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## **Standing Committee on Veterans Affairs**

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**Tuesday, May 7, 2013**



**Chair**

**Mr. Greg Kerr**



## Standing Committee on Veterans Affairs

Tuesday, May 7, 2013

• (0850)

[English]

**The Chair (Mr. Greg Kerr (West Nova, CPC)):** Good morning, everybody.

Today we're starting the study on analyzing the services and benefits offered to veterans by Canada and its allies.

This morning we're pleased to have Charlotte Bastien and Robert Cormier with us. Ms. Bastien is director general, field operations, and Mr. Cormier is the area director, service delivery. We're pleased to have you here this morning.

I think you know how the routine works. We hear opening statements from you folks and then we do the round of questions and see how it goes.

If you are ready, please begin.

[Translation]

**Ms. Charlotte Bastien (Director General, Field Operations, Department of Veterans Affairs):** Good morning and thank you very much.

I will make my presentation, after which Robert and I will be pleased to answer your questions.

[English]

Today's presentation will be about benefits and services that Veterans Affairs Canada provides to our veterans.

[Translation]

Who do we serve? We serve over 200,000 clients ranging in age from 19 to 90. These clients include war-service veterans, Canadian armed forces personnel and veterans, RCMP veterans and members, as well as survivors.

There are over 700,000 veterans in Canada, of whom at least 200,000 contact the department to ask for assistance.

[English]

You will see that the department's program expenses for veterans are

[Translation]

of over \$3.568 billion, of which 90% flows directly to veterans.

On the next slide you will see the demographic profile, of participants which has changed over the last few years. Unfortunately, we saw the decline and attrition of Second World War

veterans and Korean War veterans, as well as an increase in the number of veterans from the modern era.

The average age at release from the Canadian Forces is approximately 35 years old. The average age of Canadian Forces veterans is 58 years old.

As to the benefits and services we offer, there are disability pensions and related allowances to recognize pain and suffering resulting from service-related injuries. We have program expenditures of \$1.6 billion for disability pension and allowances flowing to nearly 115,000 veterans and survivors.

We also provide war veterans with an allowance, that is financial assistance for low-income veterans of the Second World War and Korea. Expenditures for that program total \$11 million, paid to just over 4,000 recipients. Those who receive the supplementary allowances may also be eligible for other special allowances, including allowances for health care, clothing and exceptional disability.

[English]

We offer treatment benefits for all veterans, traditional and modern day. We provide a range of treatment benefits that we refer to as the 14 programs of choice, which include support for aids for daily living, ambulance services, audio services, dental services, hospital services, medical services, medical supplies, nursing services, oxygen therapy, prescription drugs, prosthetics, orthotics, related health services, special equipment, and vision care.

The department also provides support for services such as health professionals, occupational stress injury clinics, and medicare premiums.

Veterans may qualify to receive financial support for one or more treatment benefits if they are receiving a disability benefit, participating in a rehabilitation program, receiving the VIP, the veterans independence program for long-term care, the war veterans allowance, or the Canadian Forces income support.

The expenditures on treatment benefits were \$538 million last year, paid to over 97,000 veterans.

On health-related travel, travel expenses incurred by a veteran when travelling to receive health care services or benefits may be reimbursed by the department. Health-related travel costs include items such as transportation, parking, meals, lodging, out-of-province travel, and when required, an escort, meaning someone to accompany the veteran if he is travelling to receive treatment.

●(0855)

Recent changes to the program mean that veterans do not need to submit receipts with their travel claims unless we ask for them. A veteran must still obtain receipts or appointment verifications and retain the original receipts for one year in case they are requested. We have simplified the process for the reimbursement of health-related travel for veterans.

The veterans independence program, or VIP, has been referred to as the gold standard of home care programs. It is designed to assist veterans and survivors in maintaining their independence through the provision of home and community care, and includes services such as personal care, housekeeping, ground maintenance, ambulatory services, transportation services, home adaptation, and nursing home care.

In budget 2012, one of the specific measures announced included replacing the existing contribution agreement for the housekeeping and ground maintenance component of the VIP with an annual grant, which began in January 2013. Recipients of these services no longer need to obtain, track, and submit the receipts and wait to be reimbursed. This makes it faster and easier for them to get the support they need when they need it. The initiative is cutting red tape by reducing millions of transactions each year for more than 100,000 veterans, caregivers, and survivors who receive assistance for services such as mowing the lawn, removing snow, or cleaning the house.

With the new program, as I explained, instead of sending receipts in on a monthly or regular basis, veterans now receive up front twice a year two installments of the financial arrangement that they require for their groundskeeping and housekeeping.

With respect to the long-term care program, veterans are supported in three long-term care settings: in community beds in facilities that provide nursing home care to veterans and other provincial residents; in contract beds in facilities with beds designated through contractual arrangements for priority access for veterans; and in departmental beds such as Ste. Anne's hospital, which is the only federally owned facility. The eligibility differs and depends on the type of military service, income, and whether the need for long-term care is due to a service-related disability.

Most war veterans are eligible for care in a contract or community bed, or at Ste. Anne's hospital. Their care does not need to be related to a service-related disability. They may be eligible if they served overseas during the war, or if they are in receipt of a disability pension, or are low-income war veterans.

Canadian Forces veterans are eligible for support in a community bed if the need for long-term care is due to an illness or injury directly related to their military service. The department is financially supporting over 8,700 veterans in 1,750 nursing homes and other long-term care facilities across Canada.

[Translation]

In 2006, Veterans Affairs Canada introduced the New Veterans Charter, which provides financial security to veterans who are unsuitable for civil employment and provides programs to help injured veterans live a healthier, richer and more independent life following their military service. The new charter includes the

following elements: the Disability Payments Program; the Rehabilitation Program; the Allowance for Temporary Earnings Loss Program, now prolonged and improved; career transition services; the Permanent Impairment Allowance and its supplements; the Income Support Allowance for Canadian Forces, and Supplementary Retirement Benefits.

As of December 2012, over 40,000 veterans and families have had access to various programs or elements of the New Veterans Charter. Disability payments make up the largest of programs resulting from the New Veterans Charter. The program aims at recognizing and compensating the economic effects of disability or death that are service-related, by providing lump sum payments. In 2011-2012, that program made up 82% of expenditures related to the new charter. That represented \$360 million in program expenditures under the new charter, out of a total \$440 million.

Improvements were made to the new charter in 2011, in order to correct unexpected gaps in the areas of financial and other assistance. These improvements guarantee that veterans that are registered in the rehabilitation program have a minimum income of \$40,000 per year. These improvements also increase seriously injured veterans' annual minimum income. That amount has increased to \$58,000 per year. The eligibility criteria for monthly supplementary allowances have been made more flexible, creating a new monthly supplement. Such improvements also allow for new payment methods for the disability payments received by veterans, which was previously called the lump sum. Those improved payments total over \$2 billion per year during the lifetime of the program and ensure that vulnerable and seriously injured veterans receive the financial assistance and support they require, at the right time, for as long as necessary.

●(0900)

[English]

With respect to mental health services, Veterans Affairs has a wide range of services and benefits for veterans, Canadian armed forces personnel, RCMP members, and the families of those living with a mental health condition. We have the operational stress injury clinics, the Canadian armed forces operational and trauma stress support centres, the chronic pain management clinics, specialized community in-patient treatment, community mental health services providers, clinical care managers, the operational stress injuries social support program, and a 24-hour toll-free VAC assistance service. We also have a number of partnerships to enhance capacity to assist veterans.

•(0905)

I remind you that the Veterans Affairs Canada OSI clinic locations are Fredericton, New Brunswick; Loretteville, Quebec; and Sainte-Anne-de-Bellevue, Quebec. We also have the residential treatment clinics for operational stress injuries in Sainte-Anne-de-Bellevue, Quebec; Ottawa, Ontario; London, Ontario; Winnipeg, Manitoba; Edmonton, Alberta; Calgary, Alberta; and Vancouver, British Columbia.

The veterans transition program works with the University of British Columbia to provide support for veterans during the transition.

I mentioned that we have a network of community mental health service providers. We have over 4,000 providers in the community. We also have the chronic pain management clinic that is available for veterans.

Our core business at the department is case management. We have a number of case managers throughout the country located in various offices to provide case management services for any veterans and their families who would require such services. They are there for veterans and their families who have complex needs, especially those with serious injuries or illnesses. As of December 2012, we had approximately 7,200 case-managed veterans across the country. The core case management functions, in case you are wondering, include engagement, assessment, analysis of the need, case planning, consultation, monitoring, and evaluation.

[Translation]

We also provide transition services. These services are offered to members who are about to be released from the Canadian Forces. We provide a transition interview to determine whether needs associated with the person's release could hinder their transition to civilian life. In the case of members about to be released and their families, we work in collaboration with Canadian armed forces personnel.

Between April 1 and December 31, 2012, Veterans Affairs Canada conducted 3,179 transition interviews. We have also created additional programs and partner with groups to facilitate a veteran's transition into civilian life. Some examples are the Helmets to Hardhats program,

[English]

which is Helmets to Hardhats,

[Translation]

the Hire a Veteran program, which was implemented in December 2012, and the Prince of Wales' Operation Entrepreneur.

[English]

This is the Prince's Charities organization, which provides support to veterans seeking self-employment, who wish to start up their own business. It's a potential source of funding. There is also coaching and training to set up their own business.

We also offer levels of appeal for a veteran who is not satisfied with a decision by the department regarding his disability. The next charts describe the various levels and a mechanism that's available for a veteran to appeal his or her decision.

Regarding points of service, Veterans Affairs Canada has approximately 1,800 people spread among more than 60 locations across the country, in addition to the head office in Charlottetown. We have a network of interdisciplinary client service teams at area offices across the country. We also have more than 100 staff who work on bases, what we call integrated personnel support centres, located on or near the 24 Canadian Forces bases and wings. Veterans and families can also reach us through the toll-free line in both English and French, through the My VAC Account, and also through our website. The users of My VAC Account can update their address, phone, e-mail, and direct-deposit information. They can fill out and submit a disability benefit application. They can track the status of the disability benefit application. They can also fill out and submit a request for reimbursement for health-related travel. They can track their documentation. They can also view their Veterans Affairs Canada benefit, and they can communicate securely with the department.

[Translation]

Looking forward now, we continue to modernize our service delivery in order to cut red tape when it comes to accessing our programs and services. Our focus is on improved, faster and more efficient service to our veterans and their families. We continue to reduce complexity of access to our programs and services by offering more one-stop services, as well as more online options to access information and services. We have also improved our wait times in terms of processing applications for benefits and services. We continue to establish and maintain strong partnerships with DND, the Canadian Forces and other stakeholders to provide and improve service delivery to veterans.

•(0910)

[English]

With respect to other points of service and where to get assistance, in addition to Veterans Affairs area office staff, there are other organizations and partners that are ready and willing to help veterans and their families to apply for VAC benefits at no cost.

The Bureau of Pensions Advocates will represent, free of charge, any veteran who would like to appeal a pension or a disability decision with the tribunal. They are available at a number of locations throughout Canada. They also have a toll-free line where they can be reached.

We also have local veterans organizations, such as the Royal Canadian Legion, that offer services at their various branches. We provide training for the service officers on how to fill out applications and assist veterans in applying for benefits and services.

We also have a partnership with Service Canada, which offers assistance with accessing our services and programs throughout their 600 points of service across the country.

There is another part of the mandate of Veterans Affairs Canada. Not only does it provide services and benefits for veterans, but it also includes commemorating the contributions and sacrifices of our veterans.

The Canada remembers program endeavours to keep alive the achievements and sacrifices made by those who served Canada in times of war, military conflict, and peace, and to promote an understanding of the significance of those efforts in Canadian life as we know it today. We also have the maintenance of the government's memorials and cemetery program. We have the community engagement partnership fund. So far we have 128 projects approved with a total funding of more than \$1 million. In addition, we have the cenotaph and monument restoration program, through which we have approved 55 projects for a total of \$409,000. We have the community war memorial program, where we have approved 16 projects for a total of almost \$573,000.

The recent budget announced \$65 million over two years to enhance the funeral and burial program. The plan for this investment is to simplify the program for veterans' estates. As well, it has more than doubled the funeral service reimbursement rate, from \$3,600 to \$7,376.

We also support national and international ceremonies and events for commemoration. We also develop material for the promotion of learning opportunities, educational material, and public information regarding commemoration.

Regarding the outcomes of some of the programs, Canadians' attitudes toward veterans remain strongly positive. Virtually 91% believe that Canada's veterans should be recognized for their service to Canada. There is also widespread acknowledgement that Canada's veterans have made major contributions to the development of our country. A large majority of Canadians, 84%, consider Veterans' Week to be important, with 64% saying that they consider it to be very important. Approximately 76% of Canadians said they participated in Veterans' Week in 2012. This rate of participation is slightly higher than the rate in 2011, which was 73%.

•(0915)

We also have the wreaths for parliamentarians program, which provides wreaths to parliamentarians who represent the Government of Canada by laying commemorative wreaths during Remembrance Day ceremonies in their constituencies. The wreaths can be ordered from September to November by calling a 1-800 number.

We also make 10 Canadian flags available to members of Parliament for the sole purpose of providing a flag to families of veterans who have passed away. The flags can be ordered by contacting Canadian Heritage.

[*Translation*]

As I mentioned earlier, the commemorative wreaths program is also available to parliamentarians. Please do not hesitate to make use of it. Wreaths can be ordered from September to November. All you have to do is contact the Department of Veterans Affairs at the toll free number on the screen.

That concludes my presentation. We would be pleased to answer any questions.

[*English*]

**The Chair:** Thank you. We will begin our questions with Mr. Stoffer.

Go ahead for five minutes, please.

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

Ms. Bastien and Mr. Cormier, thank you very much for coming today.

In your first statement, you indicated that those who communicate with the department may be eligible for benefits if they qualify. You indicated that 211,000 people are now receiving benefits from the department in one way or the other. However, there are well over 700,000 military and RCMP veterans out there. That means almost three-quarters of the veteran population are not being assisted by VAC.

In your comments you mentioned those who communicate with the department. Shouldn't that be turned around? This is the first question of several that I'll ask right away. Shouldn't the department be communicating with them, reaching out to them and saying, "If you're a veteran, contact us"? Anywhere from 5,000 to 8,000 people, if not more, leave the armed forces and the RCMP on a regular basis every year. Shouldn't the department immediately, from the minute they leave, be tracking them and calling them periodically just to find out how they're doing? They become veterans, although maybe not VAC clients. You're putting the onus on the veteran to contact the department. Personally, I think it should be the other way around. That's the first question.

Second, on page 9 you talk about how most eligible veterans receive \$40,000 a year. First of all, how many veterans actually receive that earnings loss benefit? What is the complete total? What happens after age 65?

Third, you talked about the Helmets to Hardhats program and how private companies are now stepping up and hiring veterans, which is a very good thing. How many veterans are hired by the public service? One of the things in the Veterans Charter was that they would get priority in public service hiring. How many departments in the Government of Canada have hired veterans? Maybe not now, but if you get a chance later on, if you could break down which department has hired how many veterans and where they are, that would be most helpful.

Last, I understand the government announced yesterday a new app for iPhones and cellphones, which is a very good thing for those people who can adapt and use those kinds of communication tools. At the same time, the government is closing eight district offices across the country. My experience is that for people with very complex needs and very diverse needs, an app is not going to cut it. What they need is that physical one-on-one opportunity to speak to a warm body, to speak to someone in person who is able to assist them in their needs so they can get the comfort and the assurance they require in order to achieve some sort of normalcy in their lives and to be able to move forward.

Those are my comments for you right now. I do thank you both very much for coming.

By the way, with respect to the Korean War commemorations, the folks who organized that did a great job. My compliments to them.

**Ms. Charlotte Bastien:** I'll pass the message on. Thank you.

Just to make sure I don't forget, there are four points.

For the first one, not everybody who serves their country in uniform in the Canadian Forces necessarily needs assistance or encounters obstacles in their integration into civilian life. As you know, we do offer a transition interview for all individuals when they're released from the Canadian Forces. We've been doing that for a number of years now. The goal is to identify any obstacles to their reintegration into civilian life. When they're leaving the uniform, at the time of release, we are proactive in communicating with them to establish whether they need something from us.

We have done a lot of outreach. We do go out in the community and if any organization comes across a veteran who might be in need of assistance, they refer them to us. We are proactive in our outreach. Again we can't assume that people who have served our country necessarily are in need. That's not the case.

Regarding the second point, could you remind me what it was?

● (0920)

**Mr. Peter Stoffer:** The earnings loss benefit of \$40,000.

**Ms. Charlotte Bastien:** I don't have the breakdown, but that's something we'll take note of, and we'll get you details of how many receive the earnings loss benefit.

**Mr. Peter Stoffer:** And what happens after age 65?

**Ms. Charlotte Bastien:** In Canada we do have a program for any Canadians over 65.

[Translation]

That is often called the "old age pension". In that case, income security is determined by our society.

[English]

What was the third question?

**Mr. Peter Stoffer:** The third question was regarding the app program that was announced yesterday, and the fact that at the same time you're announcing these new opportunities through technology, you're closing down the traditional services and bases and everything else.

The fourth one was the priority service for hiring.

**Ms. Charlotte Bastien:** One of the questions was with the priority for employment. I don't have the data with me, but that's something we will take note of and send you the breakdown of statistics we have for that.

Regarding the announcement, I don't think people should interpret that this tool is meant for all. It's another tool in the suite of tools to assist individuals who have a mental health condition. Not everybody wants face-to-face contact. You'd be surprised. That being said, many people appreciate and prefer to have face-to-face contact, but there are individuals who prefer to use some technology, whether it's the Internet or the application to research or manage certain aspects of their issues that way. We launched this application to offer another channel to assist those individuals who might prefer that way of dealing with certain issues.

**The Chair:** Thank you very much.

We now move to Mr. Lizon, for five minutes, please.

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

Thank you, witnesses, for joining us this morning.

The first question I have is on OSI, operational stress injury, clinics. I understand that the number of OSI clinics operated by Veterans Affairs Canada has doubled and there are now 17 of them.

Can you tell the committee why they benefit our veterans? Can you highlight the accessibility challenges in rural areas and how these are addressed?

**Ms. Charlotte Bastien:** That's a very good question. Over the years the network of clinics has grown. There are a number that are Veterans Affairs clinics, and there are also a number of clinics operated by the Department of National Defence and the Canadian Armed Forces.

You are right. It might be difficult for individuals to travel to the nearest OSI clinic to receive treatment. We've set up a program using new technology where the individual can receive treatment while staying at home. I don't have the exact words, but if you are familiar with Skype over the Internet, we install the equipment at the veteran's home. He has an appointment with his psychiatrist or psychologist, who can be located at the OSI clinic or be a provider throughout the network. Then they do the treatment using this new technology over the Internet, which is also secure. Because travelling could aggravate the situation or create more stress, the fact they can receive the treatment from home and they do not have to travel to get the treatment is very beneficial. That was put in place recently to assist individuals who are in more remote locations and cannot easily travel to the nearest OSI clinic.

● (0925)

**Mr. Wladyslaw Lizon:** Can you tell the committee how many veterans are served by the clinics? I would also be very interested to know how many are actually using the remote access that you have just described.

**Ms. Charlotte Bastien:** I don't have the number at hand, but I will make sure to get the statistics to you regarding how many veterans are currently being treated by the network of OSI clinics, and also how many are using this new technology. We'll get those numbers to you.

**Mr. Wladyslaw Lizon:** Thank you very much.

The second issue I would like to ask about is mental health. It's very important, and we've discussed it here many times.

Can you tell the committee how many mental health professionals are registered to deliver mental health services to veterans?

**Ms. Charlotte Bastien:** I don't have the exact number, but I can tell you that there are more than 4,000 providers.

**Mr. Wladyslaw Lizon:** How does the new Veterans Charter support VAC's capacity to assist veterans who require assistance for mental health?

**Ms. Charlotte Bastien:** Before the Veterans Charter, what we had seen.... As I mentioned, the average age of release is around 35. The average age is mid to late thirties. With the suite of programs we had before, we only had the disability...the pension program, which was the monthly pension. There was limited access to programs like the veterans independence program.

There was not a suite of products to assist them if they needed to stabilize medically, to assist them if they had psychosocial issues to deal with, or to assist them with vocational rehabilitation, if they needed to get new skills or accreditation for the skill set they were using while they were in uniform and then transposing them to civilian life.

That's what the new Veterans Charter offers them, a suite of products to assist with the obstacles they might have in doing the transition. It's to help with the health, psychosocial, and vocational matters, and to offer financial support while they go through the rehabilitation to become independent again.

**The Chair:** Thank you very much.

We now go to Mr. Casey for five minutes, please.

**Mr. Wladyslaw Lizon:** That's it?

**The Chair:** I was very generous with you, I think.

**Mr. Wladyslaw Lizon:** Thank you very much, Mr. Chair.

**The Chair:** You're welcome.

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

Welcome, Madame Bastien and Monsieur Cormier.

In your opening remarks, Madame Bastien, you talked about the funeral and burial program, although I didn't see it in your prepared presentation.

If I heard you correctly, I think you repeated what was contained in the budget document, that there's been a \$65-million commitment over the next two years to the funeral and burial program.

Can you tell me whether that \$65 million will in fact be spent over the next two years?

**Ms. Charlotte Bastien:** I'm not the best person to answer that question—

**Mr. Sean Casey:** It seems nobody is.

**Ms. Charlotte Bastien:** I'm sorry, sir, but we'll make sure that you get something, a prepared response.

**Mr. Sean Casey:** Okay.

I'm sorry. I don't mean to cut you off, but it's just that I raised this with the minister in the debate on the budget and I didn't get an answer. I raised it Friday in question period with the parliamentary secretary and I didn't get an answer. I'm trying to get an answer in public.

My question relates to the following, Madame Bastien, if you're able to go back and get it.

The annual expenses on the funeral and burial program are about \$10 million. We know that there's been a doubling of the amount paid to eligible parties. If we assume that the number eligible

doubles, that would presumably be \$20 million over two years, yet the budget says \$65 million.

Nobody seems to be willing to publicly explain the difference between what seems to be a maximum of \$20 million and a budget pronouncement of \$65 million. Anything you could do to help us with a public explanation of that would be greatly appreciated.

My next question for you relates to the veterans independence program. When a veteran is in receipt of housekeeping and ground maintenance benefits during his lifetime and he passes away, those benefits continue to flow to his survivor. If he is in receipt of neither, and his survivor becomes in need, there is a mechanism whereby the survivor can apply. However, there seems to be a quirk in the regulations such that if the veteran is eligible for only one, but not both, of housekeeping and ground maintenance, and then the survivor applies for the other one after his death, there's a policy against it.

Are you familiar with this?

● (0930)

**Ms. Charlotte Bastien:** Yes.

**Mr. Sean Casey:** I understand that the department has rationalized this. What would it take to get it changed?

**Mr. Robert Cormier (Area Director, Service Delivery, Department of Veterans Affairs):** What we can say is that's precisely how the policy gets applied. If the veteran during his life is not accessing one of the two services, after his death the survivor does not qualify to have that new benefit added. The survivor can receive the benefit that the veteran was receiving at the time of death.

How to get that changed, well, that's perhaps not in my purview, but you certainly had it correct. That's how it gets applied.

**Mr. Sean Casey:** Okay, and that causes some difficulty in the department. It seems to me there's a perceived injustice, that if the veteran gets neither, there's a chance the survivor can get both. If the veteran gets both, the survivor can get both, but if the veteran gets only one, then they're stuck, I presume.

**Ms. Charlotte Bastien:** I would just like to correct that. If he is only getting one, it's probably because he only needed one aspect of the program. Please keep that in mind. It's not that he didn't need it and we didn't give it to him. It may be that he might not have needed that component at the time.

**Mr. Sean Casey:** I certainly didn't mean to imply that, but my point is that if he didn't need either, but his survivor does, there's a mechanism by which the survivor can apply and qualify. The problem seems to be that if the veteran who qualifies for only one passes away, then this second one becomes out of bounds for the survivor.

Do I have it right, Mr. Cormier?

**Mr. Robert Cormier:** Yes.

**Mr. Sean Casey:** Okay.



I take it that's a point of some contention. It seems to be an inconsistency within the regulations which, frankly, the department is stuck with. Would that be fair?

**Mr. Robert Cormier:** I have to repeat what Madame Bastien has said. It's based on the veteran's need to begin with. As a result, after the veteran's death, the department is able to access the benefit that was present for the survivor.

**The Chair:** Thank you, very much.

Mr. Hayes, go ahead for five minutes, please.

**Mr. Bryan Hayes (Sault Ste. Marie, CPC):** Thank you, Mr. Chair.

You mentioned that the benefits for expenses incurred when travelling to receive treatment are paid in full. Is that correct?

**Ms. Charlotte Bastien:** No, we always paid based on what receipts were submitted by the veterans. What we changed in the procedure is that if the veterans are entitled to reimbursement for health-related travel, they are no longer required to submit their benefits. We asked them to keep them for a year in case there are issues. They have to submit the form, but not the receipt.

**Mr. Bryan Hayes:** Is this only for travel in Canada? Have there been circumstances where a veteran needs treatment that may not be available in Canada and they have to travel outside of Canada?

**Ms. Charlotte Bastien:** Normally it's for travel within Canada, but we'd have to research to see if we had recent cases where travel abroad was required. I can't answer.

**Mr. Bryan Hayes:** You're not aware of any offhand, though.

No. Okay.

You spoke of 14 programs of choice, and in your presentation you may have mentioned all 14, but the presentation showed only six. So, through the chair, can we receive a copy of a list of all the programs? I want to make sure we have those.

In terms of disability benefits, what criteria are considered, and do you feel those criteria are suitable and generous?

• (0935)

**Mr. Robert Cormier:** As you may know, the criteria for a disability that gets compensated through this program is based on a service-related injury. Certainly, there is an extensive process that veterans are asked to go through, in providing medical documentation from their service. The determination is made based on the possibility of relating their injury to their service. Certainly, there's some complexity to that, but essentially that's how it operates.

**Mr. Bryan Hayes:** I think it was in your report, but forgive me if I'm repeating. I apologize, but you went through the report fairly quickly.

How much did Veterans Affairs Canada provide in disability benefits last year, and is that normal? Are we trending more or less over the past five years in terms of what we're paying out for disability benefits?

**Ms. Charlotte Bastien:** In the last fiscal year, the program expenses regarding disability benefits were \$1.696 billion for more than 115,000 veterans and survivors.

Regarding the trend in the last few years, we'll get the numbers to you, but it's more or less that amount.

**Mr. Bryan Hayes:** It's sort of flat line.

With respect to long-term care, how many veterans were cared for in long-term care facilities again, please?

**Ms. Charlotte Bastien:** We provide financial assistance to over 8,700 veterans located in 1,750 nursing homes and long-term care facilities across Canada.

**Mr. Bryan Hayes:** Just out of curiosity, if there was no space in a long-term care facility, which in my riding happens with some regularity because there seems to be a shortage of beds from time to time, what would happen in a situation like that?

**Ms. Charlotte Bastien:** If they are eligible for long-term care, either in a community or in a contract bed or facility, and they are on a wait list for a bed, then they are entitled to the veterans independence program for the time they are on the wait list. We would provide personal care and assistance through the veterans independence program while they are on the wait list for a long-term care bed.

**Mr. Bryan Hayes:** Is that the only purpose of the veterans independence program? What's the overall purpose of that program again?

**Ms. Charlotte Bastien:** The purpose of the veterans independence program is to assist the veteran to remain independent in his home as much as possible.

**Mr. Bryan Hayes:** That was in part what Mr. Casey was referring to. The housekeeping services are part of the veterans independence program as well.

**The Chair:** Thank you, Mr. Hayes.

**Mr. Bryan Hayes:** Thank you, Mr. Chair.

**The Chair:** It's very interesting stuff.

Mr. Chicoine, for five minutes, please.

[Translation]

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

Ms. Bastien, Mr. Cormier, thank you for being here today.

You are the first witnesses to appear in the context of our international comparative review of services provided to veterans by Canada and its allies. Does Veterans Affairs Canada have a research service, and if so, has the department already collected data on other countries?

**Ms. Charlotte Bastien:** We will ask our research group what is available.

As I mentioned a little earlier, we are here to describe what we have in place. If I am not mistaken, your committee will be hearing from witnesses from other countries who will explain what they have in place. That being said, we will follow up and see whether we already have information about that.

• (0940)

**Mr. Sylvain Chicoine:** I mentioned it because some people with whom I spoke over the last few days, were already somewhat aware of services available in other countries. They stated that it would be extremely difficult to conduct a comparative review. In fact, in some cases, there is no veterans affairs department, services are grouped differently and legislation may differ as well. According to them, it would be very difficult. Could you explain to the committee how this study could help you improve the services you provide to veterans? If not, do you believe it would be preferable to focus on certain services, since we have relatively few sessions for these comparative studies?

**Ms. Charlotte Bastien:** It is always interesting to find out whether other countries have adopted approaches we can learn from so that we may improve our service delivery for veterans.

**Mr. Sylvain Chicoine:** Thank you.

I have one or two questions about the Career Transition Services with which I am less familiar. Its goal is helping veterans get hired. I also have questions about the Prince of Wales' Operation Entrepreneur.

Could you please tell me a bit more about these two programs and whether those efforts are more specifically designed for veterans with a partial disability? Clearly, a veteran with no health problems will be easier to place. How specifically do these programs help someone who is suffering from a partial disability or perhaps something a little more pronounced?

**Ms. Charlotte Bastien:** First of all, a veteran has access to the rehabilitation program. He may have certain needs when comes the time to begin civilian employment. All of that will be documented.

We will also have to work on the type of job he should seek. We will have to think about the environment which will best suit his needs in order to help him, and ensure, as much as possible, that his social reintegration through that job is a success.

The issue of specific needs is not addressed by the Hire a Veteran program. The program is simply there to identify opportunities so that companies, businesses and organizations that are hiring and wish to hire a veteran can post their job offers.

However, if the veteran was disabled and had special needs, we would work with him, help him look for a job and offer him assistance. It would also depend on what is available, given his special needs.

The Prince's Operation Entrepreneur offers training and coaching. It is provided through two universities, Memorial University and Université Laval. The program is offered in English and in French. Regarding coaching, if there is a specific need, we can identify any obstacles or particular requirements in terms of training or coaching, and see what can be done and what is available to help the veteran move forward.

[English]

**The Chair:** Thank you very much. That's all the time.

I had Mr. O'Toole next, but Mr. Lobb, I'll go to you for five minutes, because I don't see Mr. O'Toole.

**Mr. Ben Lobb (Huron—Bruce, CPC):** Thanks, Mr. Chair. Thanks to the folks here today.

The first question I want to touch on is something we haven't heard much of in the last couple of years, but a few years ago it was a hot topic. It's the whole idea around the lump sum payment and how much it is.

First, can you tell us what is the maximum amount for the lump sum payout for 2013?

• (0945)

**Ms. Charlotte Bastien:** I don't know it off the top of my head, but I know it's more than \$250,000. It is indexed to the cost of living. We'll get you the number.

**Mr. Ben Lobb:** Okay.

A couple of years ago when Jean-Pierre Blackburn was the minister, there was a lot of debate among veterans that they wanted to see this lump sum payout spread out over a number of years, almost like an annuity in some ways. Could you tell the committee how that's been received by veterans? Has there been a noticeable uptake by veterans choosing to take it incrementally instead of as one lump sum?

**Ms. Charlotte Bastien:** I'll go from memory, but if I'm not correct we'll make sure there's a follow-up response. By memory, the offer was there since 2011 through the changes that were made to the Veterans Charter, that instead of having a lump sum they could have it spread out over a number of years. From the data I saw not too long ago, I don't think the uptake was that significant. I mean, there are individuals using it, but it seems most people prefer to get the lump sum.

**Mr. Ben Lobb:** Okay.

When we look at case management and how a case manager is able to do their job on the ground, the way I look at it is that you can have the best suite of programs in the world, but if you don't have the people on the ground who can make decisions, that can test the veteran's situation, it's really of no use or significance. I know that the people on the ground do a great job and I know there's been some changes that have been taking place over the last number of years to help deliver the programs and services to the veterans in a more efficient manner.

Can you tell us more about that and how you continue to evolve in order to deliver those services at the best level of any country in the world?

**Mr. Robert Cormier:** You're absolutely correct in saying these individuals are highly skilled. I think some of the changes we've seen in recent years are ensuring that we recruit the right individuals to perform these case management services, people who have the proper skill sets to work with a group population of veterans who are, in some cases, quite disabled and need some assistance and lots of empathy to reintegrate and to basically return to civilian life with as much support as possible.

Certainly, over the years we've worked hard at trying to streamline administrative processes, at trying to simplify them so that our workers are not buried in paperwork and have more opportunities to spend time, in person, with veterans. That continues. We've seen recent changes in that regard. I think everyone wins from those changes.

**Mr. Ben Lobb:** I really want to get your opinion or feedback on one other question I have. Do you think this would be worthwhile when we're looking at our study? When you look at the number of veterans per case manager, I know there's an in-house ratio that you try to target. When you talk to other colleagues of yours from around the world—I guess, mainly Commonwealth countries would be a starting point—is there ever any discussion about that? Is that something you think we should look at further? What kind of value would you put on comparing ratios from country to country?

**Mr. Robert Cormier:** I think there's probably some value to looking at that, but these are industry standards that we'll probably find in most western countries that are quite similar. I think we're quite close to industry standards that we'll see in many other countries.

**Mr. Ben Lobb:** Instead of looking at the ratios then, maybe we should try to dig through it one more step and see what kind of red tape is in the other countries that we've tried to flush out in the last couple of years. Is that maybe a better approach?

● (0950)

**Mr. Robert Cormier:** Perhaps. Certainly, casework size is a debate that has been going on for many years in the field of providing social services in provincial systems and in other federal systems. It also depends on the kind of service we want to offer. That often will determine the ratio of cases per worker. In some models they offer very superficial services, which is not in our case, which means that caseloads can be quite significant. In other cases the complexity is quite high. In those cases the ratio goes down. The ratio of clients per worker goes down when the complexity is increased. It really depends on the kinds of services we offer. At Veterans Affairs we offer fairly complex services, so the ratio we're aiming for is, in my view, very adequate and certainly allows our workers to complete the work they need to do with veterans.

**The Chair:** Thank you very much.

We now go to Mr. O'Toole for five minutes, please.

**Mr. Erin O'Toole (Durham, CPC):** Thank you, Mr. Chair.

Thank you very much for appearing this morning. I want to seize upon something Mr. Stoffer raised in his questions. In it is the challenge Veterans Affairs faces in addressing the service needs of modern veterans alongside our traditional veterans. I have two questions in relation to that.

First, I believe it was at estimates when the deputy minister appeared, she mentioned that increasingly VIP benefits were being accessed by friends or family members of older veterans. Some of the changes in terms of predictable payment ahead of time for those programs were the result of that. Do you have any data on how many of the older veterans actually have friends or family who help them access benefits?

**Ms. Charlotte Bastien:** I'm not sure when you mention friends and family whether you are talking about caregivers.

**Mr. Erin O'Toole:** Yes...or caregivers.

**Ms. Charlotte Bastien:** We don't have the numbers here, but that's something we can get you information on.

**Mr. Robert Cormier:** Is your question about those who represent veterans to access services?

**Mr. Erin O'Toole:** Yes. Certainly in a perfect world we'd all like to have an office within a short distance from all veterans. After people leave the Canadian Forces post-war or in the modern era, they tend to go back to where they enrolled. The Internet is increasingly the main way that Canadians access services, including from Veterans Affairs. The older veteran may not be as technically savvy. It was my understanding from previous appearances from your department that a lot of caregivers or family members were helping the process, whether it's with regard to VIP or other benefits.

I'd like to get some numbers on that. I think the department is doing a very good job trying to balance points of service access for all veterans, the traditional ones who are now in their eighties who we see at the cenotaph, but also modern veterans where the app and online methods are going to be used 100% when they seek service or benefit information or access services.

**Ms. Charlotte Bastien:** We'll see what data we can get. Usually when a family member or caregiver is acting on behalf of the veteran, we need to have on file the proper authorization and paperwork to support that, but I think we can get some data. It might not be exact; it might be an indication.

**Mr. Erin O'Toole:** Yes, and complementary to that would be how those people access, whether it's by phone or things like that. I think the traditional bricks and mortar, warm body that Mr. Stoffer talks about is probably increasingly not being relied upon.

The second question is related to mental health and PTSD or operational stress injuries.

You talked about the number of available clinicians or service providers for veterans across the country. Could you speak to how those are determined, or if there's a credential review or something like that before a service provider is selected to offer mental health services for veterans?

● (0955)

**Ms. Charlotte Bastien:** We can provide you with the detailed process for a provider who would want to be registered as a mental health services provider. Of course the individual's credentials, the professional certification or accreditation, are all elements that would have to be in good standing. A health professional, for example, would be registered with his or her professional association. We can send you the criteria and the process.

**Mr. Erin O'Toole:** When our committee travelled to the United States recently we heard from a voluntary non-profit program that asked mental health and psychiatric professionals to give some free services. They had constant information sharing on techniques, practices, that sort of stuff. Does Veterans Affairs have an ongoing dialogue with these service providers so as new clinical techniques, those sorts of things, are developed, they are pushed out to these people?

**Ms. Charlotte Bastien:** Part of the mandate of the network of the OSI clinic is the outreach to the community provider, participating in the presenting at conferences on best practices and techniques, and publishing also. Part of it is outreach, promoting some of their findings and best practices they have developed in their techniques, and also reaching out to the local community of providers to make that information available to them and providing training, if required.

**The Chair:** Thank you very much.

I know time flies. That ends the five-minute round. We're going to the four-minute round.

Before we do that, I want to point out that members have asked for a number of things. Please send that information. I'll remind you at the end of the meeting.

I also want to say to the committee that we've got to take about five minutes for some business. We will need about five minutes in camera at the end of the meeting once we're through with this.

We'll start the four-minute round with Ms. Mathyssen, please.

**Ms. Irene Mathyssen (London—Fanshawe, NDP):** Thank you, Mr. Chair, and thank you, Ms. Bastien and Mr. Cormier, for being here. It's good to see you again.

I have a number of questions. I want to begin by saying I appreciate very much the good work that you do. My questions, however, relate to policies.

I know you're bound by policies, but I have some profound concerns with the policies that are currently in place. I want to go back to the issue of earnings loss. It says, "most eligible Veterans now have a minimum income of \$40,000 per year" up to age 65.

The problem is that depending on their working history and the fact that OAS and GIS is simply not adequate, there will be those who have less income at a time in their lives when they need more assistance. This concerns me very much, plus the fact that the

government has now changed the eligibility to 67 years of age commencing in 2023. That will have profound effects on people.

My second question has to do with the long-term care beds. I'm very concerned. I've had veterans approach me and tell me that they need a long-term care bed. There are empty beds at Parkwood and they can't get in because of this technicality about the mandate. In one case involving a 33-year veteran, doctors said very clearly that the veteran's spinal deterioration was most likely because of his service, and yet that testimony or that doctor's opinion was dismissed. There was nothing available in a nursing home in a community bed. He does have a bed, but he has to pay for it. He has to pay for it as if he never served his country. That concerns me very much.

The third question has to do with the funeral and burial services. Some years ago, the cut-off in regard to assets was \$24,000. That was reduced by the Liberals. It's now just over \$12,000 in terms of the cut-off for this funeral and burial service, which means that 67% of veterans will not qualify. It seems to me that \$12,000 is rather a pittance when you look at the cost of things today. I just arranged for a funeral for a family member and the cost was well over \$10,000. It's significant, and it's difficult. In terms of that, I'm wondering why the cut-off is so low.

The fourth question is in regard to travel costs. You indicated that for health-related travel the veteran can be reimbursed. What happens if they can't afford it in the first place? It seems to me that there could be veterans who need to travel for health care, and they can't provide the money up front.

I have many more questions, but my time is limited. The brochure in regard to hire a veteran says that many Canadian businesses have stepped forward with a commitment. A commitment is one thing. We hear all kinds of words all over the place. I'm wondering to what degree this commitment has materialized. I'm thinking particularly of the Royal Bank, which is third on the list. We know that they made an attempt to actually fire workers in order to hire temporary foreign workers in their place. Are these companies truly stepping forward? Do you have any numbers in regard to the reality of the commitment?

● (1000)

**The Chair:** Thank you very much.

We used over four minutes on the question time, so I'm going to have to ask you to provide those in writing as best you can, please. Thank you very much.

Ms. Adams, for four minutes.

**Ms. Eve Adams (Mississauga—Brampton South, CPC):** Thanks very much, Mr. Chair.

Perhaps I could do the same and run through a number of questions that I have. Feel free to provide our committee with those responses in writing afterwards, just so that we can go through as much content as possible.

What we're looking to do, as you may know, is compare the types of services and benefits that are provided to Canada's veterans with those provided by some of our top allies: the United States, United Kingdom, and France. Obviously, our goal is to ensure that our veterans are very well served. We certainly owe an enormous debt of gratitude to them for their sacrifice. We want to ensure that Canada continues to be, as it has been under the leadership of this Prime Minister, a world leader in providing services and benefits to our veterans.

The first question I have for you follows on Ms. Mathysen's question. How much did Canada spend on long-term care in 2012?

The second question that I have relates to our rehabilitation program. Could you please outline what is provided through Veterans Affairs Canada's rehabilitation program, and then also, more importantly, what the success rate is of the rehabilitation program?

On a separate question, when it comes to the new Veterans Charter, and the financial benefits there, could you please briefly outline the increased support for the earnings loss benefit, the increased access to the permanent impairment allowance, and changes to the disability award payments through the new Veterans Charter? Did veterans ask for these changes and how are they beneficial?

Could you also separately highlight which aspects of Veterans Affairs Canada's benefits and services that are offered are unique to Canada? I think that might be of particular interest to us.

Could you additionally advise whether you feel it's valuable that Veterans Affairs Canada has external entities, such as the Veterans Ombudsman and the Veterans Review and Appeal Board, which provide oversight and avenues for veterans to voice their concerns?

Would you say that the services and benefits provided to Canadian veterans have been increasing and are the most comprehensive programs ever offered through Veterans Affairs Canada?

That really is the key, in a nutshell. Perhaps you might be in a position to offer some advice on that last question: would you say that the services and benefits provided to Canada's veterans have been increasing and are currently the most comprehensive programs ever offered through Veterans Affairs Canada?

**The Chair:** I'm going to let you respond because you have about a minute and a half to do so, and as indicated with the previous questioner, you can send the rest in.

**Ms. Charlotte Bastien:** Regarding the long-term care expenses, we'll get you that data.

Also, regarding the numbers for the rehab, I think I mentioned earlier there are more than 40,000 veterans and their families who have participated in the rehab.

Regarding the success rate, we'll make sure that you get some data on that.

I did mention earlier that there have been some changes to the new Veterans Charter, especially to the earnings loss program, and we'll get back to you with some of the specifics.

We do have a very good, comprehensive set of programs for veterans, but I'm not in a position to say how they compare with those of other countries, unfortunately. We'll try to see, based on the data or the research we have, and we'll make available what we have.

• (1005)

**The Chair:** I can tell that you're going to be sending us a lot of written material.

We finish with Madame Perreault, for four minutes.

[*Translation*]

**Ms. Manon Perreault (Montcalm, NDP):** First of all, I would like to thank the witnesses for being here today.

You just repeated that you could not provide us with comparative numbers. However, it was my understanding that in 2009, a report was issued on a comparative study with the United States and Great Britain. Is it because you have not met the objectives, or just that no one knows where this report is now?

My second question has to do with Veterans Affairs Canada's points of service. There are apparently about 1,800 people located in over 60 offices. That means, for the approximately 700,000 current veterans, a ratio of about 1 to 350. When these people dial your "1-866" number, do many of them ask for a follow-up? Do some fall between the cracks? That seems like a very low ratio.

**Ms. Charlotte Bastien:** I will begin with the report. A report was indeed produced in 2009. We will make it available, if that has not already been done. I did not quote any numbers because I am not one of the authors of that report. Nonetheless, it is easily available for consultation.

**Ms. Manon Perreault:** How quickly could we obtain access to it?

**Ms. Charlotte Bastien:** It is up on the website. You can access it or make a copy of it.

If I have correctly understood your question, you wanted to know the number of people who dial our toll free number to ask for follow-ups on—

**Ms. Manon Perreault:** For a follow-up on their file, to make a request or open a new file.

**Ms. Charlotte Bastien:** I do not remember the precise number of calls, but we do receive over one million per year. It is quite varied. Some are follow-ups, while others are new requests. However, we could provide you with more information.

**Ms. Manon Perreault:** Each person has a certain number of files to manage over a certain time, isn't that right?

**Ms. Charlotte Bastien:** Once again, it depends. Not everyone necessarily needs the case management service. Case managers have a workload that varies between 30 and 40 active files. It depends on the complexity and severity of each file. There are also client service officers in the area offices. They also have their own workloads. People receive benefits or services but do not necessarily require case management. Depending upon their needs, they may be contacted once a year or several, according to the type of service.

The department can be contacted at any time through the toll-free number. If it is a client who receives benefits and services calling, certain things can be done by the analyst who answers the telephone. It may be a change of address or simply a request to know the status of an application. If the question is too complex and the analyst cannot answer, the call will be transferred to the area office, and either the case manager or the client service officer will follow up.

However, in the case of the more popular programs or to inquire about how to follow up, people can go online and access "My VAC Account". This allows them to submit applications online and to keep track of them. The choice is theirs. They can call the toll-free

number to inquire about the status of their application or they can open a VAC account online.

● (1010)

**Ms. Manon Perreault:** So they can just check the Department of Veterans Affairs' Web site.

**Ms. Charlotte Bastien:** Yes, that is another way to track their file.

[English]

**The Chair:** Thanks very much. That's all the time we have today.

I want to thank our witnesses. I see we have a little homework for you to do and we appreciate that.

At this time, we're going to break for a minute and I would ask anybody who is not part of the committee or committee staff to leave at this time.

We're going in camera for some committee business.

[Proceedings continue in camera]

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