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## **Standing Committee on Veterans Affairs**

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**EVIDENCE**

**Tuesday, November 7, 2017**

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**Chair**

**Mr. Neil Ellis**



## Standing Committee on Veterans Affairs

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• (0955)

[English]

**The Chair (Mr. Neil Ellis (Bay of Quinte, Lib.)):** I call the meeting back to order.

Pursuant to Standing Order 108(2) and the motion adopted on February 6, 2017, the committee resumes its comparative study of services to veterans in other jurisdictions.

In front of us today from the Department of Veterans Affairs are Mr. Doiron, the assistant deputy minister of service delivery, and Mr. Butler. I guess you're supposed to be Faith, but thanks for coming, Mr. Butler. We'll turn the floor over to you for 10 minutes.

**Mr. Bernard Butler (Assistant Deputy Minister, Strategic Policy and Commemoration, Department of Veterans Affairs):** Thank you very much, Mr. Chair. I much appreciate it.

As noted, my name is Bernard Butler. I'm the assistant deputy minister for strategic policy and commemoration with Veterans Affairs Canada.

Mr. Chairman, *bonjour à tous*. Many thanks for the opportunity to appear before the committee today. It's always a great pleasure to engage with you in the context of the important work you do on behalf of all of Canada's veterans and their families, and in this context in particular, in terms of a comparison of related benefits and services provided in other jurisdictions.

It is clear that since May 1, 2017, when I last appeared before this committee and you were just embarking on your study, you have been exposed to a wide array of testimony and evidence from a broad range of sources, from our allies to independent organizations. It would seem apparent that there are many similarities as well as differences in both the issues faced by veterans and the approaches that are developed to address them. Although all related benefits and services must be viewed and understood in the historical, socio-economic, and political context of each country that is looked at, it is equally clear that there is always opportunity to learn from best practices and innovative solutions that may be identified elsewhere.

Veterans Affairs Canada has over time endeavoured to ensure that its policies and practices are evidence-informed and based on credible research and best practices in other jurisdictions and complementary to other available programs from the Government of Canada. I would strongly encourage the committee to look at veterans' benefits and services from a whole-of-government perspective, including those benefits provided by the Canadian

Armed Forces in terms of programming, such as superannuation benefits, long-term disability benefits, and insurance coverages.

The Veterans Affairs Canada departmental plan for 2017 and 2018 makes it clear that our focus is the well-being of our veterans and their families, and that we seek to provide the best possible benefits and services tailored to their needs. In this context, "well-being" is defined as being determined by multiple factors, including a need for purpose, financial security, housing, health, family and community, resilience, and identity. I have no doubt that this is not entirely different from what you have heard from many of your witnesses. How each jurisdiction achieves this as an outcome, however, may well differ.

What is striking is the commonality of issues that veterans and their families are experiencing across most of these jurisdictions, whether it be the United States, the U.K., Australia, or New Zealand. Transition from military to civilian life, employment, mental health, and support to families appear to be common themes.

As you are aware, there have been many improvements made to programming for veterans, and in particular to the new Veterans Charter since its implementation in 2006. Much of the investment on behalf of the Government of Canada has been directed to these very themes, and all of it has been designed to support the desired outcome of well-being as described above. All of this should be considered as well in the context of a wide range of benefits available to veterans through other VAC programs, such as the veterans independence program; our health care program, including treatment benefits and long-term care; case management; and rehabilitation.

Some of the more significant investments from budget 2016 and budget 2017 have been directed along the themes of supporting transition, providing better support to families, and investing in mental health services and care for veterans at risk. I'm just going to highlight a few of those, such as the hiring of some 400 additional staff to reduce the ratio of clients to case managers to an average of 25 to one; increasing the income support benefit, the earnings loss benefit, from 75% to 90% of pre-release salary; increasing the disability award benefit to \$360,000; delivery of a suicide prevention strategy; support to families through the caregiver recognition benefit; expanded access to military family resource centres; ending of time limits for surviving spouses to apply for vocational rehabilitation; creation of the veterans' education benefit; establishment of a centre of excellence for PTSD and related mental health conditions; enhancement of career transition services; creation of a veteran and family well-being fund and a veteran emergency fund; and an outreach strategy to ensure that veterans and their families are informed of the range of supports available to them.

• (1000)

These initiatives should serve Canada's veterans and their families well. At the same time, we continue to work in support of our minister's remaining mandate commitments, including the reduction in complexity of our programming, strengthening our partnership, streamlining our financial benefits, and re-establishing a lifelong pension as an option.

We will continue to work with our federal and provincial partners and not-for-profit organizations in areas such as homelessness and unemployment, and we will continue to work hard to ensure that releasing members and their families can access the rights, benefits, and services more quickly, more efficiently, and more effectively. I have no doubt that the work of this committee in its comparative review of veterans and their families in other jurisdictions will prove of great value to us as we move forward.

In closing, I would like to thank you for your efforts and this opportunity to appear today. I will turn now to my colleague, Michel Doiron, who is going to speak in more detail about what the department is doing to assist veterans and families in transition.

Thank you very much.

**Mr. Michel Doiron (Assistant Deputy Minister, Service Delivery, Department of Veterans Affairs):** Thank you.

Good morning, Mr. Chair, Mr. Vice-Chair, members of the committee, and ladies and gentlemen.

[*Translation*]

I'm happy to be here this morning.

First, I'd like to thank you for all the efforts you have made to improve services for veterans and for exploring benefits offered in other countries.

[*English*]

As my colleague outlined, our mission is to improve the well-being of veterans and their families. We take a comprehensive approach to veterans' well-being. Our objective is to help all our servicemen and women transition successfully into civilian society and to assist each of them in finding the new normal. We are

committed to the re-establishment of veterans through wellness as well as a recognition of lifelong commitment, and we have made great strides in enabling well-being. Recent surveys have indicated that we are on the right track.

In the first survey since 2010, 82% of our veterans indicated that their case management plans met their needs. That's a significant increase from 2010, when only 24% were satisfied.

• (1005)

**Mr. Darrell Samson (Sackville—Preston—Chezzetcook, Lib.):** What's the date on that?

You said since 2010. Is this survey from 2015, 2016?

**Mr. Michel Doiron:** The report was from 2017. We just did it.

Additionally, 81% responded that they were either satisfied or very satisfied with the support they were receiving from Veterans Affairs.

[*Translation*]

Nearly 75% responded that our services exceeded their expectations. This is why we're working closely with the Department of National Defence to make sure the transition process runs smoothly and as harmoniously as possible. We know that transition is the first step in an efficient well-being model.

[*English*]

Together with CF, we're working on implementing a new employment strategy, aligning DND, CAF, and VAC transition programs and services and implementing a new veterans ID card for releasing members and veterans as a formal and meaningful way of providing them with a tangible symbol of valued membership and recognition as veterans.

We're also working at enhancing transition services and supports and implementing an education and awareness campaign that is targeted at CAF members, veterans, families, and key stakeholders.

One of our biggest endeavours so far has been the guided support pilot project. Launched in a few cities across the country, a group of veterans were identified to receive one-on-one assistance when applying for benefits and services, to ensure they're getting the most out of what the department has to offer.

The pilot project has been receiving tremendous feedback so far. It addresses the largest issue of veterans not always knowing the right questions to ask to receive the appropriate services. Our department does the hard work of navigating the systems and providing veterans with the specific information and advice they need. We are looking forward to the next step with this project in rolling it out nationally.

Ultimately, all releasing CF members, veterans, and their families will feel supported and have the knowledge and the ability to access the range of services available to assist them with their transition to civilian life.

Thank you again for the opportunity to address this committee, Mr. Chair. I look forward to your questions.

**The Chair:** You have six minutes, Mr. McColeman.

**Mr. Phil McColeman (Brantford—Brant, CPC):** Thank you, Chair.

Thank you for being here to speak with us today and answer questions.

Yesterday the Canadian Press reported on increasing wait times. You've mentioned all the investments you've made, all the money that's flowed through the two most recent budgets, and yet wait times for decisions are going up significantly, not down.

How do you explain that?

**Mr. Michel Doiron:** There are a couple of ways to explain it.

First of all, what was reported was in relation to our disability programs. We have multiple programs that were specifically on the disability side of the house. It is correct that the wait times have gone up. The reality is that we've taken various steps to accelerate adjudication. We've increased our efficiency by 22%. However, our incoming has increased by over 27%, just in disability awards. Add to that a lot of new programming.

We're just being swamped, if I can use that terminology; I know it's not very scientific.

As an example, two years ago we had approximately 35,000 applications come to us. Last year we had 53,000, and this year it's probably going to be closer to 60,000. The numbers are just going through the roof.

The good news is that veterans are coming forward. Veterans are better aware. The communication is better. The programming, I think, is more advantageous. The percentage of approval from first application has gone up, so I think now people are saying they can apply and have a good chance of being told yes.

Unfortunately, we're struggling to meet those timelines and we're struggling to meet the volumes. We've taken steps to address this, but we still have a way to go. Those volumes are still going up, so we're working hard to try to address that.

**Mr. Phil McColeman:** It would seem to me that the money you get from the budgets, if you're in management, would be well spent adding resources to keep those wait times in line with what they were and to not allow them to go up. Do you need more funding?

• (1010)

**Mr. Michel Doiron:** Yes. The reality is that the money we get is for specific programs. Our money is attached to specific programs, so the department spends most of this money on programming, not on the administration. We have a very small amount of funds that we can move between programs, to be honest. We are looking, but even before we put an ask in, we were really looking at whether we could eliminate some of the steps and look at efficiencies. That should always be the first thing to do, to see if there are any efficiencies to

be had within the department, but for sure, with these types of numbers, I think it's beyond just the efficiencies now. I think we're hitting the point where we're going to need some other help.

**Mr. Phil McColeman:** Okay.

Marc Lescoutre of Veterans Affairs was recently quoted in the press as stating that Veterans Affairs "is regularly examining the entire disability application process from intake to decisions to expedite decisions and respond to veterans' needs more quickly." How often is "regularly"? That's my first question. Are there reports to upper management in writing? Do they contain recommendations?

Can you answer those three questions?

**Mr. Michel Doiron:** I can.

How often is regularly? I will have been there for four years in December, and we've been working on continuous process improvement since then. We have actually implemented new processes and eliminated steps in the processes as we've gone along. We still have a long way to go. It is a very old system. It's an old law. We have to comply with it, but we're trying to make those changes.

Is it in writing? Yes, we have reports in writing. We are looking at all the ways to improve this.

I forget what the third question was.

**Mr. Phil McColeman:** Do the reports contain recommendations?

**Mr. Michel Doiron:** They do.

**Mr. Phil McColeman:** Okay. I'll stop you there then.

Can we get copies of those reports?

**Mr. Michel Doiron:** Yes, but they're briefing notes, not reports, just to be clear.

**Mr. Phil McColeman:** Can the committee get copies of those?

**Mr. Michel Doiron:** Yes.

**Mr. Phil McColeman:** Thank you.

In his remarks last week to our committee, the defence ombudsman also mentioned a great deal of resistance to his reporting regarding service attribution.

Why is your department resisting his recommendations? What is it about them that you object to?

**Mr. Michel Doiron:** First of all, I don't think we're the only ones objecting to his report, but you would have to raise the second part with the CAF, not with me. I can't speak on their behalf, because he is their ombudsman.

From our perspective, when it comes to the medical adjudication, we serve not only the serving members. The doctors at CAF can do only service attribution or determine what caused the illness of the serving members, and I don't even know if they can do that. We have a whole series of veterans out there, so you would bifurcate a system. You would have two systems, one for still-serving members and one for veterans, which, in my view, makes no sense. We are trying to get closer to our colleagues at CAF and have one process, whether it is rehab or, in this case, adjudications or finding employment, as opposed to bifurcating a system.

**The Chair:** Thank you.

Go ahead, Mr. Fraser.

[*Translation*]

**Mr. Colin Fraser (West Nova, Lib.):** Thank you very much, Mr. Chair.

I would like to thank both of our witnesses for being here today and for their presentations.

[*English*]

First I'd like to touch on something Mr. McColeman was speaking to, the Canadian Press story yesterday regarding the delays that seem to have gone up for disability or medical benefits.

Can I take it from what you say that there's a catching up happening right now, that veterans are coming forward, that they feel like maybe there would be an increased chance of their application being approved? Is the idea that there is a backlog because more people are coming forward now, but it would be temporary, and as we get through these, eventually that delay would be addressed and it would subside? Is that right?

**Mr. Michel Doiron:** Yes, there are more coming forward. On the first part of your question, I would agree with you. More people are coming forward; it doesn't matter where. We have a 36% increase in rehab. The numbers everywhere are very high and we're working to get rid of the backlog.

Where I'm not so sure is I can't predict what future volumes are going to be, even with all the steps we put into place to try to accelerate the process and the 22% increase in production. Had you asked me two years ago if we would have a backlog if we increased production by 22%, I would have said no, that we're going to go the other way. I could not predict a 27% increase in the workload.

With all the new programs that the government is putting into place, more people are coming forward. I'm always a little leery to say there will never be a backlog. In operations, that's a commitment I'm not comfortable making. The commitment I am comfortable making is that we're trying to get rid of the backlog to the extent we can, to bring our standards within the prescribed standards.

We are removing steps in the process to make it faster. The percentage of approval at first level fluctuates a bit, but generally it's around 84%. That means the person who comes in for the first time with an application gets a yes. That has moved from the low 70s a couple of years ago. In the case of mental health, it's 94%, and 97% for PTSD. We're really accelerating some of that, but there are some other ones for which it takes longer.

I don't want to share the blame; I'm the guy. If we're not meeting the standards, it's me, but the reality is that sometimes a medical diagnosis is not clear and we can't render a decision. We have to go back to the medical practitioners, and it starts adding a lot of time to the process. That's why there's some of the stuff that comes into play.

For the future I would love to say yes, our plan is yes, but I can't predict the volumes.

•(1015)

**Mr. Colin Fraser:** Overall, though, your understanding is that there is a greater awareness in the veterans community as it relates to the benefits and services available and the enhancements that have been made, and that is the reason we're seeing an increase in the number of applications coming forward. Is that correct?

**Mr. Michel Doiron:** Absolutely, sir. More people are aware. We have new benefits that are very interesting. There is more awareness, more communication. There's more dialogue, stakeholder engagement, and involvement. I think when you put that all in the pot, there's more.

**Mr. Colin Fraser:** Great.

I'd like to turn now to the Veterans Bill of Rights and how that compares. We're doing a comparative study right now with other jurisdictions, one of them being the United Kingdom.

The United Kingdom has a military covenant. I'd like to hear from you what the difference is between a veterans bill of rights and the United Kingdom model of military covenant, and whether the military covenant in the U.K., as you understand it, is legislation or policy.

**Mr. Bernard Butler:** I think this is a classic example of the need to look at the different contexts in the U.K. and Canada.

In the U.K., much of the programming is provided through agencies that are external to government. They have a large cohort of charitable organizations and other formal organizations that deliver benefits and services to veterans, unlike in Canada, where we have a legislated Department of Veterans Affairs and a very clear legislative framework and mission and mandate for the support of veterans. In the U.K., if I understand correctly how their covenant works, it's a reflection of how communities and all the organizations that support veterans' programming have acknowledged and recognized the basic concepts of what is important in supporting veterans.

In Canada, we have more of a statutory framework. Our bill of rights evolved out of the notion that it would be good to have some basic principles of fairness and respect and so on to help guide the department and support veterans in the process. The bill of rights is a policy statement that reflects and guides the Department of Veterans Affairs and informs veterans of what they should reasonably expect from government and the department in the benefits they apply for and how they are managed and processed. It's actually a different context.

That said, the basic principles are of value in both of those contexts. They include showing respect for veterans, trying to provide the best quality of service that we can for them, expectations in terms of timely management of their claims, and so on. All of these very fundamental tenets are laudable.

**Mr. Colin Fraser:** Thanks.

**The Chair:** Ms. Mathysen is next.

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

Thank you for being here. I truly appreciate it. I have a number of questions, and I'll try to be succinct. I look forward to your answers.

The minister's mandate letter says that one of the goals is to “re-establish lifelong pensions as an option for our injured veterans... [while ensuring] that every injured veteran has access to financial advice and support so that they can determine the form of compensation that works best for them and their families.”

Veterans took that to mean that a lifelong pension would be re-established, period. Can you elaborate on what this does in fact mean, and how it differs from what veterans expected during the federal campaign in 2015?

• (1020)

**Mr. Bernard Butler:** You're absolutely right. This is a very clear element of the minister's mandate commitment. It has been the subject of much discussion and debate over time.

I think you're absolutely right. There are some stakeholders who interpret it literally, meaning re-establish or bring back the Pension Act as an option. There are other views of that, though, in terms of whether it may really mean bringing back or supporting financial security in one form or another for veterans.

At the end of the day, I can tell you that the department continues to do a fair amount of work on this particular piece, but it will be the minister who will come to cabinet when he is in a position to do that and it will be the Government of Canada that will respond to this significant policy issue.

**Ms. Irene Mathysen:** Thank you.

There has been a lot of discussion about the costs involved in claims—the assessment of claims, the denial of claims, and dealing with all of that—in regard to processing, person-hours, court appearances.

Do you have any idea about how much money is spent in all of these interactions in terms of staff, court time, etc.?

**Mr. Bernard Butler:** If you go to the public accounts, you'll see clearly the amount of money spent by the department on all of its programming. I think you'll find that about 93% of of our annual expenditure is directed to programs in support of veterans. In other words, it's flow-through money to veterans.

At the end of the day, it is a sizable investment that the Government of Canada makes to veterans and to supporting all of these programs. I don't have a figure in front of me for the program expenditures on disability benefits, which I think is the one you're alluding to.

It's interesting that if you look at our legislation, you see we're dealing with the Pension Act, legacy legislation that dates to 1919. That essentially set the framework, the same framework that guides most other countries, although we see a little movement away from it. The basic framework is service attribution. In other words, the philosophy and underpinning of this is that benefits paid to veterans

are based largely on the premise that if you have a service-related disease or disability, then you should receive support for it.

In the new Veterans Charter, the disability award benefit is similar, in that you need to show a service connection to receive it. As soon as you impose that standard, that eligibility criterion, on a benefit process, you automatically require a fair amount of administration to make that determination. It's a very complex piece that all of our allies experience too.

It's interesting in that the public tends to focus on disability benefits. In the current programming, the new Veterans Charter, it's the disability award. That's what people focus on when they consider the administrative burden: timeliness of processing, accessing service records, and so on. All of this is essential to satisfying eligibility criteria. I would ask the committee to bear in mind that the disability award program is only one element of the vast array of programming that the Government of Canada provides through the Department of Veterans Affairs. There are multiple programs that nobody ever focuses on but that are very important in supporting wellness and the re-establishment of veterans. The basis of the new Veterans Charter is our rehabilitation program, which focuses on wellness, re-establishment, and reintegration. Applications for access to our rehabilitation programming and our income support programs take a few weeks to process, because the eligibility criteria are somewhat different. The thrust of that is to get members and their families supported so that they can be rehabilitated, get employment, find a sense of purpose, and move into civilian life.

I think it needs to be positioned in that context before we can understand and appreciate it.

• (1025)

**The Chair:** Thank you.

Go ahead, Mr. Samson.

**Mr. Darrell Samson:** Thank you.

[*Translation*]

To start, I'd like to put two extremely important questions to Mr. Doiron.

I visited a clinic that treats operational stress injuries or OSIs. I have to say that what I saw there was very impressive.

These clinics offer state-of-the-art services to support veterans. However, veterans in my riding and in the Halifax region don't find these clinics work well when there's a crisis that happens outside of normal business hours, as these clinics are open from 9:00 a.m. to 4:30 p.m. Since veterans can't plan when they're going to have a crisis, this really doesn't work very well.

Moreover, if a veteran is in a crisis situation and goes to the hospital, and this hospital doesn't have information on hand or on the challenges he's facing, the services won't be up to standard.

Clinics want to work with the federal government and the provinces to be able to offer 24-hour service.

What do you think about this?

**Mr. Michel Doiron:** Thank you for the question. I'd like to raise a few points. Firstly, I participated in discussions on the OSI clinics and on services offered 24 hours a day. However, it is very important to understand that health care is under provincial jurisdiction throughout the country. It is clear that the Government of Canada offers an additional, superior level of care, especially with regard to mental health. That is the purpose of our OSI clinics. I would remind you that we hire provincial staff so that they can offer services in our clinics.

Notwithstanding the second point you raised in your question, it is critical that an individual in crisis present themselves to a hospital, to an emergency service, and that they see a health care professional to obtain immediate care. Even service points offering 24-hour-a-day service—and this is an aspect that we are trying to get our colleagues to understand—are not emergency service points unless a province decides otherwise. The provinces, under their mandate, have the powers and capacities necessary to do so, but in my opinion, an individual in crisis should go to the emergency room.

Our chief psychologist, Dr. Heder, and our chief physician, Dr. Courchesne, both hold this opinion. They believe that emergency rooms and hospitals are the places where our veterans can receive adequate care. Nonetheless, we understand—and this relates to the second point in your question—that, for some individuals, especially if they are in crisis, going to the emergency room is not necessarily appropriate. That's why we are working with doctors and clinicians' associations throughout the country in order to educate them about the unique needs of our veterans. The first aid received by a veteran in crisis is administered by health care professionals. However, going to the emergency room to get into a hospital is not always easy. That's why we have a service that veterans can call 24/7. We also have other mechanisms to help them.

That said, if the province of Nova Scotia wants to, we are ready to work with the province and discuss possible ways forward, but health care is a provincial responsibility.

• (1030)

**Mr. Darrell Samson:** The fact remains that the situation is a bit different in Nova Scotia. There is Camp Hill Hospital, which we could use. Like all of the other hospitals that you mentioned, it could offer services and that would be a good thing. That being said, I will not get into this subject today because I don't have time.

Before moving on to Mr. Butler, I would like to ask you a question about doctors. Some veterans have had the amount of cannabis allotted to them reduced from 10 grams to 3 grams. However, if they're not in agreement or if they wish to receive the amount that they were entitled to previously, they can consult a pain doctor. If I understand correctly, that's the process for reaching this objective.

How do you believe a Nova Scotia veteran could follow this process, when there are no doctors recognized for this purpose and there is a 24-hour waiting list?

Can it be said that this service is sufficient for Nova Scotia veterans?

**Mr. Michel Doiron:** Thank you for the question.

Pain doctors are not the only professionals who can prescribe an exemption. A psychiatrist can also do so if mental health is an issue.

Some people say that they are being treated by a psychiatrist for mental health issues. Having discussed this, I know that the issue of psychiatrists is truly a problem in some parts of the country, particularly in Saskatchewan. One of your colleagues raised this issue with me, and rightly so. These people can consult a psychiatrist and obtain an exemption. The policy does not rule out this option. It specifies pain specialists and psychiatrists. These are the two types of doctors that people can consult.

**Mr. Darrell Samson:** Thank you. You are the first person who has given me this answer. To date, I have asked seven or eight people about this, including the department here in Ottawa.

[English]

The last question is for Mr. Butler.

**The Chair:** Make the question quickly, and then he can mail the answer to you.

**Mr. Darrell Samson:** My only point is transition, as you said. How can we expect any other profession in the public service to receive their benefits when they leave when veterans don't have that same right?

**The Chair:** You can give that answer to the clerk.

Go ahead, Mr. Bratina.

**Mr. Bob Bratina (Hamilton East—Stoney Creek, Lib.):** Thank you.

On the comparison study, we've had the 2017 review of satisfaction, and 82% was the number that you said. Are we aware of any of our counterparts that have done similar satisfaction reviews? It's hard to compare jurisdictions, as you've explained, but one thing you can compare is the relative satisfaction of veterans with regard to their services. Are we aware of other jurisdictions who have done this kind of survey?

**Mr. Michel Doiron:** Personally, I am not aware of other jurisdictions. They may have, but I am not aware of any.

**Mr. Bob Bratina:** With regard to this one, could you give me, once again, what the 82% and some of the highlights of that survey were? The last one was 2010. This one is 2017. What do we have?

**Mr. Michel Doiron:** In 2017, we went out and surveyed just over 1,500 veterans. I say "we", but we hired a firm to do it. It wasn't Veterans Affairs. It was the first survey since 2010. We had not done any survey of our clients.

The top five results were that 95% agreed that VAC's staff were respectful, and respecting our clients is important to us, so we thought that was good; 93% agreed that they were able to find people to help with the veterans independence program; and 91% were satisfied with the number of service providers and pharmacies where they can use their card. This was all on the service side.

As well, 88% agreed that the letters they received in the previous 12 months were clear. I will admit that we were a little bit surprised by that finding, but we're very pleased with it. We have been working on trying to streamline and clarify our letters a lot more. As well, 88% who had contacted us in the last 12 months were pleased.

On our rehab side, we have areas for improvement. We have to work on rehab, as just 53% felt that families could come to case management appointments. This disappointed us, because we always encourage family members to come to the appointments in case management, but only 53% thought they could, so there are areas to work on.

We work very strongly on the well-being of our veterans, and 61% reported that their health was good. As well, 85% were satisfied with their life in general, 80% were satisfied with their overall well-being, 82% were satisfied with their main job activities, and 78% were satisfied with their financial situation.

The reason I raise those specifically is that we talk often about the seven determinants of health and we know that being financially stable is an important point in being healthy. Then you get into the family. There are seven of them, but among three of the main ones is having a sense of purpose.

That told us that we still have work to do, because 72% is not 100%. We're not going out there yelling, "Eureka, we've succeeded." However, it's telling us that some of the stuff we're putting into place and some of the work we're doing is in the right direction, and 82% were generally satisfied with the services from VAC at a general level. Those are all good points, but it also indicates that we have work to do. I don't want this to sound like I'm just... There's work to do.

• (1035)

**Mr. Bob Bratina:** Wouldn't the study be relatively parallel to the 2010 study? Can you compare the two?

**Mr. Michel Doiron:** We did compare it to 2010. I don't have the comparatives here. I can always provide that, because we did do a comparison. In most cases, but not all, we are doing better than we were in 2010. You have to also put into context what 2010 was versus 2017.

**Mr. Bob Bratina:** Of course.

**Mr. Michel Doiron:** We are doing much better in most cases, though.

**Mr. Bob Bratina:** Will we be able to get a copy of that information?

**Mr. Michel Doiron:** Yes. The report is public, so I'm willing to provide it.

**Mr. Bob Bratina:** We'll circulate that.

That's great. It sounds like Churchill's saying that we have the worst system except for all the others, or when Bernie Sanders says that we have the best health care and somebody else says, "Are you kidding? I'm not getting treatment." What I am focusing on is that there is a feeling of accomplishment, of well-being, and of satisfaction, and I think it's important to note that.

Has the eligibility for the new training benefits changed? The government announced that education and training benefits in budget 2017 would now be available to Canadian Armed Forces members who would not qualify under vocational rehabilitation.

**Mr. Bernard Butler:** That's exactly right. The new education benefit runs side by side with the educational provisions contained in our vocational rehab side of the house, but the criteria are very

simple. If you have six years of military service, you will be eligible for up to \$40,000 as an educational benefit, just for having worn the uniform. If you complete 12 years of service, that grows to \$80,000. Those are all the criteria required.

That represents a significant departure from what I spoke to earlier, veterans programming that was historically always based largely on service attribution or, in some cases, economic-related issues. For this particular program, though, it's just on years of service.

I would also point out that this program was designed with the assistance of our colleagues on the Canadian Armed Forces side of the house. It was very much a joint effort so that it complements their programming and also meets their concern about retention. It represents a fairly good balance in the mix.

**The Chair:** Thank you.

Ms. Wagantall is next.

**Mrs. Cathay Wagantall (Yorkton—Melville, CPC):** Thank you, Chair.

It's good to have you here.

I have a couple of quick questions that your comments have tweaked for me.

For the funding for education, you qualify with a minimum of six years. Is the amount you qualify for the same across the board, or is it based on your rank?

**Mr. Bernard Butler:** I'm sorry; the same across the board as...?

**An hon. member:** Rank—

**Mrs. Cathay Wagantall:** Is everyone receiving the same amount of funding?

**Mr. Bernard Butler:** As rank, yes. Absolutely.

**Mrs. Cathay Wagantall:** Okay. Great. Thank you.

With regard to the surveys—and this applies to all surveys, including 2010—the way they seem to work is "very satisfied", "somewhat satisfied", etc. Is your 82% the combination of "satisfied" and "somewhat satisfied"?

**Mr. Michel Doiron:** It is a combination. I don't remember if it's "satisfied" and "very satisfied". They had five or six, and it's the upper echelon.

**Mrs. Cathay Wagantall:** Right. Okay. Great.

I'm just going to quote Mr. Butler, assistant deputy minister of Veterans Affairs. He made a statement to us: "...the financial, physical, and mental well-being of eligible veterans and their families is our goal and the strategic outcome to which many of the programs and services of Veterans Affairs Canada contribute."

It sounds wonderful and it is the overarching philosophy, I believe. However, we talk about things being tailored to their needs because everyone is different, and then we talk about the commonality of issues, even in our study. Internationally, we all struggle with transition and suicide.

If we wanted to take care of that cohort on the bottom end who are never satisfied, for whatever reasons of difficulty they face, would we not be wise to better define what the outcomes are so that when someone enlists, whatever happens to them, whether injured or choosing to leave, they know that this is what the country is going to do for them?

**Mr. Michel Doiron:** That's a very interesting question for sure, and a very complex one. I think in many respects it may well go to the very heart of your study.

At one level you are engaged in a comparative study of what other countries are providing, but perhaps the real issue is to define the need. What is the gap? What are we all, as countries, trying to achieve in providing programming—in the Canadian context, billions of dollars in programming—to support veterans?

From our perspective, in the work that has been done over the last many years, we have focused this discussion for this very reason around well-being as the outcome, because there is no specific generic issue that you could say is the one thing we're trying to achieve.

Every veteran, I can tell you, comes into the military with a different background, a different context, and different needs. Every member leaves the military with the same challenges. There may be service-connected disability; there may not be. There may be financial security; there may not be. There may be needs for rehabilitation, or there may not be, and so on.

At the end of the day, from our perspective, we have tried to focus a concept around well-being that is based essentially on the social determinants of health, because all the research says that for all of us in the room and for all our veterans, it's the same issue.

● (1040)

**Mrs. Cathay Wagantall:** I understand what you're saying. I agree.

Is that defined somewhere, or is it just...? What is this well-being that you're seeking?

**Mr. Bernard Butler:** If you go to our departmental plan, that may be the point of fidelity that you may be looking for. I quoted from our departmental plan, in which we clearly say we are trying to ensure that the best benefits and services tailored to the individual needs of each veteran are provided, but those needs are across the spectrum and there's not one single element. At the end of the day, that concept of well-being is essentially determined by many factors. The key ones are achieving a sense of purpose for the veteran and financial security, so all our financial programs are designed to support that where there is a need. That's the definition that we work to—

**Mrs. Cathay Wagantall:** I think we both know...yes.

The cohort that really struggles is not a large. They're that 10% to 15% on the bottom. If we got it right for them, we would have it right, definitely, for everybody. That's what I'm thinking.

You mentioned, sir, that psychiatrists can prescribe cannabis. However, my understanding is that within Veterans Affairs, veterans who are on cannabis will not be accepted if they try to access existing facilities for mental health care. They have to come off cannabis before they come in. Those third party providers only use pharmaceuticals in treatment.

Is that accurate or not?

**Mr. Michel Doiron:** That would be accurate.

**Mrs. Cathay Wagantall:** Okay. Thank you.

I have a quick question in my remaining 30 seconds.

The Canadian, United Kingdom, and Australian governments all found that traditional programs did not meet the needs of veterans of post-world war conflicts. This led to the move to the new charter, and around the world the approach has become very different. It's similar, but different from what it used to be.

How did we come to this decision in agreement all around the world? What was it that wouldn't work well in that traditional program for our veterans of today? I know we want them to engage in society. My understanding is World War I and World War II veterans came back, got jobs, settled into communities, and married. All of these issues were as real then as they are now, so why the need to change?

● (1045)

**Mr. Bernard Butler:** The Canadian context is that after the Second World War, we did in fact have a charter. The charter at the time—or so it's been described—was a suite of benefits that helped re-establish all those men and women who came back. There were farm loans, educational loans, soldiers' insurance provisions, and so on. There was a range of them. Over many years, as that cohort aged, the need for that programming dropped off and governments dropped the programs.

As we headed into the late 1990s and early 2000s, as a younger cohort was now being released from the military—and some after more aggressive peacekeeping than we had seen for many years, such as Bosnia, Somalia, and so on—there was now a resurgence or a requirement to meet this new need. In a way, the new Veterans Charter programming tried in a modern context to mirror some of the programs that existed back in the late 1940s and early 1950s, in particular the concept of rehabilitation and achieving well-being. If you can't find a job and you can't easily reintegrate, you're not going to be very well. That's what the research showed, so that's essentially how it evolved in the current context.

**The Chair:** Thank you.

That ends our time for today.

I'd like to thank both of you for taking time out of your busy day and testifying, and for all you do for the men and women who have served. Thank you.

The meeting is adjourned.







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