center.

Thank you all for joining us. I know it took a little time to get it hooked up here, but we appreciate you taking the time today.

I understand that each of you has a separate presentation.

I know you've been talking to our clerk, who had indicated to you that we like to keep that within the 10-minute parameter if we can, and then we go to committee members for questions.

Since we're starting just a few minutes late, we're going to move right into that.

Whichever one of you wants to go first can, or did you have another sense of order?

Ms. Cheryl Flohr (Acting Deputy Director, Pre-Discharge and Retired Pay Programs, Veterans Benefits Administration, United States Department of Veterans Affairs): I think I'll go first, if that's all right.

The Chair: It's your choice.

Ms. Cheryl Flohr: Mine kind of leads into the next one.

The Chair: Okay.

Cheryl Flohr, acting deputy director, thank you for being here. Please commence.

Ms. Cheryl Flohr: It's my pleasure.

Good afternoon. I'm going to talk about our integrated disability evaluation system and give you a bit of an overview.

Prior to 2007, if a service member became wounded, ill, or injured during the course of active duty, the United States military would perform its own disability evaluation prior to the service member's separation from service. Subsequent to discharge from active duty, VA would accept the claim from the now veteran and basically re-adjudicate the disability. The veteran would have to undergo a new set of medical evaluations and a new disability rating by VA. It was a sequential process.

In 2007 we partnered with the defence department to integrate those two disability evaluation processes. It was a pilot in 2007, with three medical treatment facilities in the Washington, D.C., region. Based on the results of the pilot, we began expansion to all military treatment facilities during the course of 2011. As of the end of last fiscal year, September 2011, we have expanded this integrated disability evaluation system to 139 treatment facilities worldwide, and that covers 100% of the wounded, ill, and injured service member population. We anticipate an annual caseload of approximately 27,000 service members a year.

On the benefits of the combined or integrated program, as I mentioned, we combine a single disability examination process that is used by both the Department of Defence and VA. It's used by the Department of Defence to determine the service member's fitness for continued active duty, and it's used by VA to assign a disability rating percentage for all disabilities determined to be related to active military service.

The legacy sequential processes on average took about 540 days to complete. Our goal under the integrated process is to complete the process within 295 days. We are currently averaging 396 days on the integrated process.

In addition to combining the two disability evaluation processes, we offer other non-medical support to the wounded, ill, and injured service members. VA has military service coordinators assigned to the service members to help them with their transition from military to civilian life. We have vocational rehabilitation unemployment counsellors, which Margarita will discuss in more detail. We have Vet Center readjustment counsellors, which will also be discussed shortly.

We also have OIF/OEF case managers, who put injured service members and veterans in touch with other community resources; they research and provide access to other federal, local, and state programs that are available. These VA personnel work in coordination with other case managers assigned by the Department of Defense. VA also has a federal recovery care coordination program, and that assigns specialists to the most severely injured, wounded, and ill to provide one-on-one support to the service members and their families during transition, and after transition from military to civilian life.

Another benefit of the integrated process is that it introduces the active duty service member to the health care services available by VA prior to them actually becoming a veteran. They can establish primary care and register to be enrolled in the VA health care system while on active duty.

● (1540)

Finally, we have a transition assistance program that is available to every service member who is transitioning from military to civilian status. Transition assistance program, or TAP, is a partnership between the Departments of Defense, Labor, Homeland Security, and VA. Through TAP, we provide pre-separation counselling, VA benefits briefings, employment workshops, and medical support for those with disabilities.

For those service members with disabilities, we also have a disabled transition assistance program, or D-TAP, which is more focused on the vocational rehabilitation and employment services.

Pending your questions, that is all I have prepared in advance.

The Chair: Thank you very much, Ms. Flohr.

We're going to hear from all four of you, and then we're going to go to the questions.

Would I be guessing right, if we're going in order, that Ms. Cocker would be next?

Ms. Margarita Cocker (Deputy Director, Vocational Rehabilitation and Employment Service, Veterans Benefits Administration, United States Department of Veterans Affairs): Yes, I am. Thank you.

Good afternoon. I'll be talking to you more about the vocational rehabilitation and employment program. The mission of our program is to provide the services needed to help service members and veterans with service-connected disabilities return to the workforce, or, if unable to return to the workforce, to help them become as independent as possible in their daily activities.

We provide this service through masters-level rehabilitation counsellors and employment coordinators who work in our field offices.

We have 57 regional offices and over 100 outbased offices, so that we have professional counsellors and employment coordinators in the communities where the veterans live.

I would like to go over four programs of services that our program administers, and then I'll go into more detail on one of them. The first of the four programs we administer is the chapter 31 program, which is vocational rehabilitation for individuals with service-connected disabilities. We also have a chapter 35 program, which is educational counselling for children and widows or spouses of veterans who have a permanent and total service-connected disability. We also have a chapter 36 program that we administer, which is educational and vocational counselling services for service members who are transitioning out of the military and for veterans who are eligible for an educational program. Then there is a chapter 18 program, which is vocational training and rehabilitation for children with spina bifida born to certain veterans who served in Vietnam or Korea.

I'm going to focus on what we call the chapter 31 program, which is the vocational rehabilitation employment program for veterans with disabilities and service members with disabilities.

First I'd like to talk about our coming home support program, which is our outreach program. There are multiple ways in which we perform outreach to ensure that our service members and veterans are aware of our program. We have a presence at medical hold facilities.

We are, as Ms. Flohr informed you earlier, going to be at the IDES locations, so we can be performing evaluations for group rehabilitation at the same time that the service members are going through their medical evaluation.

We also have OEF/OIF coordinators, who expedite services for the service members who are severely injured and exiting out of the military.

We also have a VetSuccess on campus program, which helps us talk about...[*Technical difficulty—Editor*]...positions of rehab counsellor at currently eight universities and colleges. They provide support to all veteran students who happen to be at those colleges, regardless of their eligibility for any VA benefits.

● (1545)

The Chair: Excuse me for a second.

Mr. Wladyslaw Lizon (Mississauga East—Cooksville, CPC): Mr. Chair, I don't know if it's just me experiencing it, but it's quite distorted. I changed my earpiece. I don't know if this is only me or if other committee members are finding—

The Chair: Is anybody else having trouble hearing?

No? Do you want to try a different—

Mr. Wladyslaw Lizon: I actually did. I'll maybe switch this again. Okay.

The Chair: Are we okay to proceed, then?

Sorry about that. I think we're having trouble with a couple of the earpieces here. Please, continue.

Ms. Margarita Cocker: Another way in which we perform outreach occurs when veterans are notified they have been awarded a service-connected disability rating by the VA. That notification is accompanied by an application for a vocational rehabilitation program, so veterans are immediately made aware of their eligibility for the program.

To be eligible for the program, active duty service members are expected to have a disability rated at 20% or higher and veterans are to have a disability already rated at 10% or higher. The entitlement for services extends up to 48 months and must be used within 12 years of the date of eligibility, but both of those can be extended and waived if the veteran or service member has a serious employment handicap or significant barriers to employment that must be overcome.

The process of benefits delivery includes the veteran or service member submitting an application, eligibility is determined, and then the veteran meets with a vocational rehabilitation counsellor to assess his or her vocational needs. That assessment includes testing of their interests, aptitudes, and abilities, and then looking at their vocational and educational history and determining their disability-related needs. Veterans who are not entitled to the program are referred to other community resources, such as state vocational rehabilitation organizations or Department of Labor programs.

We have five tracks to employment that can be provided and services within each track, depending on the veteran's unique needs.

The re-employment track is designed to help veterans who return from guard and reserves and are unable to return to their former employment. We help them to regain that previous employment, either with the same employer or with an alternate employer, and help to provide accommodation if they have disabilities.

The rapid access to employment track is for veterans who have the training and skills they need for employment but need help in bridging the gap from becoming a veteran to becoming an employed civilian. That includes assistance with developing a good resumé, transferring their military skills to civilian skills, learning interviewing skills, and helping to connect the veterans with employment opportunities.

The self-employment track is for individual veterans for whom self-employment is the most appropriate option, based on their disabilities, or who wish to pursue self-employment after completing a program of training with vocational rehabilitation employment.

The employment through the long-term services track, which is the most frequently used track, is for veterans with disabilities who can no longer perform the duties of occupations they used to be able to perform, so they need retraining in a new occupational category or a new skill to compete for employment that would be consistent with their disabilities, their interests, and their aptitudes. Through the long-term services track, we provide retraining at colleges, universities, on-the-job training locations, apprenticeship programs, and other such programs to enable the veteran to compete for employment.

The independent living program is for those veterans whose disabilities are so severe that they are unable to return to work at this time but need assistance to become more independent in their daily activities. We provide services to help them access the community, have complete access to their home, and have access to recreational activities or other daily living activities that they cannot access or cannot conduct because of the limitations of their disability; this prevents them from having to depend on others, such as family members, to conduct those daily living activities.

At the end of the program, when the veteran becomes employed in a suitable occupation, meaning that it's consistent with their interests, aptitudes, and abilities, the voc-rehab counsellor and employment coordinator ensure the stability of that employment for at least 60 days, but up to 18 months if necessary, to ensure they no longer need our services to continue that stable employment.

I will add some information about the types of results that our program produces. Most of the occupations that veterans are rehabilitated in are in the professional, technical, and managerial occupations, which speaks to the fact that they come to us a lot with managerial and leadership skills from their military occupations. We also have a smaller percentage that are in clerical services, machine trades, and structural trades.

● (1550)

Primarily, though, because our program is a career-focused program and not just about entry-level employment, most of the occupations are in the professional, managerial, or technical trades.

We rehabilitate approximately 10,000 veterans per year. At any given time, we have over 100,000 veterans who are at any stage in the process, including those who are in the applicant phase awaiting an eligibility determination.

That concludes my prepared statement. I'll take any questions.

The Chair: Thank you very much, Ms. Cocker. We appreciate that.

Moving along, I assume you'll be next, Mr. Fisher.

Mr. Michael Fisher (Program Analyst, Readjustment Counseling Service, Vet Center, United States Department of Veterans Affairs): Thank you for allowing us to present.

My name is Mike Fisher, and I'm going to talk about the Vet Center program.

The Vet Center program is a community-based program within the Veterans Health Administration of VA. It provides readjustment counselling to anyone who's served in a combat zone and anyone who's experienced a military sexual trauma or harassment, as well as bereavement counselling.

Our program actually started in the late seventies, early eighties, as a place for the Vietnam combat veteran to go to speak with their fellow combat veterans. We've actually blossomed: today we have more formalized counselling, with social workers, psychologists, etc., providing readjustment counselling. But we've always held true to the veteran-to-veteran connection that we started from. A majority of our staff are combat veterans as well as veterans of other eras.

Our program is a little different from most programs within the VA in that, as I said before, we're community-based. There are approximately now 300 Vet Center locations across the country. We're in all 50 states, the District of Columbia, Puerto Rico, and Guam.

The other difference in our program is that family members—that's really whoever the veteran decides their family to be—can come and use our services. We do individual, group, marriage, and family counselling. Many of our locations have employment representatives, whether from the state or other community partners, to come in and help out with employment issues. We also have veterans service officers or other individuals within the VBA to come in and help out with benefit-related issues.

So it really becomes a one-stop shop for the veteran to come in and deal with whatever they want to talk about.

I mentioned before that we also do military sexual trauma, and we also have a bereavement program. Our bereavement program is for the family members of anyone who has experienced an active duty death. That can be in a war zone or in training; it doesn't matter where the death happens, just as long as the individual was on active duty.

We have a couple of niches within our program. Since 2003 the Secretary of VA authorized 100 outreach workers to go out and proactively provide information and referral to their fellow combat veterans. These are Iraq or Afghanistan outreach workers. We go out to federal, state, or locally sponsored veterans events and really provide information and early access to Vet Center services as well as VA services.

In the packet that you have been provided with, you'll see a couple of pages with pictures of our outreach workers. The great part about our outreach program is that many of the people who come into the outreach program come in, start doing their job, enjoy the work, and actually end up going back for their advanced degree.

One of the individuals here, Hector Delgado, is actually working on his master's in social work. He's going to become a next-generation counsellor at the Vet Center program, opening up that outreach spot where we can bring in a new combat veteran and then continue the process.

Another initiative we have just started is our combat call centre. The number is 877-WAR-VETS. This is a 24/7 call centre that's actually based out of Denver, Colorado. It allows combat veterans and their families to call in and talk about their military experience or transition from military to civilian life. The call centre is actually staffed by combat veterans of all eras as well as family members of combat veterans. It's really a safe and confidential space for them to come in and just talk with somebody.

We do have a mobile Vet Center program, and we've just increased the fleet to 70 vehicles. These vehicles are really designed to take Vet Center services and outreach to wherever the veterans or service members are. Their primary missions are to provide early access to returning service members and their families at demobilization events and going to military bases. We also provide outreach and Vet Center services to those who are geographically distant from existing services. There's also an emergency service component to that.

The vehicles themselves are large motor vehicles. They actually have space inside for confidential counselling. We have two sizes. A large vehicle has two counselling rooms; our more streamlined size has one counselling space in there. That space can actually be reconfigured to bring in litters so that when a national disaster happens, we can provide services through that.

● (1555)

The vehicles also have encrypted satellite technology, where we can access, in the encrypted environment, all VA systems of records. When we go on outreach events, we actually like to bring all the VA with us, whether it's representatives from VBA or the medical centres, and we can do active enrollments; we can have people access their medical records through our encrypted system.

I'd like to leave with one last point, which is in regard to our confidentiality. The Vet Center program actually maintains a separate system of records, different from the VA medical centre records as well as the VBA records. Access into those record systems is really only through the informed consent or a signed release of information from the veteran, unless it's in situations to avoid a crisis, where the individual has the potential to harm themselves or somebody else. It is really giving controlled ownership of the counselling record of the Vet Center to the veteran.

Once again, thank you for your time. We will be available to answer any questions.

The Chair: Thank you very much, Mr. Fisher. I'm sure there will be lots of questions coming.

Last, but certainly not least, we will turn to Mr. Scholten for his presentation.

Dr. Joel Scholten (Associate Chief of Staff, Rehabilitation Services, Washington DC Veterans Affairs Medical Center, United States Department of Veterans Affairs): Good afternoon. Thank you for inviting us today.

I am here to represent the medical centre side of the house. I'm a physiatrist, or a rehabilitation physician, at the Washington DC VA Medical Center. I will be talking briefly about some of our rehabilitation outreach efforts, our mental health services, and some of the transition services through the OEF/OIF/OND program.

To start with our rehabilitation system of care, following the onset of the wars in Afghanistan and Iraq, we started to see severely injured service members entering our system with severe traumatic brain injuries and multiple other injuries. The term "polytrauma" was coined to define these new, unique, complex patterns of injuries. Typically, with polytrauma, a service member has experienced a traumatic brain injury, which really drives or defines how the rehabilitation care is provided. Within our system, the VA is able to offer rehabilitative care for injured active duty service members through a memorandum of agreement with the Department of Defense. That has been in place since 1988. This was put in place specifically to provide traumatic brain injuries, spinal cord injury, and rehabilitation care for blinded service members.

That referral system was in place, and the system of care has matured as the conflicts have continued. It has now expanded to involve more outpatient care. The polytrauma system of care now includes over 100 specialized rehabilitation sites and teams across the country. The hallmark of our rehabilitation programs is that of an individualized, interdisciplinary plan of care for each veteran and active duty service member, and then to provide advanced rehab practices and equipment by linking specialized centres with centres and clinics throughout the country.

Our polytrauma system of care is a four-tiered system of care. The polytrauma rehab centres provide the acute in-patient rehabilitation care for the most seriously injured. We have polytrauma network sites at every one of the VA's regional organizations—our veterans integrated service networks—that provide both post-acute rehabilitation as well as outpatient rehabilitation. We have an additional 86 designated polytrauma support clinic teams that provide care throughout the system. This totals over 109 designated teams throughout the VA system of care. At every medical centre that does not have a fully designated team, there is an identified point of contact so that service members and veterans in need of care can be linked to the most appropriate and the closest area for care.

There is a map of the United States in my handout that shows all the locations for care. You can see this mirrors the population of the United States, so there is a higher concentration along with the higher density of population on the east coast.

We have a full continuum of specialized rehabilitation programs, including transitional rehab programs for those individuals who are independent with their activities of daily living but still need some assistance with wholly reintegrating back into the community. We have a defined emerging consciousness program for those individuals with severe traumatic brain injury who are either in a coma or vegetative state. We have a telehealth network that links all of our TBI teams across the country. We have an assisted technology program that provides specialized expertise that can assist in the rehab of severely injured individuals. We have driver's training programs. We have an entire amputation system of care that mirrors the polytrauma system of care. In addition, we have a blind rehab system of care. Finally, we have a mild TBI screening and evaluation program, which was put in place in April 2007.

Every service member who has left the Department of Defense with a separation date after September 11, 2001, is triggered for a traumatic brain injury screen and the electronic medical record. This is a four-question screen. If they answer yes to all of the questions, they are considered to have a possible traumatic brain injury, and then they are referred for a comprehensive in-person evaluation.

● (1600)

Since April 2007 we have screened more than 600,000 veterans. Approximately 20% will screen positive, and of those who complete an evaluation, about half will be diagnosed with having sustained a mild traumatic brain injury or a concussion. That equates to about 7.8% of the entire population that's screened. This is not a true epidemiologic study, but we have about 7.8% who wind up with a diagnosis of traumatic brain injury. Those who do receive a diagnosis are then referred to a team and receive an individualized interdisciplinary plan of care to meet their rehab needs.

Next I'd like to talk a bit about care management and our OEF/OIF/OND program. The goals of that program are to connect early with our newest veterans and to support reintegration into the home and community. As was mentioned before, this program tries to link individuals not only with VA services that are available but also with local resources in the community. They assist in identifying and addressing risk factors. Again, in our electronic medical record there's automated screening that is put in place: questions regarding high-risk psychosocial issues; questions about post-traumatic stress disorder, depression, and alcohol abuse; traumatic brain injury screening, as I mentioned before; and all veterans are also screened for military sexual trauma.

This care management team helps with the transition from DOD to VA. The partnership began in August 2003 and is present at all medical centres across the system. In addition, the VA has 33 liaisons who are either social workers or nurses who are embedded at military treatment facilities across the country.

There is additional care management and coordination between the Department of Defense and the VA. The VA has a new caregiver support program looking at the needs of the caregivers and families of wounded and seriously injured veterans. This program provides education on the caregiver support program and the role of our caregiver support coordinators. They help to collaborate with military case managers to identify potentially eligible service members and caregivers and then assist them with the application process.

Now I'd like to briefly cover some of the VA's mental health services. You can see that this table shows some data from 2005 to 2011. The total number of users of VA health care has increased over time, and so has the percentage of that population accessing VA for care who have received specialized mental health services. In fiscal year 2011, 25% of service users received specialized mental health services in the VA care.

We have multiple programs to promote access to mental health care. Those programs with a special mental health focus include our inTransition program that's run in tandem with the Department of Defense. We have VA's national awareness mental health campaign, which is called Make the Connection. We have a suicide prevention national awareness campaign, and we have a post-traumatic stress disorder coach mobile application that's available for Apple and Android phones. In addition, we have extensive automatic screening for various mental health issues: PTSD, depression, problems with alcohol use, and military sexual trauma.

There are multiple areas of specialty mental health services within the VA, including specialty outpatient clinics for PTSD care teams and substance use disorder teams. The VA has multiple residential rehabilitation treatment programs to help that population that has extensive comorbid diagnoses that expand across the mental health spectrum. We also have in-patient mental health care for those who are at risk to themselves or to others, and the hallmark of that care includes interdisciplinary team care as well.

● (1605)

Mental health is integrated at various sites throughout the VA. The most important is probably at the level of the primary care team, with primary care and behavioural health embedded within our patient-aligned care teams.

Within the rehabilitation spectrum of care, there are mental health professionals embedded on the polytrauma units, on our spinal cord injury units, and in our blindness rehabilitation centres of care.

This concludes my prepared remarks. I think we'll all be happy to move to questions right now.

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

I want to thank you all. That's a lot of information.

In our process here, each of the questioners whom you'll hear from has five minutes for questions and answers. We start with the official opposition, then go to the government, and then go to the other party.

At this point we're going to start with a five-minute round.

It's nice to see you again, Mr. Stoffer.

● (1610)

Mr. Peter Stoffer (Sackville—Eastern Shore, NDP): Ladies and gentlemen, thank you very much for appearing before us today.

Margarita, if may I call you by your first name—I think it's a great first name, by the way—you indicated that a 20% disability is what you need to achieve some sort of benefit.

Who determines the 20% level?

Ms. Margarita Cocker: That is determined by the disability evaluation in the compensation service department of the Veterans Benefits Administration, which Cheryl Flohr was speaking about.

Mr. Peter Stoffer: If a veteran disagrees—say they were only evaluated at 10% or 15%—is there an appeal process they can go through?

Ms. Cheryl Flohr: There is. A veteran can appeal any decision rendered by the Veterans Benefits Administration. They have one year in which to do so.

Mr. Peter Stoffer: How long does that appeal process normally take?

Ms. Cheryl Flohr: I don't have the data at present. I know it takes in excess of 600 days to revolve.

Mr. Peter Stoffer: In Canada, for example, we have an organization called the Veterans Review and Appeal Board. When an individual disagrees with the particular benefit, or if they didn't get a benefit, they are assigned a lawyer, paid for by the Department of Veterans Affairs in Canada, to help them adjudicate their case before the board itself.

Do you have anything similar to that in the United States?

Ms. Cheryl Flohr: We have veterans service organizations available. I shouldn't say that VA has, but there are veterans service organizations available to veterans to assist them with their claims and appeals preparation. Those are offered free of charge to the veteran.

A veteran also has the right to obtain a paid attorney at his or her own expense.

Mr. Peter Stoffer: Okay.

How many people work for the Department of Veterans Affairs in the United States?

Ms. Cheryl Flohr: The number is 315,000.

Mr. Peter Stoffer: Of the 315,000, how many would have once worn the uniform?

Ms. Cheryl Flohr: The last data I saw was specific to VBA, and it was slightly more than 50%. I can't speak for all of VA.

Ms. Susan McCrea (Executive Assistant, Intergovernmental Affairs, United States Department of Veterans Affairs): For all of VA, it is a third. For instance, in our National Cemetery Administration, I think about 73% are veterans.

Mr. Peter Stoffer: One of the concerns that we've heard.... When I first saw the Vietnam Veterans Memorial Wall, I noticed the 58,000 names that were on there. But we've been told that many more returning veterans from Vietnam unfortunately took their own lives, numbering in the many thousands.

Can you advise, with many of the military personnel returning from Iraq and Afghanistan having very serious psychological problems, what lessons you have learned to facilitate and assist these men and women from doing harm to themselves or to their family members because of the severe trauma they went through?

What advice can you give us concerning some of our veterans who are suffering through those psychological problems months and years after the event?

And I thank you very much for your time.

Mr. Michael Fisher: For the Iraq/Afghanistan veterans, it's about early access. It's about getting out to the events, whether it's to demobilization events or events that are happening in their communities, to make them aware of what services are available to them.

I talked in my presentation about the Vet Center program. We have that veteran-to-veteran connection, whereby a very large percentage of us, as you said, have worn the uniform and have served in combat zones. It allows us instant credibility when we're able to speak with somebody, because we speak the same language they do. It allows them to get comfortable. Then we start talking about what services they might need and about getting them connected to those services.

You also brought up the question of those individuals for whom, months to years after serving, that suffering comes up. That is a reality of post-traumatic stress disorder. It's active outreach in that case as well. It's going out to these events and making as many connections as one possibly can to make people know of the benefits they're entitled to.

Ms. Margarita Cocker: If I may add something as well about the service-connected disability rating, when a service member is in the process of transitioning out or has transitioned out recently, they do not have to wait for the entire process to take place for their disability rating. If there is medical documentation that the VA can use to determine if the disability will be rated at 20% or higher, that decision can be expedited in as much as three days. Then the veteran can begin the rehabilitation process while he or she awaits the final decision from the VA. Even if that final decision on the disability rating becomes less than 20% based on all the evaluations, they can still remain in the vocational rehab program until the point of rehabilitation.

● (1615)

The Chair: Thank you very much.

Before I move on, I'm wondering if it's possible to have the name of the mystery guest. Our recorder likes to have the name, just for the information.

Ms. Susan McCrea: I'm Susan McCrea, and I'm with Intergovernmental Affairs.

The Chair: Susan McCrea, welcome. We can't quite peek around the corner to see you, but it's nice to know you're there.

Thank you very much.

Ms. Susan McCrea: It's deliberate.

The Chair: Now to Mr. Storseth, for five minutes, please.

Mr. Brian Storseth (Westlock—St. Paul, CPC): Thank you very much, Mr. Chair. Thank you to everybody for presenting today. It's a very interesting topic.

I have a couple of questions for you that will move it around a little bit.

One of the questions is whether you've been experiencing some of the same issues we have with modern-day veterans—in your case, coming back from Iraq or Afghanistan—who haven't been utilizing the traditional organizations to get their benefits or to look at things.

Mr. Michael Fisher: Yes, we have experienced those.

One of my slides talks about the Vet Center services that were provided in fiscal year 2011. It shows that 30% of the veterans who come to Vet Centers use only Vet Center services; they don't use any other VHA services. In part that is because they don't need other services; they just want to talk with somebody.

Another portion are people who are still getting comfortable with VA services and getting comfortable with VA.

So yes, we have experienced that. It's getting out there to them, going to where the veteran is at, talking to them, making them comfortable with the services, and then getting them into where they need to go.

Mr. Brian Storseth: What's been the most effective tool that you've used to reach out to them? Is it new technology, social media, or is it some other form?

Mr. Michael Fisher: To be honest with you, it's the veteran-to-veteran connection. I talked before about that common language, being able to go out and speak the same things, having that instant credibility, if you will, as well as having advertisements and all of that. That helps as well.

Mr. Brian Storseth: How aware have you found that veterans are of the benefits that are available for them, particularly the modern-day vets coming home?

Ms. Cheryl Flohr: As I mentioned, every transitioning service member has the opportunity to attend a transition assistance briefing, which is a four-hour briefing that is dedicated solely to the VA benefits and services that are available to them upon discharge.

Mr. Brian Storseth: Is that available to their spouses as well?

Ms. Cheryl Flohr: I believe spouses are invited to attend the briefings. In my experience, I have not seen a lot of family members.

Ms. Margarita Cocker: If the veteran has severe disabilities and is hospitalized, if we do the transition briefing at their bedside, the family members would be present.

One of the issues we have found is that because the transition assistance program has not been mandatory for every transitioning service member, some elect not to participate in the entire process. But recent legislation will be making that process mandatory, which will enable us to make sure that every service member exiting gets the full benefit of all of the information that could help them in their transition.

Mr. Brian Storseth: One other question I have is on the call centre. I thought it was a unique idea. How well has the uptake been on the call centre, and what resources are allocated to it, i.e., mental health resources or training for the individuals? If they identify a problem, can they send you to another individual?

It seems like something that would be very useful.

Mr. Michael Fisher: Absolutely. Not all the staff at the call centre are mental health professionals. That said, every shift has some mental health professional who is available at the call centre, whether it's a social worker or a licensed professional counsellor, whatever mental health discipline they have their degree in. We also have the warm hand-off capabilities with the VA's national crisis line. So if anyone calls in, in any kind of crisis, we can do a warm transfer and get them to the services they need. We also have warm transfer capabilities with the medical triage line out of Dayton, Ohio. If anyone calls with a medical crisis, we can get them connected to those services. As well, we have the caregivers' hotline. If we have any caregivers who call in and want more information about the benefits available to them, we can do that warm transfer.

● (1620)

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

The Chair: Thank you, Mr. Storseth.

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

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

I want to come back to a question that was asked by Mr. Stoffer.

Ms. Flohr, you responded. If I heard you correctly, the appeal process takes 600 days?

Ms. Cheryl Flohr: From the last data I recall, yes, it's in excess of 600 days for appeals resolution.

Mr. Sean Casey: This is a bigger-picture question. I realize that each of you is a specialist and expert in your field, but for us to listen to each of you here, I'm trying to step back a little bit and have a look at the forest, so just bear with me.

Right now, within your department and within your government, is there a focus on rationalizing, enhancing, or maintaining benefits to veterans? What's the current climate in terms of the direction of your department and the benefits to veterans in your country?

Ms. Margarita Cocker: I think the climate currently is on enhancing benefits and ensuring that service members who are transitioning out are fully aware of their benefits. We're focusing a lot more on outreach and on ensuring that every veteran who is entitled to a benefit has access to that benefit.

Mr. Sean Casey: That leads me to my next question. If the focus and the climate in your country is towards enhancing as opposed to maintaining benefits, what about your budget, the budget within the department? Much has been made in this country that the veterans benefit budget in the United States has been exempt from austerity measures. Is there anything you can share with us with respect to that?

Ms. Margarita Cocker: I'm not sure I understand the question. Is your question whether our budget is being impacted, or whether our budget can sustain the benefits that we administer?

Mr. Sean Casey: You indicated that the climate is towards enhancing benefits. Does it follow, then, that your budget is increasing, staying the same, or decreasing?

Ms. Cheryl Flohr: Over the last many years, VA has experienced an increased budget each fiscal year. I don't have budgetary figures in front of me and can't quote percentages, but it has steadily increased over the last several years.

Mr. Sean Casey: Is there any plan that you're aware of to change that trend?

Ms. Margarita Cocker: I'll address that. We do have different types of budgets. We have discretionary budgets and we have mandatory budgets. The mandatory budget is where the actual benefit payments to veterans are paid out. As far as my knowledge from the big-picture perspective, there is no plan to change the budgetary limitations of the mandatory expenditures, or again the benefit payments to veterans and on veterans' behalf for their services.

Mr. Sean Casey: Can you give me a breakdown, in percentage terms, of how much of the gross budget for the veterans' benefit department is for administration and how much of it is paid directly to veterans?

Ms. Margarita Cocker: I don't think any of us came prepared with budgetary information. I think we can follow up with some information, if that's of interest to you, but unfortunately I don't know that anybody else came prepared with budgetary information. I apologize.

● (1625)

Mr. Sean Casey: That's okay. Thank you.

What assistance, what level of benefit, is provided to a veteran on his death? What are the funeral and burial benefits available to a veteran, to his family, for his burial?

Ms. Cheryl Flohr: For a death that is deemed service-related, that is to say due to a service-connected disability, the maximum burial reimbursement allowance payable currently is $2,000.

For a non service-related death, there are certain eligibility criteria that must be met to qualify for a non service-connected burial allowance. There are actually two different allowances with different eligibility criteria. One is currently $700 and the second is $300. There is also reimbursement for expenses related to a burial plot, and that is currently a $700 reimbursement.

The Chair: Thank you very much.

Mr. Harris, for five minutes.

Mr. Richard Harris (Cariboo—Prince George, CPC): Thank you, Mr. Chair, and thank you, ladies and gentlemen, for your presentations.

I have a couple of questions.

Ms. Flohr, it appears to me, or I'm gathering, rightly or wrongly, that your department or your division is the opening door to the rest of the services. If it's not, is there a single-window entry for veterans who are going to require services, so that once they go through that entry, someone will take their hands and lead them to whatever other services they may require?

Where does the hands-on help come from? Does it come through a single entrance? Do they go through that entrance and then they're helped from there on into other departments that provide different services for them?

Ms. Cheryl Flohr: For the program that I was primarily speaking about, the integrated disability evaluation system, which again is for those who are undergoing a disability separation from the military, there is a one-on-one relationship with a VA employee, a military service coordinator. That person begins the VA benefit application process.

Again, it's a personal one-on-one relationship between that VA employee and the service member and his or her family, where they get an individual briefing on what their VA entitlements are while they're still on active duty, as well as what VA benefits they'll be able to take advantage of as veterans once they're separated.

That relationship, at the discretion of the service member, can continue beyond separation from service. However, what we see in most cases is that the service member will move to another part of the country and establish a VA relationship with local resources, be it through the vocational rehabilitation program within their state or at their local VA health treatment facility.

The point of entry, generally speaking, for this population would be with that military service coordinator while still on active duty who puts them in touch with benefits and services available.

Mr. Richard Harris: So if a serviceman comes back from active duty, is separated from active duty as a result of a serious injury of some sort and comes to the Department of Veterans Affairs for assistance, and you have outlined all of the assistance that's available to them, how long can they anticipate receiving assistance from whatever department they're dealing with?

Is there a period of time where they are transferred from hands-on veterans assistance to care providers who may be under contract with the government or the Department of Veterans Affairs? Are they with Veteran Affairs assistance for life or as long as they need assistance? Do they stay under the care of the Veterans Benefits Administration?

● (1630)

Ms. Cheryl Flohr: I'll defer to the VHA representative here, as far as health care.

Concerning compensation benefits for injuries or diseases sustained, the goal of the IDES program is to award benefits within the first 30 days after release from active duty. Generally speaking, by law, the first day we can award compensation benefits is approximately 30 days after discharge. Program performance currently is 51 days, on average.

Mr. Richard Harris: In the little time I have left, I will go to Dr. Scholten. In the area of your work, you're dealing with the most serious types of trauma injuries, from brain injuries to everything that's described in your presentation. It would appear to me that there would be veterans who, because of their types of injuries, require assistance for life. Do they get that? Do they get that through Veterans Affairs, or is there some point where they are transitioned into care facilities outside Veterans Affairs?

Dr. Joel Scholten: The individuals you are speaking of are the severely, polytrauma-injured veterans. That care would be highly individualized, and the treatment plan would be based on the veterans' needs. They are certainly eligible for medical care for life within the VA, and most of that care would probably be given within the VA. However, the VA works with individuals based on their location. If appropriate VA services are not available, then we will contract out with a private provider, for therapy or nursing assistance or whatnot, through a fee-basis contract.

The care is individualized to meet the individual's needs.

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

We're quite a bit over, actually.

Ms. Mathyssen, you have five minutes.

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

Thank you to our witnesses for coming to present. I'm very interested in what you have to say.

I'm going to ask a number of questions, and whoever feels most comfortable answering, please, go ahead.

I noticed in our briefing material that the Department of Veterans Affairs maintains databases or a registry for specific situations, for example, exposures to hazardous substances during the Persian Gulf War and in Iraq; exposure to depleted uranium in Iraq, the Gulf War, Bosnia, as well as Afghanistan; exposure to Agent Orange and other defoliants; and exposure to ionizing radiation during nuclear tests or bombardment. The testing is done free of charge and these registries are maintained.

On the purpose of maintaining these registries, are you looking at research on the impact of these exposures? Also, is there any dispute about the effects of these exposures on human beings, on veterans?

This is something we are still debating here in Canada, and I wonder if you could enlighten me at all.

Dr. Joel Scholten: I can jump in and take that question first.

Certainly the registries are meant to define or identify those individuals who have had exposures and to keep a list, because as the science or the state of research improves, there may be care or an intervention developed that would require contacting veterans with certain exposures.

Some information can be used for research purposes, but it's very closely guarded. In order for an investigator to use this data, it would have to be de-identified. They would have to go through a data transfer agreement, ensuring privacy and information security. So it's a bit of both: we want to promote health care as well as promote the state of the science.

● (1635)

Ms. Irene Mathyssen: For those who've been exposed, is there ever any dispute about their eligibility to care, whatever that care may be?

Dr. Joel Scholten: I'm certain there is. As the state of the science emerges, there are questions about different exposures and what conditions they may be related to, either right now or possibly 20 years down the line. So that's the reason for the registry.

Ms. Irene Mathyssen: I was quite interested in the record-keeping, the medical records through a secure website, the My HealtheVet. You did explain that only veterans, unless there's some kind of mental incapacity, have access to those files.

I wondered if the confidentiality of those files has ever been compromised. Has there ever been an inappropriate sharing of that medical information that would cause you concern?

Dr. Joel Scholten: Tremendous safeguards have been put in place for data privacy and to maintain the security of that information. Specifically mentioning My HealtheVet, that's actually the portion of the medical record the veteran can access through the Internet. It doesn't have their entire medical record on yet because of working through the security issues, but they are able to look at their medications, reorder medications, look at lab results, future appointments.

But it doesn't have the entire medical record on there for them to access from home, at least not yet.

Ms. Irene Mathyssen: Is that security of person part and parcel of maintaining the separateness of the accessible records and the ones that are not accessible?

Dr. Joel Scholten: Part of your question was cut off, but you mentioned which part of the record is separate, that's in our record. Could you actually repeat the question?

Ms. Irene Mathyssen: I hope I can.

The fact that what's accessible through the Internet is less sensitive than the records that are maintained in stricter confidence, is that essentially the concern?

Dr. Joel Scholten: Yes, that's correct.

The Chair: Thank you very much. We're over, believe it or not. Doesn't it go quickly?

Ms. Irene Mathyssen: Thank you, Mr. Chair.

The Chair: It goes quickly.

Mr. Lobb, for five minutes, please.

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

And thank you to the guests for taking the time. It's very much appreciated.

I'm sure I missed this in your presentation, but how many veterans are there in the United States?

Ms. Cheryl Flohr: There are between 22 million and 23 million.

Mr. Ben Lobb: Between 22 million and 23 million....

I probably missed this, too, but what's the annual budget in Veterans Affairs in the U.S.?

Ms. Margarita Cocker: Unfortunately, we did not bring budget information. We're not prepared to answer that. I apologize.

Ms. Susan McCrea: For 2013, it's proposed to be $140 billion.

Mr. Ben Lobb: So it's $140 billion. Okay.

The vast majority, 99%, of benefits that veterans receive in Canada here are legislated, so regardless of how many apply and what they need, Veterans Affairs supports it financially, whether it's $3 billion or $13 billion. Is that the same in the U.S. with the way the budget goes?

Ms. Margarita Cocker: I mentioned earlier there are two different budgetary categories: discretionary and mandatory. What you've just described falls into our mandatory expenditures. That is the same way we operate. We do not turn down a veteran based on budget. We budget according to our anticipated needs. It's probably realistic to say that we're pretty good at estimating what our benefit payments will be. I believe the only category where we do prioritize care would be at the medical centres, and I'll defer to....

● (1640)

Dr. Joel Scholten: Veterans eligible for health care are prioritized in categories 1 through 8, and it's based on the number or the severity of their service-connected injuries or disabilities. It kind of stratifies out. That categorization may determine the amount of co-pay. They might have to pay for a medication or a health care visit.

Mr. Ben Lobb: Go ahead.

Mr. Michael Fisher: In the Vet Center program, our services are actually at no cost to the veteran. They are earned through their military service and are about time limitation. Those co-pays the medical centre might have are not transferred over to the Vet Center.

Mr. Ben Lobb: In Canada, Veterans Affairs is, surprisingly enough, in the year 2012, still working on getting all the medical files put in electronic format for easy use and transfer. Where's Veterans Affairs in the United States with respect to electronic medical files?

Dr. Joel Scholten: Our health care record has been electronic since approximately 2000. I was at a different facility then. I was at one of the test facilities in 1998. I believe that since 2000, give or take a year, the health care record, at least, has all been electronic.

Ms. Margarita Cocker: The benefits records are still in the process of migrating to the paperless environment. We still have paper records in the benefits we have.

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

If you're looking for some inexpensive typewriters, we may have some to sell you, if you'd like to buy any.

I have another question regarding the PTSD app you have for both the iPhone and the Droid. I'm just wondering how good the take-up is on that and what benefits you're seeing with it. Just tell us a little more about that app.

Dr. Joel Scholten: I got my information from my mental health counterparts. I do know that it was rolled out about a year ago. It's been hugely successful. It's been uploaded many times, and they have found it to be very effective and helpful. But I'm sorry, I don't have any more exact data for you on that.

Mr. Ben Lobb: Somebody in our committee touched on funerals and burial. I can't remember exactly who.

Could you tell us a little bit more about funerals and burial and whether it's a means-tested process? If so, what's the net worth level? And how much do you provide for a funeral for a veteran?

Ms. Cheryl Flohr: What I was referring to earlier were the benefits that are potentially available to the family or person bearing last expenses for a deceased veteran. It sounds as if you're referring to what may be provided by the National Cemetery Administration. Is that correct? Do you mean actually providing burial at a national cemetery?

Mr. Ben Lobb: I'm not sure who would provide it in the U.S., but it sounds as if you're on the right track.

Ms. Cheryl Flohr: I'm by no means an expert on matters that involve the National Cemetery Administration, which is the third arm of the VA. To the best of my knowledge, a veteran need only have honourable service to qualify for burial in a national cemetery, provided there is space available. I'm not aware of any means testing to be eligible for burial in a national cemetery.

The Chair: Thank you very much.

We'll go to Mr. Lizon, for five minutes.

Mr. Wladyslaw Lizon: Thank you very much, Mr. Chair, and thank you to the witnesses for appearing this afternoon.

The first question I have will go to Dr. Scholten.

I would like to ask you about the TBI screening. You're showing a number here of about 579,000 screened for possible mild TBI, and then you show the other numbers. As a result, 45,000, which amounts to less than 7.8% of all those screened, are confirmed and diagnosed with mild TBI.

Can you maybe explain why there's a process like this? It seems that maybe there's something wrong in the pre-screening when you have such large numbers at the very beginning and you end up with fewer than 8% of all the people screened actually being diagnosed with TBI.

● (1645)

Dr. Joel Scholten: Certainly.

At this point the updated first number is over 600,000, but every veteran who has served in Iraq or Afghanistan or who has left the Department of Defense since September 11, 2001, and who accesses the VA for care is screened. We screen everyone who comes in the door. The four-question screen was meant to cast a wide net. The purpose is to identify veterans who may need assistance. The screen is very sensitive but not very specific, so there are false positives, individuals who are identified but who may not have had a traumatic brain injury.

The challenge with TBI is that none of the symptoms is individually specific for traumatic brain injury. The symptoms are typically memory problems, headaches, dizziness, or confusion, which can occur in a variety of different illnesses or impairments. The screen was really meant to identify those individuals who are symptomatic, to have them see a specialist to receive an appropriate diagnosis, and then to develop an appropriate treatment plan. So although only 7.8% of the entire population receives a diagnosis, the screen is identifying those individuals who are symptomatic and who need care.

Mr. Wladyslaw Lizon: If I understand correctly, you are screening a large number of people because you don't want to miss anybody who may potentially have an injury.

Dr. Joel Scholten: That is correct.

Mr. Wladyslaw Lizon: Do you have a tool to follow up or to monitor those who are screened and who eventually develop symptoms down the road, a year or two years later, and need help?

Dr. Joel Scholten: We don't, only because those symptoms would not be due to traumatic brain injury. Traumatic brain injury symptoms are present immediately. They may develop later on and be temporarily related to the traumatic brain injury, but they are more likely to be due to an intervening mental health condition or other issues, such as chronic pain, insomnia, substance abuse, or medication side effects. So we don't necessarily have a way to identify those individuals who may have had a head injury in the past but who weren't symptomatic, but it's not likely that symptoms that develop years later are due to a mild traumatic brain injury.

From severe traumatic brain injury, that is a possibility. As I mentioned earlier, we do have a traumatic brain injury registry that is fed data on all those individuals who have been diagnosed with traumatic brain injury, so we do potentially have the ability to go back and contact them.

Mr. Wladyslaw Lizon: Thank you very much.

The next question is on a little different topic. Are you aware of homeless U.S. veterans?

I don't know who would answer that question.

Ms. Margarita Cocker: I think we all probably work on the homeless veterans issue, so I'll jump in there and address what I know.

The Secretary of the Department of Veterans Affairs has stated that it's his goal to eliminate all veteran homelessness. I do not have the statistics, but I do know that there is a population of homeless veterans, and we have multitudes of methods by which we tackle that. We do things called stand downs, in which we take mobile units into the communities where there are homeless individuals and provide services on the spot, right there, to veterans who are homeless. We provide toiletries. We have a facility at which they get a medical evaluation and a dental evaluation, a drug rehabilitation evaluation, an evaluation for possible service-connected disabilities, and mental health treatment. That's just one example of some of the initiatives we have in place.

I'll defer to anybody else who wants to jump in with other initiatives we have. It's VA-wide. Every business line that provides any kind of veterans benefit, including consulting, is involved in eliminating veterans homelessness.

● (1650)

Mr. Wladyslaw Lizon: The reason I ask that question—

The Chair: I'm sorry, Mr. Lizon, the time is up for questioning, but if any of the other witnesses wants to add to the answer, that's quite acceptable.

Does anybody else want to provide information?

Mr. Wladyslaw Lizon: Thank you, Mr. Chair.

The Chair: You're all good. Thank you very much.

That ends round one. Just for our witnesses, we go into a second final round, which is a four-minute round.

I do want to tell committee members that Mr. Stoffer has indicated he has a notice of motion. He's going to use his last question time for that, and if everyone is in agreement, we'll finish the questions up first and let his time slot go to the end to deal with the motion. That way it won't be disrupting any questions and answers.

We're going to start the second round with Monsieur Genest for four minutes, please.

[*Translation*]

Mr. Réjean Genest (Shefford, NDP): Good afternoon. Thank you very much. We appreciate our neighbouring country giving us a helping hand by explaining what it does for its veterans.

The United States of America occupies a very large territory, like Canada for that matter, but you have an advantage, you have a lot more inhabitants. My question is for Mr. Fisher.

You know that nowadays everything is automated, we have communications systems, we have the Internet and phone services of all kinds. We are talking about a new Android telephone, and so forth. I also see that you have mobile service centres for your veterans, which for me is a bit the opposite of that. It personalizes your services a little more.

Do you think you will go on using this approach for a long time to get closer to your veterans?

[*English*]

Mr. Michael Fisher: Absolutely. When we define outreach, we define it as both a face-to-face connection as well as print media and things along those lines.

There's a slide in there that has a bunch of cows walking in front of one of our mobile Vet Centers. I love this slide because it's at a rodeo in Colorado. Even with all the technology that we have on this vehicle, all the satellite systems, the phones, etc., it's the driver, who is a retired sergeant major from the marine corps, who makes all the difference in this case. I think this individual knows every marine corps veteran in the states of Wyoming and Colorado, and they know him. They feel comfortable talking to him.

It really goes back to that veteran-to-veteran connection that we will continue with, as well as using other resources, like web media and other media sources.

[*Translation*]

Mr. Réjean Genest: Do you think it would be a good idea to slowly introduce this service in a sparsely populated country like Canada, where military bases are often very remote, to connect with veterans that settle far away from military bases?

[*English*]

Mr. Michael Fisher: Absolutely. The veteran-to-veteran connection provides that instant credibility. It's just that familiar language, the familiar experiences. It gets them really comfortable with what services are available, so they can start taking advantage of them. I agree, yes, it would.

[*Translation*]

Mr. Réjean Genest: Do you also use these mobile centres to do some advertising aimed at veterans at events, to encourage them to use these services?

● (1655)

[*English*]

Mr. Michael Fisher: Yes. I don't have the slide here, but I had it in other presentations. At the past two major league baseball world series, we had a mobile Vet Center at that event. We actually had representatives from the Veterans Benefits Administration as well as the VA medical centres, with Vet Center staff providing information and referrals to all VA services.

We use it. Anywhere there is an event that a veteran might be at, we bring a mobile Vet Center; we bring Vet Center staff, or VA staff, to provide information and referrals.

[*Translation*]

Mr. Réjean Genest: Thank you very much for this information.

[*English*]

The Chair: Right on the minute. Thank you very much, Mr. Genest.

Ms. Adams, for four minutes.

Ms. Eve Adams (Mississauga—Brampton South, CPC): That is a very talented parliamentarian, to time it so accurately.

I'd like to thank you all for taking the time to share some of your best practices with us.

I believe that at the beginning of your presentation, Margarita, you indicated what the minimum disability percentage is in order to receive services. What was that figure?

Ms. Margarita Cocker: For an admitting service member, it's 20% or higher. For an individual who is already a veteran, it is 10% or higher. That's the basic eligibility, and then there are requirements in addition if they have an employment handicap.

Ms. Eve Adams: Perfect. Thank you.

Michael, you had mentioned that any family member can access the services you have at your job placement office. I assume that you provide priority to veterans in placing them in employment in the public sector. Is that correct? And is there a similar priority given to family members of veterans?

Mr. Michael Fisher: Employment is one of the issues we tackle at a Vet Center, but it's primarily readjustment counselling. Under this heading is employment. That could include individual, group, marriage, or family counselling. We have social workers, licensed professional counsellors, and psychologists providing their services. The family members are given access to Vet Center services when it's found to help in the readjustment of the veteran. There's always a connection to the veteran's service, the veteran's experience, and the veteran's readjustment to civilian life.

Ms. Eve Adams: Is priority in the public sector given to your veterans?

Ms. Margarita Cocker: Are you referring to public sector employment and employing the veterans in the federal government?

Ms. Eve Adams: Yes.

Ms. Margarita Cocker: Yes, they receive priority points. Veterans with service-connected disabilities of 30% or higher get the maximum points in the hiring process, which I believe is 10 points. Veterans who meet other criteria are eligible for up to 5 points. So we do give hiring preference to veterans.

Ms. Eve Adams: Do you maintain metrics in your department? What percentage are veterans?

Ms. Margarita Cocker: We do, and I believe, Susan, we've had some statistics for the VA.

Ms. Susan McCrea: I think it's about one-third. The secretary wants to move that to 40%.

Ms. Margarita Cocker: So the secretary of the VA has a goal of 40%. Then within each business line we keep metrics as well, and we have initiatives in place to hire more veterans and veterans with disabilities.

Ms. Eve Adams: Is there any priority given to family members of veterans?

Ms. Margarita Cocker: There is a priority scale, and I'm not so familiar with that. For spouses or dependants of veterans who died as a result of a service-connected disability or who are permanently and totally disabled...there is a priority for hiring dependants.

Ms. Eve Adams: As you look forward in your department, where would you say your focus is in improving benefits for veterans? Is it enhanced benefits? Is it faster service delivery? Reduction of red tape? Where do you see your department going?

Ms. Cheryl Flohr: I think we would all have a slightly different answer depending on the benefit program we're administering. For the compensation and pension business lines, I would say the focus is on providing higher-quality service and faster benefit delivery.

Ms. Margarita Cocker: In rehabilitation, I would say the focus is on faster services but also more extensive outreach to make sure that more veterans take advantage of the program.

Ms. Eve Adams: Right now, if somebody appeals to you, does it go to your department, or is it referred to an arm's-length group?

Ms. Cheryl Flohr: The initial appeal process is within the VA. There is an internal appeal process. If the veteran is not satisfied with the outcome of that internal process, he or she can appeal to an independent part of the VA , to the Board of Veterans' Appeals. If the veteran is still not satisfied with the outcome, he or she can appeal to the U.S. Court of Appeals for Veterans Claims, then on to the U.S. Federal Circuit Court, and finally the U.S. Supreme Court. The appeals process starts within VA and then goes out into the federal courts.

● (1700)

Ms. Eve Adams: Thank you.

The Chair: Thank you.

We'll go to our guest appearance today on the committee, and that's Mr. Chisu.

Mr. Corneliu Chisu (Pickering—Scarborough East, CPC): Thank you very much, Mr. Chair, and my thanks to the witnesses for their excellent presentations.

As a veteran of Bosnia and Herzegovina as well as Afghanistan, I appreciate the work you are doing for the veterans in the United States.

I have a question for you regarding the reintegration of the veterans in civil occupations. I worked with several U.S. servicemen in Bosnia and also in Afghanistan, and I know their deployment was 14 months to 16 months, continuous. They were mostly National Guard and would be going back to a civilian occupation. There is a gap there, a gap of skills.

How are you able to serve these veterans who are not disabled but want to reintegrate themselves into civilian occupations, say, as professional engineers or in different technical occupations? I know that the Vet Centers are probably offering these kinds of services. Could you elaborate on that?

Ms. Margarita Cocker: I can take that.

In terms of unemployment services, the Department of Veterans Affairs works primarily with veterans with disabilities to help them bridge the gap both in education and in employment skills and seeking-employment skills. We also have in the Veterans Benefits Administration an education program, the post-9/11 GI bill, which is for all veterans who served post-9/11 irrespective of disabilities. So even able-bodied veterans who need skills to actually compete for good jobs in the community can go to school. They receive tuition payments, a dollar amount to apply towards books, and they also receive a monthly stipend to help with their living expenses while they're in school.

Also, a partner organization to the Department of Veterans Affairs is the Department of Labor. The Department of Labor has disabled veterans outreach, but also a program for non-disabled veterans. They help them with specific job placements. Veterans who come to them who may not have another benefit accessible to them are eligible for the Department of Labor benefit too, and they will help them with finding a job and getting a job as well.

Mr. Corneliu Chisu: For example, somebody is retiring from active duty or from the service. It is a timeline that these services can be accessed through this organization, so through you or to Vet Centers...?

Ms. Margarita Cocker: For the VBA benefits, if the veteran has a disability they can access it up to 12 years from when they exit the military, but that can even be extended to longer if their disabilities are severe. For the Department of Labor programs, as long as they are a veteran, they continue to be eligible, so from the moment they are transitioning and for the rest of their life they're eligible for the Department of Labor benefit as well.

Mr. Michael Fisher: With the Vet Center program it's a lifetime benefit, so at any time during their life after the military, they can come in and use a Vet Center.

Mr. Corneliu Chisu: That is an access to the public service for the veterans, not disabled veterans. I understand that the disabled veterans have access. What about the veterans who just retired from the service—they are not affected by any disability, let's say, and they served the country?

Ms. Margarita Cocker: They would be eligible if they served. Able-bodied veterans who do not have a disability who served post-9/11 are eligible for the education benefit if they choose to pursue education. If they are only in need of employment services, they would not be eligible under the VBA benefits, but they would be eligible under the Department of Labor benefit.

● (1705)

The Chair: Thank you. Unfortunately, we're past the time.

I do want to take the opportunity to tell you two things. One is that we almost got down there with you, just to count cherry blossoms and so on, but we missed that opportunity. We would like to have seen you in person, but we really do appreciate the time and effort you put into this. It's been very helpful, both for our study and for our colleagues here, to share the information within the department and within government.

I understand that if there are some questions, we can pursue them and get the answers in writing. I know we have a contact there, so that's fine.

On behalf of the committee, I want to say thank you very much for taking the time and doing this with us today.

Thank you, and enjoy the rest of your day down there.

Witnesses: Thank you.

The Chair: Mr. Stoffer, you're using the time where you didn't ask a question, so if you want to use four minutes, you can.

Mr. Peter Stoffer: No.

The Chair: Mr. Stoffer, I think you have a notice of motion.

Mr. Peter Stoffer: Yes. I notice that the committee is not meeting next week, or Thursday, I should say, because of the budget, but we're meeting the following Tuesday.

I want to move a notice of motion to the committee so that everyone can be prepared. I move

> That in the opinion of the Committee, the committee invite Mr. Harold Leduc to appear before the Committee as soon as possible for an *in camera* meeting.

The Chair: Okay, notice is received. Of course, we'll need the 48 hours to deal with this so—

Mr. Peter Stoffer: You get more than that.

The Chair: Well, whatever Tuesday brings about time-wise.

Is there any other further business to bring about?

Are we done? Everybody is comfortable?

Okay. We're meeting Tuesday. The RCMP will be the guest. We're using the latter portion of the meeting for some committee business, including a little time for our analysts to talk about where we move with the draft and so on, and to talk about any other unfinished business on the study.

Hearing nothing further, we're adjourned. Thank you very much.

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