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Chair

Mr. Greg Kerr

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● (1545)

[*English*]

The Chair (Mr. Greg Kerr (West Nova, CPC)): Folks, I want to say thank you and remind everyone that we are studying the transformation initiatives at Veterans Affairs Canada.

I certainly want to welcome our three witnesses, who I'm sure aren't total strangers to this process. It's good to see some of you again. I understand you're going to share your time speaking, because we are, as you know, a little compacted today.

We have Maureen Sinnott, director of strategic and enabling initiatives; Raymond Lalonde, director general, operational stress injuries national network, who seems to show up everywhere I go; and of course, Derek Sullivan, director general, Canada Remembers division.

Folks, we're going to start with you. I don't know the order.

I guess they appointed you, Maureen. Please go ahead for 10 minutes.

Ms. Maureen Sinnott (Director, Strategic and Enabling Initiatives, Department of Veterans Affairs): Thank you, Mr. Chair.

Good afternoon. My name is Maureen Sinnott. I am the director of strategic and enabling initiatives in the service delivery and program management division. I'm here today with Raymond Lalonde, director of the operational stress injuries national network, and Derek Sullivan, director general of Canada Remembers.

We're here to share with you how partnerships are integral to improving our service delivery to veterans. They allow us to extend our reach, leverage expertise, focus on our mandate, and build upon best practices of other organizations.

A recent and significant example of partnerships is VAC's leveraging of other government departments' success with the business process redesign. A business process redesign is an organized approach to updating operational processes. It can make a process more efficient, effective, and timely, which in turn improves service delivery and helps meet client expectations.

Other government departments have had great success using this approach. For example, the old social insurance number application process has been greatly simplified. The wait time to obtain a SIN went from about three to four weeks to less than one hour.

Over the past two years, our department has engaged in a knowledge transfer with other government departments to build our own centre of expertise within the department and to apply the methodology to VAC programs. The department has applied the methodology to the Disability First application process. It is currently piloting a redesigned, streamlined process for hearing loss claims.

We continue to explore ways to reduce our turnaround times for decisions, to streamline our processes, and to cut more red tape.

As you heard in David Robinson's opening remarks on the transformation agenda, we're also overhauling our service delivery by moving from paper-based to electronic processes wherever possible. We are optimizing our use of technology to reduce manual processes and the paper burden, and to improve accessibility, while protecting privacy.

We have a partnership with the Department of National Defence that allows VAC access to paper-based service health records on Canadian Forces bases. We're moving toward scanning and electronically transferring service health records from CF bases to VAC offices, in a secure environment.

We have a long-standing partnership with Library and Archives Canada that allows us access to archived service and health records. To enable the conversion of Library and Archives Canada's paper-based records to electronic records on VAC's systems, we partnered with Public Works and Government Services Canada to scan service and health records into electronic, searchable format. Over two million pages were scanned and digitized within the first year.

We're working with PWGSC to scan and digitize all incoming VAC mail and to electronically transmit the mail to VAC.

These few examples demonstrate how VAC is working with its partners in the public service to improve the use of technology and to make information available electronically. This will result in faster turnaround times for decisions.

Partnerships at the local level help us reach veterans in their communities. For example, VAC has established three homeless veterans initiatives in Vancouver, Montreal, and Toronto. These are dependant upon partnerships with community organizations such as the Royal Canadian Legion, Wounded Warriors, the Veterans Memorial Manor, and the Good Shepherd Ministries. The partnership between VAC and the Department of National Defence for the operational stress injury social support network is also key in many communities.

VAC's front-line staff must be knowledgeable about the local and provincial services available to support veterans and meet their needs. Coordination at all levels promotes a shared philosophy for care and improved outcomes for veterans and their families.

VAC is also using partnerships to ensure continuous improvement and the ongoing development of best practices in case management. VAC has well-established partnerships with McMaster University, the Canadian Centre on Substance Abuse, the Centre for Addiction and Mental Health, and the National Case Management Network. We share best practices through research, knowledge exchange, and joint learning.

This year, the Helmets to Hardhats partnership will become operational. The partnership has been operating effectively in the United States, and the Government of Canada is supporting a Canadian program. The objective of the program is to provide releasing CF members with opportunities for jobs and apprenticeships in the construction industry using a web-based job-matching service. This is an opportunity for veterans to apply skills they developed in the Canadian Forces to employment opportunities outside the forces.

Before I close, I'd like to note that to meet its goal of ensuring the seamless transition from military to civilian life, the department relies on its long-standing and evolving partnership with DND. The partnership is guided by a VAC/DND steering committee that identifies and manages joint priorities of both departments.

One of the best examples of our working partnership with DND is the 24 integrated personnel support centres across the country. These centres promote early intervention and engagement by VAC's case managers, and they work to ensure a seamless transition for CF members as they release from the military. As Charlotte Stewart previously mentioned, these centres are located near DND bases, with approximately 100 VAC staff co-located with DND staff.

I'll now turn to Raymond Lalonde to introduce the national operational stress injury clinic network.

[*Translation*]

Mr. Raymond Lalonde (Director General, Operational Stress Injuries National Network, Department of Veterans Affairs): Good afternoon and thank you for the invitation to appear.

Another area where the department has established partnerships to meet the needs of clients with operational stress injuries concerns the network of specialized clinics it has developed. The OSI clinic network is composed of eight clinics that specialize in the treatment of operational stress injuries. Those clinics were funded by Veterans Affairs Canada through agreements with provincial institutions all across the country. We also have two clinics operating at Sainte-Anne-de-Bellevue Hospital, which is currently the subject of negotiations aimed at transferring it to the province of Quebec.

The branch I am in charge of is responsible for managing memoranda of understanding and funding for OSI clinics. We support and guide the development, delivery and coordination of all services provided all across the country.

[*English*]

VAC's OSI clinic network is part of a larger network referred to as the joint network of clinics, which includes the seven operational trauma and stress support centres. These centres are operated by the Department of National Defence and offer similar specialized services as the OSI clinics.

In partnership, VAC and DND provide access to 17 facilities across the country with interdisciplinary mental health services for members of the Canadian Forces, veterans, and their families. This service delivery partnership also extends to the Royal Canadian Mounted Police members and retired personnel who are suffering from an OSI.

As the department is taking steps to better understand the military culture and experience, the OSI peer support partnership with DND, for which I'm also responsible in VAC, is key in improving our ability to reach those in need. Having a peer support service, in collaboration with OSI clinics, provides a comfortable setting for veterans and their families as they seek or undergo treatment. This gives them an opportunity to speak with someone who understands their issues. This is invaluable and shows how VAC is becoming more and more sensitive to their unique situation.

I would like to thank you for the opportunity to share how VAC is improving its service delivery through partnerships, and I now invite Derek Sullivan to speak about how partnerships play an important part in the department's commemoration efforts.

● (1550)

Mr. Derek Sullivan (Director General, Canada Remembers Division, Department of Veterans Affairs): Thank you.

While clearly the Government of Canada has a leadership role to play in remembrance, remembrance is not just about ceremonies or events that are organized by the federal government. It is actually about Canadians themselves paying tribute to those who have served Canada and those who continue to serve Canada. Therefore, our focus in Veterans Affairs is on how we can engage and encourage Canadians to honour those who have served.

What we want to do is bring remembrance to Canadians rather than try to drag Canadians to remembrance. What we want to do is take it to where Canadians live, where they work, where they play, and make it a part of their everyday lives—not something you do just on November 11, or on June 6, or on April 9, but something you do every day.

As a result, we partner with a lot of organizations and other levels of government both in Canada and internationally, but particularly with community groups across the country so that remembrance is happening at the community level across Canada.

One example of how we do this is through our partnerships with sports organizations, both professional sports and also amateur sports across the country.

One of our partnerships, quite a natural one, is with the Canadian Football League. We have been working with them since 2007 to have pre-game veteran tributes at playoff games in eastern and western Canada. As well, with them, a couple of years ago we created a new individual player award in the CFL, an award given to a Canadian player who best exemplifies the attributes of a veteran: perseverance, courage, strength, comradeship, and contribution to community. This is an increasingly prized individual award among CFL players.

We also have partnerships with the National Hockey League and the junior hockey leagues right across Canada, as well as with midget AAA, and more recently with the Canadian Interuniversity Sport organization. Again, they hold in various ways tributes to veterans associated with the games that are played across the country. In this way, we are able to reach with remembrance a much broader range of Canadians than you might traditionally see at a remembrance ceremony.

As well, we've had a partnership for quite a number of years with the Royal Canadian Legion track and field championships. About 80% of the national team in track and field that goes to the Olympics has gone through this Royal Canadian Legion program.

In Veterans Affairs we have three programs where we can provide, in addition to the advice and collaboration with communities, funding to some remembrance activities at the community level in particular. We have two programs that support the restoration, in one case, and the construction of cenotaphs and monuments at the community level.

The third one is the community engagement partnership fund, where we're able to provide community groups, not-for-profit groups, with funding to undertake remembrance activities, whether they be ceremonies or learning events for youth across the country in a wide variety of remembrance activities. They're at the national level as well, where we fund, for example, the Historica-Dominion Institute memory project, where they have a speakers bureau with over 2,000 veterans who are available to go into schools across the country and talk to Canadian students about their experiences and why remembrance is important to them.

We also support the Juno Beach Centre in France, which is really Canada's face of remembrance of the Second World War in Europe.

Thank you.

● (1555)

The Chair: Thank you very much.

You people did very well. You crammed a lot of information in there.

We'll now go to Mr. Stoffer for five minutes, please.

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

Thanks, all three of you, for coming today.

Mr. Sullivan, my colleague Irene Mathyssen recently travelled with the delegation to Vimy. She was very impressed by the staff and, most importantly, by all the citizens and students who went. According to her, it was a remarkable opportunity, and on her behalf, I thank you and everyone who participated.

I also want to mention, sir, that I must say I am very pleased with the government's efforts on the Bomber Command commemorations in London. As well, the 110th anniversary of the end of the Boer War South African conflict is coming up very soon. I'm glad to see that this committee was able to make a recommendation, and we're looking forward to that commemoration. DVA has said that it would be significant, so thank you very much for doing that.

Madam Sinnott, I say this with great respect. In your brief you note, “For example, VAC has established three homeless veterans initiatives in Vancouver, Montreal, and Toronto.” I put to you that it wasn't VAC that started that; it was the volunteer groups, people finding homeless veterans: the Good Hope Ministries; the Royal Canadian Legion, as you know; and Cockrill House. As you know, DVA puts no money in Cockrill House. These organizations started it, and then VAC came in as a partner—I won't say much later, but they were definitely not the initiators. In my view, they supported those initiatives.

I have two questions for you, and I'll play the devil's advocate when I say this. In your partnership you mention the Royal Canadian Legion and the Wounded Warriors, etc. Is it not fair to say, since some veterans groups are saying this, that DVA is starting to rely too heavily on the veterans organizations, the charitable groups, and others out there for assistance in this regard when they believe that DVA should be taking the initiative?

An example is the V.E.T.S organization in Halifax. These are veterans looking for homeless veterans. Although Mr. Hillier was great to go with them one time, it was the veterans themselves who started it, and not DVA. Is it not fair to say that possibly DVA or the government is relying on these other organizations too much, where DVA should be the initiator?

I thank you for coming.

Ms. Maureen Sinnott: Thank you for your question.

It could be fair to say that the other organizations are certainly out in front of Veterans Affairs. But it would also be true to say that some of these other organizations have more knowledge and have their feet on the ground in these circumstances and are able to have a relationship with the individuals and get things up and going. Veterans Affairs is certainly quite happy to partner with these organizations.

Mr. Peter Stoffer: Also, you said there are homeless shelters in Vancouver, Montreal, and Toronto. Are there any initiatives on the east coast, for example, in Halifax?

Ms. Maureen Sinnott: I believe you had Krista Locke here last week, who was speaking about some activities in the Atlantic region. I can make sure and come back to you on that.

Mr. Peter Stoffer: Thank you very much.

I also want to say, sir, on the OSI clinics, there is an article in today's *Quorum* written by Eric Rebiere, an RCMP officer, who said his life was saved by the OSI clinics. So they are very helpful, and I thank you for doing that, although we could possibly use more resources in that regard. He is asking RCMP members to become more active in the OSI clinics. I leave that as a comment.

Thank you.

● (1600)

The Chair: That's it? Thank you very much.

Take note of that rare compliment that came from Mr. Stoffer. It comes from the heart, I know.

We now go to Mr. Chisu for five minutes.

Mr. Corneliu Chisu (Pickering—Scarborough East, CPC): Thank you very much, Mr. Chair.

Thank you very much for coming to our committee as witnesses.

I will continue with the issue Mr. Stoffer raised, the homelessness issue.

I listened with great interest to your presentation. Do you or Veterans Affairs have any contact with any initiative at the municipal or provincial level regarding homelessness? I know for sure that in the city of Toronto an entire division exists called Streets to Homes. Have you ever contacted or established a relationship with them? I know they were also caring for some of the veterans.

Can you elaborate on that? Have you established relationships with other levels of government that have similar programs?

Ms. Maureen Sinnott: I can't speak to the exact organization you mentioned, but in all of our district and regional offices across the country we have case managers who are actively working toward trying to develop relationships, so we're aware of homeless veterans. Our services and benefits are available to every individual, whether they're homeless or not. They're still eligible for programs. We keep in contact with other authorities to ensure we can deliver benefits as well as possible. There is always more for us to do.

Mr. Corneliu Chisu: I'm telling you this because in the city of Toronto, Streets to Homes is especially for homeless people in Toronto. There are several veterans there.

My daughter works there. She raised the issue and said, “Daddy I met some veterans there. They don't have any contact with Veterans Affairs.”

Ms. Maureen Sinnott: We can take that back and ensure that we follow up.

Mr. Corneliu Chisu: I think that would be a good way to connect with other.... Basically, the city of Toronto has a large program in this field, and eventually it can be useful to double some activities. It can piggy-back on that.

How is the partnership between National Defence and Veterans Affairs working? I am retired from the military, so I am a new veteran. I know certain partnerships were established, probably in 2007-08. Before that, there was not too much connection.

Ms. Maureen Sinnott: We have a National Defence-Veterans Affairs committee that works at establishing the priorities and trying to deal with how the relationship should work to ensure that the priorities of veterans who are releasing and moving over to Veterans Affairs are looked after.

The membership of the committee comprises senior members of both organizations. It's chaired by Keith Hillier, the Assistant Deputy Minister of Veterans Affairs, the service delivery branch. It's also co-chaired by chief military personnel from National Defence. It has a number of members from both organizations on it.

We work together to try to ensure that there's a seamless transition for members, and the major issues come to that table, so both organizations are able to address them jointly and make sure the issues are dealt with appropriately.

Mr. Corneliu Chisu: You mentioned Helmets to Hardhats. It is an important program to translate military skills to civilian life.

Sometimes military skills are at a lower level than in civilian life. Are you or the joint committee within DND and VAC able to do something so that veterans who are retiring from the Canadian Forces will be able to get civilian employment?

● (1605)

Ms. Maureen Sinnott: Yes. We have some programs for vocational rehabilitation and retraining that veterans are able to take part in so they can bring their skills up if they need to, in order to gain civilian employment.

We're also looking at whether there is a crosswalk between military skills and the qualifications in the military and the civilian requirements on the other side, so that people can have a smooth transition. If they do need education or the career development or apprenticeship program, we will help them get into that.

The Chair: Thank you very much, folks.

Mr. Casey, you have five minutes.

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

Ms. Sinnott, before the transformation agenda and the most recent budget, could you give us some sense of the type of work that was carried out in district offices?

Ms. Maureen Sinnott: Before transformation and the budget, district offices generally received requests for benefits and services from veterans by telephone, through the mail, or in person. District offices then determined whether or not the individuals were eligible for the program. Their needs were assessed to determine what benefits they could potentially receive. Essentially we had case managers who dealt with clients and visited veterans in their homes. We still have case managers who will visit veterans in their homes.

Case management is a core service of the department. It's one of the core functions that carries on to this day—before transformation, through transformation, through Budget 2012, and it's still carrying on. Case management is a core function of the department to determine eligibility for programs and benefits and to ensure that veterans receive the benefits.

Mr. Sean Casey: So case managers work out of district offices?

Ms. Maureen Sinnott: Case managers can work out of district offices. Case managers visit veterans in their homes. They ensure that veterans are assessed appropriately for the level of service and benefit. They assess their health needs. They try to determine what it is they would require from Veterans Affairs or how they could best be assisted.

Sometimes it's most useful to visit the veteran in the home. You can see the home as well as the veteran, and you're able to figure out how the veteran functions in the home.

Mr. Sean Casey: If you have fewer district offices, it just seems to follow that it will require a bigger effort for those case managers to visit veterans in their homes.

I'm thinking particularly of Atlantic Canada, where district offices are going to close in Corner Brook, Cape Breton, and Charlottetown, and people will be serviced out of Saint John, I presume Dartmouth, and St. John's. If we have a veteran in Summerside who requires a home visit, no longer are we going to have a case manager come from the district office in Charlottetown. That visit, if it happens at all, would have to come from another district office.

Am I wrong?

Ms. Maureen Sinnott: I would never presume to say that you're wrong.

Mr. Sean Casey: It wouldn't be the first time today.

Ms. Maureen Sinnott: Well, I wouldn't comment on that either.

What I would say is that we're at a point where we're looking at how we can best be configured for the future, demographics being what they are and with the changes in where our veterans are located. When you look at the future, they're settling closer to Canadian Forces bases and different places like that. So there are some areas where our population is reducing, to the extent that.... Is it sensible, if I can say that, to have a large physical office with a full health care team and everything else that goes with it to service the veteran population?

On the other side of it, are there case managers there who may be able to work in those locations—that's their territory, and they're on the road for that period of time? Yes, that's sensible, and that does work. That's worked in some northern areas of Canada already.

People contact us by telephone a lot. We don't get a lot of drop-in traffic in some offices. When people phone us and then they make an appointment to see us, we're able to send people out to see them.

● (1610)

Mr. Sean Casey: In terms of the telephone contact now, much of it is concentrated in your call centres in Montreal, Kirkland Lake, Dartmouth, and elsewhere. Would that be fair to say?

Ms. Maureen Sinnott: Yes, we have.... Your initial telephone call would be responded to by our client contact centre network.

Mr. Sean Casey: Okay.

Do you anticipate that there will be a need in the short term for greater capacity by way of phone banks to replace district offices or to provide services that had previously been provided through district offices?

I guess my question is, are you going to need to bring in more people or to contract out call centre services in order to meet your objectives?

Ms. Maureen Sinnott: While I can't predict the future too far out, what I can say is that we do have client contact centres at the moment, and veterans do call. Their calls are responded to through our national network.

I don't envision that we are going to expand our national network to the extent that we're going to set up additional call centres across the country. By the same token, all of the calls that come into the department generally come in through our national centre. If you need to speak to someone specifically who deals with your case, who has specific information—if your questions can't be resolved at the initial contact point—then you're moved to case management or another area that can resolve the problem.

The Chair: Thank you very much.

We'll now move to Ms. Adams for five minutes.

Ms. Eve Adams (Mississauga—Brampton South, CPC): Thank you, Mr. Chair.

In fact we heard from previous witnesses that we've empowered some of our front-line workers to make decisions. Can you expand upon that and just provide some reassurance to Mr. Casey on how quickly, when individuals do call in and request service, they might be able to avail themselves of service?

Ms. Maureen Sinnott: We've gone through a relook at a number of business processes in the department. We've tried to have authority to make decisions delegated as close to the veteran as we possibly can.

So there have been a number of changes in the past that have resulted in authority to make decisions with respect to benefits and services being delegated to the people in the district office that's close to the individual—or, on the other side of it, the individual, when they're speaking on the phone, may be able to get sufficient information or have their treatment benefit determined such that if they need it immediately there's an answer for them right away.

Ms. Eve Adams: Very specifically, we heard, for instance, that when it comes to rehabilitation, that type of decision would previously have been made for a veteran at the upper echelons of management. Currently, the authority to make that type of decision has been passed down to our front-line staff. So the veteran actually receives a thumbs up or a thumbs down on whether rehabilitation will be funded much more quickly. Is that the case?

Ms. Maureen Sinnott: It is much more quickly. I believe that 85% of those kinds of decisions are made within a two-week period.

Ms. Eve Adams: It's fair to say that services for veterans have actually improved and that the wait times have decreased.

Ms. Maureen Sinnott: Our wait times have definitely decreased.

Ms. Eve Adams: Thank you.

With respect to the operational stress injuries clinics network, can you tell me a little bit about how we're trying to meet the growing needs of veterans and our families?

Mr. Raymond Lalonde: As I was explaining at the beginning, we have 10 clinics across the country. Providing specialized services across Canada is really not easy, because a lot of our veterans don't live close to those clinics. We have to scale our network in order to have different modalities of access. For example, we have 10 sites. In some areas, staff from these clinics go on the road. They would go from Ottawa to Petawawa, for example, or from Winnipeg to Shilo. Staff from the clinics go where the veterans are.

One other area we are working on to provide better access is telehealth. Some clinics provide up to 15% of their stress treatment sessions through telehealth. It's a growing tool that is going to have increased use in the OSI clinics, because we don't have clinics in all of the provinces and major areas.

Actually, in one of the clinics, we're piloting the use of telehealth at home. We send the equipment to the veteran's home and he keeps it for the months he's in treatment. He hooks up though the Internet to his clinician at the clinic via a secure encrypted channel. That's going to help us even more in accessing those who go to remote areas. They often don't want to be seen seeking care in a small community, even if we have remote area services.

● (1615)

Ms. Eve Adams: Monsieur Lalonde, you just mentioned that there are 10 clinics. Your testimony, though, describes 17 facilities in partnership with DND. Can you expand upon those?

Mr. Raymond Lalonde: DND started to set up what they call the Operational Trauma and Stress Support Centres in the 1990s, before Veterans Affairs started our OSI clinics. What we offer are similar services. In most of the areas, there's either an OSI clinic or an OTSSC. Four major cities—Quebec City, Ottawa, Edmonton, and Fredericton—have both clinics. In those places, prior to the transition to civilian life, the members will be referred to the OSI clinic to have better continuity through a transition to Veterans Affairs services.

In other areas, such as in Halifax, veterans have access to the OTSSC operated by DND, and we provide access to CF members. For example, in Winnipeg, a lot of our clients at the OSI clinics are CF members. It's a collaboration. That's why we're saying that we have seven specialized facilities between VAC and DND that are offering these services.

Ms. Eve Adams: Thank you.

The Chair: Now we'll go to Ms. Mathyssen for five minutes.

Ms. Irene Mathyssen (London—Fanshawe, NDP): Thank you, Mr. Chair, and thank you for being here.

I wanted to reiterate what an incredible job VAC did with the trip to Vimy. What was most impressive was the care given to veterans and the incredible concern to make sure that they were safe and secure and comfortable. I wish to say thank you for that.

I want to go back to the question from Mr. Chisu with regard to the fact that in Toronto, the homeless veterans who are found are not connecting. It brings me to the fact that in Halifax there are homeless veterans who are being looked after by members of the public. In London, Ontario, we've discovered a significant number of homeless vets. There's a group in London that's trying to put together a plan so that there can be support. Again, these are private citizens.

I'm wondering how that London group would get in touch with that. What steps do they need to take to make sure that the connections are made so that it's not just Vancouver, Montreal, and part of Toronto taking care of homeless vets and making sure that they get services?

Ms. Maureen Sinnott: With respect to the group in London you are speaking to, we would be happy to hear from them through our district office in London. We would see how we can work together with them on that.

Ms. Irene Mathyssen: Okay. I will certainly pass that along.

Ms. Maureen Sinnott: Thank you.

Ms. Irene Mathyssen: Mr. Lalonde, you talked about the fact that it is a challenge to reach all the veterans. They live in disparate communities. The provision of service is a challenge. I am concerned, though, in regard to telehealth and that kind of connection. I have contacted telehealth on a Saturday night with a child, and the reality is that usually we would have to have a face-to-face meeting. I'm wondering, given the fact that these veterans of ours have given such tremendous service, isn't it absolutely incumbent upon Veterans Affairs Canada, and all of us connected with veterans, to make sure that every effort, no matter what—no matter how challenging, no matter how demanding—is made to connect with veterans?

● (1620)

Mr. Raymond Lalonde: As far as the OSI clinics are concerned, one of the beauties of having a partnership with provincial institutions is the connections the staff of the clinics have with the provincial health systems and the community services. So I would say one of the mandates of the OSI clinics is what we call outreach—outreach for two purposes. The first one is to get the health provider community, the social support services community, to know about OSI, OSI clinics, and the services that are offered. Also, it's a way for the OSI clinics to build relationships with the community providers so they can work in partnership. Given the fact that most of our veterans in our OSI clinics have general practitioners, how can we support them in their treatment approach? How can we provide training or education to the community providers? The clinics offer sessions regularly at different venues to family members, clinicians, and hospitals. We do have a lot of efforts from the OSI clinics to reach them.

Ms. Irene Mathyssen: Thank you.

The Chair: You are just at the very end of your time. Do you want a further response?

Ms. Irene Mathyssen: I believe my colleague would like to pose a quick question.

The Chair: It will have to be very brief. We're at the time right now.

[*Translation*]

Ms. Manon Perreault (Montcalm, NDP): Thank you for being here and answering our questions.

I just want to be sure I understood you correctly. Ms. Sinnott, you said earlier that in 85% of cases, processing time for an initial application is about two weeks. For the other 15% of cases, how much time can processing take?

[*English*]

Ms. Maureen Sinnott: That's a very good question. It depends on the complexity of the requirement or the case. I can't speak to individual cases, but 85% of our rehab requests are processed within two weeks. With the remaining 15%, it could take a day longer or it could take a couple of weeks longer. It depends on how complex it is or whether or not we can obtain all the required information. Other than that, I can try to get back to you with an average timeframe, if that's okay.

The Chair: Thank you very much. I said one question.

We have to go to Mr. Storseth for a very fulsome five-minute round.

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

I'd like to thank the witnesses for coming today. I have a quick question. You talk about electronic files and forms, and putting medical files electronically. You mention how it helps protect privacy. How easy is it for our veterans to access their medical files after they have left the forces?

Ms. Maureen Sinnott: That's a question that to a certain extent one may have to address to National Defence, because a lot of their file may still be within National Defence.

However, when they make a request for a disability pension or an application to us, we're expecting it because we've gone to digitization of the files with Library and Archives Canada for the archive files and to National Defence. We should be able to receive the information quickly electronically. One of the best parts is we are able to move that information around the department electronically. So if there are a number of calls for that information in different locations, we won't be sending a paper file to point A, point B, and then point C; we'll be able to send the information to the places that require it immediately.

If the file has been requested by the department, then it's already within the department. If it's a brand-new request, the department has to go to National Defence or Library and Archives Canada, call for the information, and digitize it.

● (1625)

Mr. Brian Storseth: That's a fulsome answer, but the question was, how easy is it for the former serving member to access his file or get his electronic file? Sometimes they require it themselves when they're trying to move forward with different issues.

Mr. Derek Sullivan: I'm afraid I'm not completely familiar with how a veteran would obtain his own medical file. If it has been transferred from National Defence to Library and Archives Canada, my belief is he would have to obtain the records from Library and Archives Canada if they're in possession of them, with the appropriate controls and procedures they have in place.

Mr. Brian Storseth: I know it's a question at committee, so perhaps you could look into it and provide the committee with what it would take and how long it would take.

Mr. Derek Sullivan: Certainly.

Mr. Brian Storseth: You talked about the importance of local and provincial services and knowledge of those services. You talked about how it's an opportunity for us. I think one of the examples is when it comes to rural communities and rural settings. You also mentioned case managers looking at visiting individual veterans' homes. Is this a practice that is regularly done, or it is not the norm?

My experience, coming from a military community, is that particularly our older veterans, who aren't necessarily on Facebook and know all the rest of computer technology, often prefer to come in to sit down and meet with their Veterans Affairs Canada representatives. They often feel more comfortable doing that if the setting is on the base, or somewhere of that nature.

How often is that done, and how important is the actual presence of the office in some of these communities?

Ms. Maureen Sinnott: I'd have to say that case managers going to visit veterans happens on a regular basis. If you were to ask me if it was 75% or 85% of their time, I'd have to come back and respond at another time.

All of our case managers are not sitting in offices waiting for veterans to come to them. They go out by appointment to meet with veterans. We certainly have intake case managers who are available to meet with our veterans in offices to assess their needs, accept applications, counsel them, or have discussions on what we can provide.

Mr. Brian Storseth: Certainly getting more people, boots on the ground, into the communities has been very important. I know in Cold Lake, my community, it's been very well received. It allows more case managers to actually get out and do things when you have more staff in these rural and remote communities. The OSI clinics have also been very well received.

I have one complaint on the OSI clinics. It's not necessarily a criticism; it's just a vision moving forward. We need to make sure there are more mental health professionals in some of these rural communities. It can be an extremely draining process for a member and their family to drive three to four hours to attend a mental health session. They almost have to stay overnight.

If those services were accessible in some of these rural communities, they would be very well received. The mental health professionals we have in those rural communities are certainly overworked as it is.

On my last question, for a lot of my older veterans the paperwork has been very confusing over the years. What work has the department done to help streamline some of this—payments through the VIP program and mileage—to make it less complex and a little more direct and to the point?

Ms. Maureen Sinnott: We've streamlined the forms and applications that veterans need to fill out. We've tried to simplify the number of times an individual has to come back to us for authorization for a similar service—a second year or a third year. We no longer require people to sign renewal forms and send them in all the time.

We're still working on it. It's a work in progress, and there is more that can be done. We are working toward making our language simpler in our communications to veterans, so it's not as difficult to understand what we're saying and what forms have to be filled out.

● (1630)

Mr. Brian Storseth: Excellent.

The Chair: Thank you very much.

That is our time for this panel today. I want to thank you all very much for being here. I think you've added a lot to our study.

We'll suspend for a couple of minutes and change players.

● (Pause) ●

● (1635)

The Chair: Okay, folks, we're back in business. We are involved in the study of transformation initiatives at Veterans Affairs Canada.

I want to welcome our distinguished guests today. I know you're well aware of what we're up to here, so I don't have to reintroduce it.

I understand that Mr. Jenkins will make the presentation on behalf of his group. Then we'll go to Mr. O'Brien, and then we'll go to the committee for questions.

Welcome. You're up.

Mr. Gord Jenkins (President, NATO Veterans Organization of Canada): Thank you, Mr. Chair.

Good afternoon, ladies and gentlemen. It's good to be back again.

My name is Gordon Jenkins. I am the president of the NATO Veterans of Canada. I am here with my colleagues. Jarrott Holtzhauer is our VP of plans and policies. Thurston Kaulbach—or Tud, as they call him in the valley—is our vice-president of advocacy.

The NATO Veterans Organization of Canada is an all-veterans organization. We have no civilians in our organization. It is also composed primarily of post-Korean to present-day veterans and serving members—the so-called modern-day veterans, as distinct from the World War II and Korean veterans, the traditional veterans.

Our web page has our purpose on it. If you're interested, it's at www.natoveterans.org. It is bilingual. Our purpose is clearly stated on page 1, the splash page, and it is, “We will continue pressing Veterans Affairs to provide NATO veterans the same benefits as WWII and Korea Vets”.

The first question we must ask is, what is meant by “transformation”? The definition is “a marked change, as in appearance or character, usually for the better”. VAC uses this definition. We accept it and we look forward to change in process.

Where we differ is on the VAC numbers and what is driving the need for this transformation. The key driver is that soon—all too soon—there will be no World War II veterans or Korean veterans for Veterans Affairs to serve. The end of World War II was 67 years ago, and even if you consider a serviceman or servicewoman who got out of the military in 1945 at 21 years of age, that person is 88 years old. Demographics are catching up with the World War II veterans.

Canada has been a member of NATO since the beginning of April 1949. That's a lot of Canadians who have served with NATO. It is estimated that in these years, close to one million—recognizing that we currently have 700,000 veterans on the books, not including those currently serving—Canadian men and women have served on NATO ships, in NATO units, or in NATO RCAF squadrons.

Modern-day veterans are going to be the future clients of Veterans Affairs, and Veterans Affairs must be prepared to serve this group in the future.

The topic of caring for our veterans is a subject that has been debated since the Boer War, and we're going to be celebrating its 110th anniversary. Unfortunately, the intensity of these discussions has been driven by the proximity of the country's latest military encounters. As a consequence, many of the deficiencies in today's existing Veterans Charter are a result of modifications associated with World War II and Korea. The post-World War II and the Korean veterans have been left behind.

A report prepared in March 2004 by the Veterans Affairs advisory council, entitled “Honouring Canada's Commitment”, contains an excellent condensed review of the history of veterans issues. The NATO Veterans Organization of Canada fully recognizes the sacrifices of World War II and Korean veterans and fully supports all the benefits available to that generation of Canadian servicemen and women. However, at some point in time, the federal government deemed it appropriate to place the post-Korean members of the Canadian Forces in an inferior category. The fact of the matter is that the vast majority of the so-called modern-day veterans served the country in uniform much longer and under equally hazardous conditions as our predecessors.

● (1640)

The rigours of military service have very few parallels in occupations in the civilian world, whether that service was in the air, on the sea, or in a land component. Many years of continuous days and hours in an armoured personnel carrier, tank, truck, ship, or aircraft, in many environments and in many countries, seeing things you should not see or don't want to see, takes its toll on the human body—as we're finding out—be it the knees, hips, back, lungs, hearing, or the mind. These ailments may not become evident until many years following release from the Canadian Forces, but they can be, and in many cases are, directly attributed to military service.

There is also the long-term impact on the families of the service personnel who are obliged to endure lengthy periods of absence of their spouses on foreign duty. It is estimated that there are currently upwards of 700,000 post-World War II and Korea veterans in Canada. Perhaps only as few as 200,000 belong to a veterans association, and probably even fewer require assistance from Veterans Affairs. Whatever the figure, there are many veterans out there who are in need of support. The major question here is why in Canada today a differentiation is made in benefits between veterans of WWII and Korea and post-war veterans who served this country equally and faithfully during the Cold War, the Balkans, in peacekeeping such as Cyprus, in the Gulf War, Libya, and now Afghanistan.

As members here are no doubt aware, the Veterans Affairs Canada-Canadian Forces Advisory Council, in its report of 2004, proposed 15 principles and procedures that would guide the development of the new Veterans Charter. In addition, the advisory council made six recommendations for priority consideration. Only a small portion of these recommendations were ever incorporated in the charter.

There is an inadequacy of the charter with respect to long-term care facilities for aging veterans. Veterans coming back from, say, Afghanistan think they're going to be taken care of by long-term care. That's not the case. Despite the flaws in the charter, it has been labelled a so-called living document. A major shortfall is the lack of provision of facilities for long-term care for aging veterans. Of the original 11 veterans hospitals created in 1915, and the subsequent expansion up to 45 after World War II, none remain.

VAC has made agreements with the provinces to provide for contracted beds within a number of medical facilities, but these contracted beds are available only to World War II and Korean veterans, not to non-traditional veterans. As the number of traditional veterans decreases, the contracted beds are turned back to provincial control for use by the general public. This is happening now in Ottawa right in Perley. The question is why these beds are not being made available to modern-day veterans, and made available to modern-day veterans on a priority basis.

● (1645)

It is our contention that the distinction in eligibility for benefits between traditional and modern-day veterans must be removed. This will finally give some validity to the minister's statement that a veteran is a veteran.

Ladies and gentlemen, veterans are a federal responsibility, not a provincial responsibility. The Canadian Forces are now, and always have been, a federal government agency. By logical extension, veterans of the Canadian Forces remain a federal government responsibility for the provision of care and its administration. The federal government has an inherent responsibility to provide efficient and detailed supervision of the provision of health care to all its veterans and to ensure a system of detailed accountability.

When this proposal was made to Veterans Affairs, the response was the following:

> As the provision of long term care is a provincial responsibility, the majority of our Veterans are assessed and placed in approved long term care facilities by the relevant provincial agency. Facility licensing and monitoring are also provincial responsibilities.

The fact that veterans are assessed and placed in approved long-term care facilities by the relevant provincial agency removes from Veterans Affairs Canada any direct involvement with a veteran. There are at least 13 different health care systems and health care standards, each with its own set of priorities and each largely driven by provincial finances. Veterans, I repeat, are a federal responsibility, not a provincial one.

In conclusion, NATO Veterans is committed to ensuring that no veteran should have to strive for their health care benefits by resorting to public appeals for justice through news articles, camp-outs in front of the minister's office, or vigils. We should not be put in this position.

Thank you, sir.

● (1650)

The Chair: Thank you, Mr. Jenkins.

Now we'll go to Mr. O'Brien.

Mr. Robert O'Brien (Chairman, Board of Directors, Canadian Association of Veterans in United Nations Peacekeeping): Mr. Chairman, ladies and gentlemen, CAVUNP, which is the short form for the Canadian Association of Veterans in United Nations Peacekeeping, has been around for roughly 25 years. The organization began essentially as a social organization, but we soon came to realize that no legislation or programs treated casualties of peacekeeping operations. We began to try to help each other informally as best we could, but we spent a lot of our early years on the remembrance side of things, commemorating actions that had been taken.

Two activities occurred that changed our minds. One was the development and implementation of the new Veterans Charter; the second was Afghanistan. With the grief and the suffering, along with the heroism, that flowed out of that distant battlefield, we accepted that the modern-day veteran was not being well-served by the new Veterans Charter and the programs associated with it. Change is required, and that brings us to transformation.

A week ago, three wise directors general from the east gave you some words on transformation. It's impossible to argue against what they were proposing. The ideas surely reflected ideas that veterans organizations and individuals have been longing for through the years, but you will forgive me if I am not ready to lead the cheerleading for transition just yet.

That may be due in part to the new Veterans Charter, that living document, which has been amended once in six years, and there are no amendments on the horizon of which I'm aware. It may be due to the dozens of recommendations made by many groups, including the unanimous recommendations of this very committee, which have not been implemented in whole or in part. It may be due to that deplorable report we recently got on the Veterans Review and Appeal Board. A 60% turnback from a court to that organization does not represent just a bunch of legal paperwork; it represents human beings who are suffering and did not get the help they needed. It may be due to the most recent shock from the closing of offices across the country.

Last fall the veterans community, almost without exception, pleaded that Canada follow the American and British initiatives to exempt veterans' matters from the requirements of the economic difficulties in which much of the world finds itself. You may well say that the economic difficulties face all of Canada, and the veterans must share the sacrifice. I suggest to you, ladies and gentlemen, that the veterans have already made the sacrifice, and now it's Canada's turn.

Thank you, Mr. Chairman.

● (1655)

The Chair: Thank you, Mr. O'Brien.

Are you going to go first?

Mr. Peter Stoffer: Yes.

I want to thank you all very much, gentlemen, for coming today.

My colleague will be asking you some questions.

The Chair: Mr. Chicoine.

[*Translation*]

Mr. Sylvain Chicoine (Châteauguay—Saint-Constant, NDP): Thank you, Mr. Chairman.

I would like to thank our witnesses for coming today to share their concerns with us.

My first question is addressed to you, Mr. Jenkins. You spoke of your concerns about beds being transferred out of Sainte-Anne-de-Bellevue Hospital, which is the only veterans hospital that still exists in Canada. You said that those beds should be reserved for, not modern veterans, but veterans from the second wave, sort to speak. I tend to agree with you on that, but I would appreciate your expanding on why it is important to keep those beds available for all veterans who may require long-term care in future.

Mr. Gord Jenkins: There is a hospital in the United States by the name of Walter Reed Health Care System. It is a centre of excellence for U.S. veterans. There is no such hospital in Canada. We definitely need a hospital for veterans returning from Afghanistan. Post-traumatic stress syndrome is not really new. We have just given a new name to a problem experienced by veterans in the past.

I do hope that we will be able to keep one hospital in Canada as a centre of expertise. If I am not mistaken, the department is in the process of transferring it; I believe that process has actually been completed. I share your opinion. We have only one veterans hospital and we are losing it.

Mr. Sylvain Chicoine: You also expressed concerns about the fact that there are 13 different health care systems in place in the provinces which do not all provide exactly the same level of service. What are your specific concerns in that regard? Is it that veterans be as well treated in one province as they are in another, all across Canada? You seem to be saying that there are differences from one place to the next. Did I understand you correctly?

Mr. Gord Jenkins: As you know, there are 10 different health care and veteran treatment systems in Canada, one for each of the provinces, as well as those in the territories. That makes 13 different health care systems in all. So, yes, I am concerned. Once that transfer has been completed, who will meet the needs of veterans and provide them with quality treatment?

Mr. Sylvain Chicoine: Veterans require specialized care. That is why the federal government took on this responsibility. The idea was to provide equal services to all veterans all across the country.

Mr. Gord Jenkins: Precisely.

Mr. Sylvain Chicoine: And you are concerned that people are not receiving the same care all across Canada.

Mr. Gord Jenkins: That's correct.

Mr. Sylvain Chicoine: I have a question for Mr. O'Brien.

You say that the New Veterans Charter seems to discriminate against modern veterans because, after 20 or 30 years, many of them would receive a smaller allowance than if they were subject to the old charter. Is that correct?

Let's use the example of a soldier returning from Afghanistan who becomes a veteran because he can no longer serve in the Canadian Forces. If that person were subject to the old charter, would he receive better treatment or a better allowance?

● (1700)

[*English*]

Mr. Robert O'Brien: It would depend largely on the level of injury. In very short form, the worst-off soldier or veteran is hurt the worst by the new Veterans Charter. If he is in really bad shape, he would be better off under the old Pension Act. There are entitlements under the old Pension Act, including financial ones, that would serve him better than what he'll get under the new Veterans Charter.

The Chair: Thank you very much.

We'll now go to Mr. Lobb.

Mr. Ben Lobb (Huron—Bruce, CPC): Thank you, Mr. Chair, and I thank all the gentlemen here today, certainly with some very distinguished service to our country, and thank you for that.

The topic and the goal of the study is to examine the transformation taking place within the department from some clear shortcomings addressed some time ago.

Mr. Jenkins and Mr. O'Brien, if you're looking at transformation—I did read your notes here, but if you're going to get right to the point, what do you think transformation should look like at the department?

Mr. Gord Jenkins: Mr. Holtzhauer or Mr. Kaulbach can say something. We brought them all the way here, so they might as well….

Mr. Jarrott Holtzhauer (Vice-President, Plans and Policy, NATO Veterans Organization of Canada): Quite simply, I would suggest that all the studies that have been done and all the recommendations made to the department be implemented. Do away with all of the problems that have been created, partly by the new Veterans Charter, partly because of the lack of some of the requirements in the old system. It will never be perfect, but I think if they really want to take transformation, as they talk about it, to the best they can, they can start looking at all of the work that's been done. You don't need to do a lot more. Just look at what's been done and the recommendations that have been made in order to transform Veterans Affairs.

Mr. Ben Lobb: Fair enough.

Does your organization have three or four top things...where you would say for NATO, for the peacekeepers, these are the top three or four we would like to see Veterans Affairs focus on in the transformation, and these are the three or four we'd really like to see in the report as recommendations? So if there are 150 suggestions out there, you could focus on and narrow them down to three or four that might actually....

Mr. Jarrott Holtzhauer: I guess the first one is the expansion of these benefits to the modern-day veteran. We've taken on, as our primary advocacy issue, access to long-term care. Gordon didn't mention it, but at the Perley Rideau, which has been converted to a provincial hospital, there is a waiting list for beds now for Second World War veterans, let alone modern-day veterans. Unless they take this to heart and create a priority system across the country with the provinces, then I'll be number 200 on the list, however much my requirements may be for a bed in long-term care—not tomorrow but probably in a few years.

The second one is the VIP program and its expansion to the modern-day veteran. Why should we be treated any differently from those who went before us? As we've already stated, in my own case, with these guys, we served in UN jobs. I climbed mountains in India and Pakistan for a year. I did two tours in Germany and exercises in north Norway, China, and the Middle East. All of that takes a toll that doesn't necessarily show up right away. I've got bad knees, bad hips, a bad back. I suppose those could all be birth defects, I don't know.

That's where we need to look, and those would be our first two recommendations. We're now in the process of looking at where we should go from there so that we just don't wander off in the wilderness.

We've given you two.

● (1705)

Mr. Ben Lobb: Fair enough.

I don't think anybody would argue that care of our veterans in long-term care facilities isn't important or that we look at revisiting VIP. But when we really boil it down to transformation within the department, and how the department actually operates and carries about its business, is there anything specifically in there? This is really where a lot of this transformation agenda came from. I think back to Colonel Stogran and his comments made almost two years ago. That's really where I see the department's focus. Not that the other two issues you mentioned aren't equally important, but focus on the inner workings and the mechanics of the department to provide an answer, and to provide a service to a veteran, in a reduced time and in a respectful manner.

Is there anything there we can put forward in the recommendation?

Mr. Thurston Kaulbach (Vice-President, Advocacy, NATO Veterans Organization of Canada): Yes, I think so.

I've read the transformation plan four or five times and I'm still confused, because it talks in terms of generalities; nothing specific.

As Jarrott said, we've talked about a lot of these things for years. We really have got to come to grips with things.

Now, I have some problems with the numbers that are being tossed about by some of the folks from Veterans Affairs. They're talking about the number of people that they're going to be faced with in a short period of time, over the next four or five years. It's all part of the transformation thing.

The figures that I have, from Veterans Affairs and from the ombudsman's office, show a somewhat different picture. For example, the estimated number of war veterans is 136,400. That figure doesn't show up in any of their documents. The figure for current veterans, modern-day veterans, is about 600,000.

So—

Mr. Ben Lobb: Fair enough, but—

The Chair: Excuse me, Mr. Lobb. We're approaching seven minutes right now, so I'm going to have to move on.

Thank you very much.

Mr. Casey, five minutes.

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

I want to come right back to you, Mr. Kaulbach, and I want to invite you to finish the point that you'd started there.

We have consistently challenged the premise that a downsizing in the department is justified based on the declining population of traditional veterans. We've challenged that premise, and I think you're about to give us a little more ammo.

Perhaps you could let us know where the figures are that you're citing, and feel free to expand on them as you will.

Mr. Thurston Kaulbach: What we end up with, if you combine both figures, is something in the order of 700,000 veterans out there on the street. Whether they're all registered with Veterans Affairs or not, I have no idea, but those are the numbers that are there.

If you break down those numbers on a provincial basis, it's pretty shocking what the strain is going to be on the provincial health care systems.

As an example, just in the province of Nova Scotia, there's a total of 45,000 veterans out there. The province of Nova Scotia has a population of 945,000 people. That's only a very small percentage of the Canadian population, but they have 6.1% of the total veterans population in Canada.

I have all the figures for all the provinces. When you start reducing the call centres....

If you take away the one in Corner Brook, Newfoundland, the only one left is—

● (1710)

Mr. Sean Casey: What they're taking away, actually, is a district office—

Mr. Thurston Kaulbach: A district office, yes.

Mr. Sean Casey: —which will increase the load on the call centres. It's the face-to-face that's being taken away.

Mr. Thurston Kaulbach: Yes.

It means that the only one left is in St. John's, and from St. John's to Corner Brook and the rest of Newfoundland, it's 900 kilometres.

In a more extreme case, they've taken away the ones in Windsor and Thunder Bay, which means there's nothing between London, Ontario, and Winnipeg.

That's a pretty shocking thing. I'm really concerned about the figures they're quoting in their transformation program and what the downstream impact will be if they drive the Department of Veterans Affairs in that direction.

Mr. Sean Casey: Sir, the numbers that you're citing—did they come from Veterans Affairs? What's your source?

Mr. Thurston Kaulbach: The source of the numbers is the ombudsman's office, and also Veterans Affairs.

Mr. Sean Casey: Thank you.

Mr. O'Brien, you referenced the motions that were brought forward by the opposition in advance of the budget, seeking to follow the lead that has been set in other countries with respect to exempting the Department of Veterans Affairs from the austerity measures that have been introduced. I have a couple of questions for you along those lines.

It doesn't matter what question you ask or how you ask it, the answer that we're repeatedly given is that veterans' benefits will be maintained and veterans' benefits have been maintained. It doesn't matter what question we ask, that's the answer. Could I get your reaction to that? Should Canadians be proud that veterans' benefits have been maintained? Should we be proud of the level of service now being given to our veterans?

Mr. Robert O'Brien: I'm not very proud of it, but I don't have a tremendous amount to do with it. What turns a veteran off, what turns him to anger, is the sort of situation you describe, where the answer is that benefits won't be cut. Last October, we said we accept that benefits won't be cut. But if you cut first-line staff, you're going to hurt the veterans. Obviously we didn't succeed with that.

We know there are problems and we appreciate that there are people attempting to solve those problems. From our association's point of view, the biggest problem is that Veterans Affairs is not listening to veterans. You get a line in the presentation you were given last week that says something like, “This program will describe the results veterans and their families can expect to see.” Did anybody ask the veterans and their families what results they expected to see? I don't believe that happened.

One of the themes is sustaining the new Veterans Charter. I had to look up the word “sustaining”. There are six definitions of it in the Oxford dictionary. None of them includes words like “amend, change, improve”. They contain words like “support, keep alive, keep going, undergo”.

I'm sorry to be a little emotional. But I think it's starting to pass from a cooperative approach to a more confrontational approach, and this will never help veterans.

The Chair: Thank you very much. We're quite a bit over time.

I'll turn to Mr. Lizon for five minutes, please.

● (1715)

Mr. Wladyslaw Lizon (Mississauga East—Cooksville, CPC): Thank you, Mr. Chair, and my thanks to you all for your service and for coming here, and to some of you for coming here again.

Maybe to change the tone, my first question is, is there anything positive in the charter? We're talking about negatives. I agree that there is always room for improved service and communication, and for improvement everywhere. But is there anything positive? Could we focus on positive things and go from there?

Mr. Jarrott Holtzhauer: One positive thing is the change in the VIP program, so that you don't have to apply every year to get the benefit. You can now get a sum of money and you can pay for your requirements. You don't have to justify everything you need. I think that's a good change. But we have to expand the program.

Mr. Robert O'Brien: I think there are a lot of positive things in the charter. The House and the Senate went through this quickly, because they believed...I'm sure they believed it would help veterans. That's a positive side. But it never got the review it required. For some years now, we've been trying to make the changes to the charter necessary to bring it to what was intended when it was brought into being.

Mr. Wladyslaw Lizon: Yes, sir.

Mr. Gord Jenkins: You're looking for positive things. Having you listen to us is, for us, a positive thing. That somebody cares enough to get four old you-know-whats in here and listen seriously to our concerns is a positive thing. We want to thank you.

Veterans Affairs, with its attempt at this transformation...I'm sorry, I'm an ex-public servant. I spent half my life as an EX-1 and I went through two of these organization renewals. All sorts of buzz phrases, all sorts of recommendations, and very few implementations. So if you do have transformation, then you have to have results. That they're trying that is a positive thing.

So yes, there are positive things, but remember when I finished I mentioned that...and you'll see it in the papers every day: public appeals for justice through news articles, people camping out in front of ministers' offices, vigils coming up on the 6th of June. We never had that. So there is something really wrong right now that has to be addressed, or we're headed for confrontation and not cooperation.

Thank you.

Mr. Wladyslaw Lizon: Thank you.

You were talking about the reduction of the front-line staff, but as we all know, life changes, and the ways of communication have changed a lot. We tend not to write letters, and 20 or 30 years ago we used to. How does this work in the veterans community? As you mentioned in your presentation, Mr. Jenkins, we have Second World War veterans who would be in their late 80s, and of course we have modern veterans who are much younger and probably use the new ways of communication much more often. How do changes in technology affect different groups of veterans?

Mr. Gord Jenkins: The NATO web page, which I hope you'll all look at tonight, also has Twitter and Facebook links. But you've made a good point. Not everybody in our generation is hooked up to this wonderful Internet and web. So you put your finger on a generational thing, and this is something Veterans Affairs should look at, even with transformation: the various forms of communication, not only how they come out in bureaucratese, but how they come out in English, and also how they send it.

● (1720)

The Chair: Thank you very much.

We'll go to Ms. Mathyssen for five minutes.

Ms. Irene Mathyssen: Thank you very much, Mr. Chair, and thank you very much for being here and providing us with this background information. It's very important, and we're profoundly concerned about what's happening to modern veterans.

In the brief you indicated that the federal government deemed it appropriate to place the post-Korean members of the Canadian Forces in an inferior category, and you suggest that it's because somehow peacetime operations weren't deemed as significant or important as World War II or Korea. But when we stand back from it, when we look at what's going on, first we've got a report about the VRAB and the incompetence there. We've seen the downloading of long-term care to the provinces. We've seen very clearly, as you say, a removal of Veterans Affairs from the concerns of looking after veterans.

It seems to me that Veterans Affairs has been busy washing its hands of its responsibility. You've suggested that it's because you're not seen to be as significant in terms of your service, but when we hear the government talk about cuts and the essential nature of the cuts and the decimation of Veterans Affairs by 804 people, it would seem to me that maybe the answer is a little simpler than that. Maybe it's just money. Maybe it's just because it's going to be expensive to look after those post-Korean vets, because, as you indicated, many of the injuries are serious. We are not aware of all that's coming.

Are you simply the victims of cost-cutting?

Mr. Gord Jenkins: Yes.

Mr. Jarrott Holtzhauer: The simple answer is *oui*.

Mr. Thurston Kaulbach: I would say that, reading the transformation plan that was put out, it struck me that this transformation plan was a “going out of business” plan for Veterans Affairs about 15 years down the road, maybe sooner.

Mr. Robert O'Brien: The funding is a major part of what's going on, obviously, but it's not the only difficulty that is faced. Even the transformation is going to cost a fair amount of money, particularly putting everything on electronic records and so on. It's a good idea, but I would support what Mr. Kaulbach just said.

It looks to us like a business decision has been made, and that business decision is going to cause suffering to veterans.

The Chair: We have time for a brief question.

Manon, be brief.

[*Translation*]

Ms. Manon Perreault: So, previously, beds were reserved for veterans, under contract, but now those beds are being offered to the general public. So, there are no longer any beds reserved for them in hospitals. I just want to be sure I understood you correctly.

[*English*]

Mr. Thurston Kaulbach: Go ahead.

Mr. Gord Jenkins: Are you familiar with Perley hospital in Ottawa? It was a veterans hospital. There is a waiting list, ladies and gentlemen, of three years for World War Two and Korean veterans to get in. We don't stand a chance as a modern-day veteran of ever seeing a bed in a contracted hospital. When the last Korean veteran leaves Perley hospital, it will be open to civilians only.

Does that answer your question?

● (1725)

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

We're at time now, and the last slot is Ms. Adams.

Ms. Eve Adams: Thank you, Mr. Chair.

If I might just correct the record when it comes to St. Anne's hospital, in fact as the transfer over to the Quebec government takes place, Veterans Affairs has made every effort and every commitment to ensure that veterans receive priority access in the language of their choice, and in fact has gone to lengths to ensure that the wonderful care provided by the staff at St. Anne's hospital is recognized and that those nurses and hospital staff are brought on by the Quebec government.

The challenge that we've been facing, of course, is that there are empty beds, there aren't enough veterans to fully occupy those beds, and Quebec citizens need access to that hospital. We're not quite sure why the opposition doesn't think the Quebec government is capable of running a quality hospital. The Conservative government certainly believes the Quebec government is capable of running a quality hospital and providing exceptional care to our veterans.

Mr. Jenkins, in your testimony at the beginning, on page 1, you indicate that in fact your association agrees with the vision for transformation and the five themes that have been chosen. We are in fact now entering a period of time where we have more younger veterans than traditional veterans—the World War Two and the Korean War veterans. We're looking at providing services that will benefit these younger veterans, so their focus, obviously, is some transition to careers as they leave the military and look to civilian life. We've brought in Helmets to Hardhats, and we're looking at providing that type of career transition.

We're also recognizing post-traumatic stress disorder, making sure that we've more than doubled the number of clinics to serve those young veterans, to face the challenges that we now recognize and are more comfortable speaking about than perhaps we were 20, 30, or 50 years ago.

Additionally, we're looking at how we might be able to commemorate and honour the sacrifice of these younger veterans. I think as a nation we've done a respectable job in recognizing the sacrifice of our traditional war veterans, but perhaps there's more work we can do to recognize our younger veterans as they return.

When you go to the Legions, the membership is dwindling, and younger veterans don't feel as comfortable signing up there. They don't have the camaraderie; they don't have the social support network of a community coming together to honour their work. They don't have the social outlet to discuss the challenges they face both in war time and now as they return home.

Could you perhaps give me some insight into what more we might be able to do to commemorate the younger veterans and how we can additionally support them in our communities?

Let me also say that I truly thank you for your service, and we are listening intently. One of our members here, Mr. Chisu, is a member of your association.

Mr. Gord Jenkins: You've asked about three questions, and I'll try to wrap them up into one.

One is about St. Anne's Hospital. I know the project manager—he's a very close friend, Rick Neville—and his trials and tribulations of handing over the hospital to Quebec. What we're saying is that Mr. Chisu, or myself, or any of the World War II or post-Korean veterans don't get beds. We do not get beds. There are no beds to go to, and there's still a waiting list for World War II.

As for your comment on the Legion, you're quite right. The traditional veterans are very well served. The Legion was and is an excellent organization. The Legion, by the way, is now 80% civilian, and counting, and the same is true for the other two traditional veterans organizations. They still support veterans. They support their base, which is traditional veterans.

Your question on where these people go for help...that is a challenge for this committee. Where would they go for help? There is no place for them to go right now. They have these—what is it?—8 DND and 10 Veterans Affairs places across Canada. Most of them are on bases. Where do they go for help? They can phone Veterans Affairs offices, but they're closing them down, as was described by Mr. Kaulbach, particularly in some of the areas, like Newfoundland and western Ontario.

So, yes, that's a challenge that hopefully this committee can address. Where do the modern vets go? We have no place to go.

● (1730)

The Chair: Thank you, Mr. Jenkins. We are actually past 5:30, so we have to cut off our time.

I do want to thank the witnesses for coming and sharing their views with us today—candid, as always. Certainly the committee will reflect carefully on what you've said.

Folks, that's it until our next meeting. We're adjourned. Thank you.

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