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Chair

Mr. Greg Kerr

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•(0850)

[English]

The Chair (Mr. Greg Kerr (West Nova, CPC)): The committee will come to order.

As you know, pursuant to the Standing Orders, we are undertaking a comparative analysis study on the services and benefits offered to veterans by Canada and its allies.

I'd like to welcome our guests. I'll introduce you in a second.

I want to give a heads-up to the committee that we have a letter from the finance committee to provide a response to the budget bill. We have the opportunity to do so, and I'm going to deal with that at the end of this business. As well, we have to review a private member's bill and report back, and we are ready to do that. So we have two items of business at the end.

Good morning to Mr. Robert Reynolds, director of the benefits assistance service with the Veterans Benefits Administration of the United States Department of Veterans Affairs.

Rather than go through the names again, maybe you can introduce yourselves and then give a small presentation.

We have our committee members here; we have three parties represented, and we'll let them ask questions. Please start by introducing yourselves and then give your presentation.

Mr. Robert Reynolds (Director, Benefits Assistance Service, Veterans Benefits Administration, United States Department of Veterans Affairs): I am Robert Reynolds, the director of the Benefits Assistance Service. Good morning.

Mr. Thomas Murphy (Director, Compensation Service, Veterans Benefits Administration, United States Department of Veterans Affairs): My name is Tom Murphy. I'm the director of the Compensation Service for the VBA inside the USVA.

The Chair: Thank you.

Mr. Thomas Murphy: I don't have a prepared presentation, but I understand you want us to talk about our program, what we're doing, and the future we're heading to in the next year or two.

The Chair: Yes.

Mr. Thomas Murphy: Fortunately, I can do that off the top of my head. I've spent some time with Keith, Colleen, and some others on your VA staff in Canada, so I have a pretty good understanding. Our programs are very similar in the way we do things, although we've gone about the solutions to them slightly differently.

As you're very well aware, we pay for compensation for impact on ability to earn a living. Inside that is a very broad scope, a very broad spectrum.

Today we're sitting in a largely paper world. We have a current inventory of approximately 830,000 claims pending. We're completing them on average in about 265 days. Our secretary has laid out a goal for us that, by the end of our fiscal year 2015—which means September 30, 2015—we have to have the backlog, the number of those claims that are over 125 days, down to zero. We will improve our quality that we measure through our quality program from the current day of 89% to 98% by that same date.

In order to do that, we've determined that we need to take a two-pronged approach: to increase productivity, we're putting process changes in place; and to improve the quality part, we're relying in no small part on automation to take a lot of the variability out of the decision process.

On January 28 of this year we launched a system called VBMS, veterans benefits management system. This system was a couple of years in the development. It takes our entire paper-bound process and puts it into an automated system so that everything is done electronically. It's data-based as opposed to image-based. So we're not just collecting in the form of paper and looking at it as images on a screen; we're extracting data off the paper we collect as we scan it in, and we start processing this in a digital environment.

Depending on what office you look at, we're seeing anywhere from an increase in productivity of 15% to 20% on this first-generation system that was launched in January. Every three to six months there's a new release that introduces new capability, and it expands, so we take it across the entire spectrum of processing that we do.

We've started this in a few offices. We have 56 offices spread throughout the country and a couple of satellites on top of that. We started in a couple of offices, made sure that it worked, and expanded out, and three weeks from today we'll have every office in the country operating under this new system. This new system has been put in place using a point-forward concept, meaning the majority of those 830,000 claims we have in the system today are in the paper environment and will stay there until they're processed completely. However, point forward, every new claim that comes in is done in the electronic, paperless environment. That addresses the processing piece.

Let me give you a quick rundown on some of the other things we're doing. Very simply, going out and scanning all this paper doesn't do a whole lot for us. It's very expensive, it's time consuming, and it doesn't allow us to take the full benefit of the automation. This is going to very quickly reach over to Rob's world, where I'll stop.

We were up in Canada recently, over the winter, giving a demonstration of how to do an application online. Along with that comes some uploading. The bottom line here is that we put a front end in place that allows us to collect information in a digital environment; it's entered by the veteran, as opposed to collecting paper, scanning it in, and involving people.

We're still measuring the exact impact in terms of lift. Here's what we do know: the process we use in the electronic environment today, just the few claims that are coming in that way—there are only a few hundred because we haven't done a full national launch on this yet—are moving through our system in about 30 to 45 days as opposed to the 285-day average in the paper world that I was telling you about.

We think we have a system in place that's really going to change the way we do things. Now it's a question of how fast and how soon we can scale it up.

With that, I think the real benefit here would be some questions and answers from those of you sitting in the room, if you'd like to open the discussion.

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

We'll have the questions, and then, Mr. Reynolds, you can add your comments. Would that work for you? Okay. You both agree.

We do a set round of five-minute questions. We're going to start with Ms. Mathysen from the New Democratic Party.

•(0855)

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

Thank you to both of you for joining us and for offering this information.

I have a number of questions. First, there apparently was a vote recently in the House of Representatives about the use of service dogs for injured veterans. I wonder if you were aware of that vote. Do you know anything about how that would be utilized in terms of supporting veterans who need that kind of extra support?

Mr. Thomas Murphy: I'm aware of the program. I've seen many of the benefits of it, but it's primarily housed in our VHA, the hospital arm of VA.

Here's what I do know about it, and it's primarily tied to those with mental injuries. The dog is a stress reliever and helps the individual cope with day-to-day activities in their life. VA is very involved with it. We have an entire research group that lines up veterans with dogs, and we're seeing great benefits from it.

If you'd like to go into a whole lot of detail on that, I'd be more than happy to arrange for experts who run that program in the VA to provide you with further information. But that's about the extent of my knowledge of the program.

Ms. Irene Mathysen: I would appreciate that very much. That would be very kind.

There certainly is a challenge in terms of providing enough dogs to support people in the general population, so I am quite interested in the application to veterans.

On my next question, you talked about the new system. It sounds very exciting. I wonder if you have any sense of the overall cost of the new system. Does it save in terms of monetary expenditure, or was it a significant up-front outlay? How does that work?

Mr. Thomas Murphy: There was a significant upfront outlay. I think it's been three years in development, with a significant amount of money and effort. For example, the team that works on this inside the Veterans Benefits Administration alone is over 200 people. In addition, there is an IT team that is dedicated to working on this, plus contractor support from another government agency, plus some commercial contractors.

This is a very large project, spanning many years. At this point it's a launched program, so the initial development dollars spending rate will start slowing down somewhat, and then we will field the improvements and develop that into a second, third, and fourth generation.

In terms of what we're saving, we can start right up front. I ran a regional office in San Juan, Puerto Rico, and I spent \$1.5 million a year just mailing files around. Multiply that number times 55 offices. We're not shipping anymore because everything is electronic, so immediately I get a bump measured in tens of millions of dollars as a result of not shipping files around any longer.

The other side is that I'm starting to see improvements. I have my first measurements back from a two-hour rating in front of a rater, and I'm saving 17 minutes. You might look at that and say that's not so significant, but when you look at it being the equivalent of my hiring 17% more people, it's a significant number. We're just starting to see the savings from that program in the first generation, and we expect it to get much larger before this is over.

Ms. Irene Mathysen: Thank you.

I'm assuming the expertise you sought was contracted outside of your regular VA personnel, and that you found others who had IT experience, etc., who weren't necessarily within the veterans organization.

Mr. Thomas Murphy: We used the prime contractor that was contracted from our IT department. The centralized IT arm of VA is an organization called SPAWAR, which is another government agency that does this kind of development in the software world. They were the prime contractor used in this, although there was one branch of the federal government contracting with another branch of the federal government to do this for us.

In addition to that, at their discretion, there were some commercial contractors brought in to help.

Ms. Irene Mathysen: Thank you.

Finally, you talked about the efficiencies, and I'm wondering if any of your VA offices were closed. You talked about 56 offices. Were any of them closed or slated for closure?

• (0900)

Mr. Thomas Murphy: No, there were none closed.

Being slated for closure is a topic that I will stay off completely because of the sensitivity of that. I'm sure you can imagine why I'm saying that.

Ms. Irene Mathysen: Yes, I'm sure.

The Chair: Thank you very much.

On that uplifting note, we'll move on to our next questioner.

It will be Ms. Adams, Parliamentary Secretary to the Minister of Veterans Affairs, for five minutes, please.

Ms. Eve Adams (Mississauga—Brampton South, CPC): Mr. Murphy and Mr. Reynolds, thank you very much for joining us here today.

Could you give us a general overview of how the department contacts veterans about the services and benefits available to them?

Mr. Thomas Murphy: Sure. That's in my world as far as outreach goes. We do several scenarios. I don't know if you want me to answer the question now or wait until I give my presentation.

We do targeted outreach. Part of it is the eBenefits forum, which I'll talk about a little bit. Starting from the day you sign up and come into the military, you will see your first benefit with VA, which is our service members' group life insurance. Then there are benefits throughout your life cycle that are VA benefits. As you become eligible for those, we send targeted e-mails providing the date on which you will become eligible.

So we use proactive target messaging that says, "Based on the information we know about you, you are now eligible for our home loan benefit. Would you like to get your certificate of eligibility for that benefit? Click here and come in and get that benefit."

The other thing we've started to use pretty frequently now in the past couple of years is social media. We're finding great success using Facebook and Twitter and webinars. We do what we call Twitter town halls and Facebook social media events, through which we will "viral message" specific targets that are events of that day.

The other thing—

Ms. Eve Adams: Do you mind if I jump in there?

How many folks would you have participate during a Twitter town hall or one of the Facebook events?

Mr. Robert Reynolds: Tens of thousands will participate. The important part of that, though, with the social media is the viral messaging event. You're reaching a larger population because of what they call impressions of big corporations or even individuals. So their fans see it. It's like that saying: if you tell two people, they'll tell two people. Really, the magnitude is much larger in the social media environment.

We've started just recently to work with our veteran service organizations very closely. I meet with them every two weeks, but we're starting to work now with our public-private partners—our Walmarts, our Goodwills, our Home Depots, and other private organizations that are helping us get the word out. We're really trying to do that targeted outreach, even in the rural communities that we might not be able to get to.

Ms. Eve Adams: How is Walmart, for instance, helping you? Are they distributing literature? What are they doing for you?

Mr. Robert Reynolds: These are very new relationships that we've just started. I think Walmart had a goal to hire 100 veterans. We're sharing information. We have data on all our veterans, in a sense, and now with eBenefits we know where those users have accounts. We want to focus on those communities and those populations that we're not hitting yet. Walmart has stores, say, in those areas, or Goodwill has stores, or other private partners have locations that can help us get the word out about the benefits and services we provide.

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

Moving to mental health, we operate 17 operational stress injury clinics, and each clinic has a team of psychologists, psychiatrists, mental health nurses, and other specialized clinicians. Do you operate something similar?

Mr. Thomas Murphy: We do. Our network is obviously a little larger than yours, so we have 156 or 157 hospitals across the country. There are dedicated mental health facilities in those locations.

In addition to the community-based outpatient clinics, we have what we call vet centres on top of that, which are smaller facilities that are at a community level. They're all headed up by the coordinated team, which has an expert at the national level and it goes all the way down to the lowest levels.

I know we're seeing very good results from the program of treatment, in that we have veterans coming in and asking for medical treatment for PTSD. This comes from sitting in the briefings and hearing the results, and from personal experience with my own family members. The course of treatment that veterans go through is highly effective in helping them live day to day with the effects of PTSD.

• (0905)

The Chair: Thank you very much. We appreciate that.

We're now going to move on to our next committee member, Mr. Sean Casey from the Liberal Party.

Go ahead for five minutes, please.

Mr. Sean Casey (Charlottetown, Lib.): Thank you, Mr. Chair, and good morning, gentlemen.

I want to pick up on your last answer. You mentioned that you have 157 hospitals specifically for veterans. In this country, we are getting out of the veterans' hospital business. Could you explain to me the rationale or the benefit of having 157 facilities dedicated to veterans, as opposed to providing them with health care in the same space with the same people as the general population?

Mr. Thomas Murphy: That's a question so far out of my area of expertise that I couldn't answer it with any level of credibility.

Mr. Robert Reynolds: I will make one comment. I agree with Tom, but I will speak from...I am a service-connected disabled veteran, and I think our medical centres have the technology and advancements for traumatic, war-time injuries, more so than say a private hospital. They've also expanded to our community-based outpatient clinics and are trying to put the medical treatment and the communities closer to our veterans, who sometimes have more difficulty getting to a bigger hospital facility. And veterans interact a little better with their own kind than they do in a community type of setting.

Mr. Thomas Murphy: Let me answer one part of that question, now that I've had a moment to think about this.

We differ in the way we handle health care, in that it's the individual's responsibility to take care of himself financially when it comes to health care. When you come to our hospitals, anything that's service-connected is treated in our facilities. If you're rated high enough, 70% to 100% more, then anything medical that you need is treated by our facilities.

The other side of that is—and this is something I learned from the summit in Australia last summer—we spend a significant amount of money in the research and development world, funding development that is veteran-focused, like TPI, PTSD, artificial limbs, and other things that are specific and unique to veterans. Because of the structure that we have in place, we're able to move that research and development along a little faster than might be done in the private sector.

Mr. Sean Casey: Thank you for that.

In 2007 you had a Veterans' Disability Benefits Commission. It's my understanding that this commission rejected the option of replacing monthly disability benefits with a lump-sum payment. Can you provide us with more detail on why the commission rejected the lump-sum option, as compared with the monthly pension?

Mr. Thomas Murphy: I don't know the answer to that one off the top of the head, but I believe their report was published and made public. If you would like, I'd be more than happy to provide you with a copy of that report, with all of those details in it.

Mr. Sean Casey: Thank you.

Do you know whether there has been any sort of analysis or comparison of the rates and manner of compensation in your veterans community, as compared with those who receive workers' compensation benefits? We've had at least one report in this country where there's been a comparison done. Has a similar thing been done in your country?

• (0910)

Mr. Thomas Murphy: We use a document called the VASRD, the VA "Schedule for Rating Disabilities". The basic structure of it

consists of increments of 10%, starting at zero and capping out at 100%. It's broken up into 15 different body systems: muscular, skeletal injury, neurological, etc. It breaks the body system up.

We're in the middle of a complete rewrite of that system. It's a five-year project. The final drafts will be sent to the next level of concurrence by the end of 2014. We're going back and looking at the advances in medical science and incorporating those advances into the new rating schedule. I'll give you a basic example that will be plain to anybody.

Not too long ago, a knee-replacement surgery put somebody flat on their back for six months, and then there was another six months of recuperation. My cousin had his hip replaced and 90 days later we were on the golf course walking around. The advances in medical science in a case like that...I would've paid 100% disability for 14 months under the old system, but under the new system, with the advances of medical science, I don't need to pay that individual for 14 months. They're fully functional and back to work in 90 to 120 days. That kind of advance in medical science needs to be captured in our rating schedule.

If you take that and expand it to all the different body systems, you can see that there's going to be a multitude of things that need to be changed. The document we have was originally written in the 1940s, and it's been a series of actions going forward. Every couple of years, we'll update our version or change a few things and move it forward. This is the first time since 1945 that it's a top-to-bottom restructure of the entire document, body system by body system.

The Chair: Thank you very much. That's all the time we have for that.

We now go to government member Mr. Bryan Hayes, please.

Mr. Bryan Hayes (Sault Ste. Marie, CPC): Mr. Chair, I just want to bring this to your attention. Mr. Reynolds has not had an opportunity to make his opening comments. He wanted to, and he's not going to get that opportunity if we do our rotation. Then we'll get his opening comments at the end.

The Chair: What we're going to do is finish this five-minute round. We'll let him speak, and then we'll do another five-minute round.

Mr. Bryan Hayes: Thank you, sir. I just wanted to make sure you were aware of that.

The Chair: Yes.

Mr. Bryan Hayes: Thank you, gentlemen.

Veterans Affairs Canada has a ratio nearing 31 case-managed veterans to one case manager. In the United States, do you provide case management to your veterans?

Mr. Thomas Murphy: That's a great question. What we just did was reorganize our regional offices into lanes, and they're based on the complexity of the claim. The first one is the express lane. They are simple, one or two issues. They are very straightforward, and they are done at a pace that's two to three times of the regular cases. It's 20% to 30% of our workload that goes through the express lane.

The next one is called the core lane, and that's where the majority of the workload goes through. A veteran comes in and he has 8 or 10 issues. He now goes through the core lane, to somebody with more experience, a little more background, and a little more depth of knowledge.

The third one is the special mission lane, and this is the one you're talking about. We reduced the workload on those individuals and concentrated them in a case management type of environment, so the veteran who has multiple amputations or severe head injuries, the veteran who really needs to be helped and who we need to spend some time with in one-on-one communication, now goes through that special lane.

What we did not do is go to the level that you just described, which is a 31:1 ratio. We don't have it detailed to that level.

Mr. Robert Reynolds: But for our severely wounded, ill, or injured we do have federal recovery coordinators who provide that type of case management. Again, those are for our most severely disabled, and we work very closely with the branches of service. For example, the Marine Corps has a Wounded Warrior Regiment. I have a full-time employee on that staff. Our special operations unit down in MacDill has the same thing. The army has one.

So we have employees who are embedded, and we do case management, but again, it's for our most severely wounded, ill, or injured.

Mr. Bryan Hayes: In the case of a special mission stream, you wouldn't be able to answer how many case managers there are, in terms of a ratio?

Mr. Robert Reynolds: I don't know it off the top of my head, but I can get that to you.

Mr. Bryan Hayes: Yes, thank you. I'd be interested in knowing that.

Mr. Robert Reynolds: Okay.

Mr. Bryan Hayes: I'll carry on.

The veterans independence program here in Canada is focused on providing home and health supports to allow veterans to stay in their homes as they wish. We'd much sooner have our veterans stay in a home. It's less burdensome to the taxpayer, quite frankly.

Does the United States system focus on keeping veterans in their homes as they seek to maintain their independence?

• (0915)

Mr. Thomas Murphy: We have a program called Aid & Attendance. It's needs-based as opposed to "Because I'm a veteran, I'm entitled to...". It's not based on the average ability of a veteran, but it's focused on exactly what you're talking about: an elderly veteran living at home needs home health care, somebody to come in and help him, or he needs a spouse to be there or a family member to come in. There are costs to all of that. We have the ability to step in

and provide some money to help either offset those costs or provide for those costs in the first place.

Yes, it's targeted to keep the veteran in their home and allow them to continue living independently.

Mr. Bryan Hayes: What services exactly are provided through that program?

Mr. Thomas Murphy: I'll use my own personal family member as an example. There's a provider who comes in for four to six hours a day and does some basic cooking for him and provides basic medical treatment, and there is a nurse who comes in on a periodic basis. That falls right into the realm of Aid & Attendance, and it's targeted at allowing that veteran who needs a little bit of help at home in order to continue to live independently. That money will also be paid if the veteran needs to go into a full-care facility. Again, this is tied back to a needs basis. It has to do with a combination of what assets you have, your life expectancy, and any other income you have.

Mr. Bryan Hayes: Does that program provide any yard maintenance services, snow removal and grass cutting, things like that?

Mr. Thomas Murphy: Not directly, no.

Mr. Bryan Hayes: In terms of funerals and burials for veterans, what does the United States provide for veterans with respect to the funeral and burial program, or is there one?

Mr. Thomas Murphy: There is a burial program. We're actually in the middle of rewriting several of those regulations. Depending on the status of the veteran—a veteran as opposed to a disabled veteran, as opposed to a severely disabled veteran—there are different levels of compensation. It could be as little as \$300 or it could be as much as \$2,000-plus, depending on the particular circumstances for that veteran. For example, if you die of a service-connected condition, there's a different level of compensation—that takes you up to the \$2,000 level. For a disabled veteran who dies from something that is not service-connected, there's a different level of compensation.

I'll even tell you what it is we're looking at. The dollars here are not real big, and we're looking at whether there is a way we can streamline this program. We've put an inordinately large number of resources in to make determinations on very one-time expenditures of small dollars. We're looking at a way for that program to be streamlined and sped up, and to compress all the different options into some that are a little easier to manage for us.

The Chair: Thank you very much.

Our next member will be speaking to you in French. You should be hearing the translation, though there might be a little time hesitation.

Mr. Chicoine, from the NDP, please, you have five minutes.

[Translation]

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

My thanks to our guests for participating in the study we are conducting.

Gentlemen, could we go back to one of the elements in your opening statement? I am referring to the VBMS and the move to automated applications.

Are veterans responding well to the change, or is there some resistance, say from older veterans who may have more difficulty adapting to it?

[English]

Mr. Thomas Murphy: That's an excellent question. We are getting a lot of questions about that.

I'll tell you what the fear is right up front. The fear is that we're going to automate the process, take people out, and allow computers to make rating decisions. That's the only concern we're getting from people. Across the board, it's a blanket...people say they love the idea; it's going to help us go faster. But also across the board, the comment is that we must ensure that a person is making the decision, doing that last check before it's allowed to go out the door, and making a rating decision on a veteran. That's exactly how we've designed this. We've built certain pieces of automation in, which I haven't clearly explained or laid out to you, that allow a claim to come in, without a lot of human interaction, and get to the point where a rater—the one who makes that determination—looks at it for the first time with the recommended rating decision in place. We put that step in on purpose so that a human intervenes at that point. The concept is that we want the rater to step in and make sure that, number one, it passes the common sense status, and number two, that the totality of the evidence in a file was considered before a decision is rendered.

With those safety measures in place, we're getting wide acceptance across the country on this.

• (0920)

Mr. Robert Reynolds: I would add just a couple of things. We know from the surveys we've done that over 73% of our veterans say they want to interact with us online. That's why we're trying to drive to this capability. The biggest concern we heard—and “concern” might not be the right word. As we moved this stuff online for our veterans to come in and do self-service, we were hearing from our veterans service organizations, who represent these veterans free of charge, helping with their claims, that we might be cutting them out of the system. So we created another system, called the Stakeholder Enterprise Portal, that allows them to work on behalf of the veteran they hold accreditation for, to do that claim online as well.

That's the big part we're working towards now, bringing them in, because many of our veterans service organizations are a little older-generation as well. But they are receptive to it. And that's only been out since February 17. That's in the very early stages right now, but they are using it and we're getting that feedback from them.

[Translation]

Mr. Sylvain Chicoine: Thank you.

So an older veteran who may not wish to apply online is still able to do it in person, with someone else's help.

[English]

Mr. Robert Reynolds: Yes.

[Translation]

Mr. Sylvain Chicoine: That's great, thank you.

Those are cases where offices are important. I imagine that people like that are directed to one of the 57 offices you have all over the country, are they not?

[English]

Mr. Thomas Murphy: Yes, or through our biggest channel of veterans coming in the door, which is our veterans service organizations. Over 70% of our veterans are represented by a power of attorney through our veterans service organizations. The channel is primarily through one of those organizations to us.

To the key point of your question, we will always maintain the ability for a veteran to come in and file in the paper world, because there are some veterans who just flat out do not want to operate in an electronic environment.

[Translation]

Mr. Sylvain Chicoine: Thank you.

Could you also talk to us about your new web portal? It looks very interesting. It is very personal and interactive. Veterans can do things like make appointments and renew prescriptions. Could you tell us how the new portal is helping to improve the veterans' health and status?

[English]

Mr. Robert Reynolds: That will be part of my presentation, but if you like, I can go into it to answer the question.

Mr. Sylvain Chicoine: Yes, of course.

Mr. Robert Reynolds: The eBenefits portal is a joint portal with the Department of Defense and VA. The two largest federal agencies have joined together to create this portal. We're the consumers; they're the suppliers of all our veterans.

DOD have made it mandatory that all service members must get an account upon entering. That gives us the ability to interact with them at the earliest possible point and throughout their careers.

E-benefits right now has 2.6 million registered users, with about 50 self-service features. It's like a big house. There are rooms off that house. A room might be our medical centre, so that's where I order my hearing aid batteries or my prescriptions. That's where I get my certificate of eligibility for my home loan. That's where I file my claim for disability compensation. That's where I would transfer my entitlement for my education benefit—chapter 33, the post-9/11 GI bill.

Again, it adds all these, and it keeps building with every release. We do a release every quarter. It's very agile. It moves very quickly.

Now we're starting to work with other federal agencies, such as the IRS and SSA, again empowering and providing the information to veterans that they might be entitled to.

Probably the nicest feature is that since we have all this data about you, we pre-populate all your forms. We make determinations automatically with a rules base. If you're a female veteran, when you log in, your view will be different from my view as a male veteran, because we know you're a female veteran. We call that persona base.

We have everyone from a World War II air veteran who has an account to somebody who walked in the door today.

• (0925)

The Chair: Thank you very much. As you say, we'll hear the rest of your presentation in a few minutes, but we appreciate that very much.

Now we'll go to Mr. Lobb, from the government side, for five minutes, please.

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

Thank you to our guests here today. We really appreciate your taking the time to provide us your information.

One question I had was on the topic of financial management. I know in Canada many of the young veterans often struggle with managing their finances from time to time, whether or not they've received a lump-sum payout for their disabilities.

Are there any services that you provide to your young veterans to help them cope, not only with their disabilities or their health issues, but also with their finances and their family's finances?

Mr. Robert Reynolds: I'll get into that a little when I do my presentation.

One of the things we do for our home loan benefit, regardless of whether or not you hold a mortgage with VA, is we provide servicing with a letter to do everything possible to avoid foreclosure. Again, that's for our prevention of homelessness. So you can stay in that house without losing that loan; it's a huge benefit. Whether you have the mortgage with VA or not, we'll work on your behalf to readjust that payment or whatever for you.

Mr. Ben Lobb: How would you qualify for the mortgages you provide for a veteran? Is everybody eligible? How competitive are they with the market rates you'd get for a mortgage?

Mr. Thomas Murphy: We don't do the loan itself directly, so you still have to qualify under the lender's qualification criteria. What we do is provide the guarantee to the lender. If they take additional risks with that veteran, we'll guarantee that they're not going to lose money. This covers up to 25% of the value of the home. It allows a veteran to move into a home for no money out of pocket. It allows them to do that without having to come up with the 20%-plus normally required to get into a home in the first place.

This program has been hugely successful for us. About three or four months ago, we did our 20 millionth loan. Our foreclosure rate on those homes is best in class in the industry, bar none. This is because of our aggressiveness. Any time there's a mispayment or a late payment, we step in—we restructure loans and we do financial counselling for the veterans. We help them get back on track and

stay in that house. It's a best-in-class performance at very low risk to the private sector.

Mr. Ben Lobb: It sounds like that model might have been helpful in the housing crisis you guys had.

Mr. Thomas Murphy: Yes.

Mr. Robert Reynolds: It's a very effective program.

Mr. Ben Lobb: Does this include farm properties as well, or is it limited to residential?

Mr. Robert Reynolds: It does include farms. It also includes native American properties—we do stuff on tribal lands as well.

Mr. Ben Lobb: That's very interesting.

You guys were faced with some very tough economic times five or six years ago. I was wondering if the level of benefits veterans receive was maintained through all those tough times. Were there cuts at all? How did the department manage through those tough economic times?

Mr. Thomas Murphy: The benefits for veterans throughout the economic challenge were untouched, unchanged. Our Congress and our executive branch of the government determined that they would not go after this, out of respect for the veterans. So we've been very fortunate in that regard.

Mr. Robert Reynolds: But because of the economic downturn we are seeing a large influx of veterans who are filing for disability compensation or who now qualify for a pension.

• (0930)

Mr. Ben Lobb: If a veteran feels, after analysis, more disabled than the department has recognized, is there an appeal mechanism that veterans can use if they feel their disability is more severe than the first assessment showed?

Mr. Thomas Murphy: Yes, there are three levels of appeal before it enters into other parts of the federal court. They can first appeal to us at the local level, by filing an appeal saying they don't agree with the decision, and we'll have a hearing and do the review at the regional office level.

If veterans still do not believe they got a fair representation, they can appeal to what we call the Board of Veterans' Appeals, which is an organization that reports directly to the Secretary. The chairman is appointed by our Congress for a six-year term. After the board goes through their process, if a veteran still believes it's not right, the veteran has the right to appeal to the U.S. Court of Appeals for Veterans Claims, which is an independent judiciary branch of the government. They're the final determining factor. Beyond that, from there you can go in to the Supreme Court. In the last four years, there have been several cases that have made it that far.

The Chair: Thank you very much for that.

Now we turn to Mr. Zimmer, a government member, for five minutes, please.

Mr. Bob Zimmer (Prince George—Peace River, CPC): Thank you, and I'll be sharing my time with my colleague, Mr. Lizon.

The Chair: Okay.

Mr. Bob Zimmer: Thanks for appearing at committee, and my thanks to all the men and women in the room who served our country, and to you in the U.S. for serving yours. We appreciate your service and what you've done, putting it all on the line for us.

We think we have a pretty good rehabilitation system in Canada. Can you outline what the United States does and the rehab program that happens? I know that's a big question, but you're a member who has used the rehab system in the U.S. and I'd appreciate your opinion on it.

Mr. Thomas Murphy: We have a different program that is called VR&E, or Vocational Rehabilitation and Employment. This program is focused on getting an individual back to work again. If you lose a limb and you were a lineman and you can't climb anymore, we'll retrain you. Maybe you want to be a lawyer now.

There's a whole different set of rules. Getting back to the case management that we spoke to earlier, the VR&E program is specific case management, one on one with a counsellor. We sit down with you and do an assessment of where you are, what your needs are, and where you want to go. Then we lay out a program—quite often measured in years, up to four—that moves you, the veteran, from where you are today to a self-supporting state.

Mr. Bob Zimmer: How about you, Robert, because I think you've been involved in the program?

Mr. Robert Reynolds: Yes, I have. I graduated from it.

Mr. Bob Zimmer: Do you mind giving us your view on it?

Mr. Robert Reynolds: It starts when you go into medical rehab. The goal is to get back into the community with quality of life again. I got my undergrad degree there. Everything is fully covered for you. You get a subsistence allowance as well. If you're going to take computer science, you can get a computer to help you, any adaptive equipment you may need, and if your disability is severe, they will do what they can to get you back to the standards of daily living, as they call it. They give you some sort of reintegration and quality of life. It's a great program.

Mr. Bob Zimmer: I know a degree is about four years, but how long did you spend in the program, and what is the average time spent in the program in the U.S.?

Mr. Robert Reynolds: I don't know the average. I was probably in for about six years, because I didn't go to school full time. Your case manager works with you. At those early stages, you have ebbs and flows. I was in special forces in the army, so my not being able to do that anymore was a bit of readjustment back to the civilian sector, but it is a great program.

Mr. Bob Zimmer: Do you have a success rate in the program in the U.S.? How many people enter? Do you have that data?

Mr. Robert Reynolds: I can get you the data. It's in the high-seventies percentage.

Mr. Bob Zimmer: What typically happens in the rehab program? Is it typically like a university model, where you go into...? You also

spoke about getting a worker into the work world. What path is followed? Is it to go back to school, or is it to be retrained in a skill, or something like that? I guess it depends on the individual.

● (0935)

Mr. Robert Reynolds: It's all unique, just as everybody's service-connected disabilities are unique: their desires, their aptitudes, and all that. It depends on the individual.

Mr. Thomas Murphy: I'll give you two examples from running my regional office. We sent one gentleman through a construction trade school and we sent another one to law school. It was based on that individual's needs and desires. The gentleman who went to law school was paralyzed from the neck down, he could do nothing, but he's making a living today as a lawyer.

Mr. Bob Zimmer: Yes, I know. It's awesome.

Mr. Thomas Murphy: It has to suit the individual.

Mr. Bob Zimmer: Robert, again, from your experience, were you injured in service?

Mr. Robert Reynolds: Yes, I had a parachute accident.

Mr. Bob Zimmer: Going through that process of being injured and retraining and all the rest of that, how would you say...? You've obviously spoken highly of the program, but how would you make it better? What are the last words you would give us as Canadians on the rehab program in the U.S.?

Mr. Robert Reynolds: I went through it 20-some years ago, so it was a little different from where we are today. I would say that your counsellor is probably your biggest asset, because during that time of transitioning to the civilian sector, we think we know it all, but we really don't. So it's understanding the background of where that individual service member is coming from to the relationship that that counsel brings.

The Chair: Thank you very much.

That will end round one.

As we said earlier, I think, Mr. Reynolds, you still have a presentation you'd like to make before we do an abbreviated round two. We'll start with your comments, please, and then we'll have some questions.

Mr. Robert Reynolds: Sure. They'll be abbreviated, because we've kind of touched on some of it.

I work very closely with Tom in all of our different benefit programs, and with those directors. I've worked with Keith and Colleen as well—some very good synergy, and very similar as well.

My responsibility is for all of our outreach and all of our special programs for our prisoners of war, our homeless veterans, our women veterans, our minority veterans, our elderly veterans, all of our web and social media, and all of the quality of our call centres. That's really my umbrella. Regardless of how our service members, veterans, family members, or survivors want to interact with us, whether it's face to face, online, or over the phone, we make sure they are getting the same consistent information.

My office has been in existence for... Actually, it will be three years, I think, this week. We thought it was important to bring all this under one umbrella to try to get consistent information out there.

You know, when service members would get what we call the 214, the DD214, the separation document that members get when they leave, we would always think of them then. But over the past several years, we've been working to the left of the DD214—namely, while they're still in service.

It's really key for us to be able to do the outreach and work with those service members as they get ready to transition to the next chapter in their life. If they're a career soldier who's done 20 years, their needs may be a little different from the individual who did two tours in Afghanistan and is now severely wounded, ill, or injured. We need to interact with them at the earliest points. That's why I started the eBenefits portal with DOD. We are starting to see successes with that.

With the recent legislation that was passed last year, with our VEOA VEI, it is now mandatory as well for all service members to go through a transition program that is up to a week's length in nature. The key to that—to answer an earlier question—is that they will also get some of that financial assistance there.

What we learned...and actually the marine corps learned it pretty quick. They made what we call TAP, our transition assistance program, mandatory a couple of years ago. They found that when they were letting these young marines go through this program, and for the first time that marine was sitting down and being told, "You no longer have three hots and a cot; you will have to pay your rent, you will have to pay your utilities, you will have to pay your food, you will have to pay your insurances", they were seeing the re-enlistment rates increasing.

With that, they've expanded the program now for the VEOA VEI that will also include an educational lane. If you're going to go towards higher educational learning when you separate, you'll get your finance institution...if you're going to apply for benefits. Now the critical one is employment; at the earliest stages, as you're getting ready to leave your career as a service member, you'll get the tools you need to reintegrate back into the community with successful, gainful employment.

We're just now starting to work with that program. Part of it will be that if you're going to file a disability claim—because service members do—if you're severely wounded, you will go through a program that we call IDES, the integrated disability evaluation system. You will go through that lane.

Every service member has the ability to file the claim they want to, before they leave service or even after. But if they want to do it

before they leave service, it's beneficial for us and it's beneficial for that service member.

● (0940)

We're putting the information together now to try to educate them and to get them to do it online as they move through this transition period. They would do it through the eBenefits portal so that we can get those electrons in right away.

The other part is all the outreach we do with our veterans service organizations, our community veterans service organizations, our county veterans service organizations, our state departments. Every state has their own department of veterans affairs and has service organizations. It's pulling all of them together to help us make sure they're also helping us get the word out and assisting veterans to know about the benefits they have earned and are entitled to.

We pass all this messaging along to our call centre agents, so they're getting the same information when a veteran calls in. Then, in every one of our regional offices that Tom spoke about, we have public contact representatives. If a veteran walks in, we can assist them right there, file their claim, answer their questions, or give whatever help they may need on that factor.

I think our biggest success point will be the integration that we need with the DOD. Right now, we share a lot of information over the personnel side. We're now working on getting that health data, which for us is extremely important when we're looking at service connection for disability compensation.

We have several different groups. They're all integrated work groups that are moving toward how we can get the health information sent to us electronically to go into the DBMS system that was talked about, that will help our raters. We're at the very early stages of that.

I can't emphasize enough the importance of the integration or the collaborative work needed with DOD. At the end of the day, that's where our population is going to come from. Those are the ones who have worn the uniform and will be eligible for the services and benefits we provide.

The more we can get the word out at the earliest stages, so they know who VA is throughout their life cycle from that proactive, targeted outreach and engagement, the less we'll have people falling through the cracks, as we heard about earlier in the mid-2000s. I can tell you from my experience, I couldn't even spell VA when I left the military because I didn't even know they existed. I know today we're fixing all of that, to make sure our service members are aware of the benefits and services they are potentially eligible for and entitled to and have rightly earned.

● (0945)

The Chair: Thank you very much, Mr. Reynolds. We'll now turn back to committee.

Good morning, David. Nice to have you here.

Mr. David Christopherson (Hamilton Centre, NDP): Thank you, Chair.

The Chair: We're not turning to you, though. We're going to Peter.

Mr. David Christopherson: Yes, I understand that.

The Chair: Mr. Stoffer, go ahead for five minutes.

Mr. Peter Stoffer (Sackville—Eastern Shore, NDP): Mr. Reynolds, thank you very much for your presentation, sir. It's good to see someone who served their country apply and take the services available. Look where you are now.

Mind you, that tie could use a little changing. I'm just kidding, by the way.

Voices: Oh, oh!

Mr. Peter Stoffer: I want to thank you for your service.

Sir, behind you it says "Support for Caregivers". If I'm an elderly or disabled veteran in the United States and I'm receiving caregiving—from my daughter, son, sister or uncle or aunt, mother or whomever—does that individual who's related to me receive any financial benefits for providing that care to the veteran?

Mr. Robert Reynolds: That would fall under our veterans health administration. Based on the severity of your disability, and again, it's for the most severely wounded, ill, or injured, they do receive some sort of compensatory benefit. I don't know what it is.

There was recent legislation passed, probably a year or two ago at the earliest.

Mr. Peter Stoffer: When a veteran is having difficulty in the appeal process with your VA, and they go through the levels of appeal and eventually hit the judiciary, does the Government of the United States supply them with any legal assistance to assist them in their argument before the courts?

Mr. Thomas Murphy: We do. If an attorney comes in and represents the individual and they advance the claim, if it changes the compensation the veteran is owing in any way, we'll step in and pay what we call EAJA fees. We pay the legal fees, too, through the attorney.

Depending on the circumstances, there are some where those fees are paid by the veteran. We withhold them from the veteran's compensation that they would be receiving from us. It's a combination, depending on the outcome of the case.

Mr. Peter Stoffer: When we were in Washington a few weeks ago, we heard from a woman who runs an organization called Give an Hour. She basically admitted very clearly, and so did the gentleman who runs Got Your 6... These are two fabulous individuals who do a tremendous job for veterans and their families in the country. We were very impressed by their presentation. You should be very proud to have good people like them on your side.

She indicated that during the Vietnam War, the Government of the United States did a very poor job of looking after its veterans when they returned home from that service.

Is it fair to say that you have learned from those mistakes and have greatly improved the systems you have now in order to assist all your veterans?

Mr. Robert Reynolds: I would say without a doubt. I have many Vietnam air friends who were treated wrongly when they got home.

I think we are recognizing that as a nation now. As they are getting elderly now, many of them are coming to VA to receive the benefits and services they have earned.

Mr. Peter Stoffer: Very good. Thank you.

Mr. Thomas Murphy: There are a couple of things that have happened that have drastically changed our world, starting with the introduction of the IDES program. It's no longer a case of your leaving the military and then someday you come to the VA. It's now a warm hand-off. If you're leaving the military, there's a VA to talk to before you go, and there's a transition plan. If you're injured, we do the evaluations of the individual. We line up the compensation for the individual so that when their military pay stops, their compensation from VA begins. We're not leaving an injured veteran out there to take care of themselves.

We owe them. We have an obligation to them. We have put the programs in place at the very highest levels in the government to ensure it goes forward that way.

● (0950)

Mr. Peter Stoffer: Thank you.

Mr. Murphy, the next time I'm in Washington, if we could get that golf game together, that would be very good.

Mr. Thomas Murphy: I would love that.

Mr. Peter Stoffer: Gentlemen, in Canada there is a program that assists our allied veterans. These are folks who fought beside Canadians in various conflicts, and they have immigrated to Canada and become Canadian citizens. There are certain benefits they may be able to apply for to assist them with some of their concerns.

Does the United States have any program to help any allied veterans with benefits who have moved to the United States and gained U.S. citizenry, or any veterans' concerns at all?

Mr. Thomas Murphy: I'm not aware of that.

Mr. Robert Reynolds: I'm not either.

Mr. Peter Stoffer: If I were a Canadian who served in Afghanistan alongside U.S. troops and I moved, say, to California and became a U.S. citizen and I was developing problems because of my service, in some cases there may be assistance in Canada.

Do you know of any program that assists any allied veterans in the United States in that regard?

Mr. Thomas Murphy: I do not.

Mr. Robert Reynolds: No, I do not.

Mr. Peter Stoffer: Gentlemen, thank you very much for your time. I greatly appreciate it.

I'm just kidding about the tie, by the way.

Mr. Robert Reynolds: That's okay.

The Chair: You'll get used to him. Send him a hat. I think that's what he would like.

Mr. Peter Stoffer: A hat would be nice, and send up any pins you have.

Mr. Robert Reynolds: Okay.

The Chair: We'll get back to business, if we could.

We have Mr. Lizon from the government side for five minutes, please.

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

Welcome, gentlemen. Thank you for your great service.

The first question I have is on what measures the United States have taken to simplify procedures and processes in the amount of paperwork required to receive benefits and services from the Veterans Affairs department.

Mr. Thomas Murphy: That's everyday business for us. The idea is, how do I reduce the administrative burden I'm putting on individuals, number one. Number two, how do I take off the obstacles to having to fill out this form, and then fill out that form, and then fill out another form? It's partly selfish and partly an impact on the veteran. Partly selfish because each time I do that it takes me longer. I'm measured on my days to complete a claim from beginning to end, so I want to reduce all that and get it down to collecting it up front.

The other part of it is the VONAPP Direct Connect. The VDC online application we're talking about is the big focus for us. It allows me to do a TurboTax-style interview to collect information from a veteran in the form of data and process that significantly faster. This won't happen until this summer, but the idea is that a veteran comes in through the eBenefits portal and goes into the VONAPP Direct Connect to complete an online application, and they answer a series of questions. Until they answer all those questions all the way to the end, the veteran doesn't even know what information and forms in great detail I've done. I pre-populate in the right forms for them and feed that into my system. I'm trying to get the veteran completely away from the paper environment. As I said earlier, we'll always maintain the ability to do it through paper, but we're trying to capture that in an automated environment.

The other thing we put in place is the ability of the veteran to hit the save button at any time, lock in their effective date for payment, and then have up to one year to come back in and put that additional information in and submit that form to us.

So every single day I get up, every day that I'm at work, I'm trying to figure out a way to make the process faster and the easier for me and for the veteran.

Mr. Robert Reynolds: Perhaps I could just add a quick example, and I agree, we do it every day.

When I was with our home loan section 10 years ago, a veteran would have had to fill a form out, which would have gotten sent into VA, and then one of our claims people would have typed what we call a certificate of eligibility for the home loan benefit and mailed that back to the veteran. Today, a veteran can go on eBenefits and literally click a button without entering any data and generate that certificate of eligibility. So with a click now they can get their certificate of eligibility.

Mr. Wladyslaw Lizon: Here in Canada we've recently changed the way veterans receive benefits. They don't have to submit receipts for all the services they're eligible for, and instead they will be getting an allowance without having to submit receipts for training or for snow removal services, or other services they may be eligible for. This simplifies the amount of paperwork, of course, and bureaucracy that existed before.

Mr. Reynolds, you mentioned some transitioning programs for the veterans when they are leaving the army for medical or other reasons and they have to transition to civilian life. Do you have in the United States any preferential treatment of veterans in hiring practices in the government sector? Do you have any private sector companies that offer preferential treatment in hiring veterans?

● (0955)

Mr. Robert Reynolds: Yes, we do. For government, if you have honourably served, you get what we call a five-point preference for federal employment. It's based on a point scale. Right now every veteran gets moved to the top. If you are a service-connected disabled veteran, you get what we call a ten-point preference. As a veteran, you can also automatically generate those preference letters right on eBenefits, again with just a click of a button. You don't have to come and request those. You can do it with self-service.

Our private companies out there, in recognition of that service, I would say, are trying more and more to hire as many veterans returning as they can. I think everybody knows veterans are usually highly skilled, highly motivated, and highly trained. They bring a work ethic to the workplace. I think our private employers are seeing that as well, and they're also out there trying to market, to bring veterans on for employment.

Mr. Wladyslaw Lizon: Thank you very much.

Do I still have time, Mr. Chair?

The Chair: Probably somewhere down the road, Mr. Lizon, you'll have more time.

Mr. Wladyslaw Lizon: Thank you very much.

The Chair: That's the time you have today.

Mr. Casey had to leave, so we're going to wrap up with Ms. Adams for five minutes, please.

Ms. Eve Adams: Thank you very much.

Back in 2006 we passed unanimously here in our Parliament something called the new Veterans Charter, and it focuses on rehabilitation for our most seriously injured and ill veterans. It's called a living document, in that we review it. We recently updated benefits back in 2011, and we'll be reviewing it again this fall.

How does the U.S. treat the review of your benefits? Do you have something that says, statutorily, that you need to review them every so often? How do you approach that?

Mr. Thomas Murphy: We approach it in several ways.

One of the major ones is that there is a standing committee appointed by our secretary, in this case made up of a retired lieutenant-general and a myriad of individuals with different expertise. It's called the Advisory Committee On Disability Compensation.

They meet on a monthly basis, they discuss the issues we have, and they look at current events, current trends, and report back to the Secretary on where we could be doing better, where we're missing opportunities, where we're performing well. In that annual report it's driven back into our planning guidances going forward.

There are other committees that we talked about a few moments ago—the veterans stability committee—that are appointed from time to time.

In addition to that, we have a very robust group of veterans' service organizations that we meet with on a monthly or quarterly basis, depending on the level of the organization. I know the executive directors sit down with our Secretary, they sit down with my Under Secretary, and then I meet with them as well. Rob runs meetings with those individuals.

The point is that we get a great deal of feedback from them to make sure we're meeting the needs of the veterans going forward.

Ms. Eve Adams: You've heard about the housekeeping services we provide to our aging veterans to allow them to continue to stay in their own home—things like snow removal, grass cutting, and housekeeping services. If the aging veteran has passed away, we will continue to provide that, in many instances, to the surviving spouse.

Do you have those types of programs for surviving spouses?

Mr. Thomas Murphy: Again, we don't have them directly for things. We can't call it snow removal and home cleaning, but there is a level of attendance that is provided to a spouse based on a service-connected death.

Mr. Robert Reynolds: Right, DIC.

Ms. Eve Adams: What if it's not a service-connected death? What if it's just that they served for us in World War II and they're now aging? These are not service-related....

Mr. Thomas Murphy: Compensation and benefit levels change based on service-connected and non-service-connected, but there is what we call a DIC, and there's also a widow's pension. If a veteran who served in the military in World War II dies—not service-connected in any way, shape, or form—and the widow is left by herself, because of his service in the United States Army, she has the ability to come in and receive a widow's pension from us. It's not tied to any particular thing, but it is income-sensitive.

• (1000)

Ms. Eve Adams: If I can put one final question to you—it will probably be a very lengthy response, so please feel free to provide us with some documentation afterward. Could you give us a comprehensive overview of the types of services and benefits available to your most seriously injured or ill veterans, the full suite that you offer, so that we might have a proper and fulsome comparison as we look at the United States and other nations?

I know that's asking a lot, but it would be very helpful.

Mr. Robert Reynolds: Ms. Adams, I will get a report or something sent up to you all, because just thinking of all the aid attendants, the health care...even in that range, we'll give you what the SMC would be for that, which is the monetary amount.

We'll put something together for you and send it off.

Ms. Eve Adams: Thank you very much, Mr. Reynolds. Thank you very much, Mr. Murphy.

The Chair: On behalf of the committee, I want to thank you very much for doing this today. It's very helpful to our study, and we know there are some very good close relations with you folks and our folks. It's a learning process for us all. We appreciate that.

I also want to say that I appreciate your not mentioning that the Boston Bruins beat the Toronto Maple Leafs last night. We're still suffering up here—some of us are, anyway.

Mr. Robert Reynolds: My Caps lost last night too.

The Chair: There you go. It's a shared pain.

On behalf of all of us, thank you very much for taking the time. You have agreed to send along some additional information. Our clerk will be in touch to make sure we do that.

Again, we appreciate it very much.

Thank you.

Mr. Robert Reynolds: Thank you.

Mr. Thomas Murphy: Thank you.

Some hon. members: Hear, hear!

The Chair: We're just going to take a minute while we wrap up, and then we're going to deal with the private member's bill.

First, I want to remind all committee members that we've been talking about lining up the Australian witnesses. They have agreed to appear on a Monday evening as opposed to a Wednesday evening. The caution we have is that Wednesday evenings are probably going to be rather busy with House business, whereas Monday is probably less likely to be tied up.

Since the witnesses have agreed, the recommendation is that we move it from June 5, which is a Wednesday, to June 3, and it will be approximately 6:30, if the committee is in agreement.

Some hon. members: Agreed.

The Chair: We'll still provide some supper, if the committee so desires. Is that still the wish as well?

Mr. Peter Stoffer: Lobster.

The Chair: Yes, lobster, right. I think our friend from P.E.I. is going to provide those, isn't he, from his comments? Lawrence is trying to push lobsters.

No. Forget that. There won't be pretzels, either.

We're dealing with Blaine Calkins' private member's bill, as you know. It's Bill S-213, and of course when it's finished we will present it to the House.

I'm pleased that we're joined by David-Andrés, who is the legislative clerk. If there are any questions, I assure you they will go to him, because I'm not prepared to answer any detailed questions.

You know the routine. We're going to go through it in the routine way. If there is anything you want to raise or talk about, certainly it's totally in keeping.

Of course, the preamble will come at the end, and the title. Having the paper in front of us, I will proceed, if that's correct. We'll vote on each clause separately.

(Clauses 2 and 3 agreed to)

(Clause 1 agreed to)

The Chair: Shall the preamble carry?

Some hon. members: Agreed.

The Chair: Shall the title carry?

Some hon. members: Agreed.

The Chair: Shall the bill carry?

Some hon. members: Agreed.

The Chair: Shall the bill be reported back to the House?

Some hon. members: Agreed.

● (1005)

Ms. Eve Adams: Yes, as soon as possible, please.

The Chair: Isn't it amazing how we get along so well sometimes? It just brings a tear to your eye.

Voices: Oh, oh!

The Chair: Thank you very much for your work on this. We appreciate it.

It will be reported back to the House either later today or tomorrow.

We have a little bit more business to deal with. This is committee business, and we can carry on and do it or we can go in camera. That's always the committee's decision.

Ms. Eve Adams: In camera, please.

The Chair: Okay, we will move to committee business and we will go in camera, if that's okay.

Mr. Peter Stoffer: Well, not really, but I can't say anything about it.

The Chair: We can go through the vote if you want to.

Mr. Peter Stoffer: That's okay.

The Chair: Okay, thank you very much.

We're going in camera for committee business. I appreciate folks arriving today. It's good to see you again. All the best.

I would ask anybody who is not attached to the committee members as staff to please use this opportunity to leave the room.

[Proceedings continue in camera]

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