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**Chair**

**Mr. Greg Kerr**



## Standing Committee on Veterans Affairs

Monday, June 10, 2013

• (1830)

[English]

**The Chair (Mr. Greg Kerr (West Nova, CPC)):** Good evening, committee members.

We're past 6:30, so we're going to get started. Mr. Stoffer's here, so we're good.

I want to welcome our guests from Australia. I hope you can hear us okay.

**Mr. Shane Carmody (Deputy President, Repatriation Commission, Department of Veterans' Affairs Australia):** Thank you, Chair, we can.

**The Chair:** Perfect.

Pursuant to Standing Order 108(2), we are resuming our comparative analysis of the services and benefits offered to veterans by Canada and its allies.

I think you were probably made aware of that.

I understand this evening that we have Judith Daniel, Shane Carmody, and Neil Bayles.

Thank you very much for joining us. I'm sure that all jurisdictions take a look at how their services are functioning and where they can make improvements, or how they compare and so on. We really appreciate that and we're glad that we could hook up tonight.

We're not quite sure how much longer we have for this study and how long we're going to be here as the session more or less winds down, but the fact that we have a full complement tonight is a good sign.

We will ask you to make your opening comments. I understand that we have you for about an hour. Is that correct?

**Mr. Shane Carmody:** That's correct, yes.

**The Chair:** Thank you for that.

We will then go to questions from the committee members within the time we have.

Again, thank you for joining us. Are you all speaking, and in any particular order?

**Mr. Shane Carmody:** Chair, I will start.

**The Chair:** Perfect.

Mr. Carmody, if you would, please.

**Mr. Shane Carmody:** Thank you, Chair.

It's always a pleasure to speak to our Canadian colleagues. We have here in Australia an excellent relationship with Veterans Affairs Canada.

I thought that providing some background about us might help. We currently provide support to about 320,000 veterans. We provide a wide range of services to those veterans, and we hope to spend an hour covering some of those for you today.

I have two of my division heads within the organization here with me. On my right is Mr. Bayles, who is the head of our rehabilitation and support division, which looks after the rehabilitation, compensation, and income support side of the Department of Veterans' Affairs. We spend more than \$6 billion Australian a year in this division.

On my left is Ms. Judy Daniel, who is the division head of our health and community services division, which looks after much of the health care side of our organization. In that organization, too, we spend almost \$6 billion a year.

These are the two experts running the two largest parts of our business, so I thought what I would do, given the time available, is to leave it to them to briefly introduce themselves, and then go straight to questions.

**The Chair:** Thank you.

**Mr. Neil Bayles (Acting First Assistant Secretary, Rehabilitation and Support Division, Department of Veterans' Affairs Australia):** My name is Neil Bayles and I am acting first assistant secretary, rehabilitation and support.

My division looks after three main programs: compensation, income support and rehabilitation. Income support is a form of a pension that's paid to veterans and their partners, very similar to a social security pension. It's a significant component of the \$6 billion that is spent in my division. It's about \$3 billion per annum.

Compensation benefits are essentially compensation for injury, disease, or death related to service in the military. We pay two main types of compensation: payment to the veteran for injury or disease related to service, and we also provide compensation to widows and other dependants where the member's death is related to service.

The third type of main payment that we make is for rehabilitation. We have a number of rehabilitation programs that aim to restore veterans who have been injured or have a disease related to service. We have several components of that rehabilitation to try to get the veteran back to some level of functioning in the world through medical, social, and vocational rehabilitation.

I think that'll do for me for the moment.

•(1835)

**Mr. Shane Carmody:** Judy.

**Ms. Judith Daniel (First Assistant Secretary, Health and Community Services Division, Department of Veterans' Affairs Australia):** Thank you.

I'm Judy Daniel, first assistant secretary, health and community services division. In the Australian context we are probably the largest single purchaser of health services in Australia. We purchase the full range of health services for our veteran and war-widowed clients from the mainstream health system.

There's one exception to that. In Australia we have a counselling service that is run separately but as part of the department, the veterans counselling service. We have contracts with a wide range of providers and also with state and territorial governments in Australia that are responsible for delivery of parts of the health care.

For the significant areas of medical and pharmaceutical services, our purchasing arrangements shadow the systems and medicare arrangements that exist for the whole of the Australian population. But in other areas, such as community nursing, home care, aids and appliances, and transport, we contract with providers.

The other area of the department's activity that is in my division is our research program, where we work very closely with our partners through the SIF arrangements. Within the research area we're currently looking at some strategic refocusing of our research program.

I'll stop there, but I'll be happy to answer further questions.

**Mr. Shane Carmody:** Chair, we'll pass it over to you at this point now that you and the members have an idea of which side of the house to direct your questions to. We'll be delighted to answer any questions you might have.

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

We have three separate entities here—the government, the official opposition, and the third party, the Liberal Party. Each will be asking questions.

We're going to start with the official opposition.

Mr. Chicoine, for five minutes, please.

[*Translation*]

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

I would like to thank the witnesses from Australia for agreeing to testify about the services they offer to veterans.

In your opening statement, you spoke of incapacity benefits. I also read a few things on your website, and I would like to ask you a few questions about that.

If I understand correctly, when one is an active member of what you call the Australian Defence Force, this benefit covers the difference between a full salary and what is currently being earned. For example, if someone was working full-time, and their disability allowed them to only work part-time, this benefit would cover the difference. On the other hand, if one is a veteran, and that veteran is

paid the entire difference, up to 45 weeks, that goes down to 75% afterwards.

What is your reasoning behind this calculation?

•(1840)

[*English*]

**Mr. Neil Bayles:** Thank you for the question.

The benefit that you are referring to is what we call incapacity payments. It's made under two of our acts. We have a very complex legislative framework with the three pieces of legislation that we administer. Under two of those three acts we have a payment called incapacity payments. It's only one of a range of benefits available in the name of compensation for injury or disease.

It is a payment made where an ADF member is unable to work as a result of their injury or disease, and it is payable at 100% of their pre-injury salary and allowances, and then it steps down to 75% of their pre-injury salary and allowances after 45 weeks in payment. The step-down is to reflect the fact that there needs to be encouragement to them to undertake rehabilitation. If we paid 100% of their pre-injury salary, there would be no incentive to get back to work.

It is mainly as an incentive, but it also partly reflects the fact that a person who is not working does not have certain costs of going to work, so it's a step down to 75% after 45 weeks.

[*Translation*]

**Mr. Sylvain Chicoine:** Very well. Thank you for the answer.

Why do you set it to exactly 45 weeks? Is there a reason to explain that choice?

[*English*]

**Mr. Neil Bayles:** I guess the 45 weeks gives some time for a veteran to go through some rehabilitation while they continue to receive the 100%. It probably has no real science behind it, but is something that we inherited from a workers' compensation scheme for Australian public servants, and it is steeped in history. It is currently being reviewed and may change. The government may be interested in some other recommendations before it, to perhaps have a more graduated step down so that it's not such a sudden step from 100% to 75%.

[*Translation*]

**Mr. Sylvain Chicoine:** Thank you for your answer.

For veterans, there is also a bank that is the equivalent of 45 times normal working hours. If I understood correctly, every time a disability prevents someone from working, an hour is deducted from that bank. Could you explain this system further?

[English]

**Mr. Neil Bayles:** Yes. This is a little complex where individuals might have a capacity to earn, and who can receive more than the 75% of their incapacity payments. It is quite a complex set-up. If I could perhaps provide you with some detail of that, it is designed to encourage veterans to continue to rehabilitate and to get back to full-time work. There are some steps if somebody is capable of working half time. We provide a bit of an incentive in there by paying a bit more than 75% so that we encourage them to get back to full-time work. It is a graduated system.

I can provide some detail to you separately from the calculations that are made, but essentially, it's designed to provide an incentive for an individual veteran to continue to rehabilitate and get back to full-time work.

• (1845)

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

We now go to the government. We have Ms. Adams, for five minutes, please.

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

Thank you for joining us all the way from Australia this evening.

Our committee last year had an opportunity to meet one of your younger veterans who was receiving some peer-support counselling out in British Columbia for some operational stress injuries he was enduring. You must be very proud of this young man. He certainly reflected very well upon Australia. He seemed a very courageous young man.

In addition to the peer-supported counselling that we offer and all sorts of other community opportunities for mental health assistance, our government, through the Department of Veterans Affairs, operates 17 OSI clinics. Each of these clinics is staffed with a team of clinicians, psychiatrists, psychologists, and mental health workers.

Does Australia operate a similar model?

**Ms. Judith Daniel:** Thank you.

Perhaps I could make a couple of comments. We run our own counselling service, the Veterans and Veterans Families Counselling Service. That is not a full medical service, but it is a counselling service that offers, obviously, counselling and a range of group programs.

Outside of that, we purchase services within the Australian health system—medical and psychiatric hospital services—and we also fund a range of specific post-traumatic stress programs in around nine hospitals around Australia.

We have a specific counselling service, then arrangements for other health services. We're also doing quite a lot in terms of self-help in the online space in Australia at the moment.

The VVCS is in 15 locations around Australia but also has contract arrangements for counsellors in other parts of the country, because like Canada, Australia is geographically vast and dispersed.

**Ms. Eve Adams:** Could you expand a little bit about the services that you're providing online?

**Ms. Judith Daniel:** At the moment our services are largely information services. We recently launched a PTSD phone app, which is proving to have quite a reasonable uptake. But we have a fairly extensive website with a range of support tools available. We're not at the moment in the space of interactive online services.

**Ms. Eve Adams:** It's a self-assessment tool, but we just launched a pilot and in fact will be making an announcement tomorrow. Is the app a self-assessment app?

**Mr. Shane Carmody:** Yes, it is. It's similar to the U.S. veterans administration's PTSD Coach, which we've taken and Australianized. It is self-assessment and, if you like, a personal management tool that you can use.

**Ms. Eve Adams:** I might just, with the time remaining, turn to appeals.

When a veteran applies for disability benefits, for instance from Veterans Affairs Canada, if he or she is unsatisfied with the response they've received from the department, they do have the opportunity to appeal to what is basically an appeals tribunal here in Canada. Do you have a similar model? Additionally, we provide them with free legal representation in their appeal against our own department. Could you tell me if you have anything like that?

**Mr. Neil Bayles:** Yes, we have an appeal system as well. In broad terms, after a decision is made, there is what we call the primary level, the first level within the department. A person who is unhappy with that decision can request a review of that decision. The first step is another internal DVA review by an officer at a more senior level than the primary decision-maker. That is what we would call a reconsideration or review of the initial decision.

Then if an applicant is still not happy with the outcome, they can appeal to the Veterans' Review Board, an independent statutory body that examines appeals. If they are not happy with the Veterans' Review Board decision, they have a right to appeal to what is called the administrative appeals tribunal. And then from there, if they're still not happy, they have no right of review on the merits of a case, but on a legal point of view they can go to the federal court if the matter revolves around a legal issue.

There is a legal aid system in Australia. There's a veterans' legal aid program, not administered by DVA, but administered by the Attorney-General's Department, which provides some legal aid assistance for certain veterans to take their appeals to the administrative appeals tribunal. We don't provide legal aid at the Veterans' Review Board; they don't have lawyers at the Veterans' Review Board.

• (1850)

**Ms. Eve Adams:** Thank you, I'm out of time.

**The Chair:** Thank you very much

We now go to Mr. Casey, for five minutes, from the Liberal Party, please.

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

Mr. Carmody, at the outset you gave us some sense of the size of the department and the budget. I want to make sure that I heard you correctly.

You have about 320,000 clients, is that right?

**Mr. Shane Carmody:** Yes, that's correct.

**Mr. Sean Casey:** And a budget of about \$12 billion?

**Mr. Shane Carmody:** About \$12.5 billion this year, of which about \$300 million is to run the department, and more than the remainder is actually for the provision of benefits to veterans.

**Mr. Sean Casey:** Interesting. You have 50% more clients than we do, but your budget is 3.5 times ours. The cost to run your department is about the same, so good for you. It's quite an interesting comparison.

At our last session we heard from some officials from the United Kingdom. There was a stark difference in their disability award, so I'll talk to you about that for a moment. There's quite a debate raging in this country over a decision that was taken with the agreement of all parties some time ago to introduce the new Veterans Charter and to replace a pension system with a lump-sum payment as a disability award for a certain class of veterans.

Do you have something like that in your country, or are disability awards in the form of a pension as opposed to a lump sum?

**Mr. Neil Bayles:** Thank you for the question.

As I said before, we administer three pieces of legislation. The oldest piece of legislation we have is the Veterans' Entitlements Act, which provides lifelong disability pension pay as a fortnightly payment. It does not have any lump sums for disability pension.

However, the more recent acts have lump sum elements to them. The most recent military act, the Military Rehabilitation and Compensation Act, which came into being in 2004 for all service after that date, provides a choice for veterans to either take permanent impairment compensation as a fortnightly amount or to convert it to a lump sum based on their life expectancy. They have a choice. They can take a lump sum, or they can keep getting a fortnightly payment or take a combination. They can take, say, 25% as a lump sum and keep the rest as a fortnightly pension. It goes by quarters—25%, 50%, 75% or 100%—when converting to a lump sum.

**Mr. Sean Casey:** Is there a legislated maximum lump sum?

• (1855)

**Mr. Neil Bayles:** Yes, there is. The maximum lump sum under the MRCA for permanent impairment is about \$420,000. That's if you convert the pension to [*Technical difficulty—Editor*].

**Mr. Sean Casey:** That's interesting. In this country it's \$300,000 and in Britain it's \$900,000.

All governments in recent years have gone through some austerity measures, and we also had quite a debate in this country as to whether the Department of Veterans Affairs' budget should be included or exempted from the austerity measures. Did you have a similar debate, and how did you resolve it?

**Mr. Shane Carmody:** Within Australia over the last few years, the government has imposed an efficiency dividend across

departments, varying from 1.5% to 3%. That dividend applies only to our operating costs, so it applies only to the \$300 million. It doesn't apply to the administered amounts, and what we've had to do essentially is to cut it off. We do not wish to reduce services, and therefore we needed to find ways to make ourselves more efficient.

**Mr. Sean Casey:** Would that include closing offices?

**Mr. Shane Carmody:** We haven't done that. We have reduced our footprint in particular offices and we've taken other austerity measures such as reducing travel costs and increasing the number of video conferences. Some of these measures have been taken for us given the fact that the money has been removed from our budget and we've therefore been required to create efficiencies.

Thus far we've been pretty successful in maintaining services but it is very challenging.

**The Chair:** We'll now go to Mr. Hayes, for five minutes, please.

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

Mr. Bayles, in your opening comments you spoke about the rehabilitation and support division with its \$6 billion annual budget and three components which are compensation, income support, and rehabilitation. I'd like to focus a little bit on the rehabilitation component.

First, with regard to the value of it, as a percentage of the \$6 billion, how much is attributable to rehabilitation?

I'm going to keep going with my questions and you can jot these down. I'll try to get them all into one shot.

You mentioned a number of programs. They were, I believe, the medical component, the social component, and the rehabilitation program.

I just want you to expand a little bit on the three components of the rehabilitation program and give me some sense statistically of how long veterans might spend in the program, and some ideas as to its success rate. What have you established that as being, and how are you actually making out?

**Mr. Neil Bayles:** I probably want to take on-notice your question about the expenditure on rehabilitation and provide you with that answer separately, but it is not a very big component of the \$6 billion. Essentially, what we do is provide a program whereby we sit down with a veteran and look at how we can improve his or her quality of life and ability to get back to work.

The focus is primarily on vocational rehabilitation, that is, if the veteran is not able to work or is restricted from working full-time, we focus very heavily on how we can get the veteran back into some paid work. That involves our working with a rehabilitation provider who is external to the department, and the rehabilitation provider will be aware of the capabilities and skill set of the veteran. We'll then establish what might be a good potential vocational option for the veteran. It may be that the veteran can walk into a job, or the veteran may need some training in order to progress to an employment category.

The other two components, the social and psychological components, are focusing on whether there are other barriers to the veteran's ability to work. It may well be that there is a need to provide some assistance to the veteran in dealing with particular issues they have around, for example, coping with stress, getting to sleep, and their family situation, or housing, or whatever. We look at options in order to remove any possible barriers to their being able to work.

The medical component is the health care of the veteran. It can be very important that we continue to provide medical care. The rehabilitation plan that we develop for any veteran has all three components covered, so it's a holistic view of the veteran and the veteran's needs. It might be a combination of services that we will provide to the veteran: medical, psychosocial, and vocational, in order to support the veteran and his or her family.

If a veteran is unable to work, then the focus will be on how we can improve the veteran's quality of life so that the impact of their condition is minimized and they can operate as best as possible in the world.

• (1900)

**Mr. Bryan Hayes:** I want to ask one question on skills training and education, the vocational component, in terms of the services you provide for skills training and education. What might those consist of?

**Mr. Neil Bayles:** They may involve a short vocational course in a college, like a further education arrangement. We might pay for the course. We would monitor the veteran's progress throughout, so it might be vocational or not. For example, it might be security work, or developing a particular trade, or it might be that the veteran simply needs a top-up of their existing skill set. We do, on occasion, support tertiary study in an institution, if the veteran is capable of undertaking that study and we can see that it would lead to a job opportunity for the veteran. For example, we might pay for a veteran to undergo a graduate course, if we see that it would lead ultimately to a job for the veteran, and if the veteran is capable of undertaking that course of study.

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

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

We will now go to Ms. Mathysen, for five minutes, please.

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

Thank you very much for agreeing to share this time with us. I'm cognizant that this is probably a very early hour for you, and we're most grateful that you've made yourselves available.

I have a few questions. First, when military personnel retire, do they automatically receive a veterans' card? Do they automatically become registered, or is it up to the veteran to pursue that registration?

**Mr. Shane Carmody:** It's up to the veterans to determine whether or not they wish to make contact with the department.

We do have arrangements in place to assist veterans or servicemen—veteran servicemen and women and veterans transitioning from the defence force—on every Australian Defence Force base or on many of them so that we are visible and open to them. For those who have medical issues, of course, we're trying to ensure that we manage a continuity of care arrangement from their current care arrangements to their new care arrangements.

But to get to the core of your question, those who leave the defence force do not automatically become our clients.

**Ms. Irene Mathysen:** One of the things that we encounter here is that CF personnel leave and may not have a visible injury or there may be something that wasn't apparent, and then 15 or 20 years down the road, suddenly they're in a situation where they really need support from Veterans Affairs, and very often we can't find them.

Do you encounter that at all? Is that a concern that you have?

• (1905)

**Mr. Shane Carmody:** We do encounter a bit of that. There is an extensive ex-service community network in Australia, so veterans quite often get in touch with the ex-service community, which leads them back to us. But we are cognizant of the fact that some people do just leave the Australian Defence Force, and defence forces in general, and wish to have no further contact and then do have issues.

We need to make ourselves as available as we can for them when they come back in, because we're not in a position to mandate that. Therefore, we need to provide every possible channel for them to find their way back to us or to be made aware of the services that might be available across the board, be they medical services, counselling, treatment, or pensions.

**Ms. Irene Mathysen:** I was struck by the figures you provided when you began. You have about the same number of veterans as we have in Canada, but your budget to take care of them is about three times what our budget is here. I have to say that I'm a little bit envious.

I wanted to come back to the issue of the injured or incapacitated veteran and pensions. It's my understanding that if veterans are younger than the general age of retirement, they receive an income-tested pension. Beyond that, when they do reach the age of retirement of the general population, do they automatically move into that pension system? Is there a clawback of the pension if they're seen to be receiving more than the average Australian?

**Mr. Neil Bayles:** There's no clawback of the benefits provided. You might be referring to the capacity payments, which I talked about earlier. Those payments do stop at age 65, and then a veteran would be able to move on to an income-tested pension if they had limited means. The income support pensions are payable subject to an income and assets test. They would be able to receive their pension either from us or DVA, if they have what we call qualifying service—in other words they've done war-like type service. If not, they would then get their benefit income-tested pension from our social security department.

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

We now go to Mr. Lobb, for five minutes.

**Mr. Ben Lobb (Huron—Bruce, CPC):** Thank you, Mr. Chair, and thank you again for joining us here.

My first question has to do with the size of the budget. Maybe you mentioned it in the presentation and I happened to miss it, but of the \$12 billion, what percentage would be paid directly in the form of pensions and other forms of income to veterans?

**Mr. Shane Carmody:** It's around \$6 billion.

**Mr. Ben Lobb:** Okay, thank you.

In the area of case management, what kind of ratio of case managers to veterans do you try to target?

**Mr. Neil Bayles:** I can answer that.

Case management is something that we do use, but not for every veteran. A veteran has to make a claim for benefits from the department, and we then process that claim by working out the eligibility and payment of benefits.

I presume your question is around intensive case management. Is that your question?

**Mr. Ben Lobb:** That's correct. I'm talking about the people who would work on the front lines, who would work directly with veterans who are in the care of Veterans' Affairs.

•(1910)

**Mr. Neil Bayles:** We have front-line staff who are basically our information services in various locations around the country. They tend to provide information and direct veterans into our system, help them make claims by giving them the appropriate forms and information. But in our back-office part of the department we have claims assessors who would manage and determine a claim for compensation. We've had different types of claims assessors, depending on the nature of the benefits that are being claimed.

So we divide our workforce according to the types of programs we run, and staff become experts in particular types of benefits. Those staff will be responsible for the claim from the time it's received to the point of making a decision. They do the investigation and the

decision-making, and they talk to the veteran around what information is required.

**Mr. Ben Lobb:** For our older veterans—

Oh, sorry.

**Mr. Shane Carmody:** The point I wanted to make, if I may, is that we don't case-manage everyone. As Mr. Bayles said, a lot of claims will just get managed and resolved. But we do have some case-management arrangements for particular groups. We intensely case manage new war widows; we intensely case manage in the mental-health space; and we intensely case manage what I call "difficult clients", or clients who have a range of issues we need to closely manage.

**Mr. Ben Lobb:** I probably have time for one more question.

With our older veterans we have a program called the veterans independence program. It's a program that would help a veteran and perhaps his or her spouse stay in their home a little longer. It would cover costs such as outside maintenance, whether it's snow in the winter or grass-cutting in the summer, and perhaps some house-keeping.

I was just wondering if you have a similar program for your older veterans.

**Ms. Judith Daniel:** Thank you for the question.

We do have a number of programs that provide services of that type. Probably our main one is what we call our veterans' home care program, which provides domestic cleaning, low-level personal care, and some very limited maintenance and respite. We do provide other forms of aid and appliances for home maintenance, but the vast majority of in-home support and age-care support in Australia, the very intensive home-care packages, is not administered by this agency. Veterans access that alongside general citizens.

But we do quite a lot. We find our clients tend to enter residential care later than the general population, so we know we are doing good things in terms of keeping them in their homes.

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

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

**Mr. Bob Zimmer (Prince George—Peace River, CPC):** Thank you, Mr. Chair.

Thank you for appearing at committee today. We're appreciating your comments.



The questions I have deal with that veteran-to-government interface, and we want to know a little bit about how that occurs. You've talked about it already. You've talked about an app and you've talked about some other ways a veteran is to approach Veterans' Affairs initially. But I wanted to know what that initial contact looks like. You say it's a veteran-initiated contact, but how does that look? If I'm a veteran and I'm just getting out of the service, how does that interaction play out? How do you know what they're going to get for benefits, and how do you let them know what they're due?

**Mr. Shane Carmody:** Thank you for your question.

We engage directly with the Australian Defence Force in what I call the transition space, when people are leaving the defence force, when they are managing transition seminars and a range of processes that are arranged around the servicemen and women when they're leaving the defence force. We make presentations at those.

We have our On Base Advisory Service, which I mentioned before, at 35 bases around the country, where we have Veterans' Affairs staff on bases, so actively engaging.

In a bit more than the last 12 months, we have launched our MyAccount program, which is our online access to the Department of Veterans' Affairs. We've been going for about 12 months. We have about 14,000 clients online now, and we're aiming for about 30,000 by the end of the year. We're trying to do as much as we can in the online space to make sure that our website and facilities are available so that people can see what we offer.

• (1915)

**Mr. Bob Zimmer:** Can you just explain that by providing a little bit more information? You talked about going online as the way you're going, and we, as Veterans Affairs, have moved into that realm as well.

Can you just explain a little bit more what the other mode of contact is? Are there personal phone calls? Is there a follow-up mechanism just to make sure that the veterans understand. Or for the older veterans who aren't as proficient at using computers and those sorts of things, what do you have to service that expanse of veterans?

**Mr. Shane Carmody:** We have our band network, our VAN network, our Veterans' Access Network, which are our offices around the country.

We use a range of methods to contact veterans. We work very diligently through the veterans' organizations, but we make phone contact with our clients on a regular basis.

Of course, we don't cold-call our people who leave the defence force. It's up to them to determine whether they wish either to make contact or to lodge a claim, but we try our best to make sure that we're available to them.

As for the others, we have phone and e-mail contact. Surprisingly, the online users vary across ages, too, and we've had a lot of success with the more senior groups with online contact.

**Mr. Bob Zimmer:** Thank you for that.

I have one last question. We're going through the process of looking at our veterans' system and how we compare internationally, as you know, which is why you're here.

But how often do you review your system of benefits and programs in Australia? Do you do it once every decade? Give us an example of how you introspectively look at your role.

**Mr. Neil Bayles:** That is a good question, and thank you.

We've recently done a major review of our latest act, the Military Rehabilitation and Compensation Act. The government promised a review of that act, which commenced in 2009, and it took almost two years to do. Finally, the government agreed to a large number of recommendations in that report, through a budget decision of 2012. We now have legislation in the Parliament to give effect to some of that.

It was a major review, and it does take several years to do because we do it in a way that involves a lot of consultation with the veteran community.

**Mr. Bob Zimmer:** Thank you very much for appearing at committee.

I don't know what time it is there, but we sure appreciate your words of advice to us.

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

**Mr. Shane Carmody:** Mr. Chairman, we have about 10 minutes left. I just want you to keep that in mind and see whether we have anything else we could help you with.

**The Chair:** Well, we have actually two more questions coming your way. They're a little bit shorter.

This is a four-minute round, so we'll definitely finish with you on time.

We now go to Mr. Chicoine, for four minutes, please.

[*Translation*]

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

Mr. Bayles, earlier, we had the time to briefly talk about the review board. I would like you to tell me about the members who make up your board. What expertise do they require to be able to sit on the tribunal?

[*English*]

**Mr. Neil Bayles:** I'll talk about the Veterans' Review Board, a veteran-specific review body that is the first step of external review of a primary decision. Essentially the expertise required is of a legal nature or an ability to understand complex case law in a compensation space.

The board usually comprises three members, a senior member and two other members, for each particular case. We have a services member, which means the member has been nominated by the service organizations and has expertise in military service. We have some members who have expertise in the medical arena, that is, medical qualifications. The composition of any particular panel will be determined based on the case. As I said, there's a senior member who chairs, and there are two other members. So usually a panel of three will determine an appeal.

• (1920)

[Translation]

**Mr. Sylvain Chicoine:** Thank you for your answer.

What process do you follow when appointing the participants? What kind of criteria are used? Who decides which members will make up the board and how long they will sit on it?

[English]

**Mr. Neil Bayles:** The head of the Veterans' Review Board, called the principal veterans review board member, will determine the composition of any panel. The positions on the Veterans' Review Board are advertised, and there's a process of merit selection conducted by the principal member.

[Translation]

**Mr. Sylvain Chicoine:** Thank you for your answer.

Do you have any numbers on the percentage of cases decided in favour of veterans and their requests, compared to the percentage of cases rejected by the board?

[English]

**Mr. Neil Bayles:** Thank you.

Probably about 2,000 cases go to the Veterans' Review Board each year. About 40% are determined in favour of the veteran.

Most of the cases are not.... We allow the Veterans' Review Board to review a case *de novo*. In other words, they could look at new evidence. The vast bulk of cases turn in the favour of the veteran because of new evidence presented by the veteran or his or her representative. So it's not that we got it wrong at the primary decision; it's that more evidence has come forward in the appeal, either medical evidence or evidence from the veteran about the relationship between their condition and their service.

The Veterans' Review Board will often have a face-to-face meeting with the veteran and their advocate, and they're able to ask questions of the veteran and their advocate, which often elicits new information.

**Mr. Sylvain Chicoine:** Thanks, Neil.

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

For our last questioner, we'll go back to Ms. Adams, for four minutes, please.

**Ms. Eve Adams:** Thanks very much.

Just to follow up on the veterans review and appeals tribunal that we have, you had indicated that you provide assistance to some veterans through legal aid. Our assistance is not based on someone's financial means; it is simply provided to all veterans. They are

provided with free legal assistance if they'd like to make an appeal to this tribunal.

Do you offer that, or is it just through your national legal aid system?

**Mr. Neil Bayles:** The national legal aid system has a component for veterans' legal aid. It relates to particular types of service—if the veteran has war-like or non-war-like service—and it depends on the merits of the case, not on the question of financial means. It's not run by the department. We don't determine whether legal aid will be provided. That is determined by our legal aid office.

The Veterans' Review Board does not deploy it, so legal aid is not available at the Veterans' Review Board. But we do provide some assistance in terms of paying for medical reports that are required to present a case, provided that the medical report is used in the decision.

**Ms. Eve Adams:** Thank you.

I will turn towards funerals and burials, please. As part of our recent budget, we made an announcement to more than double the amount of money we will pay to compensate veterans for funerals, and then we pay for the entire burial cost. Can you tell me how Australia's funeral and burial program works?

• (1925)

**Mr. Neil Bayles:** Yes. We provide a funeral benefit, but it's not the full cost of the funeral; it is a contribution to the cost of the funeral. It is a capped amount and depends upon the act in which the compensation is paid. I might take that on notice and provide you with the levels of funeral benefits, because they vary depending upon the act. It's not meant to cover the full cost, but is a contribution.

**Ms. Eve Adams:** Would you be so kind as to forward that information at your convenience, please?

My very final question deal with assistance for veterans to transition into the civilian workforce. Can you briefly describe the types of programs that you might have available to encourage the private sector to hire a veteran?

**Mr. Shane Carmody:** We in Veterans' Affairs don't have any direct programs to encourage employers to hire veterans. There's a lot of discussion about that within the broader defence community at the moment. I know that the defence force is actively dealing in the marketplace with companies to try to encourage them to hire veterans, but at the moment we don't actually run a specific program to do that.

**Ms. Eve Adams:** Thank you very much. We've just started that ourselves, and we've had some wonderful successes in having universities and hospitals come on board, and wonderful private sector partners who are willing to offer priority hiring to our veterans. I wish you the very best of luck.

**Mr. Shane Carmody:** Thank you very much.

**The Chair:** Thank you.

You can tell that we have a great promoter of our programs here in the government for sure.

You did indicate that you would send along some further information or written answers, and our clerk will be in touch with you for that.

But I'd like to take this opportunity, Mr. Carmody, Ms. Daniel, and Mr. Bayles, to thank you very, very much for taking the time. I think you've added some good information for us to consider as we go forward, and maybe some time we'll come down to visit you there and see how it works down under. Thank you very much for being with us. All the best to you.

**Mr. Shane Carmody:** Thank you very much, Mr. Chair. We'd be happy to see you down here. Thank you. Goodbye.

**The Chair:** Okay.

Everybody hold on for just a minute, please. What I just want to indicate is that we have no other witnesses and there's no other business scheduled. I'm quite prepared to go along with a general consensus, at least in my mind, that perhaps this will be the last meeting for the session, and that we reconvene...

**Ms. Eve Adams:** Mr. Chair, if I might, on behalf of vice-chairs Stoffer and Casey, who have left for the evening, I want to thank you for your excellent work during this session and thank all members of this committee for their passion, their dedication, and their advocacy for our veterans.

**The Chair:** Thank you.

If we're in agreement then, we'll wind down after tonight. If something urgent comes up, we can reconvene because I know we'll

be here right until the 21st. But as far as scheduled activity is concerned, this is all we have.

I would like to take this opportunity, on behalf of the committee, since we will not have the young lady back with us next fall, as she's decided to become a mother again, and by the time we get back—

**The Clerk of the Committee (Ms. Cynara Corbin):** I'll be gone.

**The Chair:** —you'll be gone for the year... She's done a terrific job this year, and I'd like us all to thank Cynara.

**Some hon. members:** Hear, hear!

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

**The Chair:** Okay, and when you're successful in the fall, we might send you a little token of something along there.

**The Clerk:** I'll send a picture.

**The Chair:** So if that's it, we're done.

**Ms. Eve Adams:** We'd be remiss if we did thank our excellent, excellent researcher. My goodness.

**Some hon. members:** Hear, hear!

**The Chair:** And to all the staff, thank you all for your support.

**Ms. Eve Adams:** And to all the translators and everybody, thank you.

**The Chair:** We're done.

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